Date: 9th April 2021

The Leeds Teaching Hospitals NHS Trust

Chief Medical Officer
Trust Headquarters
St James's University Hospital
Beckett Street
Leeds
LS9 7TF

[redacted]

www.leedsth.nhs.uk

Mr Kevin McLoughlin
Senior Coroner
West Yorkshire (Eastern)
Coroner's Office and Court
71 Northgate
Wakefield
WF1 3BS

Dear Mr McLoughlin

INQUEST TOUCHING THE DEATH OF RUBY BAGGALEY (Deceased)

I refer to your correspondence of 16th February 2021, regarding the inquest touching the death of Mrs Ruby Baggaley and the Regulation 28 Report to Prevent Future Deaths in respect of this case.

I can confirm that the contents of your Regulation 28 Report have been shared with the relevant staff to enable us to provide you with a comprehensive response.

In your report you highlight that your matters of concern were as follows:

(1) *On completion of surgery Mrs Baggaley was deemed to be in a stable condition with a blood pressure of 105/49 and a NEWS score of 3. She was transferred back to the ward at approximately 16.00 hours. In the following five hours she was located in a bed remote to the nurses' station and was not checked frequently (as might validly be expected in the case of a frail 90-year-old lady who has just undergone major surgery).*

(2) *In the four times her blood pressure was checked between 16.00 and approximately 20.45 hours it was abnormally low. Her urine output was poor. In the period from 17.00 hours onwards her care was exclusively in the hands of a relatively junior doctor (CT2) and the nursing staff. No attempt was made to inform the surgeons or anaesthetist of the deterioration in her condition.*

(3) *Between 16.00 hours and 20.45 hours Mrs Baggaley's NEWS score was 5 and remained at this level. No attempt was made to escalate her care to more senior clinicians. It is not clear whether junior doctors and nursing staff now have clear instruction on when to escalate care in such circumstances, nor to whom.*

(4) *By the time the surgeon was informed of the situation and travelled into the hospital around 22.00 hours Mrs Baggaley's condition had become critical. It is not clear whether earlier intervention by senior clinicians would have avoided Mrs Baggaley suffering a cardiac arrest consequent upon her low blood pressure (as the inquest was informed was the case). It is the case, however, that she was deprived of the opportunity to have a review by a senior clinician.*

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(5) *I am concerned that in the absence of precise information as to what, if any changes in escalation procedures have been implemented, or additional training provided to the staff involved, the potential for a comparable situation to occur again, remains.*

(6) *Although it is accepted the following factors did not contribute to Mrs Baggaley's death, they served to undermine the trust and confidence of her family in relation to the quality of care provided particularly when contrasted with that at Leeds General Infirmary)*

- *A delay in providing pain relief when she arrived at Chapel Allerton Hospital on the evening of 20 January 2020*
- *The delay in providing a Nimbus mattress*
- *The delay in arranging traction at Chapel Allerton Hospital, despite this being written in her Care Plan and being in place when she was in Leeds General Infirmary. The evidence given by a family member was that she was told no-one with the requisite skill was available at the hospital.*
- *The cancellation of the surgery for 23 January 2020 on the day it was to take place. This was lamentable not only for a frail 90-year-old patient who was in pain, but was also a calamity for the efficient use of NHS resources: a theatre unused for a day; two surgeons each with a day wasted; an anaesthetist' time wasted and one less patient treated overall.*

It was certainly acknowledged at the Inquest that Mrs Baggaley's right sided distal femoral replacement surgery was appropriately classified as a high-risk procedure. Her care was discussed in two surgical forums before she gave written consent to proceed. The court applauded the willingness to embark on such surgery. There is little point, however, in investing in surgery of this nature if the post-operative care is not of a comparable standard.

The trust's response to the family complaint proclaimed that Chapel Allerton Hospital was the 'optimum environment' for Mrs Baggaley's treatment 'as the ward nursing staff are also skilled in caring for patients who have undergone this type of surgical procedure' (letter 7 August 2020, Page 2). The evidence at the Inquest does not support these contentions. It is for this reason that this Regulation 28 Report is submitted to assist your review of post-surgical care.

The Trust response:

The Trust maintains its position that Chapel Allerton Hospital has an important role in delivering care to surgical patients, including the provision of complex orthopaedic arthroplasty procedures. As an elective operating unit, Chapel Allerton has the necessary equipment and trained personnel to deliver such care. By offering operating capacity, it also frees up theatre space at Leeds General Infirmary for trauma cases. However, it is accepted that not all patients are suitable to be managed at a peripheral site where out of hours cover is limited.

