

Hamstel Road
Harlow
Essex
CM20 1QX

**To Senior Coroner Lincoln Brookes
Chelmsford Coroner's Court**

26th August 2021

Dear Coroner Brookes,

Re: Ann Margaret Smith (Deceased)

I am writing to you in my role of Medical Director at The Princess Alexandra Hospital NHS Trust (PAHT) regarding the inquest into the death of Mrs Ann Smith.

This inquest was heard before Senior Coroner Beasley-Murray on 3rd November 2020. In conjunction with her conclusion, Ms Beasley-Murray issued a Regulation 28 report to which PAHT responded on 30th December 2020. Part of that response promised a subsequent update would be provided to the Senior Coroner by March 2021. I have now established that this update was unfortunately not forthcoming, primarily as a result of the overwhelming priorities of the Covid wave. Please accept my sincere apologies for this oversight.

Ms Smith was admitted to Princess Alexandra Hospital on 8th September 2019. The following day she suffered an unwitnessed fall which resulted in a head injury and she sadly died on 13th September 2019.

Senior Coroner Beasley-Murray indicated in her Regulation 28 report that she was concerned that *'there was uncertainty in how to deal with the anti-coagulation aspect of Ms Smith's care in the wake of her fall. That there was a lack of a local protocol for the management of the sub-group of patients over 65, on anticoagulants, and being given a treatment dose of clexane for another clinical reason, eg suspected pulmonary embolus, who then sustain a head trauma'*.

The importance of the patient having a clearly identified anticoagulation action plan post fall remains a priority for PAHT. The Action Plan developed by our multi-disciplinary Anticoagulation/Falls Tasking Group continues apace and I include with this letter the previously promised update of progress with that.

PAHT remains committed to ensuring that all of our clinical, nursing and allied health professional staff are fully conversant in falls prevention and falls management. Our *Strategic Falls Prevention Plan* for 2021/22 is focussed on continued training and oversight to ensure preventative actions.



We continue to make progress with regards to overall patient falls with harm, and I am pleased to say that we have achieved a 10% reduction during quarter 4 of 2019-20, and also in each of quarters 1 & 2 of 2021. Our goal is to reduce the number by 50% by the end of March 2022.

I remain confident that the Trust is on course to deliver the necessary changes required.

Yours sincerely



Medical Director



Overall Aim - To address the Regulation 28 noticed served by HM Coroner for Essex (November 2020)

CORONER'S CONCERNS

During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances, it is my statutory duty to report to you.

The **MATTERS OF CONCERN** are as follows. –

1. There was uncertainty as to how to deal with the anti-coagulation aspect of the deceased's care in the wake of the fall. There is the lack of a local protocol (part of the Falls Policy) for the management of the sub-group of patients over 65 on anticoagulants and being given treatment dose of clexane for another clinical reason e.g. suspected pulmonary embolus, who sustain head trauma.

Goal	Actions	By When	By Whom	Progress	Measures of success	RAG
1. To establish a task and finish group to review the current protocols and make necessary changes	Establish a task and finish group comprising: Associate Medical Director for the Medicine Healthcare group. Anticoagulation pharmacist. Lead Nurse for Falls Prevention	Nov-20	Lead Nurse for Falls Prevention	Group has been established	Group has been established	



