



If you call or telephone, please ask for: Gordon Benson

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GL3 4AW

17 April 2024

Mr Roland Wooderson  
Area Coroner for Gloucestershire  
Gloucestershire Coroner's Court,  
Corinium Avenue,  
Barnwood,  
Gloucester,  
GL4 3DJ

Dear Mr Wooderson

**Ref: The Late Severine Kelly**

I am writing on behalf of [REDACTED] Chief Executive, in response to your Regulation 28 Prevention of Future Deaths Report dated 21 February 2024 relating to this case.

On conclusion of the inquest, you established a number of concerns in regard of practice and training regarding resuscitation, the updating of risk assessments following risk related incidents, access to a portable landline telephone and the signposting of colleagues from emergency services when they arrived on site. The Trust has now had opportunity to reflect on its practice and I am pleased that we have been able to identify improvements which will minimize the risk of a similar tragic event recurring in the future.

The learning from Miss Kelly's death has focused on the 6 key issues you identified.

- 1. The medical training of certain "bank" staff, at the hospital on 1 October 2022, was not up to date.**

The Trust's Learning Management System (LMS) 'Care to Learn' records staff training completions, and monitors compliance of Statutory and Mandatory topics. The LMS is web-based and can be accessed by all GHC staff and managers on any device with an internet connection. Logging into the system requires the same details as accessing a Trust computer or laptop, therefore, there is no additional username or password required. This also applies to Bank Staff.

Staff information including job role, team and banding is fed into Care to Learn on a daily basis from our Electronic Staff Record (ESR), this information is used to identify and allocate the appropriate level of training to the individual's profile. To ensure staff remain compliant email notifications from the system are sent 3 months prior to the expiry date and then again 1 month before. At this point the manager also receives an email notification. Managers and individual staff also receive an email notification when they go out of date. In addition to the reminders, a daily feed from Care to Learn is taken into the Trust's 'Business Intelligence' reporting platform Tableau, which displays compliance at Trust, Team and Individual level and managers and individuals can access this information.

Currently Clinical Bank staff have 'Resuscitation Bank' as an annual requirement on their training profiles and are provided with the option to choose to undertake either Level 2 or Level 3 Resuscitation training. The reason they are not presented with just one option is because the LMS has not previously been loaded with their location as we were not able to easily identify where Bank staff are working. However, recent work on this issue means that information regarding their location is now being pulled into Care to Learn, and going forward we will be able to use this to more accurately allocate the correct level resuscitation training to their profiles. This means that in future, Bank Staff will only be presented with one option for their training and, therefore, will not have to choose the correct level for their role. This is a key update since Miss Kelly's death as training can now be targeted to the requirements of the location in which bank staff work.

Additionally, the status of all Bank Staff's training compliance requirements is available on the e-rostering Allocate System (the system we use to book staff and allocate them to a shift). Matron and ward managers are, therefore, aware of individuals' training compliance. This means that even if some individuals are out of date with specific training, the needs of the site as a whole can be met via by ensuring that there are sufficient fully trained individuals available each shift to respond to medical emergencies. This system was in place in 2022 but is now more robust due to the improvements made to matching locations to bank staff training profiles.

- 2. Staff needed to be aware of the need to update risk assessments and take appropriate action following a medical event that could be injurious to a patient. Specifically, Severine suffered a similar choking incident in 2021.**

We have shared the outcome of the hearing with all clinical staff at Wotton Lawn Hospital and have produced a practice notice to remind clinical colleagues that, following a medical emergency, the event is reviewed by the medical team/ward Doctor. I can confirm that this has been circulated throughout the site and discussed at team meetings. The notice mandates that following a medical event that has the potential to harm a patient, an entry must be made in the patient record, the medical history and any relevant risk assessment must be updated. The Practice Notice is included as Appendix 1. We will also complete a quarterly audit to ensure that we can evidence this in the healthcare record and the result will be shared with the Hospital Matron.

- 3. A doctor, attempting to assist Severine and speak to the 999-emergency service was obliged to leave the patient to use a mobile phone. He did not have the facility of a portable landline telephone which would have meant that he could have spoken to the service without leaving the patient.**

██████████ Modern Matron, Wotton Lawn is currently in the process of testing Mitel DECT phones at the hospital site. Portable landlines operate from a base unit, so we need to ensure that these have the range to function effectively at distance from the base unit. If distance proves to be too great in some areas, we have a further option to explore Wi-Fi based phones. We envisage that a permanent solution will be in place by 1 May 2024, and I will write again after this date to provide confirmation.

- 4. A paramedic attending Wotton Lawn hospital was unsure which ward he should attend due to lack of guidance from staff at the hospital. This led to a delay in the paramedic attending on Severine.**

As with the 2<sup>nd</sup> issue, we have shared the outcome of the hearing with all clinical staff at Wotton Lawn Hospital and have produced a practice notice providing clarity with the actions that must be taken when emergency services have been called to attend a medical emergency. I can confirm that this has been circulated throughout the site and discussed at team meetings. The Practice Notice is included as Appendix 2.

