

Report for His Majesty's Coroner

Patient Name: Sophie Alderman

Date of Birth: 26/06/1995

Date of Death: 19/08/2022

Witness Statement of: Nick Archer

Date: 3 April 2024

I, Nick Archer, of Essex Partnership University NHS Foundation Trust ("EPUT"), The Lodge, Lodge Approach, Runwell, Essex SS11 7XX, provide the following statement for the coroner in the inquest touching the death of Ms Sophie Alderman.

Role

I am the Head of Deteriorating Patient Pathways and Resuscitation Training Officer at EPUT. I have been in this role since May 2022. My role involves overseeing and leading upon the deteriorating patient pathways, from a physical health perspective, as well as being the named Resuscitation Training Officer for the Trust.

My professional qualifications are: DipHE Operating Department Practice and Resuscitation Council UK Advanced Life Support Instructor.

I am providing a statement for the coroner setting out the training available for staff in CPR/resuscitation at the time of Ms Alderman's death and how the Trust's CPR training has developed since.

I did not have any involvement in the care and treatment provided to Ms Alderman

CPR Training in 2022

In 2022, the Trust delivered 'grab bag' training to both registered staff (e.g. nurses) and non-registered staff (e.g. HCAs) working within an inpatient setting. The in-house training was delivered by members of the Training and Education team. The grab bag training covered basic life support training, as well as providing an introduction to the use of additional emergency equipment such as ligature cutters and suction devices. In addition, the training covered airway management; the insertion of airway adjuncts such as oropharyngeal airways; the insertion of supraglottic airway devices; and safe oxygen delivery.

There was online, theoretical training which must be completed prior to the face to face grab bag training, and a 'hands on' opportunity to practice the technical skills during the face to face session. Towards the end of the training (as per the lesson plan), there was 15 minutes allocated to highlight the various different roles which are required during a resuscitation event and a focus on human factors.

Each inpatient ward has its own grab bag which is checked on a regular basis via both weekly and daily checklists. The grab bag training was intended to provide the necessary theoretical and practical knowledge and skills, in order for staff to use the equipment within the grab bag in an emergency situation.

The criteria for staff to be compliant with their CPR training at the time of Ms Alderman's death was that they had completed their grab bag training in the previous two years (the timeframe for compliance had been extended to two years at that time due to the coronavirus pandemic). As above, being compliant with grab bag training meant that staff would have completed an online module (referred to as OLM in the training records), and an in-person training session. Alternatively, new staff may have completed a grab bag induction session, which covers the content from both the online and in-person session.

Changes to CPR Training

ILS Training

Since my arrival in May 2022, the Trust has made the decision to deliver the 'gold standard' Resuscitation Council UK Immediate Life Support (RCUK ILS) training to all registered nursing staff working within an inpatient setting. The RCUK ILS training was rolled out from September 2022. As a result, the Trust has procured a total of 550 (RCUK ILS) training places, via a two staged approach with A to E Training Solutions. We have recently received authorisation, from the Executive Team, to procure an additional 572 RCUK ILS training places. To date, a total of 602 staff have successfully completed the RCUK ILS training with additional currently booked to attend future training sessions. All staff requiring RCUK ILS training have been sent an individual invitation via email to book onto the course. Reminders about registering for ILS training are also shared via the Trust intranet, in the 'Wednesday Weekly' newsletter, and highlighted by [I/S] Mandatory Training Manager, and myself in meetings with service leads, ward managers and matrons.

The RCUK ILS training focuses upon the identification and treatment of the deteriorating patient, using a structured and robust ABCDE assessment and non-technical human factors skills, such as team working and leadership during a medical emergency. By following this structured approach, staff are equipped with the skills to

try and prevent deteriorating patients from reaching the point of cardiac arrest, and are trained in the interventions available at each step. The course is only delivered by individuals who are RCUK Advanced Life Support Instructors, meaning an enhanced skillset and knowledge base is available to those being trained from the outset. The course follows the latest RCUK guidelines. The Trust's current processes comply with the RCUK Quality Standards for Mental Health Services.

In addition, the Trust has finalised the 'Assessing a Deteriorating Patient' ABCDE assessment aide-memoire, which is embedded within the 'Management of Physical Deterioration on Inpatient Wards/Clinical Areas Electronic Standard Operating Procedure' (eSOP). My aim is that, once a Trust wide roll out date has been agreed, the aide-memoire will be included in grab bags on the wards so staff have easy access to guidance during an emergency situation. A meeting is scheduled in the coming days, to agree on a roll out date and the eSOP has previously been piloted, with 200 EPUT staff and their feedback gained.

