



Royal Papworth Hospital  
NHS Foundation Trust

# Quality and Risk Report Quarter 2 2020/21

**July - Sept 2020/21**

**Assistant Director for Quality and Risk**

## Quality and Risk Report

### Quarter 2 Report 2020/21

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## Patient Safety

### 1.1 Patient Safety Incident Trends and Actions

There were a total of 737 patient incidents reported during Q2 20/21 compared to 458 in the previous quarter. In addition, at the time of reporting there are 115 near miss patient safety incidents reported. This increase demonstrates a return to normal services as the COVID pandemic eased in July 2020. There is a healthy safety culture within the Trust and an understanding of the importance of learning from incidents and the CQC requirements to report under the Key Lines of Enquire (KLOE). Thus future reports will contain verified figures. Where appropriate these have been reported to Care Quality Commission (CQC) via the National Reporting and Learning System (NRLS).

	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	Total
Near Miss	156	125	118	62	115	576
Actual incidents	797	819	635	396	622	3269
Total	953	944	753	458	737	3845

Table 1: Numbers of patient safety incidents reported in 2019/20 (Data source: DATIX 02/10/20)

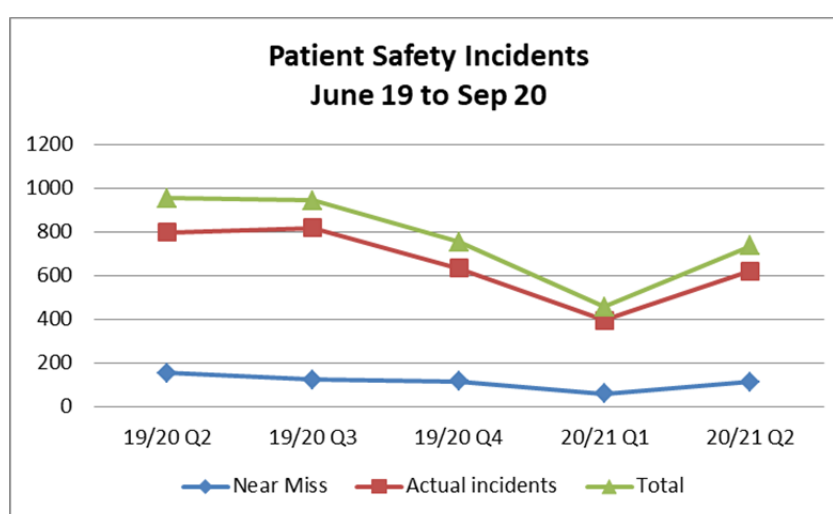


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 02/10/20)

In quarter, table 2 shows the number of patient safety incidents reported by the "Type" the majority of incidents continue to involve medication incidents (15%). This increase in medication incident links to the return to normal service. All incidents are shared with the Chief Pharmacist and reviewed at the Medicines Safety Group

The quarters marked with an asterisk (\*) include incidents that are still under investigation and some have not yet been graded.

Type	19/20 Q2	19/20 Q3	19/20 Q4*	20/21 Q1*	20/21 Q2*	Total
Accidents	43	57	60	32	51	243
Administration - admission/discharge/transfer/waiting list	201	147	114	58	94	614
Anaesthetics	5	7	6	4	7	29
Behaviour/Violence Aggression	10	11	12	9	13	55
Blood Plasma Products	39	46	22	21	35	163
Communication/Consent	53	30	27	17	35	162
Data protection	19	15	22	14	19	89
Diagnosis Process/Procedures	65	33	20	34	29	181
Documentation	63	53	54	28	51	249
Environmental Hazards/Issues	6	11	9	4	5	35
Infection Control	22	30	19	14	34	119
Information Technology	10	11	11	3	5	40

Medical Devices	80	64	33	13	39	229
Medication/Medical Gases/Nutrition	97	139	103	58	113	510
Nutritional Feeding (Prescribed Feeds)	1	3	8	2	2	16
Organisational Issues/Staffing	68	88	43	20	36	255
Pressure Ulcers	81	81	81	76	53	372
Radiology	8	11	14	7	6	46
Security incidents	11	8	6	3	13	41
Treatment/Procedures	71	99	89	41	97	397
Total	953	944	753	458	737	3845

Table 2: Numbers of patient safety incidents by Type reported in Q2 2020/21 (Data source: DATIX 29/07/20)

The top six types of incidents are depicted below in figure 2 by financial quarter; this demonstrates Incident trend information is provided in the paragraphs below.

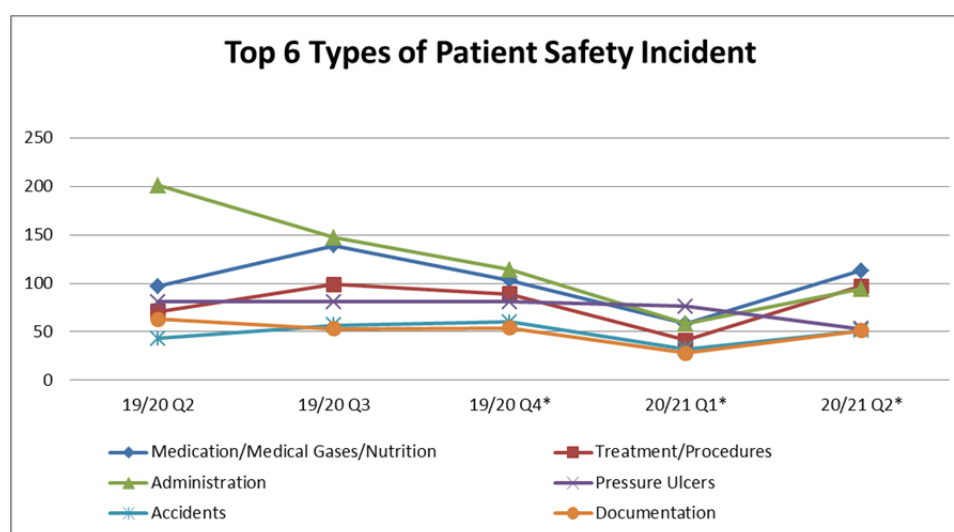


Fig 2: Patient Safety Incidents Q2 2020/21 (Data source: DATIX 02/10/20)

## INCIDENT TRENDS AND ACTION:

### Medication

During quarter 2 the Trust noted an increase in medication incidents which appears to be linked to the return to normal service. Where the incidents have been graded, 100% have been recorded as near miss, no/low harm. The majority of reports have been from the level 5 surgical wards which demonstrate a good open reporting culture. Prescribing errors are fed back to medical staff to aid Divisional learning. There is an appetite to share these events directly with the medical staff and a field has been added to Datix to capture the prescribers name to aid this process. This will ensure individuals have an opportunity to reflect and take the learning and receive appropriate support if required.

