17 JAN 2014

The Pennine Acute Hospitals NHS

NHS Trust

If calling please ask for:
[redacted]

Direct line / Ext:
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Our ref: ARS/SB

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[redacted]

16 January 2014

Ms L Hashmi
Assistant Coroner
Greater Manchester North
H M Coroner's House
The Phoenix Centre
Church Street
Heywood
OL10 1LR

Dear Ms Hashmi

I write in response to your regulation 28 letter dated 27/11/13 reference Barry Lewis (DOB 8/11/44, Date of Death 24/7/13).

1) The emergency airways packs have been up dated in all the A&E departments at the trust to ensure that they have 'large' instruments for the overweight patients.

2) The equipment is unified across the trust & ENT clinicians have had input into these arrangements to ensure they are familiar with the equipment & also that it is correct.

3) As before 'large' scalpels & retractors are available. It does however need to be noted that A&E departments will never be in a position to stock the same range of equipment as theatres in addition to the wide variety of other equipment they have to for day to day use. As such arrangements will not remove the need on occasions for more specialist equipment which cannot be stocked to be obtained from other areas.

4) The role of the night nurse practitioners has been reviewed to ensure that they would be involved in the direct care & management of such critically ill patients to ensure that others are released to do what they in turn are needed to do e.g. ODP's.

5) The availability of ODP's for Fairfield is appropriate for the volume of surgical activity it receives. As per 4) it is important that other members of the team work flexibly to support them. This has been implemented. To increase ODP levels is neither practical clinically or financially.

6) Out of hours staffing, like that for ODP's, is appropriate for the site & the trust. With particular reference to ENT cover it would again neither be clinically or financially practical to have more than one person on call at middle grade level for the trust for the level of activity in that specialty. Where there is a clinical need the consultant would be contacted & asked to come in. As you are aware the trend in medicine is for there to be fewer specialist sites which cover a wider catchment population. Other specialties where this has happened would include cardiothoracic surgery, vascular surgery, ophthalmology, urology & neurosurgery.

I feel that the measures taken should reduce future preventable deaths. Sadly the greatest mortality & morbidity from severe illness lies with patients who are severely overweight. Their deaths are often not preventable despite best efforts as they do badly on critical care units. Some of the resource & staffing issues are beyond our control, but what we can continue to do is ensure there is strong teamwork to deal with such difficult situations that can arise, with the available staff we have.

Yours sincerely

[redacted]

[redacted]

Deputy medical director
Consultant in respiratory & acute medicine
Pennine Acute trust