Patient Safety Story

Author: Director of Safety and Risk Sponsor: Medical Director **Trust Board paper E**

Executive Summary

Context

1. Following the AQuA Trust Board session on the 1st and 2nd March 2016, it was agreed that the Director of Safety and Risk would bring patient stories quarterly to the Board which detailed a safety incident with the purpose of really hearing and understanding the human story behind it.

2. In June 2017 the Trust were served with a Regulation 28 Preventing Future Deaths report from the Coroner. This related to the case of Mr Halfpenny who was referred for the Aortic Abdominal Aneurysm (AAA) screening programme by his GP. This request was received by radiology and rejected as 'screening not offered'. This was returned to the GP. Nine months later Mr Halfpenny presented to ED with right sided flank and abdominal pain. He was diagnosed as a ruptured AAA, taken to theatre and sadly died.

3. Rejection of imaging requests is a key theme in this case and has been a theme in recent serious incidents and is applicable to the whole health economy. Key learning points and actions have been identified as a result of this case that will be monitored through to completion by the Patient Safety team and the recently formed Imaging Investigation Rejection Working Group.

4. Trust Board Members are invited to listen to the Director of Safety and Risk present this patient story, much of it in the family's own words.

Coroners Regulation 28 Report 01/06/17 **Appendix 1.**

UHL Response to Coroner 27/07/17 **Appendix 2.**
GP Newsletter AAA screening article **Appendix 3.**

Questions

1. Is the Trust seeking to hear the human stories behind incidents?
2. Is the Trust learning when things go wrong?
3. Have sufficient actions been identified and implemented in this area of patient safety?

Conclusion

1. The full impact of a safety incident on the patient is sometimes little understood by an organisation. The patient story behind it, seeks to expose the patient and the wider family's experience, anxieties and concerns during the treatment and care journey.

Input Sought

Trust Board members are invited to listen to the presentation and note the learning and actions identified therein.

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Not applicable
Consistently meeting national access standards	Not applicable
Integrated care in partnership with others	Yes
Enhanced delivery in research, innovation & ed'	Not applicable
A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Yes
Financially sustainable NHS organisation	Yes
Enabled by excellent IM&T	Not applicable

2. This matter relates to the following governance initiatives:

Organisational Risk Register	No
Board Assurance Framework	Yes

3. Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4. Results of any Equality Impact Assessment, relating to this matter: [Insert here]

5. Scheduled date for the next paper on this topic: Quarterly

6. Executive Summaries should not exceed 1 page. My paper does comply

7. Papers should not exceed 7 pages. My paper does comply

H.M. Coroner
for Leicester City and
South Leicestershire

Mrs Catherine E. Mason
LL.B; BSc HONS; RGN;
DipFms

The Town Hall
Town Hall Square
Leicester
LE1 9BG

Tel: (0116) 454 1030
Fax: (0116) 225 2537
Email:leicester.coroner@leicester.gov.uk
Website: http://coroners.leicester.gov.uk

Please address all correspondence to H.M. Coroner

Our Ref: CEM/GA/03339-2016

01 June 2017

Mr J Adler, Chief Executive.
University Hospitals of Leicester NHS Trust
Level 3, Balmoral Building
Leicester Royal Infirmary.
Leicester.
LE1 5WW.

Dear Mr Adler

RE: Michael John HALFPENNY

Please find enclosed my report made in accordance with paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

Yours sincerely

Mrs L C Brown
Assistant Coroner
Leicester City and South Leicestershire

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS

	REGULATION 28 REPORT TO PREVENT FUTURE DEATHS **THIS REPORT IS BEING SENT TO:** The Glenfield Surgery. Mr J. Adler, Chief Executive, University Hospitals of Leicester NHS Trust. Mr T. Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group.
1	**CORONER** I am Lydia Brown Assistant Coroner, for the area of Leicester City and Leicestershire South
2	**CORONER'S LEGAL POWERS** I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	**INVESTIGATION and INQUEST** On 15 December 2016 I commenced an investigation into the death of Michael John Halfpenny. The Inquest concluded on 24th May 2016 Cause of death: 1a Multi-organ failure following emergency open repair for ruptured Abdominal Aortic Aneurysm. II. Ischaemic heart disease, Diabetes, Hypertension.
4	**CIRCUMSTANCES OF THE DEATH:** Mr Halfpenny requested his GP refer him for a screening ultrasound scan for aortic aneurysm during March 2016 due to a strong family history. The referral was sent to the radiological department at University Hospitals of Leicester but was rejected and no further action was taken. Had the referral been received by the vascular screening team they would have offered a scan and this would have confirmed a large aneurysm and surgical repair would have been planned to take place within 8 weeks. On 9th December 2016, Mr Halfpenny presented to his GP with severe abdominal pain and was appropriately referred by ambulance to the emergency department at UHL. On arrival he had to wait in the ambulance and then had a further wait in ED as the department was too busy to assess him. The diagnosis was only made when he was in peri-arrest some 3 hours after arrival and emergency surgery was then rapidly and appropriately arranged. On the balance of probabilities the outcome may have been different with earlier diagnosis and treatment.
5	**CORONER'S CONCERNS** Regarding the General Practice involvement - The referral should have been made directly to the vascular screening team but was made to the radiology department - No further action was taken when the screening request was refused

