NHS
Nottingham
University Hospitals
NHS Trust

Please ask for the Medical Director's Personal Assistant

[redacted]

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[redacted]

1 September 2025

Dr Elizabeth Didcock
HM Assistant Coroner for Nottingham City and Nottinghamshire
HM Coroner's Court
The Council House
Market Square
Nottingham NG1 2DT

Dear Dr Didcock

Inquest: C/2024/113
Regulation 28: Prevention of Future Deaths Report [PFDR] Response

I am writing in my capacity as Medical Director of Nottingham University Hospitals NHS Trust in response to the Prevention of Future Death Notice issued on 10 July 2025 following the sad death of Mrs Gemma Louise Poterajko.

May I begin with offering my sincerest condolences to Mrs Poterajko's family for their loss. I am deeply sorry for the missed opportunities and issues that were highlighted during the Inquest.

The concerns you have raised have been taken extremely seriously. Please find attached a commentary in response to the Prevention of Future Deaths Report issued to Nottingham University Hospitals NHS Trust following the Inquest into the death of Mrs G Poterajko.

The actions either taken or planned in response to the learning from the Inquest are summarised below. The oversight of the delivery of these actions will be through our Quality and Safety Governance Committees, with Executive oversight - Committees of our Board will receive a progress report.

I hope that this commentary provides assurance that we are committed to learning from this, and other incidents to significantly enhance the care of patients across the Trust.

Yours sincerely

[redacted]

Medical Director [NUH]

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Concerns identified through the PFD

The Coroner remained concerned regarding there were outstanding matters that gave rise to concern that future deaths will occur, as follows:

1. The lack of a formalised documented system of risk stratification, (which of course includes clinical judgment by the highly experienced extractors) that currently means there is a lack of clear planning for what is likely to be needed from the cardiac surgical team, in terms of surgical expertise, theatre staff support and perfusion team support, for any given lead extraction.

2. The lack of a written Trust standard operating procedure for lead extraction that includes a record of the planning discussion, and sets out realistic cardiac surgical involvement when this is necessary.

3. The lack of clarity as to how the full cardiac surgical team can within their resources currently or planned for, provide necessary attendance in a timely way as per international expert consensus.

Response to Regulation 28 Concerns – Lead Extraction Procedures

Following the recent Inquest regarding the sad death of Mrs Gemma Louise Poterajko as a result of a transvenous lead extraction (TLE), we acknowledge your concerns and have now developed and implemented a formal Standard Operating Procedure (SOP) for TLE at the Trent Cardiac Centre, Nottingham University Hospitals NHS Trust. This SOP has been drawn from the British Heart Rhythm Society (BHRS) Standards for Lead Extraction (2018).

I set out below our response to each of the areas raised:

1. Lack of a formalised documented system of risk stratification

The SOP introduces a structured Green / Amber / Red risk stratification system that guides planning for each procedure. This system considers factors such as lead dwell time, type of lead, number of leads, patient co-morbidities, and surgical history. It incorporates validated scoring tools (EROS and SAFETY-TLE) alongside consultant clinical judgment. Each risk category has defined requirements for surgical expertise, theatre support, and perfusion team readiness. This ensures that every case is supported by a clear, documented, and auditable plan, reducing the risk of unanticipated complications.

2. Lack of a written Trust SOP including planning discussions and cardiac surgical involvement

We have now published a formal Trust-wide SOP that sets out the process for multidisciplinary team (MDT) review and planning. All cases are reviewed at a dedicated TLE MDT, with outcomes recorded in the clinical record. Where complexity is anticipated (such as prior sternotomy, significant vegetations, or hybrid procedures), discussion occurs at the joint cardiology–cardiac surgery MDT.

The SOP specifies the level of cardiac surgical involvement:

- Green cases: on-call cardiothoracic team cover.
- Amber cases: advance coordination with cardiac surgery, confirmation of availability at 08:00 surgical briefing, and sternotomy trolley prepared.
- Red cases: full cardiac surgical team (consultant surgeon, scrub nurse, perfusionist) physically present in the procedure laboratory for the entirety of the case.

This provides a documented, standardised process that ensures realistic and appropriate surgical support is present when required.

3. Lack of clarity regarding timely surgical attendance and resource provision

The SOP provides explicit clarity on how timely surgical attendance will be assured:

For Amber and Red cases, the cardiac scheduling team liaises directly with cardiac surgery scheduling in advance to confirm team availability.

At the 08:00 cardiac theatre briefing, roles and responsibilities are agreed, and a bailout plan is confirmed.

For Red cases, the named surgical team, including consultant surgeon, anaesthetist, perfusionist, and scrub staff, is physically present and set up in the catheter laboratory before the procedure commences.

The SOP also mandates readiness of emergency equipment (including sternotomy trolley, Bridge balloon system, and cross-matched blood) to enable immediate intervention in the event of major complications.

Conclusion

We are confident that the new SOP directly addresses the concerns raised by ensuring:

- A formalised and transparent system of risk stratification.
- A Trust-wide SOP with clear planning, MDT involvement, and defined surgical input.
- Clear arrangements for timely cardiac surgical team attendance and resource allocation.

We are grateful for your observations, which have strengthened our processes and patient safety measures.

Please do not hesitate to contact me should you require any further clarification.