5. **There seemed to be uncertainty at which stage of a medical emergency a medical professional should call the ambulance service.**

We have reviewed the existing process regarding actions to be taken in the event of a medical emergency and believe that this remains fit for purpose, I have attached a copy of the Escalation Procedure Action Card for your information at Appendix 3. This forms part of the Care of the Deteriorating Patient Policy and will be reinforced at all resuscitation training courses. Local escalation procedures are also included as part of the on-site local induction for new starters, therefore, all staff on site should be familiar with the process. In addition, to ensure that staff have a greater awareness of how to respond to a serious choking episode, we have developed a choking simulation to complement the Resuscitation Action Card 5 – Adult Choking (revised in November 2022) which has been included as part of the Level 3 Resuscitation Training from 1 April 2024. I have attached this scenario as Appendix 4.

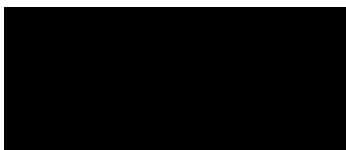
6. **An AED used on the 1 October 2022 appeared not to have a working internal clock.**

The AEDs used by the Trust are iPad SP1s supplied by Welmedical. We have liaised with Welmedical and can confirm that the internal clocks on all devices are working but are set at the point of manufacturing. This function cannot be changed by the end user and remains unaffected by any local calibration and replacement battery installation. Importantly though, each time the AED is activated, it keeps a timed log of all events within the episode as with the event involving Miss Kelly. This timed log forms the record of the response, but this record will not necessarily align with Greenwich Mean Time.

I would be grateful if you could share a copy of this response with Miss Kelly's family and relay our deepest apology for the gaps in service provision that the inquest identified. We continue to reflect on the learning from her death and aim to improve the safety of patients through the changes made.

If I can be of further assistance, please let me know.

Yours sincerely



**Medical Director**



## **PRACTICE NOTICE – MEDICAL EMERGENCIES AT WOTTON LAWN HOSPITAL**

**March 2024**

This practice notice is in response to Coroners hearing following the death of a patient at Wotton Lawn Hospital.

All colleagues working in Wotton Lawn Hospital need to note the requirements of this notice, and ensure their practice is compliant with immediate effect.

This notice is to clarify the role of staff members on a ward or department where there is a medical emergency.

When a medical emergency occurs on a ward/department at Wotton Lawn Hospital a staff member from the ward or department needs to be allocated the role of meeting any emergency services that have been requested to attend. The staff member will need to be within eyesight of Mayhill Way Road in order to be able to see the emergency services arriving, direct to the entrance of Wotton Lawn, Greyfriars or Montpellier and ensure they get to the emergency in a timely fashion.



## **PRACTICE NOTICE – MEDICAL EMERGENCIES AT WOTTON LAWN HOSPITAL**

**April 2024**

This practice notice is in response to Coroners hearing following the death of a patient at Wotton Lawn Hospital.

