IN THE CORONER'S COURT FOR THE AREA OF GATESHEAD AND SOUTH TYNESIDE

HM ASSISTANT CORONER MS L BENYOUNES

IN THE MATTER OF AN INQUEST TOUCHING UPON THE DEATH OF WILLIAM NICHOLS DEC'D

RESPONSE FROM THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST TO THE REGULATION 28 NOTICE TO PREVENT FUTURE DEATHS DATED 18 AUGUST 2023

The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) acknowledges the report sent by the Assistant Coroner dated 18 August 2023. The Trust now deals in detail with the specific concerns relevant to this Trust (points 1-3) listed by the Assistant Coroner in section 5 of the Regulation 28 Notice:-

1. Inconsistency in understanding between the hospital and the community teams as to the procedure to follow post discharge from vascular surgery and the points of access in the event of concern or complication (including suspected infection, or bleeding).

   Patients in advance of admission to hospital for their surgery are to be provided with a Femoral Endarterectomy Patient Information Leaflet providing full explanation of their pathology along with the proposed surgery, post operative course and potential complications. The course of action to be taken by patient, community nursing team or GP being provided with the relevant contact points along with phone number to call (see Appendix 1). This is in addition to providing the same information to the patient on discharge in a leaflet Wound care following arterial surgery (see Appendix 2) and in written communication in the discharge summary headed as "Information to Patient" (see Appendix 3).

2. The absence of provision of documented advice to patients on discharge as to points of access in the event of concern or complication (including suspected infection or bleeding).

   Following the inquest into Mr Nichols' death which took place on 18th April 2023, NUTH carried out a Serious Incident Investigation (SI) addressing concerns expressed during the Coroner's Inquest with proposed actions to mitigate recurrence of harm and death by similar means. One of the findings of the SI was that the documentation and communication with clinical teams, the community and patients as to points of re-referral in the event of concern needed to be improved.

   As part of the SI action plan, the vascular surgical team at their clinical governance meeting agreed the following to improve levels of communication with the patient on discharge, the community and within their own team:

   - When patients are discharged from the vascular ward, they should continue to be provided with the contact number for the ward, with advice to call the ward if they have any concerns once back at home. Discharge letters going to patients and their GP's following femoral endarterectomy surgery have been amended to include instructions to seek urgent medical attention via the nearest A&E department if at

any point there is bleeding or a blood-stained discharge from the wound. An example discharge letter with the additional information is attached at Appendix 3.

- If patients call the ward with a concern about their wound during normal working hours, the ward will direct the call to the specialist vascular nursing team, for their initial advice.

- If the specialist nursing team are unsure, they should contact the on-call vascular registrar for advice.

- If a patient calls the ward outside of normal working hours with a concern about their wound, the ward should direct the call to the on-call vascular registrar for advice.

- Patients should be specifically told at the time of their discharge that if they have any concerns about bleeding from their wound, they should seek urgent medical advice from their nearest A+E department. This is backed up in the newly amended discharge letter (see Appendix 3).

- Calls from patients about their wounds and the advice given to them should be documented as an entry on e-Records by either the specialist nursing team, or the on-call vascular registrar (or both if they are both involved in the advice), and this entry should be made as close to the time of the call as possible.

- Any specific advice given to the patient on discharge regarding their wound should be recorded in the "Information to Patient" section of the discharge letter.

- Written documentation of ward review will be provided in the same format with any change in advice to the community.

- The Vascular team have introduced a daily morning ward handover meeting attended by, as a minimum, the Consultant of the week, the Surgeon of the week and the outgoing and incoming on call registrars. In addition to patients admitted, all referral calls to the on-call registrar made in the previous 24 hours are discussed thus providing consultant oversight of decisions made and advice given.

In addition, the Femoral Endarterectomy Patient Information Leaflet includes the following advice and instructions to patients upon discharge from hospital:

"Following arterial reconstruction to the groin, discomfort from your wounds is normal for several weeks following surgery.

Wounds can sometimes become infected, and these can usually be successfully treated with antibiotics in the community. Signs of infection can include increasing pain; redness of the skin in and around the wound; a noticeable odour from the wound; fluid discharge, which if infected, is usually yellow and thick; feeling generally unwell with a fever/temperature.

Wounds that are not infected can sometimes leak a clear fluid known as lymph. This can take several weeks to resolve but can often be managed in the community.

If you, the community nurses or the GP notice any bleeding from the wound after you have been discharged home, you should seek urgent medical attention, via your nearest A&E department."

