



Your Reference: DLR/LG/30523
Our Ref: SE/JLS

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Private and Confidential

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Dear Mr Roberts

Inquest into the death of Sharon Rose Grierson

I am writing in response to your letter dated 5th February 2018, issued under Regulation 28 and pertaining to the death of Sharon Rose Grierson. The Trust has noted the points you raised during the inquest and which you subsequently highlight within the Regulation 28 report. In particular those issues which you raise as matters for concern, namely;

- There was a lack of appreciation of what the capnography was indicating and some lack of understanding of the trace one might expect to see during CPR.
- There was a lack of co-ordination and situational awareness.
- It became apparent that senior staff often had little experience of crisis situations and there is a danger that they become 'de-skilled' to some extent as a result.

Further, the actions which you require the Trust to take in order to prevent future deaths, are as follows;

- To ensure that all relevant staff are provided with training in 'simulation suites' or other facilities to drill, refresh and enhance their skills to enable them to deal clearly and logically in crisis situations. This will inevitably mean protected time away from clinical duties with regular refresher courses.

Action already taken

As you are aware, the Serious Incident investigation into this matter identified that all relevant staff should undergo emergency scenario training and simulation including human factors training for difficult airway management in emergency situations. The investigation also recommended that there should be opportunities for multi-disciplinary teams to train together within simulated scenarios to practice technical and non-technical skills. This was with a view to team training scenarios reinforcing local clinical guidelines. Work has therefore already been underway prior to the inquest to implement this recommendation from the action plan.

In particular, the Trust has in place a classroom located within the Education Centre that is used for simulation. The facilities currently available are primarily for the use of Newcastle University Medical Students. Teaching sessions are run by qualified medical staff with specific allocated delivery slots within their agreed job plans. Additionally, a Simulation Trainer assists in the running of the teaching sessions and also is responsible for upkeep and preparation of the required equipment.

The facilities are also available for use by clinical departments and speciality services to run simulation sessions identified within their training programme. Following this incident, the suite has been utilised specifically to provide training in relation to difficult airway management in emergency situations. This training has been delivered in February 2017 and February 2018. The training sessions were jointly led by ENT and Anaesthetic Consultants combining airway scenario and practical emergency front of neck access skills.

There has also been a multidisciplinary paediatric emergency simulation session run in operating theatres, led by the regional paediatric retrieval team – NECTAR.

Further action to be taken

The Trust recognises that simulation based training is a powerful educational tool that allows the acquisition of knowledge, skills and attitudes at both individual and team-based levels in a safe and educational environment. Further, the Trust acknowledges that improved patient care can be achieved through the promotion of efficient, co-ordinated dissemination of learning across specialities and professions.

In light of that, a business case has been developed and approved in principle by the Trust to invest in equipment and a team to deliver simulation training for critical incident scenarios to whole teams within their clinical areas. The training would be provided by the Trust to full teams, and this training would complement that provided by Medical Education for undergraduates with the opportunity for sharing of resources. It is envisaged that further equipment including two manikins would be procured and a dedicated teaching area and storage developed. In addition, a Simulation Trainer will be appointed to specifically oversee post-graduate simulation training and will work alongside the current Simulation Trainer Lead. A Consultant Lead will also be appointed and have time allocated within their job plan to oversee this.

It is acknowledged that the introduction of this plan will take time and it is proposed that arrangements are made to enable training to be commenced by December 2018. Training will be targeted to critical areas such as theatres initially, with a view to early roll-out across the Trust to follow.

The benefits of this investment have been identified as follows:

Benefits

- Offer critical incident simulation training to full teams in clinical areas.
- Devoted team and equipment prioritised for postgraduate staff.
- Ability to provide above training on both hospital sites.
- Improved resilience of both simulation suite and clinical area simulation training.
- Ability to offer paediatric simulation.
- More realistic simulations and ability to improve ergonomics of clinical areas by running "real time" scenarios and testing layouts.

- Improved working across departments as simulation/scenarios develop, for example involving laboratory services in appropriate scenarios.
- As team develops there are many areas with potential to benefit from training, so scope for rollout is extended to other acute areas

In addition to the internal training, the Trust is already represented on the Patient Safety Faculty of Health Education England (HEE), and links with the Human Factors and Simulation group that form part of the work-streams of the faculty. As part of building and promoting a stronger safety culture within the Trust, there are plans in place to develop a Patient Safety Faculty for the North Cumbrian health economy mirroring that of the HEE in the North East. This group will be responsible for enhancing educational opportunities and support initiatives across the North East and North Cumbria services ensuring that our training for postgraduate simulation remains in line with the rest of the region, and national best practice guidance. Further, it provides a mechanism through which the Trust can raise the issues identified during the inquest and ensure they are taken forward through the national network so that others may benefit from the learning acquired.

I trust this update on the current situation will provide you assurance that ongoing action is being actively undertaken to explore and implement any lessons that can be learned from this tragic event. I also want to assure you that we at the Trust take very seriously our responsibilities for providing safe and effective care in all areas of our services.

Should you require any further information please do not hesitate to contact me directly.

Yours sincerely



Stephen Eames
CHIEF EXECUTIVE
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