Refresher Training

The Trust has also focused upon refresher training and have signposted staff to the Royal College of Physicians online National Early Warning Scoring system (NEWS2) training. As a result, the Trust has seen a significant improvement in both the understanding and correct completion of the NEWS2 chart, when piloted on physical health wards at both Epping and Saffron Walden. Currently, staff are being directed to access this training via the Royal College of Physicians, for example in the Trust-wide 'Lessons Identified' newsletter and '5 key messages' email. We are in the process of exploring the possibility of procuring a licence and placing this training on the Trust's existing online learning platform, so it would be easily accessible to all staff. In addition, staff have also recently been signposted, via the Lesson Team '5 key messages' to the RCUK iResus and Lifesaver applications. These invaluable resources can be downloaded onto a range of devices and referred to in a medical emergency, as they contain the latest RCUK guidelines.

Doug Smale (Head of Clinical Transformation) and I also facilitate life support drop in refreshers sessions for EPUT staff. These sessions are an opportunity for staff to refresh their knowledge of BLS/ILS in small groups, in between their mandatory training sessions, including refreshers on topics such as chest compressions and airway management. To date, I have delivered the face-to-face training session to a total of 207 staff across a variety of inpatient wards. I have also started to deliver the session to staff working within a community setting.

Resus Link Practitioners

The Trust has also recently introduced the role of Resus Link Practitioners (RLP) to all inpatient ward settings. These volunteers will play a key role in strengthening the response to medical emergency situations within the wards. The role is open to all nurses and HCAs/support workers and the RLP will act as a link between the Resuscitation and Deteriorating Patient Group and their ward, promoting best practice and raising awareness. The RLP will:

- help facilitate medical emergency simulations on their ward;
- have access to a fully-stocked resus bag and training mannequin to help train staff;
- help ensure all ward staff know what emergency equipment is on the ward, where it is, how to use it, and the importance of checking it regularly;
- update colleagues on key life support messages and training;
- participate in audit data collection; and
- attend bi-monthly Resus Link meetings, where important Resuscitation Council UK updates are shared, medical emergency simulation outcomes are discussed and RLP have a chance to raise any questions.

The RLP role allows staff to build upon and enhance their own expertise, while having the ability to coach and empower their team, in order to be ready to respond quickly and effectively, in any medical emergency situation. I will be supporting the RLPs in their role alongside Doug Smale.

Lessons Sharing

Part of my role also involves facilitating cold debriefs with staff following a medical emergency, and I work very closely with the Patient Safety Team to assist with the conduction of After Action Reviews. I regularly liaise with the Lessons Team and have shared important patient safety alerts and lessons identified, whilst highlighting examples of good practice and quality improvement programmes. I am also part of the Learning Collaborative within EPUT and regularly utilise '5 key messages' and lessons briefings, to share important information.

Although not directly linked to this case, I have been working closely with the EPUT Lessons Team and in January 2024, produced an EPUT Safety Alert entitled 'Oxygen Cylinder Flow Risks: A Lethal Threat'. More recently, as part of The Trust's ongoing commitment to patient safety, we issued an updated safety briefing within the March 2024 edition of the 'Lessons Identified Newsletter'. This followed an investigation into a tragic incident, involving a patient's death due to airway obstruction.

Future Changes

The medium-term plan is for the Trust to create an in-house faculty to facilitate the delivery the RCUK ILS training. This has been approved by the Trust's executive team and the recruitment process has commenced. In addition to the delivery of the ILS training, the faculty will support with training/skills/knowledge gaps in life support; facilitate of cold debriefs; take an active role in NEWS2 training; and act as a point of contact, for patient focused questions, relating to the deteriorating patient.

The content of the existing Basic Life Support training, which is based upon RCUK current guidelines and currently delivered to all non-registered staff i.e., HCAs, will also be reviewed in the coming months. The plan is to enhance the existing training with the inclusion of additional elements such as safe oxygen delivery, the use of the National Early Warning Scoring system (NEWS2) and lessons identified from resuscitation events.

I am also currently exploring the potential for procuring the RCUK eLifeSaver training, as well as the Laerdal Resuscitation Quality Improvement programme, following demonstrations of both resources. The RCUK eLifeSaver is an interactive online training programme which can be used as a refresher resource for staff when dealing with a number of different medical emergency situations. The Laerdal RQI programme enables staff to complete online learning which is linked to a physical resuscitation manikin and self-inflating bag valve mask. The manikin provides real time feedback, for example on the quality of chest compressions. The aim is that staff would be able to access both forms of refresher training at any time, at their own convenience.

Conclusion/Summary

The procurement and subsequent delivery of the 'gold standard' RCUK ILS training will enhance and build upon the existing knowledge and skill set of the registered nurses working within the inpatient setting. The imminent review of the content of the existing BLS training, coupled with the fact the trainers are currently in the process of attending the RCUK BLSi training, will provide opportunities to further enhance and build upon, the skill set of the non-registered staff within the Trust. In addition, the implementation of Resus Link Practitioners to the Trust, will be of significant benefit and will further enhance patient safety.

I will continue to work closely with operational colleagues, both the Patient Safety and Lessons Team, Inquest Team and the Learning Collaborative, to ensure any lessons identified, examples of good practice and quality improvement programmes, are shared in a timely manner.

Finally, I would like to convey my condolences to Ms Alderman's family and friends for their loss.

I believe the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed:

[I/S]