<p>2. To review the current falls prevention policy and to provide an update to include the management of this sub group of patients. This will include the quick reference guides on post falls management that are included in the appendices of the policy</p>	<p>Review of the falls prevention policy</p>	<p>Feb-21</p>	<p>Task and finish group</p>	<p>The policy and quick reference guides have been reviewed. There needs to a section added to the policy relating to this sub-group of patients with regard to: anticoagulation plan - post fall to STOP or CONTINUE anticoagulation therapy. Frequency and duration of observations, including neuro-observations. Update March 21. Updated policy and quick reference guides have been distributed to all in-patient areas. These have been shared widely with ward teams, matrons, HoNs ADoNs, AHP staff, junior medical staff and consultants. Information is to be shared at ward huddles, handovers, ward meetings, PS&Q meetings. Changes have been approved by the Clinical Cell and Trust policy group. Changes to be included on junior doctor anticoagulation training and will be added to the Trust anticoagulation guidelines. Internal safety bulletin has been issued. E mail sent to all junior doctors and all consultants.</p>	<p>Fully updated falls prevention policy and quick reference guides available in all clinical areas. The policy and quick reference guides will be fully updated by the end of January 2021 for submission to the Patient Safety Group meeting and Trust policy group meeting in February 2021</p>	
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<p>3. For each patient in this sub-group to have a clearly documented Anticoagulation plan.</p>	<p>To ensure that this sub-group of patients has a clearly identified anticoagulation action plan post fall. A medical decision needs to be made regarding STOP or CONTINUE anticoagulation therapy post fall and this must be clearly documented in the patient's clinical record. If the anticoagulation therapy is to be stopped then the prescription MUST be suspended on the EPMA system. This will need to be formally agreed by the Senior Management Team. Senior Practitioners Forum. Clinical Cell. This policy will be added to all anticoagulation guidelines</p>	<p>Feb-21</p>	<p>Task and finish group</p>	<p>The policy and quick reference guides have been reviewed. There needs to a section added to the policy relating to this sub-group of patients with regard to: anticoagulation plan - post fall to STOP or CONTINUE anticoagulation therapy. This action was approved at the Clinical Cell meeting December 2020. This is to be formally discussed at the anticoagulation meeting in January 2021. The Haematology teams have been asked to provide formal feedback on this change to the policy. 25.01.21 - Feedback has been received and added to revised policy. Update March 21 - see above (section 2)</p>	<p>Fully updated falls prevention policy and quick reference guides available in all clinical areas. ALL clinical staff to be made aware that this is a mandatory requirement. This will be achieved by training and also the issuing of an Internal Safety Bulletin (March 2021) etc. For this policy to be added to all anticoagulation guidelines</p>	
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<p>4a. For the timing, frequency and completion of observations (including neurological observations) to be mandatory</p>	<p>The timing and frequency of observations (including neurological observations) is currently clearly identified on the post fall quick reference guides. This requirement needs to be clearly referenced on all clinical staff training sessions (see point 5 below). In addition to formal training sessions this change to practice will be shared with the Patient Safety and Quality Leads for dissemination across the healthcare groups with the expectation that it will also be discussed at patient safety huddles on a daily basis (for 2 weeks) and then weekly (for 4 weeks commencing in January 2021</p>	<p>Feb-21</p>	<p>Task and finish group</p>	<p>The policy and quick reference guides have been reviewed</p>	<p>Fully updated falls prevention policy and quick reference guides available in all clinical areas. ALL clinical staff to be made aware that this is a mandatory requirement. This will be achieved by training and also the issuing of an Internal Safety Bulletin. Issued March 2021</p>	
<p>4b. For an update to be made to Nerve Centre to ensure that completion of all parts of neurological observations are mandatory</p>	<p>Nerve Centre needs to be amended to ensure that the completion of all sections of neurological observations are mandatory</p>	<p>Jan-21</p>	<p>Lead for Clinical Information systems</p>	<p>The update to Nerve Centre has been agreed. The aim is for this to be "live" week commencing 18th January 2021</p>	<p>Update to Nerve Centre. 25.01.21 This amendment has now been completed and has been communicated to all ward managers and matrons</p>	



5. For all of the above actions to be included in mandatory falls prevention and management training for all clinical staff	Falls training to be made mandatory for all clinical staff and for the above actions to be part of this training. This policy is also to be added to the training provided by the anticoagulation pharmacists.	Feb-21	Lead Nurse for Falls Prevention	The process to make falls prevention and management training mandatory for all clinical staff has begun. All training packages (face to face and e learning) will be amended to include the above actions). Current face to face sessions provided by the Lead Nurse for Falls Prevention includes discussion on anticoagulation and the requirement for the completion of neurological observations	For clinical staff to be up to date with mandatory falls prevention and management training	
6. Mandatory question to be added to the Datix incident management system as to whether patient who has fallen is on anticoagulant therapy	Datix to be amended to include this question	Feb-21	Lead Nurse for Falls Prevention	02.02.21 Mandatory question now added to Datix .	Complete	
7. Trust strategic Quality Improvement Plan	Action to be formally added to the Trust's Strategic Quality Improvement Programme	Feb-21	Associate Director for Quality Governance	Now formally added to QIP	Complete	
8. Corporate risk register	Risk to be added to Corporate Risk Register	Feb-21	Lead Nurse for Falls Prevention	Formal risk assessment has been completed. Pending approval from Deputy Director of Nursing. Once approved - will be added to Corporate Nursing Risk Register until corporate risk register is established	Complete	

