

Frimley Health 
NHS Foundation Trust

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8th December 2016

Dr Karen Henderson
HM Coroner
HM Coroner's Court
Station Approach
WOKING Surrey
GU22 7AP

Dear Dr Henderson


RE: Mr Peter KEEP (Deceased)

Thank you for your letter dated 14th October 2016 and the attached Regulation 28 Prevention of Future Deaths Report relating to the above named.

We have reviewed the concerns raised following the Inquest into Mr Keep's death and have outlined below what actions have been taken in an effort to improve the pathway for patients requiring sedation as part of a procedure.

Contrary to the evidence heard at the Inquest, the Cardiology Department does have a guideline for intravenous conscious sedation which was in place at the time of Mr Keep's procedure and which addresses many of the concerns raised through the Inquest including titration of drug doses, monitoring expected to be used, frequency of observations and training (copy enclosed).

In the case of an emergency, as in any other interventional procedure, if the procedure proved to be difficult, help would be expected to be sought from other consultants. In the event of not achieving adequate sedation to allow a procedure to continue, the procedure should either be cancelled and re-booked with an alternative plan in place or help sought from an anaesthetist and appropriate resources in order to increase sedation whilst maintaining safety. Emergencies due to over-sedation or cardio-respiratory compromise should be escalated via Trust's normal route of calling '2222' to activate the emergency team.

The Trust has also used your letter and Regulation 28 as an opportunity to relaunch the Trust Safe Sedation Committee which will be chaired by  Deputy Medical Director and Chief of Service for Anaesthetics. The Committee are currently reviewing and revising the Trustwide Guideline for Intravenous Conscious Sedation of Adults addressing intravenous sedation in all clinical settings standardising the processes followed. The policy is in draft and going through the Trust's internal ratification processes together with the draft terms of reference for the Sedation Group (drafts of both attached).

The Cardiology team have discussed Mr Keep's case through their internal Morbidity & Mortality processes to share the learning from this case and to ensure there is awareness of the expectations in terms of conscious sedation within the Cardiac Catheter Laboratory.

The Trust is committed to patient safety and takes cases such as this very seriously and hope this is demonstrated in our response to the concerns raised.

However, if I can be of any further assistance, please do not hesitate in contacting me.

Yours sincerely



**Sir Andrew Morris OBE Hon FRCP
Chief Executive**

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