

12<sup>th</sup> January 2018

Mr. Sean Horstead, Assistant Coroner for Cambridgeshire and Peterborough

Dear Mr. Horstead,

**Regulation 28 Report to Prevent Future Deaths following the inquest into the death of Peter Ian SAINT**

Thank you for giving the Royal College of Anaesthetists (RCoA) the opportunity to respond to your Regulation 28 Report. The RCoA has collaborated with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the Difficult Airway Society (DAS) in preparing this response.

Capnography

We are concerned that despite the emphasis placed upon the continuing presence of exhaled carbon dioxide during resuscitation from cardiac arrest in resources such as NAP4 and the Advanced Life Support programme run by the Resuscitation Council UK, there are still clinicians holding senior positions in anaesthesia in the NHS who are unaware of this important fact. We will seek to address this issue by:

- Bringing this to the attention of all trainees in anaesthesia in the UK, to all Fellows and members of the RCoA, to all members of the AAGBI and all members of the DAS – and thereby to the overwhelming majority of practising anaesthetists in the NHS – by publishing an article on this subject in the Patient Safety Update published quarterly by the Safe Anaesthesia Liaison Group (SALG): <https://www.rcoa.ac.uk/salg>, by highlighting this issue in a "Safety Matters" article in Anaesthesia News (a publication that is circulated to over 11,000 AAGBI members) and in the DAS newsletter.
- Bringing this to the attention of RCoA and DAS Airway Leads (AWLs), present in every NHS Trust/Board, at the next national AWL meeting inviting feedback on areas for improving training.
- Asking those charged with providing the RCoA's comprehensive online educational programme (e-Learning for Anaesthesia) to consider highlighting this issue in sessions on intubation, capnography and resuscitation.

Human factors and teamwork

The RCoA agrees with the expert who advised you during the inquest that there is a lack of widespread, regular, mandatory training for clinicians in human factors and crisis drills. The RCoA supports such education, running a regular programme of training in "Non-Technical Skills" [https://www.rcoa.ac.uk/sites/default/files/24\\_11\\_17\\_0.pdf](https://www.rcoa.ac.uk/sites/default/files/24_11_17_0.pdf) and a working group devoted to providing guidance on simulation of clinical crises, while including a requirement for human factors training in its exam curricula and its Guidelines for the Provision of Anaesthesia Services. We note that regular human factors and teamwork training for multidisciplinary groups is a requirement of the recently published National Safety Standards for Invasive Procedures (NatSSIPs), which are being introduced in England and Wales. The RCoA cannot mandate multidisciplinary training in NHS working environments, it is the responsibility of health organisations to facilitate this in terms of time and resources, but the RCoA will take the following actions to support this development:

- Asking the RCoA's Simulation Working Group to consider creating guidance on how departments of anaesthesia can introduce regular crisis simulation for operating theatre teams.

- Working with the AAGBI to promote regular multidisciplinary crisis simulation when it publishes its forthcoming Quick Reference Handbook, a series of national guidance documents on the management of emergency situations in anaesthetic practice. This handbook emphasises the importance of multidisciplinary crisis practice and the significance of the absence of ETCO<sub>2</sub> in cardiac arrest.
- Working with the DAS, who have set up an expert working group looking specifically at human factors in airway management, to address the non-technical aspects of the management of tracheal intubation and difficult airways.

I hope that these actions will satisfy you that the named organisations are taking appropriate steps to ensure that anaesthetists are aware of these issues and that the circumstances that led to the death of Mr Saint are therefore less likely to occur again.

I would be happy to respond to any questions that you might have.

Yours Sincerely



  
Clinical Quality Adviser, RCoA



  
President, AAGBI



  
President, DAS