	- The court heard that screening has been in place in Leicester since the 1990's and nationally since 2013, and that the family saw posters advertising the service on display at Leicester Royal Infirmary but not at the GP surgery. - The GP practice were uncertain of the existing screening programme and on what criteria to refer patients Regarding the University Hospitals of Leicester NHS Trust - The referral request was marked by the radiology department that screening was "not offered" and the request was refused - The vascular team were unaware of the patient and the request and no system was in place to ensure any screening request would be directed to the correct department - The screening committee group set up by UHL were unaware of this matter and therefore had taken no action to ensure referrals were appropriately received and actioned.
I.	**ACTION SHOULD BE TAKEN** In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.
7	**YOUR RESPONSE** You are under a duty to respond to this report within 56 days of the date of this report, namely by Thursday 27th July 2017. I, the Coroner, may extend the period. Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.
8	**COPIES and PUBLICATION** I have sent a copy of my report to the Chief Coroner and to the following Interested Persons; Mrs K. Wood (Daughter) I am also under a duty to send the Chief Coroner a copy of your response. The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.
9	**[DATE** **1st June 2017** **[SIGNED BY CORONER]**

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

Leicester Royal Infirmary
Chief Executive's Corridor
Level 3, Balmoral Building
Infirmary Square
Leicester
LE1 5WW
Tel: 0116 258 8940
E-mail: john.adler@uhl-tr.nhs.uk

25 July 2017

Our Ref: JA/mj/MD/AOC/MH

Mrs C E Mason
H. M. Coroner,
Leicester City and South Leicestershire
Town Hall
Town Hall Square
Leicester
LW1 9BG

Dear Mrs Mason

Ref: Michael John Halfpenny

I write with respect to the Regulation 28 letter sent by your Assistant Coroner, Mrs Brown, on 1st June 2017 and the concerns detailed therein relating to the University Hospitals of Leicester NHS Trust, which I accept.

I can confirm that we have taken immediate actions to remedy the safety matters identified and I will now detail these actions:-

1. We have reviewed the process for rejecting imaging within the Trust. The guideline 'Process for the Rejection of Imaging Referrals' is being strengthened and updated and will now include an explicit requirement that rejected referrals need to have a clear statement of why the rejection has been made and a comment must be put on CRIS (the Radiology IT system) that a rejection letter has been sent to the referrer. This is being led by our Service Manager for Imaging and it is anticipated that this guideline will be available by the end of July 2017.

2. We have implemented a new system for redirecting any imaging referrals that inadvertently get sent to the incorrect team. The Imaging Team, led by the Clinical Director for Imaging, has provided clear instructions to their administration and clerical staff to forward screening requests to the relevant service. A rejection letter will be sent to the referrer detailing the action that has been taken and any further actions required by them.

Cont'd …..

3. With respect to the UHL Screening Committee, this group was established in January 2017 to provide oversight and governance to the increasing number of national screening programmes now in place. This committee was therefore not in place at the point that the request from the GP regarding Mr Halfpenny was made to the Trust. A key function of this Committee is to review the process of referrals, the validity of rejected cases (i.e. those that fall outside the scope of the screening programme) and of course, any incidents reported relating to screening programmes. This committee will augment the rigorous quality assurance element already required for screening programmes which is monitored by the Regional Screening Group.

In addition to the above our Head of GP Services has sent out a new communication to GPs in our monthly GP newsletter to explicitly inform them of how to refer in to the Screening Programme.

The Vascular Service is also planning to attend GP Protected Learning Time sessions to raise awareness. This will be overseen by our AAA Screening Programme Manager, and it is anticipated that this will be a rolling programme which will have commenced by the end of July 2017. Furthermore, local GPs use a system called PRISM which is a desktop application integrated into their electronic records that provide referral guidance. Our Associate Medical Director, Ms Collette Marshall, working in collaboration with Primary Care colleagues, will arrange for the referral pathways for AAA patients to be added onto this system so that this information can be easily accessed at the point of patient care. It is anticipated that this will also have occurred by the end of August 2017.