### Administration Incidents

During the quarter, the number of incidents linked to bookings for general appointments and procedures have continued to reduce further since the peak of reporting in Q2 19/20; however this peak highlighted the need for more robust reporting of administration and booking errors which had traditionally been corrected at the time of the event. This has led to an improvement in learning and capturing this type of incident trend.

### Treatment and Procedures

Due to a return to post-COVID level service the numbers of no/low level incidents have increased. 90% of Treatment and Procedure incidents have been graded as near miss or no/low harm. There has been an increased appetite by the Trust to ensure that unexpected complications resulting from treatment are reported to allow open and fair scrutiny of these events. This also allows the Trust to monitor trends and identify areas for improvement. All incidents considered to warrant discussion are presented at the Serious Incident Executive Review Panel (SIERP) as part of the Q2 Quality and Risk Report 2020/21 Trust Wide FINAL- Public

of the scrutiny and confirmation of grading. A trend noted this month is linked to a medical device used in TAVI operations (Proglide). This has led to yellow card reports being sent to the Medicines and Healthcare Regulatory Agency. Capturing these incidents demonstrates good governance processes and learning from clinical events.

## Accidents

The most common type of accidents are slips/trips and falls. These figures include near misses and patients being lowered to the floor. All incidents are reviewed by the Falls Prevention Specialist Nurse with the addition a mini-RCA embedded in the Datix incident form. A proportion of these falls are linked to the need for patients to mobilise independently and/or ask for assistance. There has been a trend of falls noticed in the bathrooms and on the way to the bathrooms linked to patients feeling weak or unwell while mobilising independently, of which these are typically reported from the Surgical Wards. Of the 51 accidents, two falls have resulted in the patients sustaining fractures.

## Pressure Ulcers (PU)

During quarter 2 the number of pressure ulcer incidents has increased due to a return to normal activity. All have been reported as low harm with the majority linked to Moisture Associated Skin Damage which developed at Papworth. All skin issues, which include those developed outside the Trust are captured on Datix and shared with Tissue Viability. The majority of which are reported from Critical Care. There is good evidence that all appropriate measures are in place to prevent and minimise the risk of PUs in critically ill patients.

## 1.2 Severity of Patient Safety Incidents

Q2 incidents graded as near miss to low harm have increased since the COVID pandemic as the services returned for normal operating levels. Furthermore a number of incidents initially reported as moderate harm are downgraded following immediate peer review and discussion at SIERP, where it is confirmed that the Trust has not demonstrated any acts or omissions. These include the unexpected outcomes of treatment and rare, but known complications. The level of investigation is determined by the severity as detailed in the policy DN070. All moderate harm incidents and above have investigations and associated action plans which are managed by the relevant business unit and monitored by the Quality & Risk Management Group (QRMG). The (\*) signifies a discrepancy in the total number of incidents awarded a severity grading and the total amount of patient incidents in quarter; not all incidents have been finally approved and grading confirmed at the time of this report. Lessons learnt are shared across the organisation via the quarterly Lessons Learnt report on the intranet and local dissemination via Divisional and specialist meetings.

Severity	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	Total
Near Miss	156	125	118	62	117	578
No harm	520	596	445	237	435	2332
Low harm	170	216	183	154	143	866
Moderate harm	2	3	1	4	10	20
Severe harm	2	1	1	0	5	9
Death caused by the incident	0	1	0	0	0	1
Death UNRELATED to the incident	3	2	5	1	2	13
Not yet graded	0	0	0	1	24	25
<b>Total</b>	<b>953</b>	<b>944</b>	<b>753</b>	<b>458</b>	<b>737</b>	<b>3845</b>

Table 3 – Patient Safety Incidents by Severity (Data source: DATIX 04/11/20)

\*Correct at the time of production. Some incidents may be downgraded in severity following investigation.

For benchmarking purposes - numbers of Moderate Harm/ Severe Harm and above incidents by Division and speciality:

Directorate	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1*	20/21 Q2*	Total
NPH Ambulatory Care	0	0	0	0	1	1
NPH Cardiology	2	2	0	2	6	12
NPH Nursing	0	1	0	0	0	1
NPH Surgical	0	2	1	0	7	10
NPH TCCA	2	0	1	2	1	6
<b>Total</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>15</b>	<b>30</b>

Table 3a – Incidents by Severity \_ Moderate Harm (Data source: DATIX 04/11/20)  
Correct at the time of production. Some incidents have been downgraded in severity following investigation.

