

Our Ref:

Date: 7 January 2021

Ms Caroline Topping  
Assistant Coroner for Surrey  
HM Coroner's Court  
Station Approach  
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**Text Relay** prefix numbers with 18001

Dear Ms Topping

**Re: Mr Peter James Michael Unsworth  
Regulation 28 Report to Prevent Future Deaths**

Please find below my responses to your concerns raised following the inquest into the death of Mr Peter Unsworth. The Regulation 28 report sets out the matters giving rise to concern numbered 1- 2 below.

- 1. The advice provided by the Consultant Haematologist related to a very complex medical situation. It was not recorded in writing. The consultant Orthopaedic surgeon did not record it in the patient's records nor email his understanding of the advice to the Consultant Haematologist for confirmation of what he understood the advice to be.**
- 2. The Consultant Haematologist did not confirm her advice in writing or make any record of the advice given. As a consequence, there may have been a misunderstanding of the basis on which the advice was sought and/or given, and of the import of the advice.**

It has been understood and agreed practice nationally that the clinician requesting specialist advice should document the advice in the patient's health record. The Trust notes that the report has been sent to the national bodies and will embrace any changes recommended by them.

As an organisation, the documentation of specialist advice had been embedded in the curriculum for Junior Doctors and is emphasised at regular Trust events. The Trust takes the Situation, Background, Assessment, Recommendation (SBAR) approach to communication which is a structured framework for communication that enables information to be transferred accurately between individuals. In addition, Human Factors training events are held regularly as part of the postgraduate education programme. These events focus on improving documentation and communication between team members.

Going forward the documenting of specialist advice will be further strengthened by the introduction of Electronic Patient Records which will allow clinicians to input information into health records in real time. It is anticipated that this system will go live in December 2021.

I hope the details of the changes the Trust has made to our practices are sufficient to allay the concerns you have raised in your report.



Please do not hesitate to contact me should you require further details or documentation.

Yours sincerely

  
**Chief Executive**

