



**Midlands Partnership University**  
NHS Foundation Trust

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[www.mpft.nhs.uk](http://www.mpft.nhs.uk)

Miss Emma Serrano  
Area Coroner for Staffordshire

2 April 2026

By email

Dear Ms Serrano

**Regulation 28 Report following the Inquest touching upon the death of Mr Mark Turner**

I am writing to in response to the Regulation 28 Report dated 14 January 2026, following the Inquest relating to Mr Turner's death.

On behalf of MPFT I would first like to offer my sincere condolences to Mr Turner's friends and family for their tragic loss.

During the inquest into Mr Turner's death, evidence confirmed that he had been prescribed clozapine as part of the management of his mental health condition. Patients who are prescribed clozapine should undergo monthly blood test monitoring in order to check for any signs of toxicity and in addition, should undergo 6 monthly blood serum (plasma) testing to check the levels of clozapine in their system.

Your concern as documented in the Prevention of Future Deaths report is follows:

***That when a high serum level is returned in patients being monitored as they are taking clozapine, there is no guidance, locally or nationally as to what steps should be taken.***

Midlands Partnership University Hospitals Trust does have a Standard Operating Procedure (SOP) in place relating to clozapine. We are sorry that the evidence heard at inquest contradicted the actual position. The SOP sets out the criteria which need to be adhered to when using clozapine to ensure safe and effective practice and includes information and support to clinicians in relation to the prescribing, monitoring, administration and supply of clozapine. The current version of the SOP has been in place since July 2024 and was in place at the time of Mr Turner's death in April 2025. A copy of the SOP is attached for ease.

The SOP refers to clozapine serum level, clozapine plasma level and trough plasma clozapine concentration, these phrases can be used interchangeably, they are all the same thing and are what is monitored at the 6 monthly blood tests.

Appendix 1 of the SOP provides a guide for clinicians to follow when assessing clozapine serum levels depending on the level of clozapine serum found (see pages 26-28 of the SOP). For

instance, the SOP states that if the serum level is less than 0.35 and the patient is displaying “good” clinical response to taking clozapine, then the clinician should “consider repeating levels every 6 months unless patient develops troublesome side effects or deteriorates”.

The SOP contains what is considered to be guidance to support clinical decision making. There are a number of patient variability factors that would need to be taken into account when clinical staff are making decisions, for example, the clinician would need to consider if the patient is displaying any signs of toxicity and if there would be any potential impact on the patient’s mental health if clozapine were to be reduced or stopped, ahead of making a decision and for that reason guidance is not more prescriptive.

The SOP is readily available for all staff to access on the Trust’s intranet site. Since the inquest the SOP has been recirculated to all prescribers in the Integrated Mental Health Team in Burntwood and Lichfield. The application of this SOP has also been discussed with the team.

I hope that this goes some way to allay concerns in relation to this matter, but should you require any further information please do not hesitate to contact me.

Should you have any further questions please do not hesitate to contact

[REDACTED]

Yours sincerely,

[REDACTED]

[REDACTED]

Chief Executive

Midlands Partnership NHS University NHS Foundation Trust