### 1.3 Patient incidents resulting in Moderate or Severe Harm inclusive of Serious Incidents (SI's)

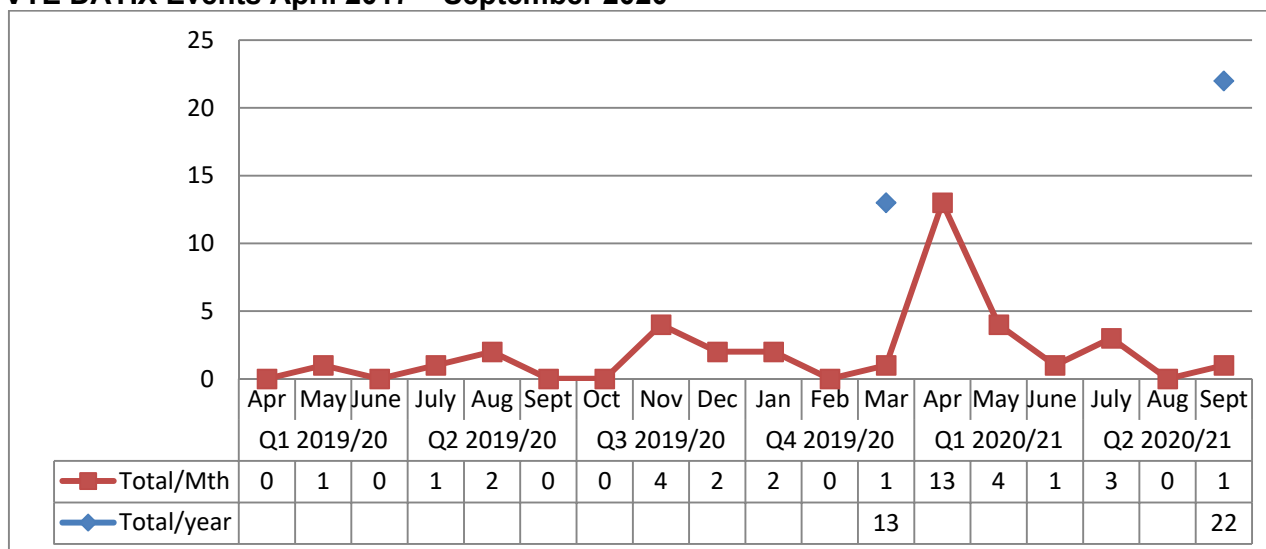
In Q2 there has been six SIs reported to the CCG, this compares to none in Q1. There were nine incidents reported as moderate/severe harm requiring investigation. Full Duty of Candour is undertaken for all incidents where there has been associated harm. A detailed breakdown of contributory factors identified from SI investigation is taken to the Serious Incident Executive Review Panel (SIERP). Human and Patient Factors are recurring themes. Actions from investigations are monitored at QRMG for completeness.

### 1.4 Incidents / Requests for patient Safety feedback from outside of Royal Papworth Hospital

The Trust receives a number of incidents for investigation from outside our Trust. These are shared with the relevant service area for investigation/ learning and feedback is provided to the requesting organisation. The Trust received 3 requests for investigation / feedback in Q2 20/21.

### 1.5 VTE Monitoring

#### VTE DATIX Events April 2017 – September 2020

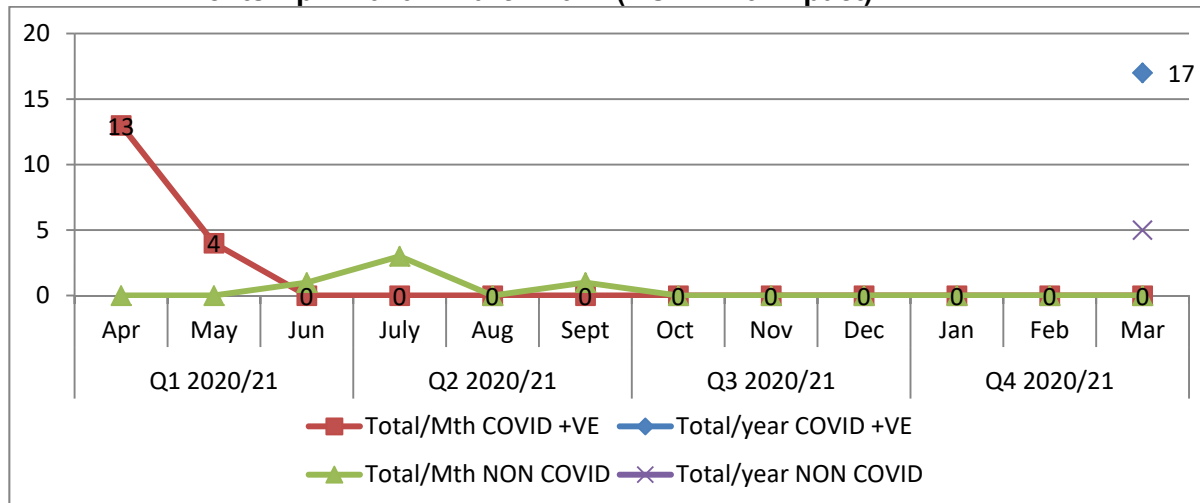


The graph above shows the number of VTE events from Q1 2019/20 to Q2 2020/21. We are advised of these confirmed VTE events by Royal Papworth staff, radiology alerts, patients, GPs or healthcare professionals in the local hospitals. There may be a considerable delay from the date of the VTE diagnosis to when the event is investigated if the information is not received at the time of diagnosis. We have been informed of 4 VTE DATIX events in Q2 2020/21 the investigations have all been concluded on DATIX all were recorded as low/no harm/near miss incidents. The last moderate harm reported in relation to VTE was 20/08/2019.

### VTE during COVID-19 outbreak

There were 13 reported VTE events in CCA in COVID-19 positive patients during April 2020 and 4 in May 2020. This is a known complication as part of the coronavirus disease pathway however, all 17 have been reported as DATIX incidents and have had a full RCA completed. These have been discussed at monthly scrutiny panel with nursing, medical and pharmacy input and lessons have been shared with referring organisations and internal RPH staff. As we approach a 2<sup>nd</sup> surge in COVID-19 admissions we will continue to monitor VTE events and report for COVID+VE patients.

### VTE DATIX Events April 2020 – March 2021 (COVID-19 Impact)



### VTE Risk Assessment

VTE risk assessment compliance with 95% continued to be a challenge on a monthly basis in 2019/20. However we have worked hard to increase monthly compliance with MDT teams. 2020/21 has maintained improved compliance for the 4<sup>th</sup> successful quarter. Staff are working hard to ensure VTE risk assessments are completed in a timely manner on admission.

