Guy's and St Thomas' NHS
NHS Foundation Trust

Southwark Council
Overview and Scrutiny Committee

25 March 2013

Part 1: Response to SEL PCT Boards and Bexley Care Trust Paper – Serious Incident Summary Report

Part 2: Complaints and PALS report

Status: A Paper for *Information*

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Guy's and St Thomas' NHS
NHS Foundation Trust

Overview and Scrutiny Committee

25 March 2013

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1.0 Purpose of the Paper:

1.1 This paper for the Southwark Council, Overview and Scrutiny Committee is presented in two parts. Part one provides information on pressure ulcers and serious incidents at Guy's and St Thomas' NHS Foundation Trust (GSTT) in response to the report to Lambeth PCT for quarter 2 2012/13.

1.2 Part two provides a summary of formal complaints and PALS contacts for quarter 4 2011/12 and quarters 1-3 2012/13 together with some examples of actions taken to improve the experience of our patients and their families.

Part 1: Response to SEL PCT Boards and Bexley Care Trust Paper regarding Pressure Ulcers

2.0 Quarter 2 2012/13 pressure ulcer data:

2.1 In Quarter 2 2012/13 the period from 01 July 2012 to 30 September 2012, GSTT reported thirty grade three and/or four pressure ulcers to Lambeth PCT, our lead commissioner.

2.2 Of the thirty reported, when reviewed nineteen pressure ulcers had developed prior to any contact with GSTT services. We are still required to report these, however we do not investigate or carry out root cause analysis as they were not acquired whilst receiving acute or community healthcare from GSTT and are closed as not attributable.

2.3 Of the remaining eleven reported in the period, one was downgraded (de-escalated) when early investigation found that the pressure ulcer had been acquired at Lewisham Hospital in April 2012. A further two notifications involved the same patient and the same pressure ulcer which was reported several days apart by two different wards as the patient was transferred between wards internally; therefore 1 investigation and root cause analysis was carried out in this instance.

2.4 Therefore, nine incidences of pressure ulcers at grade three and/or four required investigation by the Trust hospital and community teams.

2.5 Pressure ulcers at grade three and/or four reported to the commissioners for Q2

Table 1 shows a summary of the categories and numbers of pressure ulcers for Q2.

Category	**Number**
Not attributable	19
Downgraded	1
Investigated	9 (notification replicated due to 2nd datix report)
Total	**29 (30 see above)**

2.6 Patient and data monitoring verification

2.6.1 Within the hospital all grade two and above pressure ulcers are reviewed and verified by the acute tissue viability team. Within the community setting all grade three and four pressure ulcers are reviewed and verified by the community tissue viability team.

2.6.2 All audit data is collated on a centralised database within the hospital (ETRACE) and RIO within the community. All pressure ulcers that are grade two and above are also reported centrally on Datix for investigation and a mini single sheet root cause analysis (RCA) is also completed.

2.6.3 Pressure ulcers are categorised as avoidable or unavoidable. **Avoidable Pressure Ulcers** means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

2.6.4 **Unavoidable Pressure Ulcers** means that the person receiving care developed a pressure ulcer even though the provider of the care had evaluated the person's clinical condition and pressure ulcer risk factors; planned and implemented interventions that are consistent with the persons needs and goals; and recognised standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or the individual person refused to adhere to prevention strategies in spite of education of the consequences of non- adherence.

3.0 Outcome of investigations

Table 3 on the next page shows the outcome of the nine pressure ulcers that were investigated for Q2.

Acute/Community Acquisition	Stage & Location	Avoidable / Unavoidable	Actions/Outcomes
Acute and Community	Stage 4 - left heel	Unavoidable	Implementation of pressure relieving heel boots.
Community	Stage 4 - sacrum and buttock	Unavoidable	Patient choice declined care at home.
Acute	Stage 3 - ear	Unavoidable	This was related to oxygen equipment and was not required to be reported outside trust.
Acute – 2 notifications (one RCA - same patient)	Stage 3 - sacrum	Unavoidable	All prevention strategies in place; patient's condition deteriorated requiring ITU admission. During this period repositioning was unable to be undertaken.
Community	Stage 3 - left heel	Unavoidable	Patient had poor blood supply and was not known to community teams prior to hospital admission. There was a subsequent referral following discharge.
Community	Stage 3 - buttock & coccyx	Avoidable	Patient at home with district nurse input for insulin only. Pressure areas not checked regularly by carers. Following this prevention strategies were commenced.
Community	Stage 4 - left heel	Unavoidable	Patient had diabetes with poor blood supply. Patient was at home self caring.
Acute	Stage three - hip	Avoidable	Admitted with stage two pressure ulcer and deterioration due to inappropriate repositioning onto affected side.
Acute	Stage 3 - sacrum	Avoidable	Regular skin checks not undertaken as per policy. Following identification daily skin checks and prevention strategies implemented. Staff were given an educational update.

