



North West Anglia
NHS Foundation Trust

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Mr Sean Horstead
Assistant Coroner for Cambridgeshire and Peterborough
Lawrence Court
Princes Street
Huntingdon
PE29 3PA

Dear Mr Horstead

Regulation 28: Report to prevent future deaths

Thank you for the Regulation 28 letter received in November 2017 in relation to the death of Mr Peter Saint. May I take this opportunity on behalf of North West Anglia NHS Foundation Trust to assure you that we acknowledge the shortcomings in our care of Mr Saint and fully appreciate your concerns. Your letter has been circulated amongst the Anaesthetic clinical and leadership complement at the entire Trust, that is to say Hinchingsbrooke and Peterborough City Hospitals.

An action plan has been developed to tackle not only the technical aspects which were identified in the inquest, but also the wider human factors and cultural issues that were exposed. The points below set out our proposed action plan, with a timescale for completion by the end of March 2018.

1. Simulation training

All members of the anaesthetic department at Hinchingsbrooke are to participate in an airway simulation course at a high fidelity simulation centre. We have identified a suitable course and are in the process of planning training with the course provider. It is a one day course for anaesthetist-ODP teams that combines human factors with airway technical skills. It includes interactive team training, simulation, error avoidance strategy, airway-technical skills, human factors in crisis management and practical briefing/debriefing skills. Due to the logistics of having all of the anaesthetists attending external training, while continuing to staff the service for patients it will be necessary to run the course on multiple dates. This course will address the specific issues regarding the use and interpretation of capnography that were raised in your letter.

2. Human factors training

A consultant obstetrician with expertise in Human Factors has been commissioned to provide training to anaesthetists and theatre staff. Multidisciplinary teams, consisting of consultant anaesthetists, operating department practitioners and theatre nurses, are being recruited. These teams will be trained to train, following which they will deliver training to other staff on a rolling basis throughout the year. A steering group, composed of the Associate Divisional Director (consultant anaesthetist), matrons and theatre

managers, will meet 3-monthly to consider recommendations from the trainer group. This will address the non-technical issues that were involved in causing the death.

3. SCORE cultural survey (Safety, Communication, Operational Reliability & Engagement)

This survey has been undertaken among six teams at Hinchingsbrooke, including anaesthetists and theatre staff. Feedback occurs in a controlled environment that provides a safe forum for staff to discuss issues, in the absence of managers and management grade clinicians.

The feedback session for anaesthetists took place on 12 December 2017. The process for collating comments is currently underway. When this is complete it will generate a further action plan for managers. This will address wider organisational issues that may have contributed indirectly to the circumstances that led to the death.

I would add that since the unfortunate event of June 2016, many substantive appointments have been made to the cadre of Consultant Anaesthetists at Hinchingsbrooke Hospital to replace locum staff. In addition, there is now circulation of colleagues between Peterborough and Hinchingsbrooke Hospitals delivering clinical sessions at both sites, allowing a greater pool of mutual support, mentorship, training and access to best practice.

I once again assure you that I take this issue extremely seriously and will do my utmost to ensure similar events never happening again.

Kind regards.

Yours sincerely



Kanchan Rege
Medical Director and Responsible Officer