

Safety-critical area	Implementation issues identified in incident review	Self-assessment questions	Self-assessment lead	Response	Comments	Recommended improvement actions
Local policies and protocols These need to reflect all the safety-critical requirements summarised in this resource.	Some incident investigations suggested that local policies and protocols omitted key aspects of the earlier alerts, or in some cases included practices that the alerts said should never be allowed. Some incident investigations suggested policies and protocols were unclear, or too lengthy for frontline staff to realistically be able to read or remember their content.	Are you confident local policies and protocols accurately reflect all the safety-critical requirements summarised in this resource? <i>Please refer to the attached worksheet</i>	Angie Hill, Nutritional Nurse Specialist	Partial	The 'Practical Guidelines on Enteral Tube Feeding in Adults' (February 2016) and supporting documents are consistent with the safety critical requirements and there is nothing within current Trust practice which contradicts those requirements.. However, not all requirements are explicitly covered as formal policy.	The existing guidelines should be reviewed and updated to ensure that all safety critical requirements are clearly covered. Consideration should be given to changing their status to that of policy.
			Dr Colin Dunkley, Paediatrics Head of Service	Partial	The 'Nasogastric Tube Feeding in Children Guideline' (January 2016) and supporting documents are consistent with the safety critical requirements and there is nothing within current Trust practice which contradicts those requirements. However, not all requirements are explicitly covered as formal policy.	
		Are you confident policies and protocols are clear and accessible to frontline staff?	Angie Hill, Nutritional Nurse Specialist	Yes	The guidelines for adults are available in the Policies, Procedures and Guidelines section of the Trust intranet, under Clinical Policies & Procedures (Trustwide / Corporate) / Nutrition & Hydration related clinical documents.	None.
			Dr Colin Dunkley, Paediatrics Head of Service	Yes	The guidelines for children are available in the Policies, Procedures and Guidelines section of the Trust intranet, under Specialty / Department (Clinical Policies, Guidelines & Procedures) / Paediatrics & Neonatal / Paediatrics - general clinical documents / Nasogastric tube feeding.	
National safety guidance This needs to be referred to in any incident investigation	In comparing what happened with 'what should have happened', investigation summaries almost never refer to NPSA alerts or actions required within them, and appear to rely on local policy or the investigators' understanding of good practice. Some investigations showed an apparent lack of understanding by investigators of how nasogastric tube placement should be checked on x-ray, and one investigation report suggests the investigator thought it was acceptable to flush tubes before confirming placement if aspirate was difficult to obtain.	Are you confident that investigators refer to formal sources of guidance, such as Patient Safety Alerts or NICE guidance to set the standard on 'what should have happened' as part of any investigation?	Denise Berry, Head of Governance	Partial	NICE Guidelines are already referenced in standard incident investigation terms of reference; patient safety alerts are not and although they are circulated through divisional governance arrangements they are not readily accessible to all staff.	The incident investigation standard terms of reference should be updated to include a specific requirement to consider any relevant Patient Safety Alerts. All Patient Safety Alerts should be published on the Trust intranet alongside Policies, Procedures & Guidelines and an iCare2 bulletin produced to raise staff awareness when a new alert is received.
Safe equipment Nasogastric tubes used for feeding are radio-opaque throughout their length and have externally visible length markings. pH paper is CE marked for use on human aspirate.	In most trusts safe equipment appears to have been introduced at the time of the NPSA 2011 alert (if it was not already in use). But there were isolated cases when a later decision to change suppliers for cost effectiveness meant that non-compliant nasogastric tubes were re-introduced, and this was not recognised until after a Never Event had occurred. Other incident investigations found a range of pH paper, not all CE marked, was in use in different clinical departments in an organisation.	Are you confident that procurement decisions always include clinical advice on patient safety considerations?	Clair White, Head of Procurement	Yes	Procurement will only order goods which have been appropriately authorised by an approved signatory and would not order an alternative product without prior approval from the relevant clinical lead.	None.
		Are you confident clinical supply systems would 'block' any accidental ordering of non-compliant alternatives?	Peter Lee, Acting Head of MEMD	Partial	Non-compliant alternatives could in theory be ordered should the requisitioner go directly to the supplier, or if samples or gifts were provided directly to the service thereby by-passing Procurement, using the non-purchase order route. There are controls in place in the form of the clinical expertise within specialty management teams and MEMD, and the review of invoices by the Accounts Payable team, which make the introduction of non-compliant equipment to the Trust highly unlikely. However, these arrangements are not part of a formal policy.	Consideration should be given to formalising Trust policy regarding arrangements and controls in place to reduce the risk of non-compliant equipment being ordered and introduced.
		Are you confident nasogastric tubes or pH paper not meeting these safety-critical requirements have been removed from all areas? <i>Please refer to the attached worksheet</i>	Angie Hill, Nutritional Nurse Specialist	Yes	Confirmed.	None.
			Dr Colin Dunkley, Paediatrics Head of Service	Yes	Confirmed.	None.

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<p>Competency-based training Training needs to reflect all the safety-critical requirements summarised in this resource set.</p>	<p>Not all trusts appear to have created ongoing training programmes, or levels of training completion had not been routinely monitored and had lapsed. Some incident investigations suggested that trusts had seen training as unnecessary for experienced or senior nursing staff, but the risks of them continuing to use incorrect techniques that predated the NPSA and NHS England alerts may be greater.</p> <p>In some trusts there seemed to be an assumption that consultants did not require training in x-ray interpretation, but investigations have demonstrated that errors are made by consultants and not just junior staff.</p> <p>Some trusts appeared to assume that newly registered nursing staff or junior doctors must already have had these competencies assessed in their training; this is not necessarily so.</p> <p>Some training programmes appeared theoretical rather than assessing competency.</p> <p>Organisations had not recognised that having an up-to-date register of staff who have the appropriate competencies is key to ensuring nursing staff avoid asking doctors not 'on the list' to confirm nasogastric tube placement.</p> <p>Investigation reports describe medical staff using the unsafe and outmoded 'whoosh test' or giving incorrect advice to nursing staff in relation to obtaining and testing the pH of aspirate; if training for medical staff is limited to x-ray interpretation this risk would not be eliminated.</p>	<p>Are you confident the content of your local training programme accurately reflects all the safety critical requirements summarised in this resource? <i>Please refer to the attached worksheet</i></p>	<p>Angie Hill, Nutritional Nurse Specialist</p>	<p>Partial</p>	<p>Under the existing guidelines, the Nutritional Nurse Specialist is responsible for providing training to Registered Nurses through an 'Extended Role Development Competency Programme for passing a fine bore NG tube'. There is no reference to a specific training requirement or provision for doctors with regard to this skill, however theory training is included in the Foundation Year 1 curriculum.</p>	<p>The existing provision should be reviewed to ensure that suitable training in NG tube placement is made available to staff.</p> <p>The Trust should liaise with the Joint Royal College of Physicians Training Board (JRCPTB) to recommend that practical training in NG tube placement is included in the mandatory requirements for Foundation Year 1.</p>	
			<p>Dr Colin Dunkley, Paediatrics Head of Service</p>	<p>Partial</p>	<p>Under the existing guidelines, paediatric nursing staff (on Ward 25) are required to undertake the 'Extended Role Development Competency Programme for passing a fine bore NG tube'. Paediatric consultants and middle grade doctors are required to complete online training - theoretical learning only (not practical). As above, theory training is also included in FY1.</p>		
			<p>Are you confident that all clinical staff (regardless of profession or level of seniority) who confirm nasogastric tube placement by pH or x-ray have been assessed as competent through theoretical and practical learning?</p>	<p>Angie Hill, Nutritional Nurse Specialist</p>	<p>Partial</p>	<p>The guidelines do not specify that only staff who have been assessed as competent can confirm NG tube placement and supporting documentation does not provide evidence that competence has been verified.</p>	<p>The existing guidelines should be updated to clarify that only staff who have been assessed as competent can confirm NG tube placement, and that a central record should be maintained of those medical and nursing staff with the required competency; supporting documentation (monitoring charts for both adult and paediatric patients) should include a section for documenting that the clinician performing this task has been confirmed as having the required competency.</p>