4.0 Management of Tissue Viability at GSTT

4.1 We take our responsibilities very seriously and continually strive to improve our care. We have one of the lowest pressure ulcer rates in the country. We employ a hospital and community tissue viability team who will shortly be integrated into one team.

4.2 There is a comprehensive Tissue Viability policy. We have a trust wide prevention and management policy to provide a robust process for clinical staff and patients to reduce avoidable pressure ulcers and skin breakdown.

5.0 Learning from our pressure ulcer incidents

5.1 We try to ensure accurate risk and skin assessment and prevention strategies are implemented for avoidable pressure ulcers, as per the trust pressure ulcer and prevention policy for the right patient, at the right time and right place. In addition we have: held a road show to promote 'World Stop Pressure Ulcers Day'; tailored the clinical and carer training including the patients and provided a 'know how' guide to the prevention of skin breakdown.

5.2 We encouraged timely intervention and seeking early specialist advice when necessary as outlined in the trust policy. The tissue viability team have raised their profile through a monthly trust wide tissue viability newsletter; feedback at the trust wide clinical 'Safe in our hands' weekly briefing and produced an e-learning package for education for all clinical staff. Early intervention from the tissue viability team is sought for all complex cases and there is training and education on pressure ulcer prevention and management for all health professionals involved in direct patient care.

5.3 Nursing staff also promote effective use of referral documentation on admission and discharge and discussing complex cases at multidisciplinary team meetings.

5.4 We have increased our education, training and support for families and carers and provide a point of contact for raising queries and issues pertaining to pressure ulcer prevention and management. We encourage clinical staff and carers to actively participate in health promotion and prevention of pressure ulcers.

6.0 Serious Incidents Never Event

6.1 GSTT had one reportable never event – wrong site surgery in the quarter. It involved a patient who consented to day surgery for right sided turbinoplasty, left sided turbinoplasty carried out.

6.1.1 Patients who suffer from persistent rhinitis usually present with nasal blockage, headache, postnasal drip and sneezing. This is caused by swelling of the lining of the nasal passage, mainly the inferior turbinates. Inferior turbinates are scroll like tissues on the wall of nasal passage, it is made of mucous membrane.

6.1.2 Turbinoplasty is a surgical procedure that reduces the overall size of the turbinates allowing for airflow which results in relief of the symptoms of nasal blockage and congestion.

6.1.3 In this case the patient had been seen by the surgeon in clinic previously, having complained of right nasal blockage, and then left nasal blockage at separate clinic visits. The patient was seen preoperatively on the day of surgery by a registrar who completed consent and specified the right side of the nose. The surgeon read the clinic notes before operating, and saw the correct side surgery form, which said 'turbinoplasty' but did not specify side. The patient's nose was unmarked, and the

box was not completed on the form.

6.1.4 On examination the left side of the nose only was blocked, so left sided turbinoplasty was undertaken - the right side was not enlarged so surgical intervention was not carried out.

6.1.5 The error was detected when the surgeon saw the registrar writing right turbinoplasty on the patient's discharge letter and realised the operation was not carried out on the side given on the consent form.

6.2 The investigation and analysis found the root causes of the incident were:

- The pre-operative marking verification checklist did not indicate the side to be operated on.
- The surgical site was not marked.
- The sign in was completed using the pre-operative marking verification checklist and not the consent form .
- The "time out" was not carried out.

6.3 Improvements in practice to mitigate risk and ensure safer surgery

6.3.1 In response to a number of never events where failure to use the surgical safety checklist was found to be a factor, the Surgical Safety Working Group has implemented a number of actions in order to ensure the checklist is used effectively and consistently across the entire organisation. These include:

6.3.2 **Network of surgical safety leads**

In order to improve communication with regard to the checklist and other aspects of surgical safety, a network of surgical safety leads has been established. Each relevant specialty was asked by the Medical Director to nominate a lead clinician to take on this role, and there are now 21 individuals in place across all but two areas. These individuals have been provided with a briefing pack and slide set and are cascading the relevant messages to their colleagues.

6.3.3 **Amendments to the checklist**

One of the issues raised by clinical staff using the checklist was that it was not clear who within the team is responsible for leading each section of the checklist. It had intentionally been left to clinical teams to decide who should lead each section, so as to empower all members of the team. However, in response to this feedback, the checklists in use in theatres have been updated to include designated responsibilities for each stage as follows:

Sign in: Anaesthetic staff
Time out: Surgeon
Sign out: Nursing staff.

6.3.4 **Amendments to the care plan: designated signatures**

To reflect the new responsibilities for each section, the appropriate staff member must sign the relevant section in the care plan to confirm that each stage of the checklist has been carried out. This means the anaesthetist must sign the box to confirm that sign in took place, the surgeon must sign for time out and a member of the nursing team must sign to confirm that the sign out was undertaken correctly.