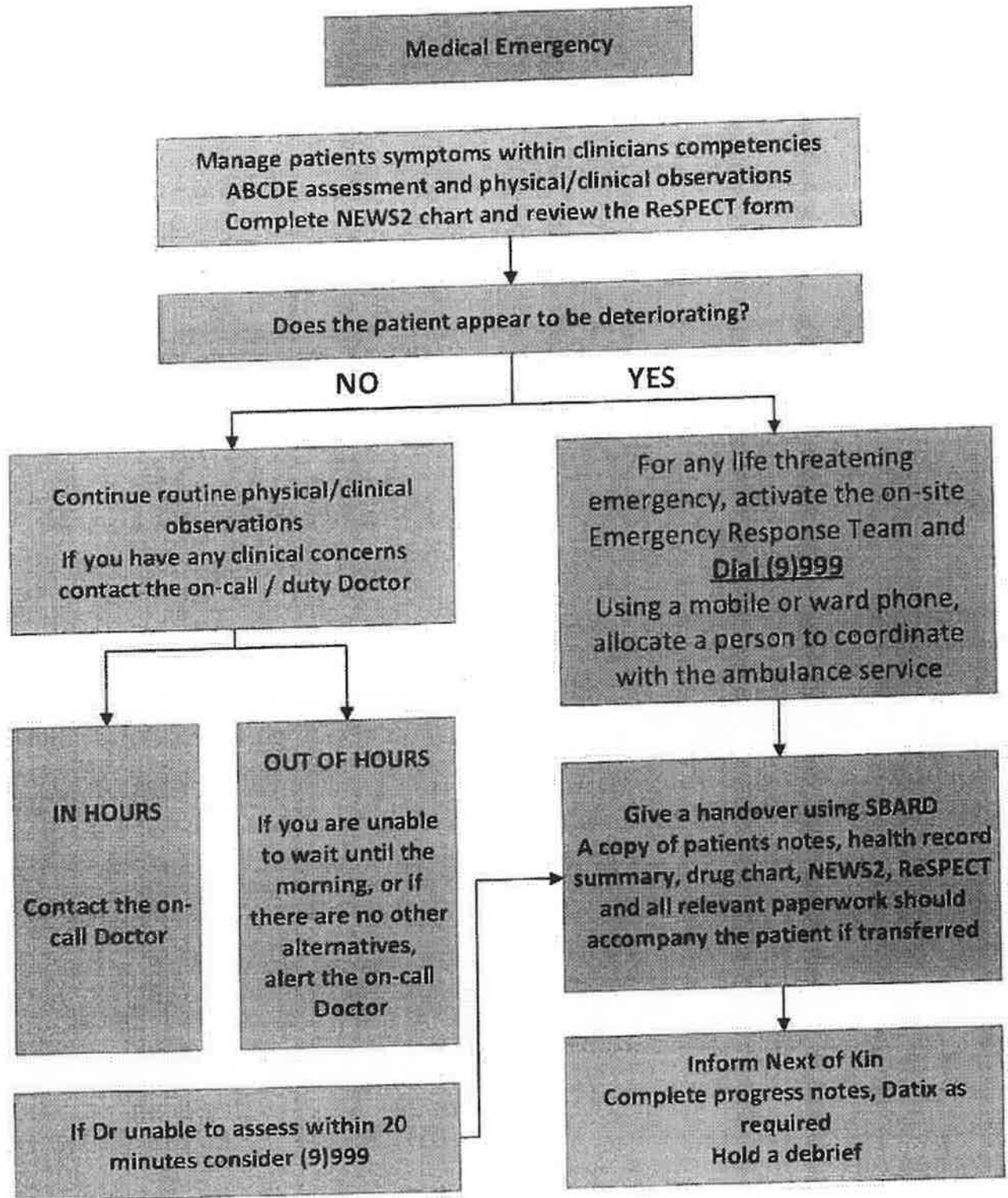
All colleagues working in Wotton Lawn Hospital need to note the requirements of this notice, and ensure their practice is compliant with immediate effect.

This notice is to clarify the role of nursing and medical on a ward where there is a medical emergency.

Following a medical emergency for a patient at Wotton lawn Hospital including Greyfriars and Montpellier a review with the medical team/ward doctor needs to happen at the earliest opportunity. The review must be entered on to the medical record including the medical history. Risk assessment will then need to be updated with the relevant information.

## Escalation Procedure Action Card

Mental Health Inpatient Settings (incl Honeyborne & Laurel Hse)





Choking scenario (MH&LD settings)

**Clinical setting and history**

**Situation:** Patient, appears to be in distress, attempting to cough (ineffective), clutching throat.  
**Background:** Patient on unit/in department for assessment. Evidence of half-eaten food on the table.

**Assessment:** Increasing shortness of breath and difficulty breathing.

**Recommendation:** Patient needs urgent treatment and escalation.

**Decision:** Commence initial treatment algorithm for choking and activate on-site emergency response procedures

**Clinical Course:** Patient unable to talk, cough is ineffective, distressed and deteriorating.

**Interventions:**

Call for help, activate on-site emergency procedures and dial (9)999

**Treatment algorithm for Choking**

Administer up to 5 back blows  
Administer up to 5 abdominal thrusts  
Repeat steps above  
Patient loses consciousness/unresponsive  
Start CPR

- ineffective
- ineffective
- ineffective
- lower to floor

Grab bag, O2 and AED available  
2 mins CPR/airway management

- AED 1<sup>st</sup> analysis – non-shockable rhythm
- AED 2<sup>nd</sup> analysis – non-shockable rhythm

**No visible chest rise/fall following attempted ventilations**  
**If/when airway checked then visible obstruction can be seen and safely removed**  
Patient appears to respond, movement of limbs and cough

**Reassess ABCDE:**

Airway  
Breathing

- Clear
- Spontaneously breathing
- Respiratory rate 11, deep, bi-lateral chest rise/fall
- SpO2 92%, administer high flow O2 via NRB
- Capillary refill <2sec, radial pulse >60bpm
- Blood pressure >90 systolic, appears pale.
- AcVPU, Pupils dilated but responding
- Blood glucose 4-7mmol/l
- Temp 37°

Circulation

Disability

Exposure

Handover and transfer – SBARD

**Discussion Points**

- Escalation and on-site calling procedures 2222 / (9)999
- Treatment algorithm for choking
- Follow-up and referral for further assessment
  - request medical review, update risk assessment, SALT referral
- Update patient records and complete Datix





### Resuscitation Action Card 5 – Adult Choking

This action card cannot cover every scenario, it provides guidance for transmission-based precautions when working in COVID-19/respiratory care pathways settings or where clinical need indicates eg: known/suspected cluster transmission of SARS-CoV-2.

To minimise the risk of transmission, colleagues should use their judgement to reduce risks to themselves and others.