Rolling Year 2019/20	% of In-Patients Risk Assessed for VTE	Quarterly %
October 2019 <b>Q3</b>	97.00	<b>98.00%</b>
November 2019	100.00	
December 2019	97.00	
January 2020 <b>Q4</b>	97.00	<b>97.00%</b>
February 2020	97.00	
March 2020	96.66	
April 2020 <b>Q1</b>	100	<b>96.63%</b>
May 2020	93.3	
June 2020	96.6	
July 2020 <b>Q2</b>	96.6	<b>95.54%</b>
August 2020	90	
September 2020	100	

There continues to be occasions when no VTE risk assessment is completed during the admission. Ward staff are raising this with medical and ANP teams this continues not to be undertaken despite escalation. Over the last 3 months there has been an increase in the number of DATIX reports where this is the case. Clinical divisions have been requested to raise this at divisional governance

level in the three divisions via Matrons/HoN's. VTE risk assessments have now been made to auto finalise on completion. A recent change to non-medical prescribers and selected nurse specialists completing has increased compliance with completing on admission within 14 hours as per NICE guidance.

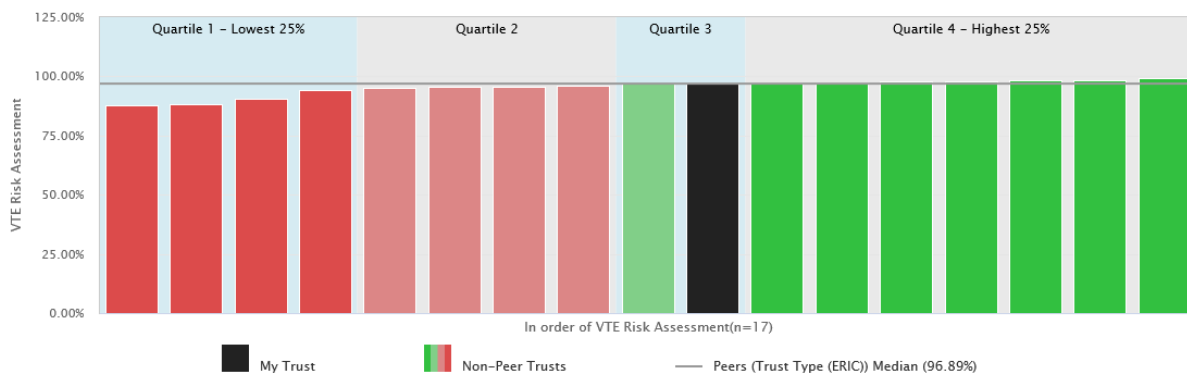
### VTE Model Hospital Data Comparison (Q3 data only available on Model Hospital)

Within National comparison data we have moved from the lowest quartile to the upper compliance quartile. This is from the dedication of not only the clinical MDT teams but also the hard work of our link practitioners and nurses supporting clinical areas in increasing our compliance in this important area of patient safety.

Q4 data has not been published online and as Trusts are now not completing safety thermometer Q1 data on Model Hospital is not available as a comparison tool. We may need consider how we can undertake comparisons with other trusts. This will be discussed this at the next National Nurses and Midwives VTE Network meeting and will fed into QRMG.

VTE Risk Assessment , National Distribution

Options



OrganisationName	ReportingDate	ProviderValue	Notes
Norfolk and Norwich University Hospitals NHS Foundation Trust	Q3 2019/20	99.13%	In quartile 4 - Highest 25% [green]
Princess Alexandra Hospital NHS Trust	Q3 2019/20	98.31%	In quartile 4 - Highest 25% [green]
Southend University Hospital NHS Foundation Trust	Q3 2019/20	98.15%	In quartile 4 - Highest 25% [green]
Milton Keynes University Hospital NHS Foundation Trust	Q3 2019/20	97.98%	In quartile 4 - Highest 25% [green]
Luton and Dunstable University Hospital NHS Foundation Trust	Q3 2019/20	97.97%	In quartile 4 - Highest 25% [green]
James Paget University Hospitals NHS Foundation Trust	Q3 2019/20	97.54%	In quartile 4 - Highest 25% [green]
Bedford Hospital NHS Trust	Q3 2019/20	97.45%	In quartile 4 - Highest 25% [green]
Royal Papworth Hospital NHS Foundation Trust	Q3 2019/20	96.91%	In quartile 3 - Mid-High 25% [amber / green]
Colchester Hospital University NHS Foundation Trust	Q3 2019/20	96.75%	In quartile 3 - Mid-High 25% [amber / green]
Basilidon and Thurrock University Hospitals NHS Foundation Trust	Q3 2019/20	95.87%	In quartile 2 - Mid-Low 25% [amber / red]
Cambridge University Hospitals NHS Foundation Trust	Q3 2019/20	95.77%	In quartile 2 - Mid-Low 25% [amber / red]
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Q3 2019/20	95.56%	In quartile 2 - Mid-Low 25% [amber / red]
West Suffolk NHS Foundation Trust	Q3 2019/20	95.18%	In quartile 2 - Mid-Low 25% [amber / red]
West Hertfordshire Hospitals NHS Trust	Q3 2019/20	94.38%	In quartile 1 - Lowest 25% [red]
Mid Essex Hospital Services NHS Trust	Q3 2019/20	90.74%	In quartile 1 - Lowest 25% [red]
East and North Hertfordshire NHS Trust	Q3 2019/20	88.07%	In quartile 1 - Lowest 25% [red]
North West Anglia NHS Foundation Trust	Q3 2019/20	87.88%	In quartile 1 - Lowest 25% [red]

### VTE Action Plan

- VTE actions continue to be progressed; we are still awaiting confirmation from DXC (Lorenzo) when the mandatory VTE form will be added to all patients for whom a drug chart is commenced. This been chased with Digital team and awaiting DXC next update this might be 6-8 months away.
- Clinical governance audit team is now reviewing data capture in light of automated finalisation to see if there is a way to pull all admissions and audit VTE risk assessment compliance over the random 30 patients selected.
- Matrons/HoN's to raise at all three divisional governance meetings the importance of completing VTE risk assessment on admission for all patients.

### 1.6 Inquests

In Q2 Inquest and Pre-Inquest Review hearings resumed. Three inquests were heard, one required Trust representation to attend via video link. A summary is provided in table 1.

Two coroner's investigations were closed in Q2 following receipt of statements.



