

HM Coroners Office
Fairfield
Station Road
Cockermouth
Cumbria
CA13 9PT

11 March 2022

Dear Sir

Regulation 28: Prevention of Future Deaths Report Response
Deceased: Mr Darran BUSBY [REDACTED]

I write following the inquest held on 13 January 2022, before Mr Robert Cohen, into the death of Darran Busby who sadly died on 14 August 2021 with a medical cause of death of 1a) Hanging.

During the inquest Mr Cohen issued a Regulation 28 report to both the Trust and EMIS. The Regulation 28 report reflects that Mr Cohen was appreciative of the Trust's frank evidence. The evidence however identified a failure to review the outcome of a head MRI undertaken in April 2021 as a result of functionality issues within the EMIS system.

Mr Cohen recognised that the failure to review the MRI, or any other aspect of the Trust's care and treatment, was not causative or related to Mr Busby's death. However, Mr Cohen raised concern that the functionality of the EMIS system may, inadvertently, lead to future deaths if action is not taken, and his statutory duty to report to the Trust was engaged.

The specific concerns raised within the Regulation Report were:

- *There is no flag attached in the ICE system for abnormal radiology results, and so no failsafe exists for defaulting to a 'file and comment' if a significant positive or negative finding is reported.*
- *Clicking more than once on the 'file no comment' button will result in the displayed result being filed, but will also result in filing of the next in the list if that result has no flag indicating the result is abnormal. Therefore making it possible that a clinician may inadvertently click 'file no comment' more than once on one result would cause results which require urgent follow up being filed without a clinician being involved.*

I am grateful to Mr Cohen for raising these concerns as it is imperative to the Trust that prospective safety issues are identified and rectified to ensure our services are safe and effective. As a result of the Trust's progress I am now in a position to provide an update in this matter ahead of the timescale of 11 March 2022.

The Trust's Digital Services has since engaged with EMIS in support of testing a workable solution, and have made available all resources necessary to support the work on this issue.

In addition to the Trust's engagement with EMIS, the Trust ensured that services utilising the same functionality within EMIS, outlined within the Regulation 28 report, were identified. The Trust identified two services: the community ward at Cockermouth Hospital and the Neurology Service.

The ward at Cockermouth Hospital reverted back to using the ICE Order Comms system (ICE was outlined in the Trust's evidence to the inquest), following an initial assessment of the functionality. Whilst this option

was explored for the Neurology Service it not a feasible solution for the service due to the potential of introducing other risks such as transcription error when transferring data from ICE to EMIS.

The Trust has looked at ways of using codes to flag results via the ICE system but when the interface is linked to EMIS, the data comes directly from the source system (in this case, this would be either the Telepath Laboratory Information Management System or the GE (recently replaced by Philips) Radiology Information system). Both these systems bypass the ICE Order Comms system and interface directly with EMIS Web. Therefore, adding codes to ICE would not impact on any functionality for flagging.

Whilst this information has been shared with EMIS to inform their consideration of solutions to this issue the Trust has sought other appropriate remedies. The Trust is implementing a Rad Alert system, which will operate separately, though alongside ICE and upon recognising an alert code in a radiology report it will email the referring consultant/GP to advise them of a significant radiology finding. In the event the email is not acknowledged within a given time period (variable according to the severity of the alert) the system will alert the rad alert admin in order that alternate clinicians can be emailed. This should prevent a recurrence of this incident regardless of whether the report is being reviewed on EMIS or on ICE as it is a separate way of highlighting the significance of the report to the referrer. It is anticipated that the RAD system will be implemented in April 2022.

In the interim Dr [REDACTED] and the Neurology team have increased vigilance when reviewing results, and have accepted the key recommendation from the Digital Services to stop using the “file no Comment” button in favour of the “File and Comment” button. This approach will introduce a direct action by the clinician that means a result cannot be filed inadvertently as a popup box always appears. This introduces extra mouse clicks and is therefore more time consuming but does provide the assurance that the results cannot be filed without appropriate review until a more robust system based solution is in place.

The Trust has notified colleagues in Primary Care as users of EMIS through discussion with the CCG Chief Clinical Information Officer, to minimise any similar adverse action within GP provision.

The Trust will continue to work with EMIS and support their work in identifying a solution to this issue. In addition the Trust has provided feedback to EMIS to support their consideration of communication and escalation to system users if such issues are highlighted to enable them to better engage with users to understand the risk and develop early solutions.

I hope the above information provides assurance to the Chief Coroner that the Trust has an ongoing commitment to finding a resolution to this issue and in turn, mitigate the risk of future deaths to the users of the Trust’s services. Whilst it is anticipated that the implementation of the RAD systems will mitigate the risk from the Trust perspective with implementation commencing in April 2022, we will have undertaken testing and confirmation of this solution by the 1 July 2022; we will also continue to engage with EMIS and would like to propose that we provide a further update on this date.

Signed:



Date: 11 March 2022


Chief Executive