Walsall Healthcare NHS
NHS Trust

Our Ref: JM 21/19
Your Ref: Regulation 28 REPORT

Date: 22 May 2020

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Mr Siddique
Black Country Coroners Court
Jack Judge House
Halesowen Street
Oldbury
West Midlands
B69 3AJ

Dear Mr Siddique

Re: Mrs Jennifer McKoy - Deceased
Date of Death: 17/05/2019
Date of Inquest: 19th February 2020

I am writing in response to your report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. I fully accept that the inquest conclusion was reached with the potential to identify learning to prevent future deaths.

I would like to take the opportunity to assure you that as an organisation we have taken this case seriously and have and will continue to ensure actions and lessons from this are enacted and shared widely with staff across the organisation.

Circumstances of the death

Mrs McKoy was was a 58-year-old female patient who initially attended Walsall Manor Hospital for a laparoscopic cholecystectomy on 14 August 2018. Prior to this she was referred by her GP in March 2018 for pain in her right side. A subsequent ultrasound at hospital confirmed she had a thick-walled gall bladder with multiple gall stones.

The surgical procedure was described as difficult due to a very thick-walled gallbladder packed full of stones and she was discharged home the following day. The gall bladder was sent for histology and reported to show 'chronic cholecystitis'.

Mrs McKoy re-attended the emergency department at Manor Hospital on 14 February 2019 with pain and a growing mass at the port site, this was reviewed and felt to be a haematoma or scar tissue and the patient was discharged home with plans for follow up.

Mrs McKoy was then seen in the vascular clinic on 20 March 2019 and ultrasound completed of mass at port site which was suggestive of haematoma. A further MRI completed on 15 March 2019 identified adenocarcinoma of gallbladder bed, abdominal wall, multiple hepatic and peritoneal and bony metastases with some ascites.

A retrospective review of the histology from 2018 showed that these slides demonstrated a carcinoma at that time which had not been identified.

Mrs McKoy was referred to oncology for palliative chemotherapy and sadly died on 17 May 2019.

Coroner's Concerns

1. Evidence emerged during the inquest that there was an inadequate audit process in place for monitoring non-suspicious samples by way of dip-sampling.

2. There was limited evidence of any protocol or policy in place for managing the anticoagulation/prophylaxis regime for community patients who have identifiable risk factors for developing complications.

Action Required

1. In consultation with the Black Country Hospital Trusts the Black Country Pathology services may wish to review their audit/dip-sampling processes for both suspicious and non-suspicious samples.

The Hospital Trust may wish to consider reviewing their policy on anticoagulation/prophylaxis for community patients.

Action Taken

1. The Black Country Pathology Service is responding separately to detail the actions taken regarding their audit/dip-sampling processes for samples

2. A review of available guidance and local practice has been completed with regard to Venous Thromboembolism (VTE) anticoagulation/ prophylaxis for community patients, including those discharged from hospital, those with cancer and those residing in care homes.

2.1 Discharge from Hospital

NICE Guidance 'Venous Thromboembolism in adults: reducing the risk in hospital' Quality Standards (https://www.nice.org.uk/guidance/qs3), contains 2 relevant standards:

Standard 6 - Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process.

Standard 7- Patients are offered extended (post hospital) VTE prophylaxis in accordance with NICE Guidance

TRUST ACTION:

In order to promote and ensure compliance with Quality Standards 6 & 7, we will be monitoring discharge assessments of patients through the Trust's clinical audit programme

2.2 Community Services

1.2.1. Cancer Patients: There is no formal guidance for patients with cancer diagnoses, other than at discharge from Hospital (as above 2.1), though the All-Party Parliamentary Thrombosis (APPT) group has recommended that all patients with cancer should be risk assessed wherever they are in the system. In addition they recommend that all cancer patients should receive information about reducing VTE risk, raising awareness of it happening, and clear instruction of when and where to get help if they have symptoms of it (http://apptg.org.uk/research/).

In practice, there is evidence to suggest that VTE prophylaxis for palliative cancer patients, is futile and may be burdensome to them, however, the review team feels it is important that VTE risk assessments are done nonetheless (in any setting) and a discussion had with the patient and families to decide on prophylaxis. Recording that appropriate assessments and conversations have happened is also important.

TRUST ACTION:

We are establishing a Task & Finish Group, led by one of our Consultant Haematologists, to put procedures in the ensure that:

i) VTE risk assessments are completed for all cancer patients in hospital, on discharge and in community services, and

ii) all cancer patients are being provided with appropriate information about VTE risk and prophylaxis

1.2.2. Community Patients (generally). There is no national VTE guidance for community patients, however the literature demonstrates that there are community services where VTE risk assessments being done for those patients who are inpatients (within Intermediate Care Facilities), attend day case surgery or are seen in a Minor Injuries Unit (https://www.evidence.nhs.uk/search?q=vte%20risk%20assessment). The Trust's review team has assessed that there is a risk to future patients in the absence of local policy.

TRUST ACTION:

i) The Task & Finish Group will develop a Community Standard Operating Procedure for VTE risk assessment and prophylaxis:

- for all patients admitted to Inpatient Intermediate Care Services (including beds in Care Homes)
- for all patients receiving Day Case interventions
- to check the VTE risk assessment on discharge from Hospital, or for those with trauma who have attended the Emergency Department of the Urgent Treatment Centre, for all patients known to Community Services on contact with them (and so aiding in compliance monitoring);

1.2.3. Care Home Residents. The Trusts review team has noted that around 9% of all hospital admissions for VTE are for patients who live in Care Homes. The APPT group has recommended VTE risk assessments for all Care Home residents, though has suggested more research is needed to be clear its of benefit (https://www.anticoagulationuk.org/admin/resources/downloads/prevention-and-management-of-vte-in-care-homes.pdf).

TRUST ACTION:

The Trust will be liaising with Walsall Clinical Commissioning Group (CCG) to assess the need for procedures to be established in Walsall's Care Homes.

We expect to complete all actions by 31 October 2020 and would be happy to provide you with confirmation at that time.

I hope you are satisfied that the Trust has taken the circumstances surrounding Mrs McKoy's death seriously and that the action detailed above is acceptable.

Finally, may I take this opportunity to offer our unreserved apologies to the family of Mrs McKoy for distress caused to them along with our sincere condolences for their loss.

Yours sincerely

[redacted]
Chief Executive
Walsall Healthcare NHS Trust