The Trust has been notified about 5 new Inquests in Q2 and statements have been requested. In addition we are assisting the Coroner with 6 Inquest Investigations. The Trust assisted the Coroner with 3 Pre Inquest Hearings in Q2 which the Trust has attended. The purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest. Any learning points identified at Inquest are discussed at QRMG in quarter. The number of cases currently with the Trust under the Inquest process is 58.

### Learning from Schedule 5s (prevention of future deaths)

The prevention of future death reports are published on the Courts and Tribunals judiciary website. Any relevant reports or themes are forwarded to the relevant clinical leads and presented at the Quality Risk and Management Group for further dissemination and learning. The Trust has not received any prevention of future death reports in relation to Royal Papworth Hospital Inquests in Q2.

### 1.7 Clinical Negligence Litigation

In Q2 2020/21 the Trust has received 7 new requests for disclosure of records, 2 Letters of Claim. One case has been referred to NHSR for application of Inquest funding. One case has been reported to NHSR as a potential Claim, and one case has been settled in Q2. One closed after being withdrawn by the claimant. Total number of Claims/ incidents currently open with the NHSR at the end of Q21 2020/21 is 22

## 2. Patient Experience

### 2.1 Complaints and Enquiries

The system-wide pause implemented on 31 March 2020 in response to the COVID-19 pandemic ceased on 1 July 2020 after a review by NHS England, NHS Improvement and the Parliamentary and Health Service Ombudsman. At Royal Papworth Hospital we continued to operate as usual regarding the management of formal complaints but extended our response times from 25 to 40 working days. From 1 August 2020, we endeavoured to respond to all complaints within the normal 25 working day timeframe.

We have received **10 formal complaints and 5 enquiries** for Q2. This is an increase in the number of formal complaints received in the previous quarter (Q1; 8). Enquiries are where the complaint requires an investigation and written response, but the complainant has expressly stated they do not wish to make a formal complaint. Enquiries that can be responded to more informally are passed to the PALS team for action. A breakdown of enquiries received in Q2 can be seen at Table 5.

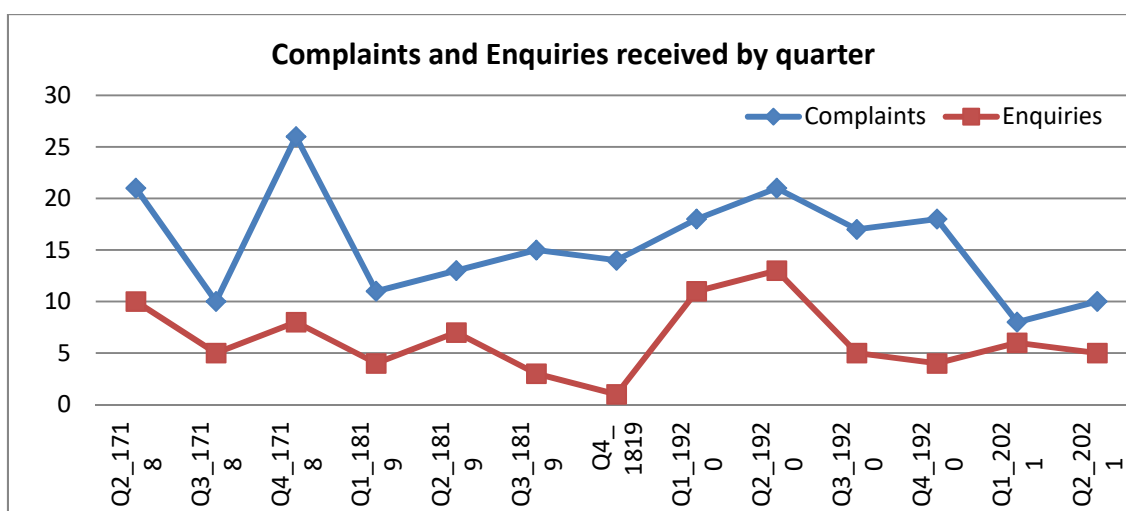


Figure 1: Complaints vs Enquiries received by quarter (source – Datix 20/10/2020)

\*Not all complaints have been fully investigated at the time of this report therefore Table 1 shows number of complaints upheld at the time of report.

Month	No. formal complaints received in Q2 (July - September 2020)	Upheld/Part Upheld	Enquiries for further information
July	4	3	4
August	1	1	0
September	5	0	1
<b>Total</b>	<b>10</b>	<b>4</b>	<b>5</b>

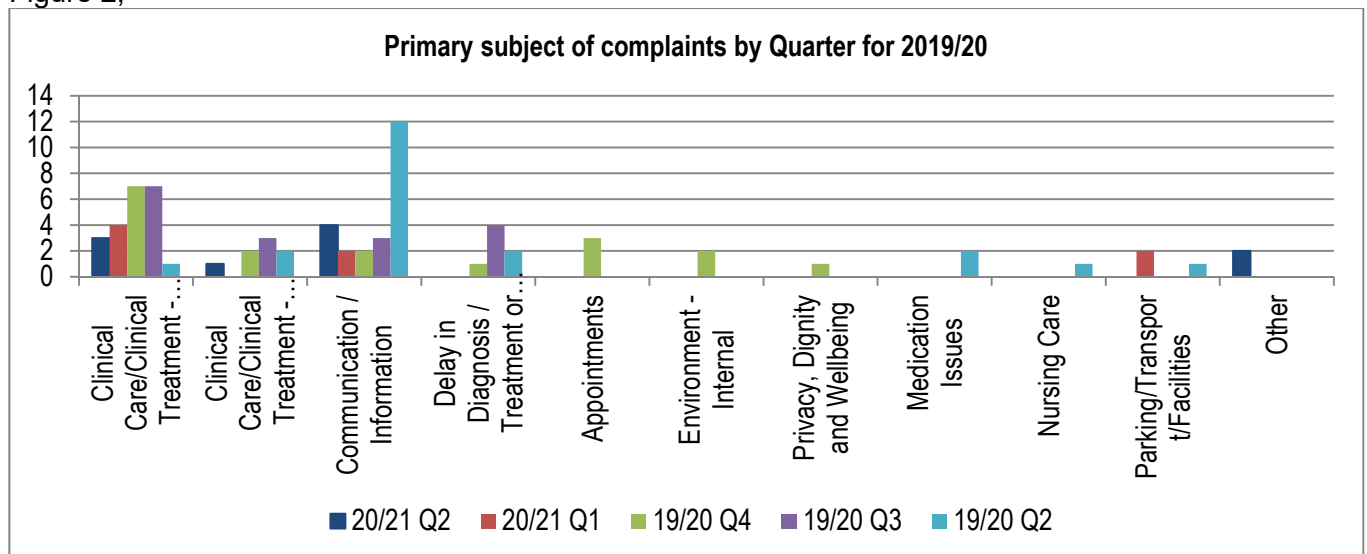
Table 1: Numbers of complaints / Enquiries (source: Datix 20/10/2020)