6.3.5 **Telephone reporting line**

A telephone line has been set up to enable theatre staff to anonymously report any concerns they may have about use of the checklist. This will allow the implementation group and the clinical leads to focus their attention on those areas of

the Trust which most require assistance. The number for this line has been publicised widely amongst theatre staff.

6.3.6 These actions were widely publicised, and a relaunch event was held in November 2012. We are encouraged that there have been no further never events related to the checklist since then, and anecdotal evidence from theatre staff suggests its use has become more consistent. A reaudit of its use and a staff survey are currently underway, and a full report will be available in April 2013.

Part 2 Complaints and PALS report: January 2012 – December 2012 (Financial Q4 2011/12 – Q3 2012/13)

7.0 Introduction

7.1 A formal complaint as part of the Local Authority and National Health Service Complaints (England) Regulations 2009 is described as *"an expression of dissatisfaction with an NHS service".* Patients or another party with consent of the patient can make complaints. In the event a person has died a complaint can be made by anyone deemed to have "sufficient interest". Complaints are received in writing, by email and by telephone. Once a complaint is received it is acknowledged within 3 working days, graded for severity, checked whether consent is required, logged on the department's database and then passed on for investigation. Timescales for completing the investigation are given to the investigator/s. On conclusion of the investigation the investigator will provide a report or a draft letter which is reviewed by the complaints department to ensure it answers all concerns raised and that includes any remedial actions to be taken to minimise the risk of recurrence. The Trust secretary reviews all complaint response prior to signing by the Chief Executive.

7.2 Complaints received over 4 quarters from 2011/12 – 2012/13

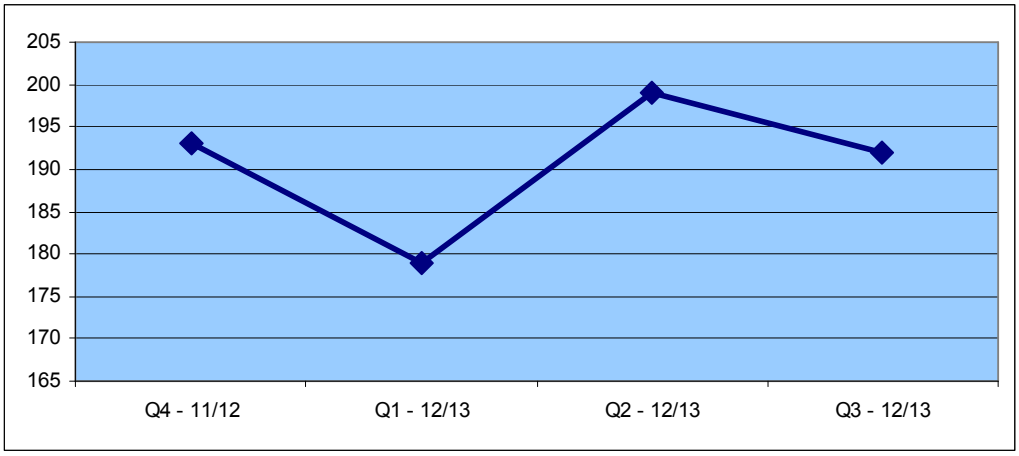


Table 1: Complaints received

7.3 Grading of complaints or severity

7.3.1 Complaints received are reviewed and graded in the complaints department using the Trust incident grading system, i.e. the AS/NZS 4360 categorisation protocol (risk matrix).

7.3.2 There were no serious or red-graded complaints across the Trust over the year however there were 131 (17%) moderate or orange graded complaints and 632 (83%) minor or green graded complaints.

7.4.1 Subjects raised in complaints

7.4.1 Clinical care is the most complained about issue at the Trust which is also reflected nationally. This covers a range of concerns which can be broken down as follows:

- Unhappy with clinical advice
- Concerns about clinical treatment
- Poor outcome
- Administration of treatment
- Inadequate discharge planning

The other subjects are fairly self explanatory apart from “waiting times/delays/cancellations” which are mainly about appointments and “hotel services/environment” which tend to be about accommodation and the physical environment of the hospital.

7.4.2 Figure 1 shows the subject of all complaints received by main subject over the four quarters (many complaints involve more than one subject). The four most complained about subjects of clinical care, communication/information, waiting times/delays/cancellations and attitude/behaviour of staff are reflective of national figures.

