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Exclusive: Patients harmed amid ‘internecine squabbles’ and cover-up claims

By Lawrence Dunhill17 November 2020

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- **Documents reveal a catalogue of governance and safety concerns at University Hospitals of Morecambe Bay Foundation Trust**
- **Surgeon was allowed to practise unsupervised despite multiple concerns being raised**
- **Review suggests several patients suffered harm as a result of delays in action being taken**
- **Trauma and orthopaedics department riven by “internecine squabbles”**

Several patients were harmed after leaders at an acute trust failed to act on multiple concerns being raised about a surgeon, documents obtained by *HSJ* suggest.

The documents reveal a catalogue of governance and safety concerns over the trauma and orthopaedics department at University Hospitals of Morecambe Bay Foundation Trust in the last three years.

They include an external review which described the process for investigating clinical incidents as akin to “marking your own homework” and found the T&O department at Royal Lancaster Infirmary riven by “internecine squabbles”.

It comes as the trust, which is widely known for a patient safety scandal within its maternity department, also faces a major investigation into whistleblowing concerns over its urology services.

The first document is a letter to the chief executive from two consultants in October 2019, which made numerous allegations about an associate surgeon, understood to be

Nallapuneni Venkata Suresh Kumar, who was being left to perform complex operations beyond his qualifications.

The consultants alleged surgery was being performed unnecessarily in some cases, and leading to "serious patient harm" in others.

They said concerns had previously been raised by a larger group of consultants to the department's then clinical lead, Deepak Herlekar, who is now clinical director, but this was met with warnings that Mr Venkata Suresh Kumar would "make their lives miserable", as well as efforts to "break the consensus" of the group.

They claimed Mr Herlekar was also redoing some of the wrongly performed operations without escalating concerns, and when the issues were raised separately to then clinical director Ameeta Joshi, she directed them back to the clinical lead.

After taking the problems to the medical director at the time, Dr David Walker, the consultants were asked for more evidence, but said they were then "told off" for trying to gather this.

Eventually a list of around 20 clinical incidents, occurring between April and October 2018, was submitted by the pair, which they said led to retaliatory complaints about their own practice and allegations of racism against them.

An internal review into seven of the incidents, which the trust says were chosen by Dr Walker, found there to be no concerns. But in a reply to the consultants, the trust has conceded the cases of "greatest concern" were omitted from this review, as they were selected in relation to the question of whether surgery was warranted, and not the question of whether patients had been harmed.

After ongoing frustration at the lack of action, the two consultants referred their colleague to the General Medical Council. Two days before an urgent hearing was convened, the trust placed restrictions on Mr Venkata Suresh Kumar's practice, moving him to Furness General Hospital under closer supervision. The restrictions were then confirmed by the GMC.

In their letter to the CEO, the doctors said further patients were harmed between the 20 clinical incidents being raised and the restrictions being imposed, including a patient whose hip socket fell out days after a hip replacement and a patient's femur being fractured during an operation. The consultants alleged the response to their concerns had amounted to a "cover up".

In a reply to the consultants, chief executive Aaron Cummins admitted "more robust action" should have been taken after analysing the list of 20 incidents.

Meanwhile, an external review completed by the deputy medical director of North Tees and Hartlepool FT in January 2020 confirmed "several patients did suffer in the period between presentation of the 20 critical incidents and action being taken by the GMC".

The review found the trust's process of reviewing incidents equated to "marking your own homework" and should involve an investigating lead from outside the specialty.

It also cites a "breakdown in trust" between consultants at Royal Lancaster Infirmary and Mr Herlekar, who is now the clinical director. Although he feels he is involving his colleagues in decisions, the review said it would "appear from the outside he is not".

The review also recommended that a number of surgeons "with very low [procedure] numbers" should stop performing those procedures, and the trust should deploy "Myers-Briggs" to determine the "basic nature" of some of the individuals in the department to help avoid conflict.

In a statement, the trust's new medical director, Dr Shahedal Bari, said: "As a trust with a culture of openness, we encourage all staff to raise clinical incidents and we act on those reports appropriately. Our number of clinical incidents is increasing, and the number of harms is decreasing."

He said the 20 clinical incidents had been reviewed and acted on appropriately, while senior leaders had met with the consultants to fully understand the wider concerns.

Good progress has been made in adopting the recommendations of the review, he added.

The documents were all obtained through a freedom of information request.

HSJ approached Dr Walker for comment via his new employer, Mid and South Essex FT.