In Q2 we have seen a slight increase in the number of formal complaints received and therefore have seen an increase in the number of complaints across all subject areas. Of the complaints received in Q2 a majority were relating to clinical care and communication. Table 2 and Figure 2 show the primary subject of complaints comparing with the previous quarters. Since Q1 2019/2020 clinical care has been separated by speciality.

Subject	20/21 Q2	20/21 Q1	19/20 Q4	19/20 Q3	19/20 Q2
Clinical Care/Clinical Treatment - General Medicine Group	3	4	7	7	1
Clinical Care/Clinical Treatment - Surgical	1	0	2	3	2
Communication / Information	4	2	2	3	12
Delay in Diagnosis / Treatment or Referral	0	0	1	4	2
Appointments	0	0	3	0	0
Environment - Internal	0	0	2	0	0
Privacy, Dignity and Wellbeing	0	0	1	0	0
Medication Issues	0	0	0	0	2
Nursing Care	0	0	0	0	1
Parking/Transport/Facilities	0	2	0	0	1
Other	2	0	0	0	0
<b>Total</b>	<b>10</b>	<b>8</b>	<b>18</b>	<b>17</b>	<b>21</b>

Table 2: Primary subject of complaints by quarter (source: Datix 20/10/2020)

Figure 2;



Directorate and Speciality	20/21 Q2	20/21 Q1	19/20 Q4	19/20 Q3	19/20 Q2
NPH Cardiac Surgery	0	0	2	3	3
NPH Cardiology (Risks)	1	2	0	8	7
NPH Cath Labs	0	0	0	0	0
NPH Critical Care	2	1	2	1	0
NPH Interventional Cardiology	0	0	0	0	0
NPH Lung Defence	1	1	0	0	1
NPH Oncology	0	0	1	0	1
NPH Outpatients	3	1	4	0	1
NPH PVDU	0	0	1	0	1
NPH Respiratory Physiology	0	0	0	1	1
NPH Royal Papworth Private Care	0	1	1	1	1
NPH RSSC	0	1	3	2	1
NPH Thoracic Surgery	0	0	0	0	1
NPH Surgical/Transplant	3	0	2	0	0
Cardiac Surgery (Old Site)	0	0	0	0	2
Cardiology (Old Site)	0	0	1	1	0
Oncology (Old Site)	0	0	1	0	0
Private patients (Old Site)	0	0	0	0	1
Other	0	1	0	0	0
<b>Total</b>	<b>10</b>	<b>8</b>	<b>18</b>	<b>17</b>	<b>21</b>

Table 3: Complaints by Directorate and Speciality by quarter (source: Datix 20/10/2020)

Quality Dashboard Monitoring – Q2	
Number of complaints responded to within agreed timeframe with complainant	100% **
Number of PSHO referrals in quarter	0
Number of PHSO referrals returned upheld with recommendations and action plans	0

Table 4: Quality Dashboard monitoring (\*\* 100% of complaints responded to at the time of reporting within timescales agreed)

The response time reported in Table 4 reflects the extended timeframe in place from March – July 2020 in response to the COVID-19 pandemic.

### Enquiries received in Q2 20/21

Date Received	Reference	Location	Inpatient/Outpatient	Description	Subject
02/07/2020	Q22021-16En	NPH Outpatients	Outpatient	Concerns relating to the booking team and poor communication relating to telephone consultation	Appointments
15/07/2020	Q22021-17En	NPH Outpatients	Outpatient	Concerns regarding communication with the TCC nurses and culture change in the hospital since the move to the biomedical campus	Communications
16/07/2020	Q22021-18En	NPH Outpatients	Outpatient	Access to toilet facilities for visitors accompanying patients for appointments at the hospital	Facilities
28/07/2020	Q22021-22En	Critical Care Area	Inpatient	Father of son (RIP) requesting clarification of information on consent form	Consent to treatment

06/09/2020	Q22021-26En	NPH Outpatients	Outpatient	Concerns regarding her care under the Cardiology Team and difficulties in obtaining her ECHO results	Clinical Treatment
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Table 5: Enquiries received in Q2 2020/21 (source: Datix 20/10/2020)

**2.2 All upheld or part upheld complaints receive a full explanation and an appropriate apology.** Identified actions arising from complaints upheld or partially upheld in Q2 20/21

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
Q22021-15F	Post cardiac surgery delirium. Safeguarding issue. <b>See WEB35825</b>	Upheld	To set up a delirium pathway working group - <b>October 2020</b>
			To ensure delirium is noted on the discharge documentation - <b>September 2020</b>
			To Improve communication amongst the clinical and nursing teams regarding delirium - <b>September 2020</b>
			Ensure support calls to patients capture psychological well-being - <b>August 2020</b>
			Produce Information Leaflets for patients and families regarding delirium - <b>January 2021</b>
			Highlight importance of raising concerns with Safeguarding team - <b>August 2020</b>
Q22021-20F	Patient's GP has written a complaint letter to the MD highlighting the lack of communication and follow up appointments the patient has received following a ILR fitted last year	Upheld	Managing patients expectations regarding contact with the Pacing team - <b>October 2020</b>
			Ensure the point of contact to be included in patient information - <b>October 2020</b>
			Provide patients with all relevant contact information for the Pacing Team - <b>October 2020</b>
Q22021-21F	Patient transferred from CUH via PPCI pathway, Patient RIP. Son reports loss of father's belongings between the 30 March and 12 April 2020.	Upheld	Apology given, no further actions identified. Patient experience shared with clinical team and at directorate meeting.
Q22021-23F	Patient has raised some concerns regarding his experience and the information he received during his outpatient appointment in the Lung Defence clinic	Partially Upheld	Apology given, no further actions identified. Patient experience shared with clinical team and at directorate meeting.