3. <u>Poor communication from the vascular ward when concerns were raised postoperatively, particularly the concern about bleeding in the wound discharge.</u>

   Internal communication within the vascular team, has been discussed by the senior medical and nursing staff at the Vascular clinical governance meeting. It was recognised that documentation and communication within the team had to be standardised and agreed upon. The recommendations and actions being agreed upon in the SI report and now put into place. Appropriate written advice being prepared to provide patients both in advance and following their surgery.

   This includes the triage and directing those with concerns from the community to the appropriate member of the Vascular team for advice, 24 hours a day, seven days a week including National holidays.

   It has been agreed with the Vascular Nurse Clinical Educator to deliver ward based training regarding the escalation of patient calls to the ward. This has also be incorporated into the vascular study days and junior Medical staff at induction.

Dated this 11th day of October 2023

[redacted]

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[redacted]

Chief Executive
Newcastle upon Tyne Hospitals NHS Foundation Trust

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APPENDIX 1

Surgical Services

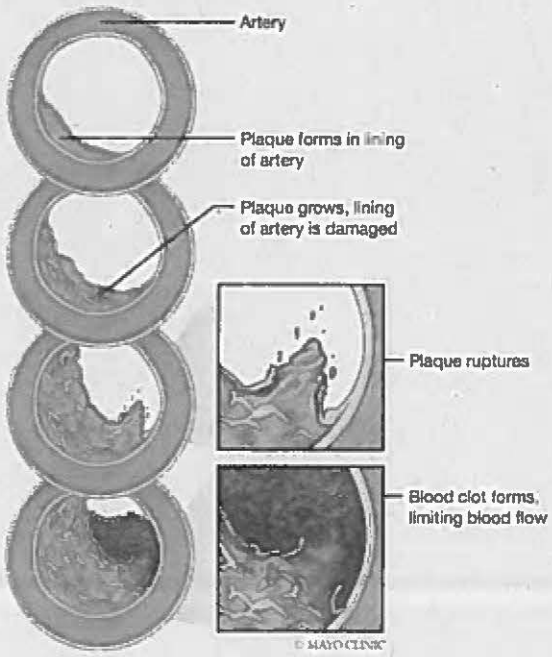
Femoral Endarterectomy

We have written this leaflet to tell you about an operation called a femoral endarterectomy which is a treatment for peripheral arterial disease. If you have any questions or concerns, please talk to a member of the team caring for you.

What is Peripheral Arterial Disease (PAD)

Arteries are blood vessels that transport oxygen and nutrient-rich blood from the heart to organs and tissues throughout the body, allowing them to work properly and stay healthy. The arteries that deliver blood to the legs, and feet are called peripheral arteries.

Damage to peripheral arteries is usually caused by atherosclerosis. Atherosclerosis is the build-up of fats, cholesterol and other substances in and on the artery walls. This build-up is called plaque. The plaque can cause the arteries to narrow, blocking blood flow. The plaque can also burst, leading to a blood clot.



When someone has PAD, one or more of the peripheral arteries have become narrowed or blocked, reducing blood flow. As a result, less blood reaches the legs which can lead to a number of symptoms and complications.

While many people with PAD don't have any symptoms, the condition can cause pain or discomfort in the affected limb during exercise, but the pain will get better when you rest. This is called "claudication" and can impact an individual's quality of life.

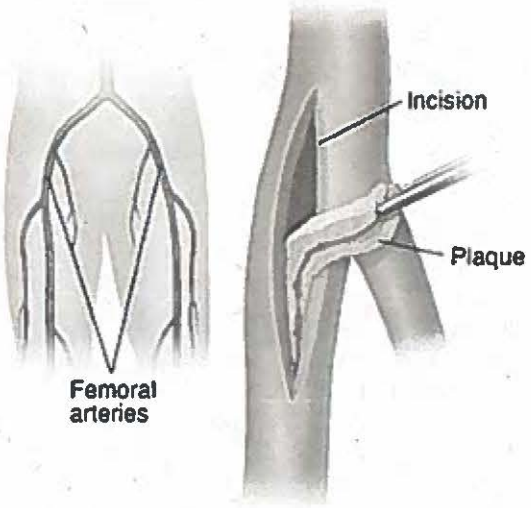
In more advanced stages of the disease, the pain may become constant (called "rest pain"). The affected limb, or part of it, may feel numb or weak, and ulcers can develop on it. In severe cases, the reduction in blood flow can cause gangrene (tissue death). In medical terms, this stage is referred to as "chronic limb-threatening ischemia," or CLTI.

