The Royal Wolverhampton
NHS Trust

The report of the Gosport Independent panel June 2018
30 July 2018

Agenda Item No: 7.5

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	30th July 2018
Title:	The report of the Gosport Independent panel June 2018
Executive Summary:	A gap analysis has been undertaken regards the findings of the above report in relation to practices at the The Royal Wolverhampton NHS Trust. The panel found opioid use without appropriate clinical indication, affecting approximately 600 individuals that were apparent and possibly more that were not between 1989 and 2000. Practices had been normalised at the hospital. There was a failure to act within the system when concerns were raised by both staff and relatives.
Action Requested:	**Receive and note,**
For the attention of the Board	
Assure	• Oversight of prescribing by Clinical Pharmacists weekdays • Clinical guidelines regards prescribing • ePMA roll out • Complaints policy & process – overview of responses at Division / Patient experience and corporate sign off • Monthly review of all medication incidents by the Medication safety officer – report to COG, incidents are reviewed by clinical supervisors and HoN/M's • Quarterly report of the Controlled Drugs Accountable officer (CDAO) • Complaints dashboard presented monthly via Trust governance framework
Advise	• Action identified to be completed as cited in the presentation and monitored through the governance framework
Alert	• No risks identified
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Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	Revenue: None Capital:None Workforce:None Funding Source:

CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	Medicines Management Group Clinical Oversight group
References	https://www.gosportpanel.independent.gov.uk/panel-report/
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Report Details	
1	See attached presentation

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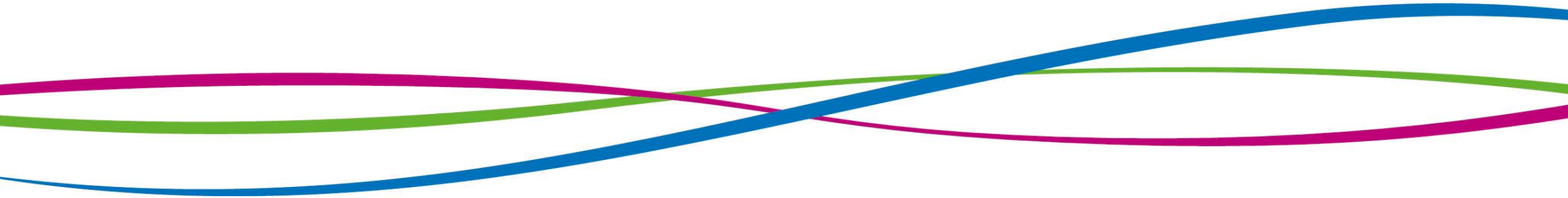
The Report of the Gosport Independent Panel June 2018



Safe & Effective | Kind & Caring | Exceeding Expectation

Summary of findings

- A culture which tolerated prescription of opiate analgesia in inappropriate situations and of high doses over a 10yr period
- Staff acknowledged these practices and their consequences
- ‘Doctor knows best’, ‘let sleeping dogs lie’ in a culture of collusion
- Complaints to the Trust did not trigger transparent investigations for fear of incriminating staff still employed at the Trust
- Responses to police investigations and CHI enquiries led to the same response
- A review of disciplinary and complaint investigations

Prescribing & Monitoring processes at RWT

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- Within RWT there are clinical guidelines for prescribing opiates which are available on the intranet
- Monday to Friday all ward charts are checked by the pharmacy team for safety and clinical appropriateness
- Charts written at the weekend are sent to the dispensary if a non-stock drugs are required
- New prescriptions using stock available on wards are not routinely checked at the weekends
- Syringe drivers are prescribed according to the West Midlands Palliative Care Guidelines 2012 (available at http://wmpcg.co.uk/)