			<p>Dr Colin Dunkley, Paediatrics Head of Service</p>	<p>Partial</p>	<p>The guidelines do not specify that only staff who have been assessed as competent can confirm NG tube placement and supporting documentation does not provide evidence that competence has been verified.</p>		
			<p>Are you confident there is a process to monitor and review competency?</p>	<p>Angie Hill, Nutritional Nurse Specialist</p>	<p>Partial</p>	<p>Evidence of staff competencies are included in individual personal files. Records are kept of all staff completing existing training courses. However, the frequency with which competency should be updated is not specified.</p>	<p>The existing guidelines should be updated to specify the frequency with which training in NG tube placement should be repeated in order to maintain competency; it should also be specified who has responsibility for maintaining and reviewing the record of competency for the Trust (covering medical and nursing staff, adult and paediatric).</p> <p>A 'self-certificate' requirement should be introduced at induction for FY2 doctors and above to capture a record of competency in NG tube insertion.</p>
			<p>Dr Colin Dunkley, Paediatrics Head of Service</p>	<p>Partial</p>	<p>Evidence of staff competencies are included in individual personal files. However, the frequency with which competency should be updated is not specified. For consultants who complete the online training, evidence of competence will be monitored through annual appraisals; middle grade doctors are required to provide evidence of this competency shortly after commencing employment.</p>		
			<p>Can frontline staff easily identify staff who have (and who have not) been assessed as competent in the interpretation of x-rays for confirming nasogastric tube placement?</p>	<p>Angie Hill, Nutritional Nurse Specialist</p>	<p>Partial</p>	<p>It is established Trust policy that clinicians should only perform procedures and use equipment where they have the necessary competencies. However, information as to which staff have been assessed as competent is not easily accessible to front line staff.</p>	<p>Existing guidelines and supporting documentation should be updated to ensure that the question of whether or not a member of staff has been assessed as competent in confirming NG tube placement is included in standard checklists.</p>
			<p>Dr Colin Dunkley, Paediatrics Head of Service</p>	<p>Partial</p>	<p>It is established Trust policy that clinicians should only perform procedures and use equipment where they have the necessary competencies. However, information as to which staff have been assessed as competent is not easily accessible to front line staff.</p>		
			<p>Are you confident that locum, agency and newly recruited staff would know not to undertake</p>	<p>Angie Hill, Nutritional Nurse Specialist</p>	<p>No</p>	<p>There is no reference in the existing guideline to a restriction on locum, agency and newly recruited staff undertaking NG tube placement checks.</p>	<p>Existing guidelines & supporting documentation should be updated to include a prohibition on locum, agency and newly recruited staff undertaking nasogastric tube</p>



Nasogastric tube misplacement: continuing risk of death and severe harm

NHS/PSA/RE/2016/006

Date issued: 22 July 2016

Executive Lead: Dr Andy Haynes, Executive Medical Director

Dedicated to *Outstanding care*



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		nasogastric placement checks?	Dr Colin Dunkley, Paediatrics Head of Service	No	There is no reference in the existing guideline to a restriction on locum, agency and newly recruited staff undertaking NG tube placement checks.	placement checks.

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Clinical documentation formats and checklists These need to reflect all the safety-critical requirements summarised in this resource.	From the investigations it was not clear if all trusts provided structured documentation or checklists to record nasogastric tube insertion and subsequent checking requirements. Investigations and learning were hampered by the lack of routine documentation on what checks were actually carried out. Of the incidents that involved x-ray misinterpretation or interpreting the wrong x-ray, none appeared to have followed a structured process for decision-making or documented each step of these checks. This included examples of nurses accepting a brief written or verbal 'safe to feed' confirmation before starting feeding.	Are you confident that bedside documentation helps staff to take and record all necessary checks?	Angie Hill, Nutritional Nurse Specialist	Partial	The 'Adult Nasogastric Tube Placement Monitoring Chart' only includes the pH test (not x-ray).	The existing monitoring chart should be updated to cover the same safety requirements as the paediatric chart.	
			Dr Colin Dunkley, Paediatrics Head of Service	Yes	The 'Paediatric nasogastric feeding bedside chart' includes all necessary checks.	None.	
		Are checklists, charts or pre-printed labels provided?	Angie Hill, Nutritional Nurse Specialist	Yes	An 'Adult Nasogastric Tube Placement Monitoring Chart' is appended to the guidelines. Pre printed labels in use on the Stroke Unit.	None.	
			Dr Colin Dunkley, Paediatrics Head of Service	Yes	A 'Paediatric nasogastric feeding bedside chart' is appended to the guideline.	None.	
		Do staff find these helpful?	Angie Hill, Nutritional Nurse Specialist	Yes	None.	None.	
			Dr Colin Dunkley, Paediatrics Head of Service	Yes	None.	None.	
		Are you confident that nasogastric tube placement checks are documented in a structured way?	Angie Hill, Nutritional Nurse Specialist	Yes	An 'Adult Nasogastric Tube Placement Monitoring Chart' is appended to the guidelines.	N/A	
			Dr Colin Dunkley, Paediatrics Head of Service	Yes	A 'Paediatric nasogastric feeding bedside chart' is appended to the guideline.	N/A	
		Are you confident that brief written or verbal 'safe to feed' instructions are not occurring?	Angie Hill, Nutritional Nurse Specialist	No	This practice is not explicitly prohibited in the existing guidelines.	Existing policy & supporting documentation should be updated to prohibit the practice of brief written or verbal 'safe to feed' instructions.	
			Dr Colin Dunkley, Paediatrics Head of Service	No	This practice is not explicitly prohibited in the existing guidelines.		
Ongoing audit of compliance	Some investigations suggested that some policies written after the 2011 alert had had little impact on clinical areas, with past custom and practice continuing, or new documentation never brought into routine use. Some investigations suggested that initially good compliance had lapsed over time, but these lapses were only noticed after a Never Event occurred.	Are you confident the current focus on compliance with safety critical requirements will become 'business as usual'?	Denise Berry, Head of Governance	Partial	The Terms of Reference for the Nutrition and Hydration Steering Group state that its role is to provide 'strategic leadership and co-ordination of all aspects of nutrition and hydration throughout the Trust' and that it is authorised to develop and implement service improvements; however, specific details for monitoring compliance are not detailed.	The ToR presented to the PSQB in December 2016 should be updated to specify the role of sub-groups and a core work programme covering clinical audit and quality improvement. Strengthening these arrangements will ensure that the focus on safety critical requirements becomes 'business as usual'.	
		Are you confident clinical audit and quality improvement teams have built this into their plans?	Denise Berry, Head of Governance	Partial	The Nutrition and Hydration Steering Group is also authorised to ratify policies and guidelines, and to monitor compliance across the Trust. Current guidelines on 'Enteral Tube Feeding in Adults' and 'Nasogastric Tube Feeding in Children' both specify audit requirements for monitoring compliance but not the associated governance arrangements.		
Implementation of Patient Safety Alerts	Following the review of nasogastric tube investigations, omissions in the implementation of safety critical guidance from previous nasogastric tube alerts has become apparent. If there were gaps in organisational systems for ensuring alerts were acted on, these could potentially apply to other alerts.	Are you confident that all Patient Safety Alerts have been implemented within your organisation?	Paul White, Risk Manager	Yes	Reported on every month as part of the Single Oversight Framework (SOF) report.	None.	
		What mechanisms are in place to ensure that alerts are only signed off by your organisation once the 'actions required' have been completed?	Paul White, Risk Manager			Comprehensive CAS Alerts Action Plan maintained by the Governance Support Unit, used to track completion of all required actions prior to sign off.	None.
		What mechanisms are in place to provide assurance that 'actions required' are taken and monitored on a regular basis?	Paul White, Risk Manager			Quarterly assurance report on the CAS Alerts Action Plan to Patient Safety & Quality Board (PSQB).	None.