The Mid Yorkshire Hospitals NHS
NHS Trust

Your ref: **NJM/de/tji/47264-2015**
Our ref: SE/JHa
Date: 15 December 2015

Mr Jules Preston MBE
Chief Executive
Trust Headquarters and Medical Education Centre
Aberford Road
Wakefield
West Yorkshire
WF1 4DG

[redacted]

To be sent by email to;
Ms Mundy
HM Senior Coroner for South Yorkshire (East District)
Crown Court
College Road
Doncaster
DN1 3HS

Dear Ms Mundy

RE: Dorothy Cooper, deceased
DOB: 24/2/39 DOD: 6/1/15

I am writing in response to the Regulation 28 Report To Prevent Future Deaths, which you issued following conclusion of the inquest in regard to the above patient's death.

Senior clinical colleagues at this Trust have investigated the circumstances around this patients care, and I enclose a copy of a short report from the Trust's Lead Cancer Clinician (who is also a consultant radiologist here at Mid Yorkshire).

The process of inter-provider transfer of care for patients on cancer pathways in West Yorkshire is being revised, collaboratively at present. Both The Mid Yorkshire Hospitals NHS Trust and The Leeds Teaching Hospitals NHS Trust are centrally involved in that improvement work. The main action to improve handover of cases like Mrs Cooper's will be to embed the revised processes detailed in the Standard Operating Procedure being drafted subsequent to that review. We expect this will be embedded by the end of February 2016.

With respect to the enclosed report, and this correspondence, I would encourage release or publication of these by the Chief Coroner for reassurance of the users of our services.

Yours sincerely

Jules Preston MBE
Chairman

Short Report for MYH Trust Chairman

Subsequent to Regulation 28 Report to Prevent Future Deaths

RE: Dorothy Cooper, deceased DOB 24/2/39 DOD, 6/1/15

BACKGROUND

The patient detailed above died on 6/1/15 following prolonged illness subsequent to cholecystectomy and fundoplication performed at Doncaster on 29/9/14. She was cared for by our surgical team, during a prolonged stay in the post-operative period at Mid Yorkshire Hospitals NHS Trust, during which a series of investigations were undertaken. After the patient's death the Coroner, who presided over the inquest, issued a Regulation 28 Report to Prevent Future Deaths. The MY Trust Chairman has requested that circumstances around her care be investigated locally, and this report is written as a record of that internal investigation focussed on the Coroner's concerns, namely:

1. Inadequate training of junior doctors who complete referral forms
2. A lack of understanding as to what key information is required in referrals of this nature
3. Procedures for ensuring that all recent radiological evidence in matters of this nature is identified and electronically transmitted to the receiving team

METHODOLOGY

A. The patient's Mid Yorkshire imaging history was reviewed, alongside imported images from both Doncaster (2xCT studies) and Leeds (PET-CT study)
B. A number of clinical documents and correspondence, including correspondence between clinicians here at Mid Yorkshire, along with the Leeds Hepatobiliary MDT annotations were reviewed
C. The Leeds hepatobiliary MDT pro forma, completed by junior doctor, a member of Mr Basheer's team, was reviewed
D. Statements of involved clinicians provided for the coroner were reviewed

FINDINGS

1. Through my regular clinical practice, and close working relationship with several of the MDT's at Mid Yorkshire Hospitals, I am aware that the referral processes between local and specialist MDT's at Leeds, are well embedded and this routinely includes transfer of imaging and pathology data. I have confirmed that the pertinent Mid Yorkshire radiological evidence (including reports) was transferred prior to the initial Leeds HPB MDT evaluation of this patient.
2. The MDT referral pro forma, completed by the junior doctor in this case, is only a small part of the referral process. MDT coordinators ensure that the supporting information such as imaging, which is required for central specialist review, is available in a timely manner. The

statement of Dr Guthrie, in particular, confirmed that was the case for this patient on this occasion.

3. Both the Leeds Teaching Hospitals, and Mid Yorkshire Hospitals operate an electronic Order Communications system ("Anglia ICE"), and clinicians can have access to results stored in those systems. Both Trusts are part of the "ICE Open Net" collaboration, which enables review of investigation findings including radiology and blood tests in partner institutions. I cannot confirm whether this patient's results were accessed using ICE Open Net.
4. With regards to the specific MDT pro forma completed on 11/11/14, I can confirm that the form is completed in part by a junior doctor, but also finalised by Mr Basheer (handwritten entry).
5. MDT annotations (following Leeds HPB MDT review on 14/11/14, and 5/12/14) were completed in the Cancer Information System at Leeds, and distributed on each occasion, following MDT discussion to the patient's GP, Mr Basheer, and Mr Hidalgo (nominated responsible Leeds HPB surgeon).
6. This was a complex case, with a number of GI radiology and clinical specialists from Mid Yorkshire Hospitals and Leeds Teaching Hospitals, evaluating both the imaging and clinical picture to determine whether or not the patient had cholangiocarcinoma. This included
    a. 2 CT studies performed at Doncaster (1/10/14 and 8/10/14)
    b. 2 CT studies(17/10/14 and 18/11/14) at Mid Yorkshire
    c. 2 MRI studies (28/10/14 and 9/11/14) at Mid Yorkshire
    d. PET-CT at Leeds (4/12/15)

    All of these were acquired in the post-operative period whilst the patient remained ill.

CONCLUSIONS

1. The junior doctors completing the MDT referral pro forma were well supported by a senior supervising colleague, in this case by Mr Basheer. Education and training can always be improved, and once the Inter-Provider Transfer Standard Operating Procedures have been revised and published, the Mid Yorkshire Hospitals NHS Trust will embed the processes therein, and will ensure that junior medical staff completing MDT pro forma's remain well supported (**completion by the end of February 2016**)

2. The electronic transfer of imaging and other clinical data to support specialist opinions is well embedded, and appears to have functioned adequately in this case. Further promotion of the systems and processes by which this can be achieved will be distributed through our local Mid Yorkshire MDT's. (**completion by end of January 2016**)

3. The author would also like to make readers aware that a Regional Imaging Collaborative has just begun work to improve system interoperability and image transfer between acute provider organisations across Yorkshire. Both Leeds Teaching Hospitals and Mid Yorkshire Hospitals NHS Trusts are actively participating in that collaborative. (**Project completion not expected until early 2017)**

Prepared December 2015 by r N Spencer, (GMC#3182839)

Consultant Radiologist and Lead Cancer Clinician, Mid Yorkshire Hospitals NHS Trust