Table 6: Actions arising from investigation of complaints upheld /part upheld in Q2

**2.3 Local Resolution Meetings in Q2** - The Trust has held 1 local complaint resolution meeting in Q2;

Trust Reference Number	Details	Attended	Outcome
Q41920-107F	Husband has raised some concerns regarding his late wife's treatment and medication post-transplant	Complaints and Clinical Governance Officer Consultant Respiratory and Transplant Physician Deputy Lead Nurse Transplant	Trust staff met with husband and son to discuss their concerns. Discussed and addressed concerns raised and suggested family contact University Hospital Coventry and Warwickshire to raise concerns. Family satisfied following receipt of additional written response following meeting – complaint closed

**2.4 Ombudsman's Referrals** - No New Ombudsman's Investigations notified in Q2 and none outstanding.

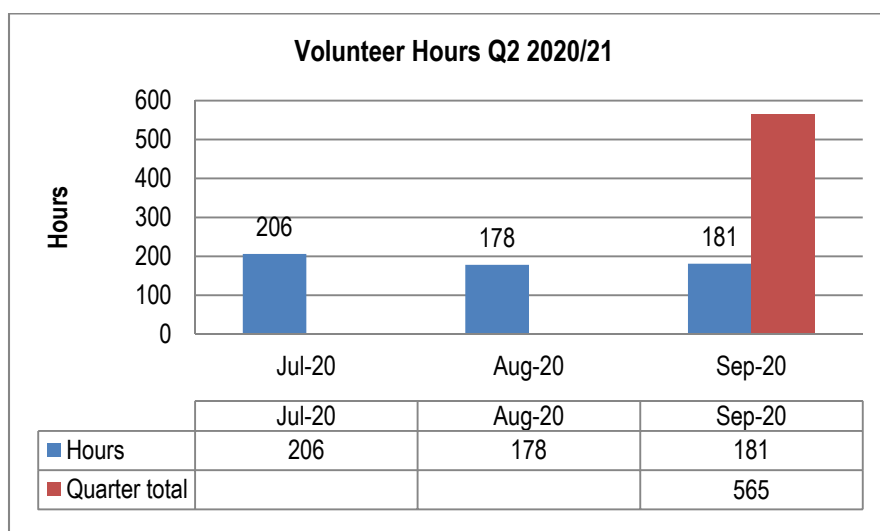
### 3 Patient Advice and Liaison Service Q2 Report 2020/21

#### 3.1 Patient Carer Experience Group (PCEG) Meeting

- There has been a virtual meeting on 20<sup>th</sup> July 2020 during this quarter. This was well attended and the agenda included a patient story, current issues, updates regarding volunteers, patient representatives on committees, support groups, friends and family survey information and Healthwatch.

#### 3.2 Volunteers

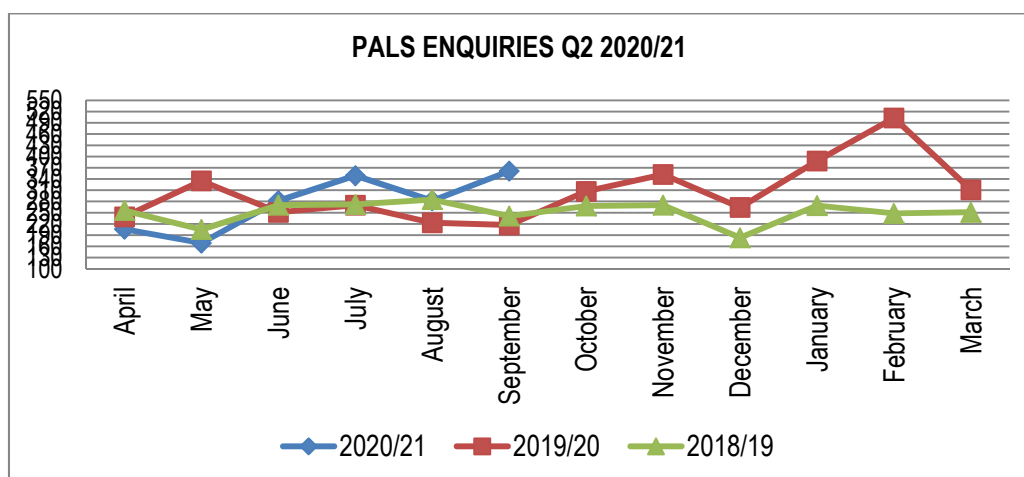
- PALS are currently contacting all of our volunteers that have been shielding to confirm whether they will be returning in the near future.
- The Matrons will confirm the roles that the volunteers can support with going forward and PALS will work with HR and the volunteers to ensure that the Risk Assessments are completed prior to them returning.
- PALS have maintained contact with all volunteers via email throughout the pandemic and will continue to do so.
- Three volunteers continue to support the Pharmacy team and their time is greatly appreciated



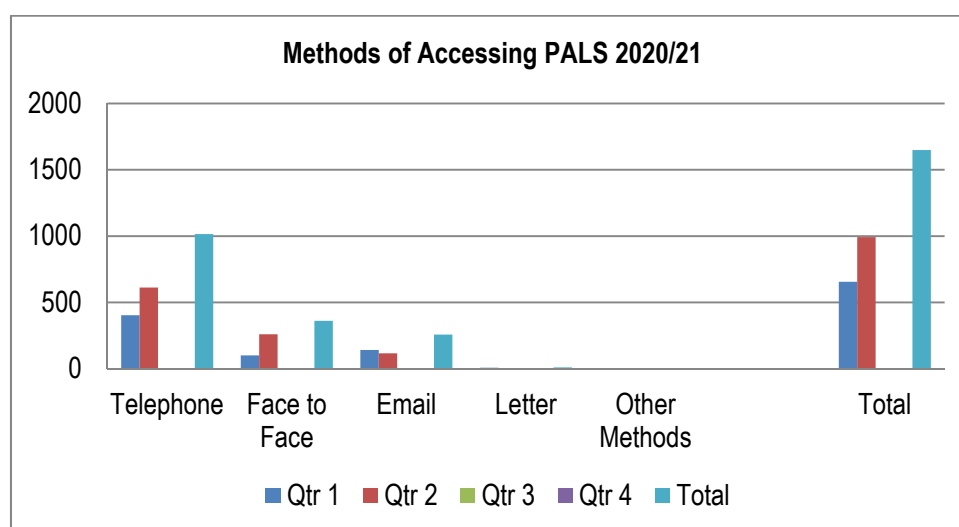
#### 3.3 Patient Advice and Liaison Service (PALS)

