Barts Health
NHS Trust

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[redacted]

Chief Medical Officer
[redacted]

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PRIVATE & CONFIDENTIAL

Mr Graeme Irvine

HM Senior Coroner

Dear Mr Irvine,

RE: Regulation 28: Report to Prevent Future Deaths

I write in response to the recent Regulation 28: Report to Prevent Future Deaths notice regarding the care of Surekha Pandharinath Shivalkar.

Mrs Surekha Pandharinath Shivalkar Was a 78-year -old woman who was scheduled for elective total hip replacement revision surgery. Mrs Shivalkar had a number of serious debilitating comorbidities including ischaemic heart disease, osteoporosis, and chronic obstructive pulmonary disorder.
No formal assessment tool was used in the calculation of risk of death, consequently, an inaccurate risk of mortality was assessed as being less than 5%.

Mrs Shivalkar was deemed suitable for surgery at a surgical centre that did not have high dependency unit facilities suitable for dealing with the critically ill patient in recovery.

On 28 September 2018 Mrs Shivalkar underwent revision total hip replacement surgery under combined regional and general anaesthesia. The surgery was estimated to last 4 to 5 hours .

The surgery was completed after a period greater than 7 ½ hours. During surgery, allowed Mrs Shivalkar to sustain a prolonged and dangerous period of hypotension. The anaesthetist failed to communicate this fact to the surgical team.

After six hours of surgery, the anaesthetist was specifically asked if there was any reason that surgery ought not to be prolonged, the anaesthetist assented to the delay.

Mrs Shivalkar was returned to recovery where she was found to be in a dangerously hypotensive state. The consultant anaesthetist assessed Mrs Shivalkar and failed to recognise her critical state, the patient was discharged from the recovery room.

Upon being returned to the surgical ward, Mrs Shivalkar sustained a cardiac arrest, CPR was commenced, and steps were taken for transfer to the local intensive treatment unit. Due to the remote location of the surgical centre, there were delays in this transfer.

Upon admission to the intensive treatment unit Mrs Shivalkar was found to be in multiorgan failure with a profound metabolic acidosis. Despite the efforts of the intensive treatment team Mrs Shivalkar sustained a further cardiac arrest and died.

The matters of concern raised in the Regulation 28 notice were:

1. No formal risk assessment tool was adopted to assess preoperative risk prior to Mrs Shivalkar's total hip replacement revision surgery. Despite policy changes at Barts Heath NHS Trust since 2018, there remains no requirement to utilise such a tool.

2. Poor communication between the orthopaedic surgical team and the anaesthetist during surgery led to a collective failure to identify a critically ill patient. General and non-specific questions regarding the patient's welfare passed between the two teams but no targeted questions requiring clear factual responses were asked. Had such questions been put, a different outcome may have arisen.

3. The Senior Consultant surgeon left the surgery prior to its conclusion, lengthening the procedure. The Consultant did not effectively communicate his reasons for leaving the surgery to the other members of the surgical team, neither did the surgical notes refer to his early departure. The Consultants statement to the court did not indicate that he had left the surgery before its conclusion. No system was in place to; assess whether a decision to leave surgery was appropriate, or to effectively monitor when a surgeon leaves theatre.

Regarding the first matter of concern

Following the Inquest, all high-risk anaesthetic assessments at Newham Hospital undergo both a qualitative and quantitative risk assessment using the SORT system developed by UCLH. This has now been embedded into current practice

In addition, the Trust now has a cross site working group to further harmonise the pre-assessment processes across nursing an anaesthesia, so that the assessment prior to surgery is both portable and valid across all acute sites.

The Gateway surgery centre currently has no on-site high dependency capacity, this is located in the main hospital, a short ambulance ride away. Barts Health will review this and in the meantime, will only undertake surgery on patients with minimal co-morbidities (Those designated ASA 1 or 2).

The Newham pre-assessment lead has joined the Royal London multi-disciplinary team meeting to discuss any cases where the pre-operative management can be optimised.

Regarding the second matter of concern

A trust programme of enhanced safety visits will be implemented by the peri-operative network, implementing best practice from UCLP invasive procedures safety network and elsewhere

Regarding the third matter of concern

Lead surgeons for any procedure should remain in the building until the patient is safely in recovery. This has already been communicated to all surgical teams from the Chief Medical Officer of Barts Health.

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Thank you for communicating your concerns to us - we believe that our hospital is safer as a result of the action we have taken to address them.

Thank you for communicating your concerns to us - we believe that our services will be safer as a result of the action we are taking to address them.

Yours sincerely,

[redacted]

Chief Medical Officer
Barts Health NHS Trust

CC: