The Dudley Group
NHS Foundation Trust

Date: 19/10/2017

FREEDOM OF INFORMATION REQUEST FOI/013674 – Objects left in patients and cancelled operations

FOREIGN OBJECTS

1. The number of cases in which foreign objects or retained foreign object have been left behind in patients' bodies following an operation in 2013/14, 2014/15, 2015/16 & 2016/17 within your trust? Details of each incident should include the hospital where the surgery took place, the year and details of the object found. If possible can you also provide the age and gender of the patient. Can I have this broken down year on year.

2.The number of people who have suffered health consequences as a result of a foreign object or retained foreign object being left in their bodies following an operation in the years 2013/14, 2014/15, 2015/16 & 2016/17. Can I have that broken down by year and details of the health consequences. –

3. How many compensation actions have been raised against the trust as a result of foreign objects or retained foreign object being left in patients after surgery over the years outlined above. Again, can I have this broken down year on year.

4. For each successful compensation claim please say the type of foreign object or retained foreign object left in them, and how much compensation they won and when. Also please can you outline how much this cost the trust in totality - so including legal fees etc.

Questions 1 to 4 – Due to the very low numbers and to avoid any potential harm or distress to the persons involved being potentially identified if the information were to go public no details have been provided, Exemption Section 40 personal information

5. What is the procedure in place for retrieving foreign objects that have been left in patients after surgery?
Procedure is listed below as detailed in our Standard Operating Procedure
1.2.9 Intentionally Retained Swabs/Objects as part of Procedure:

a) On very rare occasions it may be necessary for a body cavity to be packed with an X-ray detectable gauze swab following surgery, or during an extended state of anaesthesia, with planned subsequent removal. When this occurs it is imperative that it is clearly and accurately documented and that the entire theatre team, including recovery practitioner are informed of the retained swab(s)

b) It is the responsibility of the scrub person to ensure that all documentation is completed accurately. A record must be made on the patients care plan and in the operating register. The entry must state the exact type and number of swabs retained

c) "SWAB/S IN SITU" must be written on the wound dressing with black marker pen, if a date for removal is known at that point this must also be documented on the wound dressing.

d) It is essential that this information is relayed verbally to the post anaesthetic care practitioner and subsequently the receiving nurse of the post-operative surgical area following transfer from the operating department of the retained object and the plan for subsequent removal.

e) It is also the responsibility of the operating surgeon to ensure that this information is accurately documented in the medical record and that the patient/carer is fully informed of the plan for removal

f) On the rare occasion that items have to be left permanently in place. For example, the surgeon may on balance decide that it is safer to leave a fragment of broken screw in a bone than to risk further injury or damage in an attempt to retrieve. The surgeon must inform the patient as soon as they are able, they should be made aware of the retention of a foreign object and the decision process as to why it was left. This must be documented in the patients notes. The Duty of Candour process should be followed.

g) Patients returning to theatre with intentionally retained swabs/objects should be identified at the WHO briefing and documented. In the case of an emergency procedure this must be identified to the theatre team by the operating surgeon prior to procedure start. This information must be recorded on the swab board prior to the swab; needle and instrument count for the identified patient is commenced. The swab board should clearly identify that the item is already insitu in the patient prior to surgery commencing.

h) Once removed the object must be separately bagged by the circulating practitioner and retained in theatre until the end of the case when all counts have been completed. Once removed the swab board should be amended to reflect this removal.

1.2.10 Vaginal Packs
All packs left insitu must have the tail of the pack taped to the upper thigh. This must be documented on the intraoperative care plan utilising a "Vaginal Pack insitu" sticker, a sticker must also be attached to the top of the thigh. A sticker must be documented on the operation notes stating the time the pack was insitu and with a time pack was removed and by who field for completion on removal. This must be handed over to the next care stage of the patient.
Swabs (Including Throat Packs), Needles And Instrument Count

1.2.11 Bite Packs
All packs left insitu must have the tail of the pack taped to the cheek. This must be documented on the intraoperative care plan and handed over to the next care stage of the patient.

CANCELLED OPERATIONS
Please provide this data by month for 2013, 2014, 2015, 2016 and 2017 - up to and including September 2017.
The following should be included in the figures for 'appointments'
· All planned or elective operations and day surgery
· Invasive X-ray procedures carried out on inpatients or day cases
· Telephone cancellations made to patients
· All minor procedures, including outpatient procedures

For 'non-clinical reasons' please include a break-down of the following:
· Bed-ward not available
· Staff unavailable
· Emergency operations taking priority
· Maintenance needed on equipment
· Patient unavailable
· Admin error

1. How many appointments have been cancelled for non-clinical reasons IN THE 3 DAYS BEFORE a patient was due to be admitted?

2. Out of those cancellations, how many were rescheduled within the statutory time limit - e.g. 28 days?

3. Out of those cancellations, how many were rescheduled more than once?
Question 1 to 3 - The Trust is not required to report cancellations for non-clinical reasons in the 3 days before a patient was due to be admitted. Therefore the Trust does not hold this information

4. How many appointments have been cancelled for non-clinical reasons ON THE DAY a patient was due to be admitted?

5. Out of those cancellations, how many were rescheduled within the statutory time limit – e.g. 28 days?

6. Out of those cancellations, how many were rescheduled more than once?

For questions 4 to 6 see table below. The information is for inpatients and daycases, the Trust

Cancellation Reason	2013	2014	2015	2016	2017 (to September)
Bed-Ward Not Available	92	83	33	148	66
Staff Unavailable	67	73	48	51	30
Emergency operations taking priority	10	22	15	29	28
Equipment Issues	7	12	13	14	7
Patient Not Available	25	44	60	69	47
Admin Error	4	19	38	25	27
Other Cancellation Reasons	139	148	173	155	148
Cancellation Total	**344**	**401**	**380**	**491**	**353**
Rescheduled & Performed (within 28 days)	250	293	291	357	242
Number of patients rescheduled more than once (count of Patients with more than 1 theatre booking within 28 days, excludes patients that subsequently cancelled/reschedule due to patient related reasons)	**11**	**9**	**11**	**11**	**7**