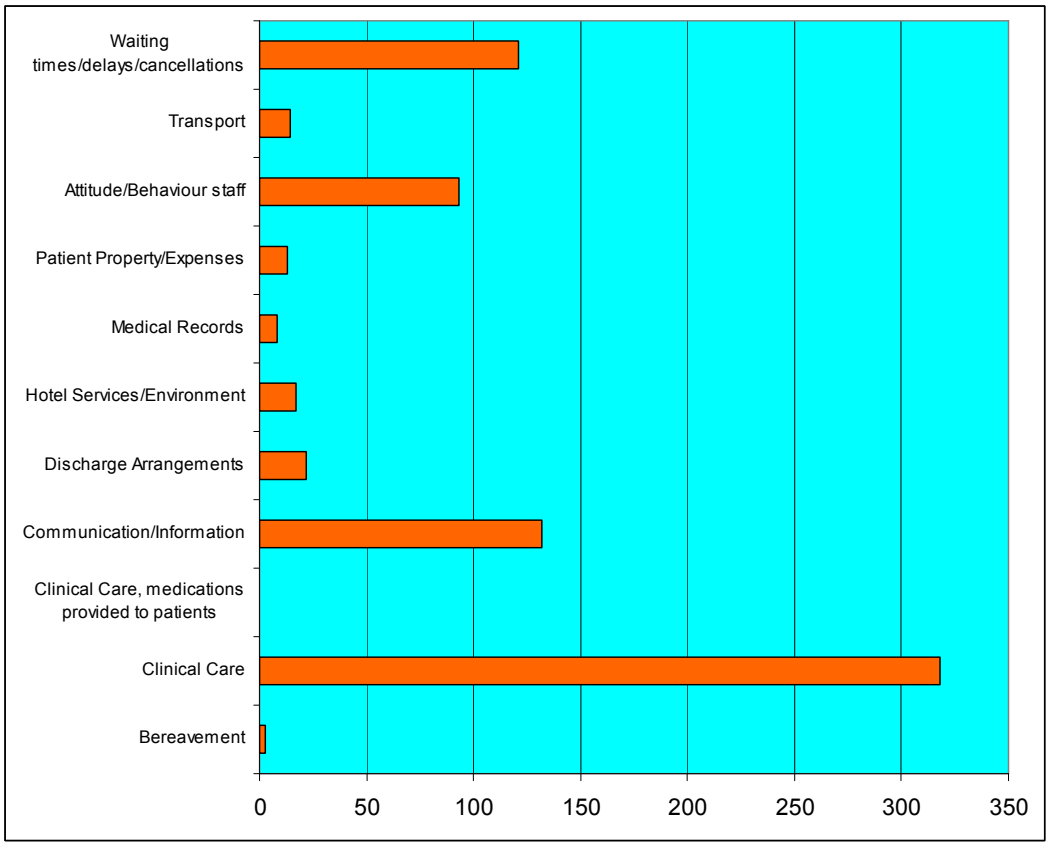


Figure 1: Complaints received by main subject of complaint

7.4.3 Figure 2 shows the number of the top four issues (main subject of complaint) received across the Trust over 2012.

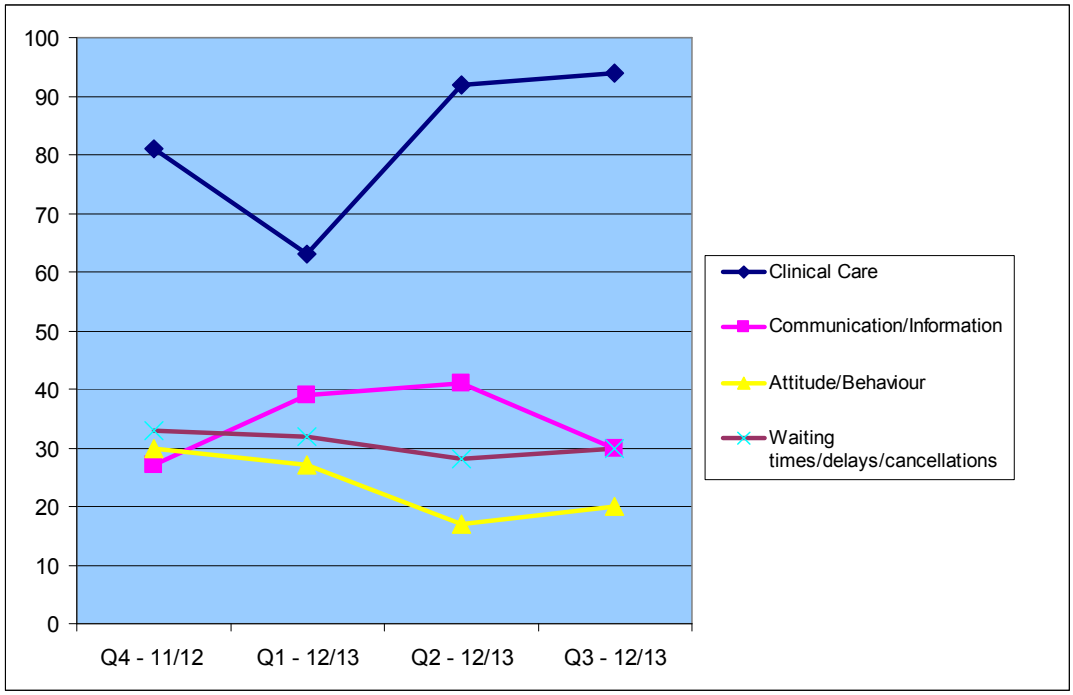


Figure 2: **Top 4 complaint subjects**

7.4.4 Complaint Example

The complainant brought their child to A&E twice and each time was told the child had a virus. On the third occasion the child was brought in by ambulance and they were then informed the child needed surgery for appendicitis.

Effect on patient
The child had been in a great deal of pain and the complainant was very upset their child had suffered and that it had taken so long to be diagnosed correctly.

Action
In this case many of the signs of appendicitis were not as clear as usual and the child was being treated for suspected gastroenteritis. The correct diagnosis was not made until the third visit.
The Children's Emergency team have reviewed several cases of appendicitis and have arranged, together with the paediatric surgical doctors, extra teaching and education sessions for the staff in the department so that they are extra vigilant to the complex and more unusual presentations of appendicitis.

8.0 Learning from complaints

8.1 Nearly all complaints have elements which are unique and personal to individual circumstances. Through investigation we are able to provide an in-depth and personal response to all the issues raised in any complaint. However there are opportunities to identify common themes and trends as a result of complaints both formal and informal, PALS enquiries and a wide variety of other feedback mechanism within the Trust. All directorates have a "complaints lead" and senior management involvement in the complaints process and therefore directorates are able to identify local trends and themes and take action to address these in local governance

meetings, through the "Big 4" and other locally identified ways. However it is also important to ensure a Trust wide approach to learning.

8.2 Access to medical records.
The department receives a variety of complaints some of which refer to requests to see their patient records but this is not the main reason for the complaint. From the complainant's perspective there does not appear to be a consistent message from members of staff about how to access records.

8.2.1 The Trust following feedback from all areas is currently refreshing a leaflet on information about health records. This leaflet has a section in it specifically on "Request to Access Health Records" and will be useful in reminding staff of the correct procedures to follow when dealing with such requests. It is planned to distribute this leaflet to all members of staff with their pay slips.

8.3 Failure to identify fractures in A&E and Urgent Care Centre.
There have been a number of complaints over time around the alleged failure to identify fractures following x-ray. There was also a recent serious incident investigation into a system failure which resulted in a backlog of abnormal x-rays not being reviewed by clinicians in A&E which led to the the potential for missed diagnosis. As a result a robust action plan has been implemented to prevent recurrence.

8.4 Clinical Care.
The outcome of investigation in 35% of these complaints highlighted issues related to the patient or their carers' understanding of their condition or treatment / care rather than a failing in diagnosis or service delivery. In these cases a detailed but appropriately simplified explanation is given in the complaint response which in general has resulted in satisfactory local resolution. More work is needed to support clinicians to convey, sometimes very complex clinical information in a way that can be understood by our rich and diverse population of service users.

