

SHERIFFDOM OF NORTH STRATHCLYDE AT GREENOCK SHERIFF COURT

Form 6.2 - Response

Court Ref: GRE-B44-20

**RESPONSE BY NHS GREATER GLASGOW & CLYDE
HEALTH BOARD**

to the

**DETERMINATION OF SHERIFF PRINCIPAL
DUNCAN L MURRAY WS**

**UNDER THE INQUIRIES INTO FATAL ACCIDENTS
AND SUDDEN DEATHS ETC. (SCOTLAND) ACT
2016**

in the

**INQUIRY INTO THE DEATH OF WILLIAM
HARRISON**

To: the Scottish Courts and Tribunals Service

1. NHS Greater Glasgow and Clyde Health Board (“the Board”), being a body to whom recommendations under section 26(1)(b) of the Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016 were addressed, responds as follows.
2. The Board was a participant in the inquiry.
3. The Board’s detailed responses to the recommendations are set out in the Table appended to this Response. In order to assist the reader in understanding it, it is explained that the layout of the Table is as follows:
 - 3.1. Columns 1 and 2 of the Table set out the **recommendations** of the Sheriff Principal.
 - 3.2. Column 3 lists the **completed actions** relative to each recommendation.

- 3.3. Column 5 lists the **future workplan** (i.e. proposed further actions) relative to each recommendation.
 - 3.4. Column 4, headed **owner**, identifies (by title/role) the person or persons responsible for the completed actions and the future workplan relative to each recommendation.
 - 3.5. Column 6 specifies the "**completed by**" date for completed actions and the anticipated **date for completion** of future workplans, as well as the date and frequency of ongoing reviews.
4. The Board does not seek to withhold all or part of this response from publication.

This is the Table referred to in the Response by NHS Greater Glasgow and Clyde to the Determination of Sheriff Principal Duncan L Murray WS under the Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016 in the inquiry into the death of William Harrison.

Recommendations Harrison FAI- November 2020
Position Statement: February 2021

HARRISON FAI Recommendations – Inverclyde Royal Hospital Improvement Action Plan – February 2021

	Recommendation	Completed actions	Owner	Future Workplan	Completed By / Date for completion
1	Steps should be taken to highlight to junior medical and nursing staff the need to escalate the assessment of patients who have a NEWS in excess of 7, in terms of the NEWS Checklist.	<p>This is established practice and is reinforced via induction and ongoing education to staff. The recent NEWS2 Education programme has also been used as a vehicle to provide an additional support to staff with regards to escalation of deteriorating patients.</p> <p>The Escalation sticker process is in place for patients with a NEWS score of >7. NEWS scoring is now also recorded on the White Board in ED and any concerns escalated to the Flow Co-ordinator. There is also a process in place for regular audits of compliance, with summary reports being taken to Clyde SMT for their review.</p> <p>Evidence of completion - Induction manual updated. Induction programme updated. CSM discussed with Consultant team</p> <p>This case and the recommendations from the determination will be incorporated into induction and simulation training for FY1 doctors. In addition, the case will be adapted</p>	<p>Lead Consultant/ CD/GM/CSM's</p> <p>Lead Consultant/ CSM/LN</p> <p>GM/CSM's/ H@N Lead</p>	<p>The output from updated medical and nursing education will be reviewed on a quarterly basis via the IRH Improvement Group. CSM's have responsibility to take these actions forward in their specialties</p> <p>Recent audit results for sticker compliance in ED and J North is 75% (this is a 25% increase since December 2020). Compliance will be monitored monthly by the LN and improvement actions progressed immediately.</p> <p>Deteriorating Patient education to be updated to include all learning points from the FAI.</p>	<p>January 2021 and ongoing with next review March 2021</p> <p>January 2021 and ongoing monthly review.</p> <p>March to September 2021</p>

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		<p>for use on the multidisciplinary MINTS course. The intended learning points have been discussed at a meeting on 4/2/21 between CD for Medicine, ED Lead for education, Lead Clinician for Simulation and Clyde CGSM. CD for Medicine has met separately with the Director of Post Graduate Medical Education who has agreed that the FY1 training will be used GGC wide. The CGSM met with the Chief Nurse for Clyde to take forward appropriate education at induction for new nursing staff to Clyde</p>	<p>CD's & Chief Nurse</p>	<p>Another mechanism to be used to ensure that patients with a NEWS score of >7 is that of the hospital handover between the Medical Staff and the Hospital at Night team. Work is underway to ensure that there a structured handover document in place and this will include details of any patient on the hospital site with a News of >7</p>	<p>May2021</p>
2	<p>Consideration should be given to revising the guidance on significant adverse events to further emphasise the importance of establishing the facts of what happened, resolving any conflicts of evidence.</p>	<p>This recommendation will be shared with the Clinical Governance Support Unit for their review and action, to determine if any amendments are required to the NHSGGC SAER policy of August 2020. Clyde Directorate will collaborate with them in sharing the actions already progressed as part of our learning taken forward from this 2016 SCI. Guidance has already been updated with the revision of the Serious Adverse Events Policy and accompanying toolkit. The toolkit now includes an updated timeline template with guidance relating to human factors.</p> <p>Clinical risk have developed virtual Root Cause Analysis Training which will support the use of the updated toolkit, in particular the timeline and human factors.</p>	<p>Clinical Risk Lead</p>	<p>The NHS GGC Clinical Risk Team are currently scoping a new quality assurance process ensuring reports are checked for factual accuracy prior to leaving the organisation. This QA process will include an escalation process in disputes over factual accuracy.</p>	<p>September 2021</p>