The surgery

One way to improve the circulation to the legs is to surgically remove the narrowing or blockage in the artery. This operation is called a femoral endarterectomy and works best when the length of the narrowing or blockage is quite short, and when it affects the artery just below the groin (the common femoral artery).

The surgery is performed under anaesthetic and your anaesthetist will discuss the best options for you and the differences between them.

The operation consists of a 5-10cm cut in the groin. The surgeon controls and opens the artery. The plaque is then removed allowing the blood to flow more freely. The surgeon then closes the artery and, at this stage, a synthetic patch may be sutured onto the artery to prevent it from narrowing again. The wound is then closed with dissolvable stitches.



The risks

As with any operation there are risks involved which vary according to your health but typically include:

- Limb swelling (most patients). It is normal for the leg to swell temporarily, but this may occasionally continue. Raising your leg on a pillow after the operation will help to reduce this risk.

- Numbness (most patients). You may have patches of numbness around the wound or lower down your leg which is where the small nerves to the skin will have been cut. This usually gets better within a few months but can occasionally be permanent.

- Bruising/bleeding (5 in 100). Some bruising can occur after the procedure. There is a rare risk of persistent bleeding, which would require urgent surgery.

- Wound infection (10 in 100). Increasing pain, redness, swelling or a cloudy discharge might indicate that an infection is developing. If a wound infection occurs it usually only needs to be treated with antibiotics. Occasionally the wound needs to be cleaned out under anaesthetic.

- Infection of the synthetic patch (2 in 100). Occasionally the patch can become infected and we would need to remove it and repair the artery with an operation.

- Loss of blood supply to the legs (1 in 100). This may happen when there's a blockage in the groin or pelvis, or if loose material is dislodged in the arteries during surgery and passes into the legs. This is an extremely rare complication which may require further surgery and, in the worst-case scenario, can lead to amputation.

- Risk to life (1 in 100). As with any major operation there is always a risk to life. This is usually extremely small but is partially dependent on your age, weight and general health.

We will be happy to discuss these risks with you or answer any questions that you may have.

Alternative treatment

Depending on the location of blockage it is sometimes possible to perform an angioplasty. This is where a wire is passed into the artery so it can be stretched and, if needed, a small wire tube (stent) placed to keep the artery open. This may not be successful or may not be a suitable option.

Any decision on treatment will be carefully considered by your vascular multidisciplinary team (MDT) and discussed in detail with you. Surgery should improve your symptoms and allow any wound or ulcer to heal.

Consent

We must seek your consent for any procedure or treatment before it can go ahead. Your medical team will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you're unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

Thinking about your return home

Before your operation, it's a good idea to start thinking about how you will manage at home after your surgery. We encourage patients to stay with family or friends or have a relative stay with you if possible. If you live alone or need additional support, we may need to help you make plans for a short period before you go home. The sooner we know this, the sooner we can start arranging help for you. Talk to your close family, friends and GP to see what options you have. You will need to be collected from hospital on the day you are discharged so, you should make arrangement before you come to hospital. It is also worth asking someone to get you fresh food so you have something at home when you leave hospital.

Pre-assessment

Before you are admitted for surgery you will be seen by a specialist nurse and possibly an anaesthetist in clinic. We will take a detailed medical history, do blood tests, a physical examination, blood pressure checks and a heart trace (ECG). The anaesthetist will talk to you about your anaesthetic and how your pain will be controlled.

You should bring in a list of the medications you take and when you take them. We will let you know if you need to make any changes to your medication for your surgery.

You may also be asked to fill in a questionnaire for the therapy team to help identify if you need any help or support after the operation. If you do, a member of the therapy team may contact you before you come into hospital. You will also be given information on local services which may be useful to you.

Coming into hospital: What to bring

When you come into hospital there are a few items that you should bring:

- All your medications (including insulins and inhalers)
- Nightwear and changes of clothes
- Toiletries
- Dentures, glasses and hearing aids if you have them

Bring them in a small bag labelled with your name. There isn't much storage space on the ward so it should only be a small bag.

We recommend that you leave valuable items at home; especially as you will be asked to remove jewellery before surgery. The ward cannot accept responsibility for items left on the ward and not handed in for safe keeping and a receipt given.

What to expect during your stay in hospital

Before surgery you will be assessed to ensure nothing has changed since your pre-assessment. You may need to have further blood tests.