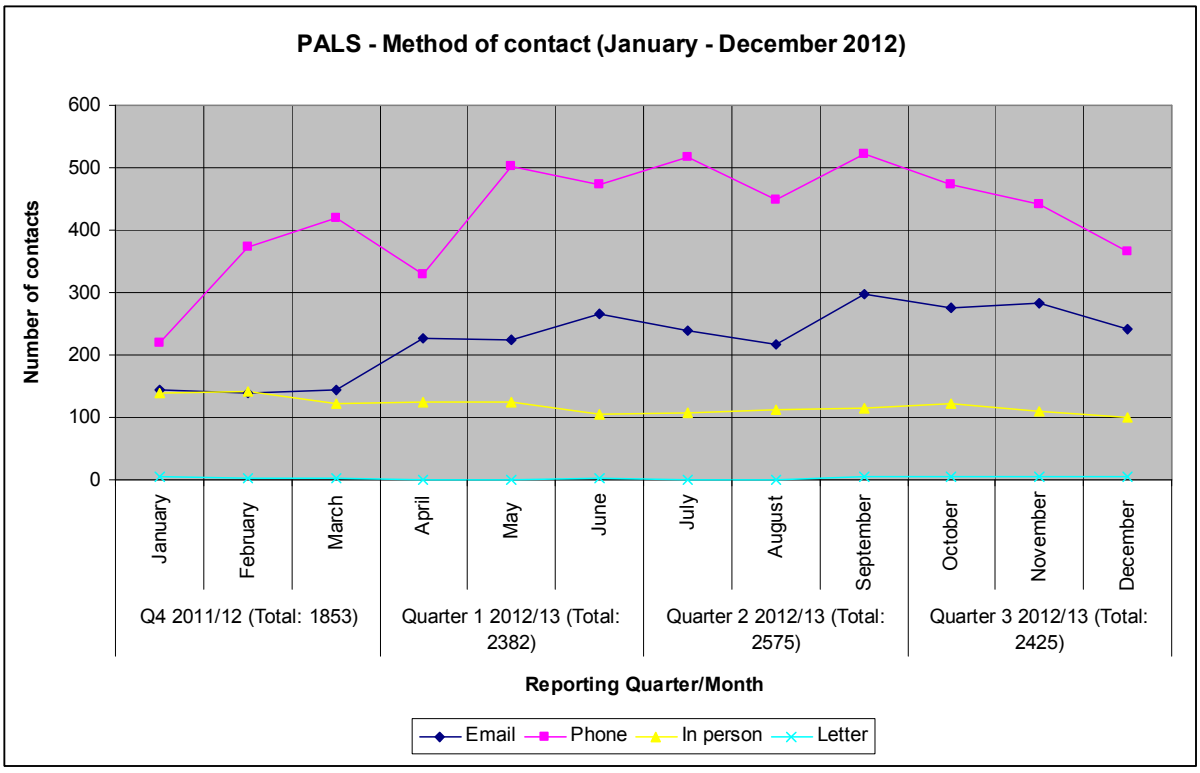
8.5 Staff attitude and behaviour
This subject of complaint is one of the Trust's top four issues of formal complaints. The Trust has a well established Values and Behaviours framework which is vital tool to addressing many of the issues raised in this subject of complaint, through appraisal, supervision and individual improvement plans. Women's services developed a local initiative entitled 'How can we help you'. This was introduced to tackle issues related to staff attitude and behaviour and to create a welcoming and supportive environment within the maternity unit for new mothers, their families and our visitors.

8.5.1 The Trust also introduced a Telephone Academy to train staff. This has been especially used to update the skills of appointment staff which develops their skills in answering telephone enquiries and responding to patients. It is also available to any service who deal with patients by telephone.

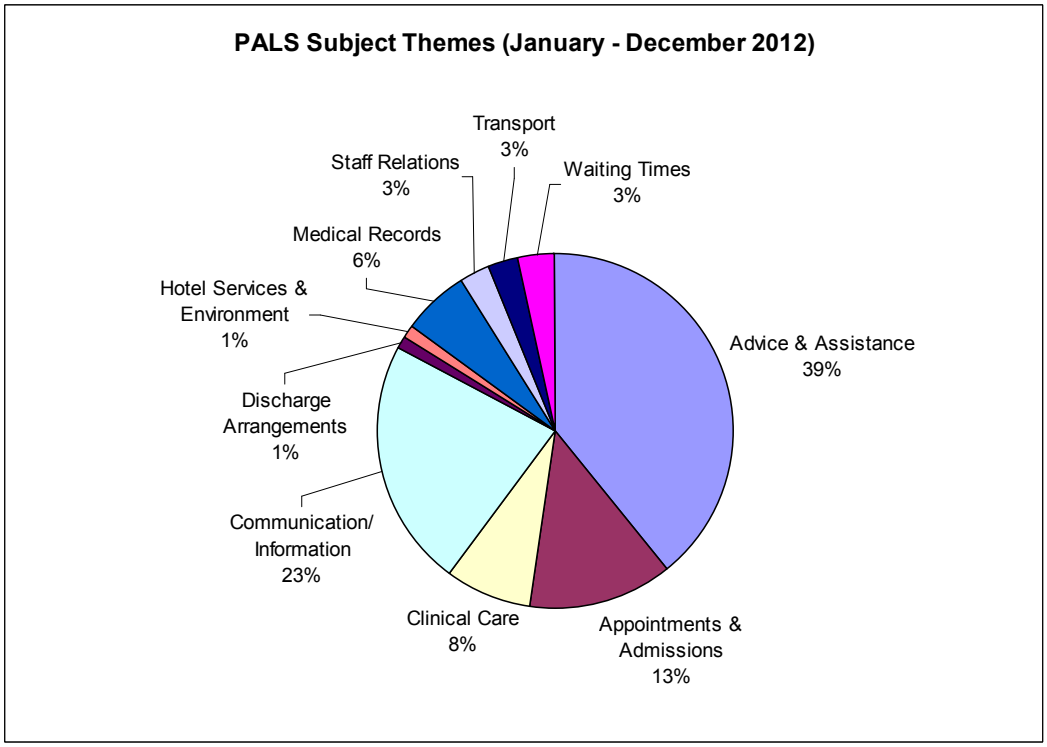
9.0 PALS Summary – January – December 2012