Prescribing & Monitoring of opiates

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- Pharmacists and nurses query prescribing which is perceived to be out of line with prescribing guidelines. Records of the queries are held either within the ePMA system or within the patient notes
- Repeated non-adherence to prescribing guidelines would be raised as a concern with senior clinicians
- Any prescribing considered inappropriate or unsafe would be escalated urgently as a matter for concern to a senior clinician
- As a result of the Shipman Enquiry, legislation was enacted in 2010 to establish the post of Controlled Drug Accountable Officer (CDAO) for every NHS Trust. The CDAO for RWT is the Clinical Director of Pharmacy
- Medicines management group receive a quarterly report from the CDAO regards opiate incidents, concerns are escalated via the compliance oversight group

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- The quarterly CDAO report is submitted to NHSE which details the monitoring of controlled drug incidents and the actions being taken
- Data collected is currently reviewed quarterly at ward level. Reporting is being reviewed to identify resource required to report at a greater level of detail
- Controlled drug usage is monitored routinely
- Movement of pharmacy staff reduces the likelihood of insular practices
- Rationale for prescribed medication should be documented with date and outcome, where this is not supported by guidance or licensed doses, evidence base has to be identified

Actions

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- Opiate reports to include usage data for each ward – CDAO October 2018
- MMG newsletter to highlight link to palliative care prescribing guidelines – CDAO Nov 2018
- Educational sessions for Nurse & Medical Prescribers & Pharmacy staff regards report findings – CDAO Nov 2018

Complaints monitoring & processes at RWT

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- The approach to complaints handling across the Trust is based on the principles of ‘good complaints handling’ - Parliamentary and Health Service Ombudsman and Local Government Ombudsman
- The Trust’s ‘Complaints Management Policy’ OP08, defines a ‘formal complaint’ as a verbal or written contact that meets a set criteria
- All complaints are subject to grading in line with the Trust’s categorisation matrix and, where appropriate triangulated against RCA’s and incidents.
- Any complaints where the potential to cause serious harm or unexpected or avoidable death are brought to the attention of governance for consideration.

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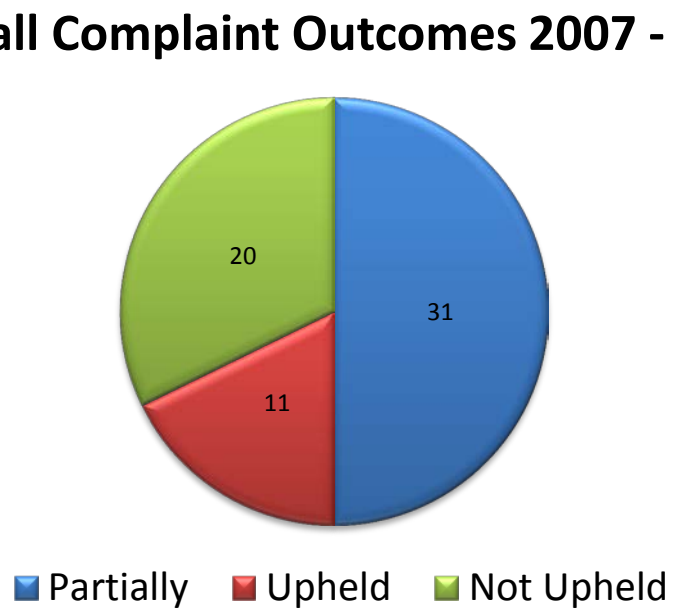
Formal Complaints Received

- 62 complaints received relating to medication between 2007 and 2017
- 1 complaint specifically relating to overdose of Diamorphine



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Sub-Subject Themes Of Complaints

Error Dispensing – 7 complaints

- Patient's medication had another patients name on it
- Incorrect chemotherapy dose prepared

Error Prescribing – 25 complaints

- BCG Immunisation out of date
- Medication prescribed compromised patients renal function

Error Dosages – 9 complaints

- Incorrect dose injected into patients knee
- Incorrect dose of Parkinson's medication prescribed

Error Administration – 21 complaints

- Lignocaine infusion wrongly administered
- Antibiotics administered to patient with known allergy

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Lessons Learned/Actions Taken

- Procedural/Practice Change Required – Local Level
- Personal Change Required – Training/Development
- Report of complaint themes to be shared with the Medication safety officer for triangulation quarterly