In the future, all elderly or frail patients being considered for transfer to Chapel Allerton Hospital will be the subject of an MDT review by a consultant team consisting of surgeons, anaesthetists and orthogeriatricians. The orthogeriatrician and anaesthetist will determine the level of risk for that individual patient. If it is determined that high-dependency care consisting of advanced cardiovascular monitoring and/or organ support will be required, the patient will remain at the LGI site and arrangements made for equipment and personnel to be transferred from Chapel Allerton. Patients requiring traction will not be offered surgery at Chapel Allerton.

The MDT discussion will be documented on PPM+ (electronic patient record) and the outcome discussed with the patient and next of kin. As part of this MDT discussion, and in line with established good practice, the patient's resuscitation status will be discussed and clarified with the patient and their family.

Where a patient is considered suitable for transfer to Chapel Allerton Hospital, this decision will be discussed with patient and family members, with a clear support plan documented in the medical records including detailed pre- and post-operative plans.

For elective patients, their suitability for surgery at Chapel Allerton will be determined at the surgical pre-assessment clinic with specific input from a consultant anaesthetist specialising in this area.

All patients will have a skin assessment within 4 hours of transfer and appropriate pressure relieving equipment will be ordered (this will be ordered at time of agreement to transfer if the patient is already requiring a specialist mattress).

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As a result of your Regulation 28 report, the relevant specialty teams have considered your comments in order to determine what improvements need to be made to ensure the safety of patients at Chapel Allerton, including the prompt escalation of concerns should they arise.

On the day of surgery, the consultant anaesthetist will have the responsibility to clearly define the patient's post-operative care, including NEWS scores that will require escalation to critical care outreach team for support out of hours.

During daytime working hours (08.00 -18.00) any concerns will be escalated to the consultant surgeon and anaesthetist responsible for the patient's care. After 18.00 hours the escalation policy will be based upon clear objective assessments of the patient's physiological status using the NEWS2 score and the Trust's 'Deteriorating Patient Policy' and the 'Transfer of Care Policy for Chapel Allerton Orthopaedic Centre'. A separate policy is being developed to specifically address the deteriorating patient being cared for in peripheral hospital sites. Plans are on-going to establish a dedicated on-call consultant rota for Chapel Allerton Hospital but in the meantime, the duty consultants at the LGI site will be available to provide advice and if necessary, review the patient. In addition, contact details for the operating surgeon and anaesthetist will be available to the ward staff if required. Plans are in place to extend the anaesthetic and recovery unit cover on site until 21.00. This will facilitate the post-operative reviews and management of higher risk patients. Where possible, higher risk patients will be operated on early in the day to allow an extended period of observation before the treating surgeon and anaesthetist leave the site. In addition, every effort will be made to ensure higher risk patients are not operated on at the end of the working week (i.e. on Friday).

It is recognised that a rolling programme of staff education will be required to support the implementation of these planned changes. All staff in both the operating theatres and surgical wards will have regular training on escalation pathways and resuscitation. There will be compulsory mandatory training for the junior doctors starting their post at Chapel Allerton Hospital. This will be recorded on the Electronic Staff Records.

Thank you for raising the additional points of family concern, regarding the administration of pain relief and the provision of traction and appropriate mattress care. These concerns have been dealt with in the Trust's complaint response and we are happy to discuss these matters further with Mrs Baggaley's family if that would be helpful.

With regards to the efficient use of NHS resources, I would like to reassure you that the Trust takes this very seriously and all episodes of short notice cancellation are reviewed by the management team. It must be said, however, that on rare occasions new issues outside the control of the treating team can come to light which will prevent the surgery going ahead safely. An example of this would be where a patient does not follow an instruction to stop blood thinning medications prior to the day of surgery. The Trust does strive to minimise such cancellations.

Thank you for bringing these matters to my attention. I do hope that this response has assured you that the Trust has given careful consideration to the matters of concern you have raised.

If I can be of any further assistance, please do not hesitate to contact me.

Yours sincerely

[redacted]
Chief Medical Officer
Leeds Teaching Hospitals NHS Trust

cc.

[redacted]
Medical Director – Risk and Governance
Leeds Teaching Hospitals NHS Trust
[redacted]

[redacted]
Trust Risk Manager
Leeds Teaching Hospitals NHS Trust
[redacted]

[redacted]
Director of Quality
Leeds Teaching Hospitals NHS Trust
[redacted]

[redacted]