The Leeds Teaching Hospitals M/FS

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Date:

6th March 2015

Mr Kevin McLoughlin **Assistant Coroner** West Yorkshire (Eastern) Coroner's Office 71 Northqate

St James's University Hospital **Beckett Street**

NHS Trust

Leeds **LS9 7TF**

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Dear Mr McLoughlin

INQUEST TOUCHING THE DEATH OF PAULINE TAYLOR (Deceased)

I refer to your correspondence of 9th January 2015, received on 16th January, regarding the inquest touching the death of Pauline Taylor and the Regulation 28 Report to Prevent Future Deaths in respect of this case.

I can confirm that the recommendations contained within your Regulation 28 have been shared with the relevant staff to enable us to provide you with a comprehensive response.

We have considered each of the recommendations very carefully and a response to each is detailed below.

Your first area of concern related to the surgical term 'nephroureterectomy' and the apparent lack of sufficient precision to avoid any possibility of misunderstandings between clinicians as to the extent of the procedure to be performed. One surgeon gave evidence at the Inquest that the term involved the removal of a kidney and the entire ureter. Another surgeon, however, gave evidence that the term was sufficiently broad to allow the removal of only a portion of the ureter.

Following receipt of your Report, we sought confirmation and advice from the British Association of Urological Surgeons on the term. They confirmed that the term nephroureterectomy means the removal of the kidney with the whole ureter. They pointed out that there may be circumstances where it is not possible to remove the whole ureter. In this case the finding should be clearly recorded in the notes and follow up arrangements made.

We have emphasised this guidance to all our urological surgeons, anaesthetists and theatre staff and have made arrangements to ensure it is included in staff induction information so that all new employees are also clear about the definition.

- 9 MAR 2015

Following your Report we consulted with other Trusts, including the Trust that the expert witness who gave evidence at the Inquest is employed by, to ascertain the role of the case manager within their organisations.

We established that in other organisations the case manager role is frequently undertaken by Clinical Nurse Specialists. We confirmed that their processes for assigning nurse specialists to coordinate care were the same that we use in our cancer centre. At the time of Mrs Taylor's case a number of these posts were being recruited to. I can confirm that these posts are now filled and any patient attending clinics with a possible diagnosis of cancer is assigned a clinical nurse specialist to follow their case and act as a point for communication.

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.

Kind regards

Yours sincerely

JULIAN HARTLEY
Chief Executive

Leeds Teaching Hospitals NHS Trust