A needle (cannula) will be inserted into your arm to allow for medications or fluids to be given via a drip.

On the day of surgery you will be taken to theatre where your details will be checked before you are taken to the anaesthetic room and then into surgery.

After theatre you will usually return to the ward. If you need close observation you may be cared for in the high dependency unit (HDU). Your anaesthetist will tell you if this is necessary.

Pain

The wound in your leg is likely to be uncomfortable at first we will offer you pain relief. The pain should improve, but you may get twinges and aches for three to four weeks. It is important your pain is controlled so that you can move about. We will give you advice about pain medication.

Eating and drinking

Once you are awake you will be able to eat and drink. You may find you are not very hungry at first but it is important to eat regularly to help your recovery.

Moving around

Moving around soon after surgery will help speed up your recovery and prevent complications. The ward staff will help you to regain your normal mobility. Moving around will not cause any damage to the surgical site.

Deep breathing and coughing exercises help to prevent chest infections so itis important that you do these. We will explain how to do these.

We encourage you to maintain as much independence as possible with your personal care and toileting during your recovery.

Changes to medication

We will usually give you a blood thinning drug and a cholesterol lowering drug if you are not already on one. These will reduce the risk of further circulation problems in the future and you

will usually have to take these for the rest of your life. If you were told to make changes to your regular medicines before coming to hospital, we will tell you if and when to restart these.

Your wound

There will be a dry dressing over your wound. Dissolvable stitches are usually used to close the wound which do not need to be removed.

Non-dissolving stitches are used occasionally which will need to be removed around 8-10 days after the operation.

The nursing staff will let you know if this is the case. You will probably be back home before your stitches need to come out, so the ward will ask for them to be removed by your practice nurse at your GP surgery.

The wound will appear to have healed within two weeks or so, but the underlying tissues can take several months to heal completely and you may find the scar and wound are lumpy and quite hard for several months

You may have patches of numbness around the wound or lower down the leg which is due to cutting small nerves to the skin. This can be permanent but usually gets better within a few months.

It is also common for the foot to swell due to the improved blood supply. Keeping your leg elevated when you are sitting will help the fluid to disperse and you may be given a support stocking to reduce any swelling.

Following arterial reconstruction to the groin, discomfort from your wounds is normal for several weeks following surgery.

Wounds can sometimes become infected, and these can usually be successfully treated with antibiotics in the community. Signs of infection can include increasing pain; redness of the skin in and around the wound; a noticeable odour from the wound; fluid discharge, which if infected, is usually yellow and thick; feeling generally unwell with a fever/temperature.

Wounds that are not infected can sometimes leak a clear fluid known as lymph. This can take several weeks to resolve but can often be managed in the community.

If there is any bleeding from the wound after you have been discharged home, you must seek urgent medical attention via your nearest A&E department.

Frequently asked questions

"How long will I have to stay in hospital?"

You will usually be discharged the day after your surgery. Recovery times vary and it can take several weeks to feel 'back to normal'. It also depends on your health and activity before surgery.

"Can I shower/have a bath?"

You can briefly get the wound wet by showering and patting well dry. You should avoid soaking the wound in the bath until it is completely healed.

"Can I exercise?"

Exercising after your operation will aid your recovery and help you to return to normal daily life more quickly. Itis important to start slowly. Initially you should not lift heavy objects or do any strenuous activities or sports.

Walking is an excellent form of exercise not only for your muscles but also for your heart and lungs. Take it easy at first. You will tire easily and will need to rest but do not stay in bed. Some days you will feel better than others. Go for short walks and build up over time with a gradual return to normal activity.

You will be able to manage light work around the house, in the garden and at work when you feel fit and able. Excessive activity will cause pain but will not result in damage. Do not try to do too much, too quickly.

"When can I return to work?"

Most people are able to go back to work after six weeks. If you need further time off, talk to your GP.

"Can I drive after the operation?"

You can start driving again when you are able to do an emergency stop. You can practice doing this in the car without the engine on. If you drive a manual car you need to be able to lift both legs at the same time to push down on the brake and clutch, quickly and forcefully. If this causes you pain, then you're not ready to drive yet.

Sometimes this can take four weeks. If in doubt, you should check with your GP and insurance company.

"Can I fly?"

You can fly once you feel comfortable and are mobile enough – there is no hard and fast rule as to how long this might take after your operation. You should advise your insurance company of any recent illness or treatment you are receiving prior to travelling.