9.1 PALS ACTIVITY

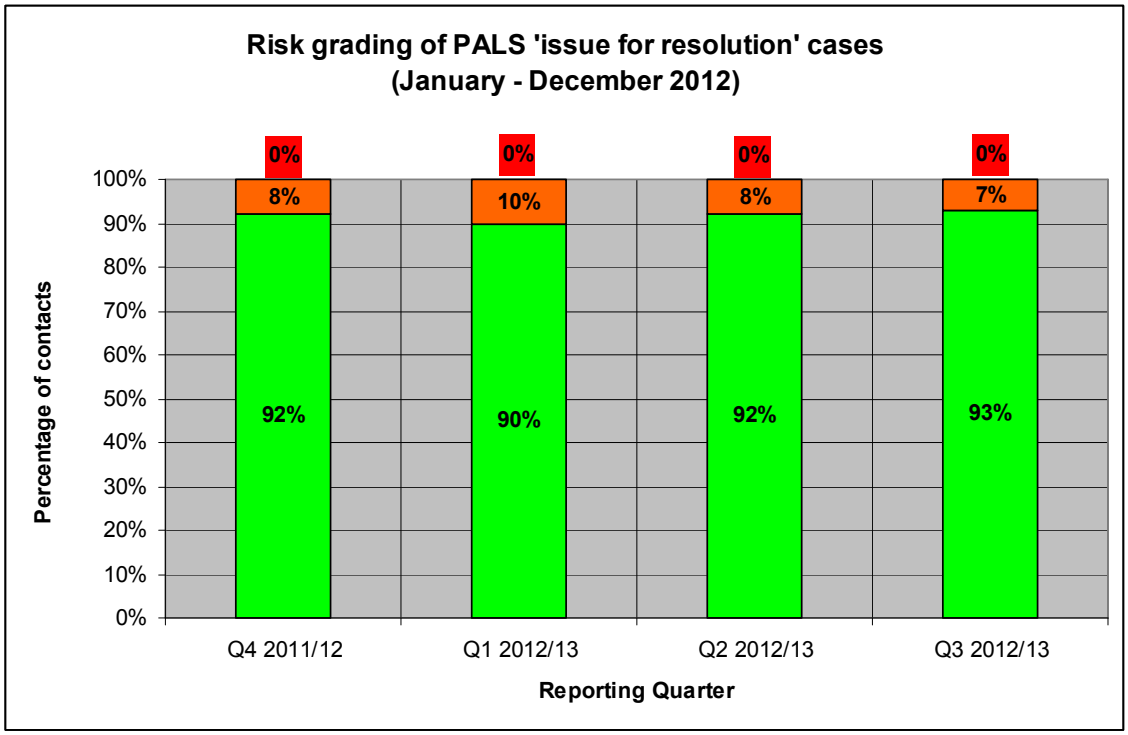
PALS received just over 9,000 contacts between January and December 2012 with the main methods of contact being via phone and email.



9.2 PALS Subject Themes



9.4 Grading of PALS 'Issue for Resolution' contacts



9.5 Examples of grading of PALS contacts

Grading - Green:

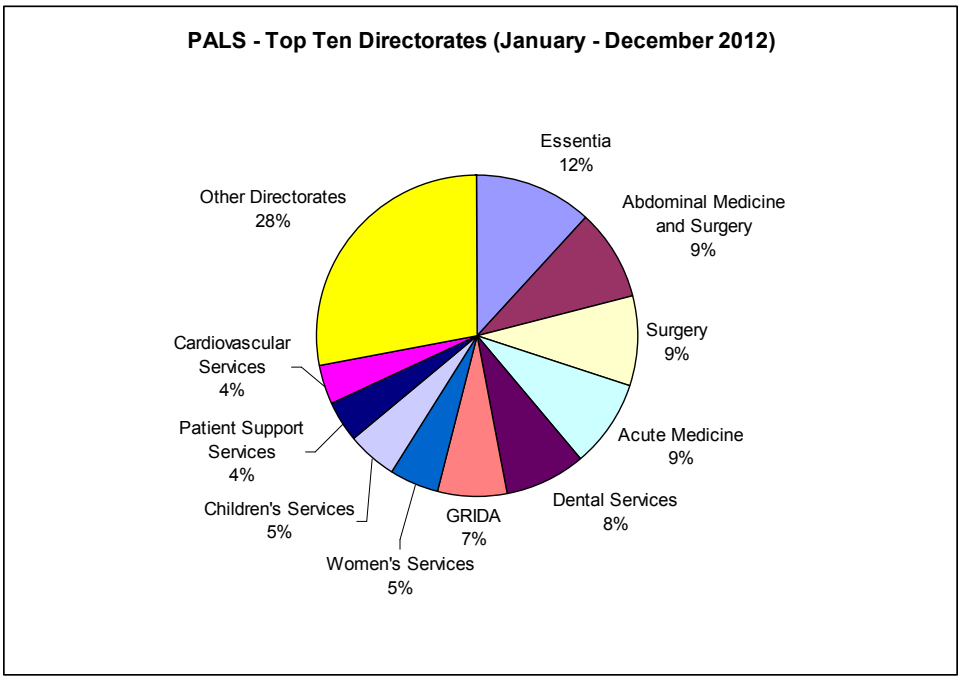
- Patient stated that they had one set of investigations but was told she would be called back for further tests and treatment. The patient said they have not received the appointments for the further investigations.
- Patient stated they were unhappy regarding staff attitude when contacting department in order to chase up missing referral.
- Patient explained that they had a pre-operative assessment, but was concerned they had not received a date for the admission.