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		The Action Plan has been considered at NHS GGC Acute Clinical Governance Forum and will be taken through each Directorate and Sector Clinical Governance Forum.	GM - ECMS	Draft version to December 2020 Clyde Clinical Governance Forum and final version to future Clyde Clinical Governance meetings for ongoing review.	Draft version December 2020 and ongoing review of final version.
3	Steps should be taken to remind staff who will be responsible for medical expected patients that they should consider what is said in the GP referral.	<p>The use of the fax machine for occasional GP referrals will end from February 2021. The majority of GP referrals now come through the SCI gateway process. Any handwritten referrals (i.e. GP relate to patient home visits out of hours) are added to the patient's notes and are available and obvious to the attending clinician.</p> <p>Junior medical staff/ANP's are reminded of the importance of taking account of the information provided by the GP as part of the induction process. The use of an SBAR approach to the GP Clinical information also supports this process.</p> <p>The SBAR information from the GP will still continue until all referrals are received through SCI gateway.</p> <p>Currently, to ensure compliance, the LN is, on a weekly basis, monitoring with the on-call teams by discussing individual practice with junior medical staff.</p>	Lead Consultant/CSM	This work will be progressed by the Lead Consultant and CSMs with input from within from the ANP team.	Complete January 2021 with further review May 2021.
4.	Nursing and medical staff should be reminded of the need to sign or initial notes	This key message is reinforced by GM's/ CSM's and also via professional structures by the Chief of Medicine and Chief Nurse. Local audits take place along with the CCAAT process, led by the	Chief Nurse	The Chief Nurse has committed to undertaking an additional unannounced audit of nursing documentation in ED/J North. The most recent audit completed	Complete March 2021 with ongoing review as part of CCAAT programme

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	to identify the author and to record the time the patient was seen.	<p>Chief Nurse. Most recent IRH audits were held in September 20 with the next one due this month (this is part of the established programme of audits.</p> <p>Local audit of 20 records demonstrated 70% of signing and timing compliance.</p>	CSM/Lead Consultant/ Lead Nurse	<p>March 2021 gave the area a combined care assurance compliance rate of 74% which has demonstrated that the RAG rating has increased from Red to Amber and there is ongoing improvement work underway. The care assurance audit will be repeated again in Aug 2021 to track improvement work with the aim of progressing to a green audit outcome.</p> <p>Monthly audits will continue with improvement actions taken forward with professional groups.</p>	as well as monthly local audits.
5.	Medical staff should be reminded of the manner in which drugs for immediate administration should be recorded on the once only prescription form and instructions issued to that effect.	<p>Key messages re this issue were included in Safer Use of Medicines (SUM) Learning and Improvement Workshop, held in IRH. A “snap shot” audit of missed doses was commissioned in September 20 via the IRH Improvement Group.</p> <p>Junior medical staff are reminded of this as part of the induction programme, and via the Nursing IV competency programme this message will also now be reinforced.</p> <p>Ongoing actions in relation to this will continue to be progressed via the IRH Improvement Group which has clinical pharmacy input. Medicines Datix reports also shared routinely at this group.</p>	CSM/Lead Consultant/Pharmacy Lead	<p>Weekly audits of 5 patient records reviewing time of prescription of Antibiotics to time of administration will continue and be reviewed quarterly.</p> <p>Commission a programme of audit to include Time of sepsis diagnosis versus time of administration of antibiotics Completion Date to be confirmed.</p> <p>Once HEPMA is live on the IRH site this may provide an additional mechanism to monitor this aspect of care. HEPMA will prevent normally prescribed drug missed doses and will flag up drugs for once only prescription that have not been administered.</p>	September 2020

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		<p>A trial of Immediate Medication boxes commenced in the medical wards at IRH on 15/2/21. When 'Once Only' or 'Stat' doses are prescribed the kardex will be deposited by the medical staff in a clearly marked, wall mounted box for all nursing staff to see as a visual prompt to administer medication out with the normal medication rounds. The efficacy of this measure will be audited weekly in each area.</p> <p>Week ending 21st February, compliance -90%</p>			<p>February 2021 with ongoing review.</p>
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Key to Abbreviations

NEWS – National Early Warning System (NEWS2 most recent version)

SMT – Senior Management Team

ED – Emergency Department

CD – Clinical Director

GM- General Manager

CSM – Clinical Service Manager

LN – Lead Nurse

IRH – Inverclyde Royal Hospital

H@N – Hospital at Night (Nurse Practitioner)

FAI – Fatal Accident Inquiry

FY1 – Foundation Year 1 doctor

MINTS – Medical Interprofessional Non Technical Skills

CGSM – Clinical Governance Service Manager

GGC – Greater Glasgow and Clyde

SAER – Serious Adverse Event Review

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QA – Quality Assurance

ECMS – Emergency Care and Medical Specialties

GP – General Practitioner

SCI Gateway – Scottish Care Information Gateway (referral pathway between primary and secondary care)

ANP – Advanced Nurse Practitioner

SBAR – Situation/Background/Assessment/Recommendations (report writing template)

CCAAT – Combined Care Assurance Audit Tool

RAG – Red/Amber/Green (method of scoring)

IV – Intravenous

HEPMA – Hospital Electronic Prescribing and Medicine Administration (electronic programme)