NHS
Lancashire &
South Cumbria
NHS Foundation Trust

Lancashire & South Cumbria NHS Foundation Trust
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[redacted]

24th April 2026

Private & Confidential

Mr Robert Cohen
His Majesty's Assistant Coroner

Sent by e-mail:
[redacted]

Dear Mr Cohen

Thank you for bringing your concerns to the Trust's attention. We are grateful to you for identifying the matters set out in your report and for the opportunity to respond formally.

On behalf of Lancashire & South Cumbria NHS Foundation Trust, I would also like to offer our sincere condolences to the family of Mrs Ley. We recognise the profound loss they have suffered and wish to reiterate our apology for the deficiencies in care identified within our internal investigation and during the course of the inquest. It is accepted that aspects of Mrs Ley's care fell below the standard that she was entitled to expect, and we are deeply sorry for this.

Your report highlights that cardiopulmonary resuscitation (CPR) was performed while Mrs Ley remained on a hospital bed, and refers to published literature from 2009 which indicates that chest compressions delivered on a compliant surface may be less effective than those delivered on a firm surface. You have expressed concern that this may give rise to a risk of future deaths.

The Trust fully accepts the underlying principle that CPR is most effective when performed on a firm surface. However, the Trust considers it important to set out clearly the current national position, particularly as this response will be published and considered by a wider audience.

Since the publication of the article cited in your report, national and international resuscitation guidance has evolved. Current Resuscitation Council UK guidance recognises that, although a firm surface is optimal, rescuers should not move a person from a soft surface, such as a bed, to the floor in order to commence CPR. The guidance emphasises that CPR should be started without delay on the bed and that, where required, chest compressions should be delivered with increased depth to compensate for mattress compliance, alongside the use of appropriate mitigation such as backboards.

This guidance reflects the need to balance optimal CPR mechanics with the practical realities of in-hospital cardiac arrest, including the risks associated with manual handling and the importance of avoiding any delay in commencing life-saving treatment.

The Trust's resuscitation practice is aligned with this current national guidance. In response to the matters raised in your report, the Trust has nevertheless taken steps to reinforce and assure this position through resuscitation training, policy review, equipment assurance and clinical governance processes, in order to minimise the risk of misunderstanding or inconsistent practice in the future.

The Trust confirms that it has no objection to this response being published and, indeed, considers publication to be important so that there is clarity regarding current resuscitation guidance and no misunderstanding about the Trust's position in relation to CPR delivered in inpatient settings.

We would, of course, be happy to meet with you or members of your office should you consider it helpful to discuss this response further or to provide any additional explanation.

Thank you again for raising these matters.

Yours sincerely,

[redacted]

[redacted]
Chief Executive