I trust this response assures you that we have taken immediate and extensive actions and that we are working with internal colleagues and external partners to safeguard future users of the service.

Yours sincerely

John Adler
Chief Executive

June 2017

GP Newsletter

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

Welcome to the June edition of the GP Newsletter

Abdominal Aortic Aneurysm (AAA) Screening

Around 80% of people with a rupture die before they reach hospital or don't survive emergency surgery.

Screening through the AAA Service can detect Abdominal Aortic Aneurysm early leading to treatment which is safe and effective and the aneurysm is curable.

The screening test for AAA is a simple ultrasound scan of the abdomen that usually takes about 10-15 minutes. The specialist nurse screener gives the result straight away and results are sent to the GP.

The measurement of the aorta obtained at a man's screening appointment determines the pathway:

- **Normal/no AAA** (less than 3 cm) – discharged from the programme.
- **Small AAA** (3 cm to 4.4 cm) – added to annual surveillance programme.
- **Medium AAA** (4.5 cm to 5.4 cm) – added to 3-monthly surveillance programme.
- **Large AAA** (5.5 cm or above) – referral to the local vascular service.

Clinics are held in the Community at GP Surgeries for the convenience of patients.
Men at age 65 are automatically entered into the screening programme and receive an invitation through the post.

Key Risk factors

1. **Age and being a man** - 95% of ruptured AAA occurs in men over 65, this condition is six times more common in men than women.
2. **Smoking**
3. **High blood pressure**
4. **Family history** (first degree relatives).

Self-Referral

Men who are older than 65, and who have not previously been screened or treated for an abdominal aortic aneurysm, can self-refer to the screening office on 0116 258 6820

Research has demonstrated that offering men ultrasound screening in their 65th year could reduce the rate of pre-mature death from ruptured AAA by up to 50%.

AAA Screening could save your patient's life.

Please encourage your patients to attend the screening appointments or to self-refer if they fall outside the screening age group.

For patients who are aged less than 65 or who are female please refer to the Vascular Service through ERS.

For any enquiries please contact Annette Olalobo, AAA Screening Programme Manager **0116 258 6820** or email **annette.olalobo@uhl-tr.nhs.uk**

INFORMATION **GOVERNANCE**

We are aware of a number of instances where Information Governance Requirements are being breached by Practices.

These breaches involve the accessing and viewing of information that the Trust controls, primarily records of Practice staff members, by other staff. This is accomplished by the deliberate changing of personal details in order to gain access.

These actions are against the Law.

We have systems in place to detect these changes and we are highlighting these breaches to Senior Management within the Trust and at the CCGs. We are following up several breaches currently and we will report all instances where we feel that Confidentiality and Information Governance are not being maintained.

As Data Controllers, we are required to report these breaches and we have options to escalate to national bodies should this become necessary.

Please can we remind colleagues that the accessing of records and information in this way is not acceptable in any circumstances and we will ensure that breaches of this nature are addressed.

MRI Results

Our MRI booking team are receiving a number of calls from patients who have been told by their GP / GP Practice to ring to request their results.

Please be aware that MRI Results, together with all other Imaging, will be reported directly to the requesting GP and that diagnostics of this nature need at least 2 weeks following the scan to be reported and the results returned to the GP.

Patients will receive results via the requesting GP only and will not be given results directly over the phone, please do not advise patients to ring the booking team for results. There is an agreed and established process for reporting and for patient safety this needs to be followed. If the report has significant findings it will be communicated ASAP to the referrer. We appreciate you cooperation in this matter but if you have any reporting queries please e-mail the imaging escalations mailbox, **ImagingEscalations@uhl-tr.nhs.uk**

Helen Lang
Superintendent Radiographer

Changes in Glucose Tolerance Testing in Pregnancy

There have been recently changes to the Oral glucose tolerance test in pregnancy.

Traditionally, Lucozade has been used as the source of glucose. Due to the recent government legislation regarding sugar content in drinks, Lucozade has decreased the carbohydrate concentration from 17g/100ml to 8.9g/100ml. For the purpose of using Lucozade for oral glucose tolerance tests in pregnancy, this would result in the women having to drink 850mls of Lucozade. This would be difficult to tolerate and therefore another preparation has been identified.

UHL will now use a pre-prepared pouch of Rapilose gel. This contains the 75g glucose required. The instructions for the test are pre-printed on the pouch. The pouch can be stored at room temperature and has a long shelf life.

Women who require a glucose tolerance test in pregnancy will be identified at the booking visit with the community midwife. At the 15 week appointment, the glucose tolerance test will be booked for between 24-26 weeks gestation and the woman will be given a pouch of Rapilose to be used.

