The Princess Alexandra Hospital
NHS Trust

Private and Confidential

Senior Coroner Caroline Beasley-Murray
Essex Coroner's Court
Chelmsford County Hall
Victoria Road
Chelmsford
CM1 1QH

30th December 2020

Dear Coroner Beasley-Murray,

I write in the matter of the late Ann Smith in response to your recent Regulation 28 Report to prevent future deaths.

Ms Smith was admitted to Princess Alexandra Hospital on 8th September 2019. On 9th September she suffered an unwitnessed fall which resulted in a head injury. She sadly died on 13th September 2019 and your inquest into her death was held on 3rd November 2020.

You were 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 speed at which action is taken following a fall is clearly significant, as is the importance of the patient having a clearly identified anticoagulation action plan post fall. To that end, the Trust has established a multi-disciplinary Anticoagulation/Falls Tasking Group comprising of the Associate Medical Director for the Medicine Healthcare group, the Anticoagulation Pharmacist and the Lead Nurse for Falls Prevention.

This group has developed an Action Plan, a copy of which I share with you. Whilst the actions from this plan are still ongoing, I am confident that the Trust is on course to deliver the necessary changes to ensure that there are no further severe harms or deaths from this type of incident. I propose to update you again by the end of March 2021.

Yours sincerely

[redacted]

Director of Nursing, Midwifery & Allied Health Professionals

[redacted]

Action Plan

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	Status
1. To establish a task group to review the current protocols and make necessary changes	Establish a task 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	Complete
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	Review of the falls prevention policy	Dec-20	Task group	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.	Fully updated falls prevention policy and updated and updated quick reference guides updated and available in all clinical areas. The policy and quick reference guides will be fully updated by the end of January 2021for submission to the Patient Safety Group meeting	On-going

3. For each patient in this sub-group to have a clearly documented Anticoagulation plan.	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	Jan-21	Task group	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.	Fully updated falls prevention policy and updated and updated quick reference guides updated and 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. For this policy to be added to all anticoagulation guidelines	On-going
4a. For the timing, frequency and completion of observations (including neurological observations) to be mandatory	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	Jan-21	Task group	The policy and quick reference guides have been reviewed	Fully updated falls prevention policy and updated and updated quick reference guides updated and 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.	On-going

4b. For an update to be made to Nerve Centre software to ensure that completion of all parts of neurological observations are mandatory	Nerve Centre needs to be amended to ensure that the completion of all sections of neurological observations are mandatory	Jan-21	Lead for Clinical Information systems	The update to Nerve Centre has been agreed. The aim is for this to be "live" week commencing 18th January 2021	Update to Nerve Centre software	On-going
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	On-going