9.6 Grading - Orange:

- Patient explained that when they attended for an ultrasound, her notes had been given to another patient by mistake. The patient was concerned about the possible repercussions.
- The patient's daughter explained they were very unhappy that the patient was discharged from hospital instead of being transferred to another ward as planned. The patient's daughter said they were also unhappy with lack of aftercare and 'failure' by hospital to communicate with district nurses regarding the patient's medication.

Note: 'red' grading – PALS use the Trust 'Incident grading matrix' as guidance for grading contacts. The 'red' grading indicates a catastrophic impact of an incident (such as an 'incident leading to death' and 'gross failure to meet national standards'). The PALS contacts received in the reporting period did not fall in to the red grading categories.

9.7 DIRECTORATES



9.8 Top five Directorates (January-December 2012)

Directorate	Number of contacts	Top three themes
Essentia	620	• Access to Medical Records • Transport Policy • Delay in providing transport
Abdominal Medicine and Surgery	446	• Health care/staff – information on Trust services/referral procedures • Concern re - Clinical treatment/care/service • Communication - lack of information (patients)
Surgery	446	• Health care/staff – information on Trust services/referral procedures • Concern re - Clinical treatment/care/service • Admission/Appointment letter not received
Acute Medicine	441	• Concern re - Clinical treatment/care/service • Compliments • Health care/staff – information on Trust services/referral procedures
Dental Services	421	• Health care/staff – information on Trust services/referral procedures • Admission/Appointment changed/cancelled/delayed by Trust Admission/Appointment letter not received

9.9 Escalation cases:

PALS cases that relate to dignity, safeguarding or other issues of particular concern are escalated to the Deputy Chief Nurse via the PIT Manager. The number of 'escalation' cases per month are provided below.

Month - 2012	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of cases	2	2	1	0	2	4	1	3	1	2	4	4

10 PALS Case Studies

Theme	Description of case	Outcome of case
Transport	• The patient explained that he and his wife were due to have hospital appointments on the same date; his wife's appointment was at Guy's Hospital at 11.30am and his own appointment was at St Thomas' Hospital at 12.10pm. • The patient requested assistance with Patient Transport to arrange for him and his wife to go to Guy's and then be transported to St Thomas' Hospital and then back home.	• PALS liaised with the department located at Guy's to arrange for the first appointment to be brought forward to earlier in the morning in order to facilitate the patients travelling between hospital sites to reach the second appointment in a timely manner. • The matter was then referred to the Patient Transport Department. They put the arrangements in place for collecting both patients, taking them to Guy's Hospital, then to St Thomas' Hospital and then back home. • On the day of the appointments; the Patient Transport Department confirmed the arrangements and ensured that both patients arrived at the appointments on time and were transported home afterwards.

Appointments/ Admissions	• The patient explained he attends follow-up appointments on a three monthly basis. • Patient said when he finishes his appointment; he always gives the receptionist the appointment slip to arrange the next appointment. He stated on one occasion he did not receive a letter and he had to contact the department to chase up the appointment. • The patient said at his last follow-up appointment, he had handed his follow-up appointment slip to the receptionist and again he was told the appointment would be sent to him. • The patient said it is important that he receives his follow-up appointment as requested by the doctor because if he is not seen every three months he can develop complications with his health.	• PALS liaised with the relevant department and the Access Team. The Access Team emailed the patient to thank him for raising the issue and to apologise for the inconvenience he had experienced. They confirmed that the patient should have appointments on a three monthly basis. • The Access Team provided the patient with information on the appointment booking system whereby patients who are to be followed up more than six weeks ahead are placed on a follow up waiting list. This is done in clinic by the receptionist. They explained they can ensure that the patient will receive notification 5-6 weeks before his next appointment. • The Access Team attached a leaflet to the email that explains the advantages of the six week booking system for the patient's information.

11.0 Recommendation:

The Overview and Scrutiny Committee is asked to:

- **Note the report for information / discussion**

Elizabeth Palmer & Debbie Parker

25 March 2013