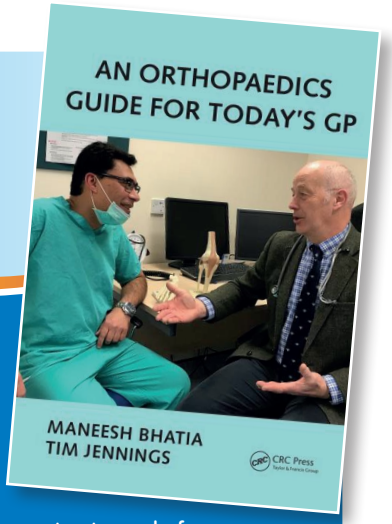
Stocks of Rapilose will be held by community midwives and antenatal clinics.

I would like to take this opportunity to stress the importance of adhering fully to the protocol for the oral glucose tolerance test. In particular women should remain seated after drinking the glucose until the two hour blood sample has been taken.

If you have any queries regarding this please contact members of the UHL Diabetic antenatal team:

Diane.todd@uhl-tr.nhs.uk	Di Todd, Diabetic Specialist Midwife
Tina.evans@uhl-tr.nhs.uk	Tina Evans, Diabetic Specialist Midwife
Helena.j.maybury@uhl-tr.nhs.uk	Helena Maybury, Consultant Obstetrician
Nichola.ling@uhl-tr.nhs.uk	Nichola Ling, Consultant Obstetrician
Rob.gregory@uhl-tr.nhs.uk	Rob Gregory, Consultant Diabetologist

GP Education & Events



An Orthopaedics Guide for Today's GP

Maneesh Bhatia, Tim Jennings

"An Orthopaedics Guide for today's GP" is a valuable resource for GPs to help them deal with all Orthopaedics issues.

It has lots of coloured illustrations & is a simple, up to date, practical guide which deals with the entire spectrum of Musculoskeletal problems including Paediatric Orthopaedics, Foot & Ankle, Hand & Wrist, Elbow, Shoulder, Spine, Hip, Knee, Lumps & Bumps, Rheumatology, Injection techniques & Physiotherapy.

The authors are a mix of Orthopaedics consultants & GPs who are experts in their fields & heavily involved in education. Prof Nigel Mathers, Honorary secretary of RCGP has reviewed this book, written the foreword and has endorsed this book on behalf of the Royal College of General Practitioners.

This is an important reach-for guide to assist GPs with easy diagnosis and to provide clear direction on next recommended steps as well as a useful exam prep aid for the common MSK cases that occur in the CSA. This book, written by Mr Bhatia and with the involvement of Leicester consultants & GPs, was released on 16 June 2017.

Joint Injection Course

1 July 2017
8:30am - 1:30pm
Leicester Marriott Hotel – Grove Park LE19 1SW
Cost £100 per person

Contact:
Nichola Coleman
0116 256 3016 or
Nichola.Coleman@uhl-tr.nhs.uk

Course Description:

- Hands on Course for the GPs to cover Knee, Shoulder, Elbow, Hand, Wrist, Foot and Ankle and Trochanteric Bursitis.
- In the first half of the morning there will be lectures by Orthopaedics Consultants to discuss anatomy, portals, technique and contraindications.
- After the break, participants will be split into six groups. These groups will visit the six stations in rotation (Shoulder, Elbow, Hand/ Wrist, knee, Foot/Ankle, Trochanteric Bursa) where the consultant in charge will help them to practice the injection skills on feedback models.

Leicestershire Palliative Care Group Study Day: Haematological Disorders

5 October 2017
9:00am - 4:30pm
LOROS
Cost £50 per person

Contact:
Karen Mann
0116 258 7512 or
karen.mann@uhl-tr.nhs.uk

- Leukaemia, Transfusion-dependency & Alternatives at the End of Life: Dr Kate Hodgson, Consultant Haematologist
- Myeloma: Dr Linda Barton, Consultant Haematologist
- Palliative Care for Patients with Haematological Malignancies: Dr Samuel Krauze, spr in Palliative Medicine
- Venous Thrombosis: Dr Richard Gooding, Consultant Haematologist
- Abnormal Blood Results - Who should I call?
- The Role of the CNS in supporting patients

CPD Points will be available

If you would like more information about any articles in the newsletter or have suggestions for future editions, please do get in touch.

Catherine Headley
0116 258 8598
07931 206 247
UHLGPServices@uhl-tr.nhs.uk

And finally...

For general information such as referring to us, GP education and previous editions of the GP newsletter, you can find it all (home or at work) by clicking here:

www.leicestershospitals.nhs.uk/professionals/