Storing your personal information

Vascular surgeons record information about surgical interventions on the National Vascular Registry (NVR). This is a secure database that is used to help monitor and improve vascular services throughout the country.

Strict data governance and confidentiality rules mean that personal details on the NVR can only be accessed by staff directly involved in your treatment. If you have any questions or concerns regarding this please speak to your surgeon.

Who should I contact if I have any queries?

Ward 8, Freeman Hospital on 0191 2137008. Your call will be directed to the specialist vascular nursing team or the on-call registrar for their initial advice. If you community nurse or GP has any concerns, they could also call the ward, or they can speak to the on-call vascular surgery team via the Freeman Hospital Switchboard 0191 233 6161.

Please contact the ward if you have any concerns about your surgery, your inpatient stay or your recovery.

This information is intended as a guide only. Everyone is different and treatment and recovery may vary from person to person.

Useful contacts

PALS (Patient Advice and Liaison Service) for help, advice and information about NHS services. You can contact them on freephone 0800 032 02 02, email northoftynepals@nhct.nhs.uk.

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS website at www.nhs.uk

If you would like to find accessibility information for our hospitals, please visit https://www.accessable.co.uk

Information produced by: [redacted]**, Vascular Nurse Specialist**
Date: October 2023
Review date: October 2025

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APPENDIX 2

Vascular Surgery, Surgery and Associated Services

Wound care after arterial surgery

Introduction

We have written this leaflet to tell you about caring for your wound(s) after arterial surgery, what to look out for, and who to contact if a problem arises once you leave hospital.

If there is bleeding or a blood-stained discharge from the wound, you must seek urgent medical attention from the nearest Accident & Emergency Department.

Caring for your wound

In most cases the wound will be closed with a suture buried beneath the skin which will gradually dissolve, although occasionally clips or standard sutures will be used. In some cases, a suction dressing may have been applied which can remain in place for a number of days, or occasionally weeks. If needed the ward will arrange for a district nurse to visit to change dressings or remove sutures.

It is important to keep your wound clean. You can briefly get the wound wet, for example by showering. The wound can be washed with mild soap and water. Rinse well and pat dry thoroughly, particularly wounds in your groin area.

Don't scrub the wound or rub vigorously.
Don't soak the wound for example by bathing or swimming until completely healed.
Don't apply products such as lotions or powders unless instructed to do so.

Wound infection: what to look out for

Some patients can develop a wound infection after surgery. Features of infection include redness, increasing pain, swelling, leakage of cloudy fluid or a bad smell. If you think a wound might be infected, please contact your GP or the Vascular Ward (see below).

Contact details

If you have any concerns about your wound, you can get advice by phoning the Vascular Ward, Ward 8, at the Freeman Hospital on 0191 213 7008.
If necessary, your GP can speak to the Vascular on-call team via Freeman switchboard 24 hours.

Further information

PALS (Patient Advice and Liaison Service) for help, advice and information about NHS services. You can contact them on freephone 0800 032 02 02, or email northoftynepals@nhct.nhs.uk.

Useful websites

Further information about vascular disease and procedures can be found on the Vascular Society website at www.vascularsociety.org.uk

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS website at www.nhs.uk

If you would like to find accessibility information for our hospitals, please visit www.accessable.co.uk

Information produced by: M Clarke (Consultant Vascular Surgeon)
Date: October 2023
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APPENDIX 3

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Vascular Surgery
Freeman Hospital
Freeman Road
High Heaton
Newcastle upon Tyne
NE7 7DN

GP Name
GP Surgery
GP Address

[redacted]

Lead Clinician: [redacted]

Dear Doctor

Patient Name **DoB:**
NHS Number: **MRN:**
Patient Address

Your patient was admitted as an inpatient to Freeman Ward 08 on 02/10/2023 and was discharged home on 06/10/2023.

Diagnosis
Intermittent claudication right calf

Clinical Details
This patient was admitted electively for a right common femoral endarterectomy. This was completed successfully and the artery closed with a bovine patch. He made an uneventful recovery.

Operations & Procedures
Right common femoral endarterectomy – 2/10/23

Discharge Medication
Clopidogrel 75 mg daily
Atorvastatin 80 mg daily

Information to Patient
Mild wound discomfort is common following arterial surgery in the groin. If there is concern, you can contact the vascular team via Ward 8 for advice on 0191 213 7008.

If at any point there is bleeding or a blood-stained discharge from the wound, you should seek urgent medical attention via your nearest Accident & Emergency Department.

Yours sincerely,

[redacted]
Consultant Vascular Surgeon

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