- During Q2 2020/21, the PALS Service received **991** enquiries from patients, families and carers. This was an increase of **280** on the number recorded in Q2 2019/20.
- The PALS team organised the property in the property store rooms on the ground floor, Level 3 and Level 5, liaising with the patients and families. The PALS team then made arrangements for the property to be collected, posted or disposed of. This has enabled the teams to implement new processes regarding the storage of patient property moving forward.

- The PALS team have supported patients to get their belongings to the ward that they are being admitted to as their families are currently unable to help with this due to the pandemic.
- Additionally, PALS are taking patient belongings and food to in-patients on behalf of their families. The families drop the belongings off with the security and main reception teams, who then bring it to the PALS Office for delivery to the patient.
- Following our review of other Hospital's in the region, Royal Papworth Hospital's PALS Service appears to be the only service at present to offer face to face contact with enquirers.



The table below shows how patients, relatives and carers have accessed the PALS Service during Q2:



### Concerns Raised

The table at Appendix 1 shows the concerns by category for Q2 in 2020/21 and key themes.

Subject (Primary)	Number of enquiries received	Details
Information and Advice	565	This is an increase of 222 enquiries compared to the same quarter last year (Q2 2019/20) Top three themes: 90 related to COVID-19 advice 86 related to telephone contact number 72 related to appointments
Communications	151	This is an increase of 13 enquiry compared to the same quarter last year (Q2 2019/20) Top three themes: 78 related to requests for clarification of medical information

Subject (Primary)	Number of enquiries received	Details
		12 related to lack of information for relatives 11 related to lack of information for patients
Delay in diagnosis/treatment or referral	28	This is a decrease of 13 enquiries compared to the same quarter last year (Q2 2019/20) Top three themes: 11 related to waiting time for appointment 7 related to waiting time for operation / procedure 7 related to waiting time for delay in diagnosis / treatment
Property	128	This is an increase of 107 enquiries compared to the same quarter last year (Q2 2019/20) Top three themes: 30 related to take property to ward 29 related to clothing 24 related to loss / damage to property
Parking	30	This is a decrease of 12 enquiries compared to the same quarter last year (Q2 2019/20) Top three themes: 14 related to parking letter 4 related to parking directions 4 related to disabled charges
Transport	19	This is a decrease of 27 enquiries compared to the same quarter last year (Q2 2019/20) Top three themes: 8 related to travel claims 6 related to hospital contract transport 3 related to NHS transport issues
Environment - Internal	16	This is increase of 12 enquiries compared to the same quarter last year (Q2 2019/20) Themes: 14 related to toilet access 1 related to noise 1 related to main atrium
Environment - External	1	This is an decrease of 8 enquiries compared to the same quarter last year (Q2 2019/20) 1 related to Biomedical Campus
Medical Records	11	This is a decrease of 8 enquiries compared to the same quarter last year (Q2 2019/20) Themes: 8 related to access to medical records 2 related to update medical records 1 related to records other
Nursing Care	2	This is an increase of 2 enquiries compared to the same quarter last year (Q2 2019/20) 1 related to dissatisfied with personal care 1 related to dissatisfied with nursing care / treatment
Lack of Privacy and Dignity	0	This an decrease of 1 enquiry compared to the same quarter last year (Q2 2019/20)
Staff Attitude	5	This is a decrease of 11 enquiries compared to the same quarter last year (Q2 2019/20) 4 related to rudeness 1 related to uncaring behaviour
Equipment Issues	8	This is a decrease of 3 enquiries compared to the same quarter last year (Q2 2019/20) Themes: 3 related to masks

Subject (Primary)	Number of enquiries received	Details
		2 related to return of equipment
Medication Issues	7	This is an increase of 1 enquiry compared to the same quarter last year (Q2 2019/20) 7 related to prescriptions
Infection Control Issue	1	This an increase of 1 enquiry compared to the same quarter last year (Q2 2019/20) 1 related to infection control query
Discharge Arrangements	7	This is an increase of 4 enquiries compared to the same quarter last year (Q2 2019/20) Themes: 2 related to lack of arrangements for home after discharge 2 related to lack of communication 2 related to dissatisfaction with discharge to another hospital
Clinical Care	0	This is a decrease of 1 enquiry compared to the same quarter last year (Q2 2019/20)
Admission Arrangements	6	This is an increase of 2 enquiries compared to the same quarter last year (Q2 2019/20) 4 related to visiting hours
Catering	0	This is a decrease of 7 compared to the same quarter last year (Q2 2019/20)
Patient Charges	3	This is an increase of 1 enquiry compared to the same quarter last year (Q2 2019/20)
Security	2	This an increase of 2 enquiries compared to the same quarter last year (Q2 2019/20) 2 related to staff attitude
Verbal or Physical Abuse	1	This an increase of 1 enquiry compared to the same quarter last year (Q2 2019/20) 1 related to verbal abuse by patient

There were 5 enquiries regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Communication / Information	1
Information / Advice	3
Patient charges	1
<b>Total</b>	<b>5</b>

During Q2 **no** PALS enquiries were escalated to formal complaints. **6** enquiries were signposted to organisations external to the Trust.

### 3.4 Compliments

There were 1543 compliments received by PALS from across the Trust during Q2 2020/21, this is a decrease of 947 on the same time last year (Q2 2019/20). Compliments are received verbally, letters, thank you cards, e-mails, suggestion cards and Friends and Family Surveys and via the CEO.

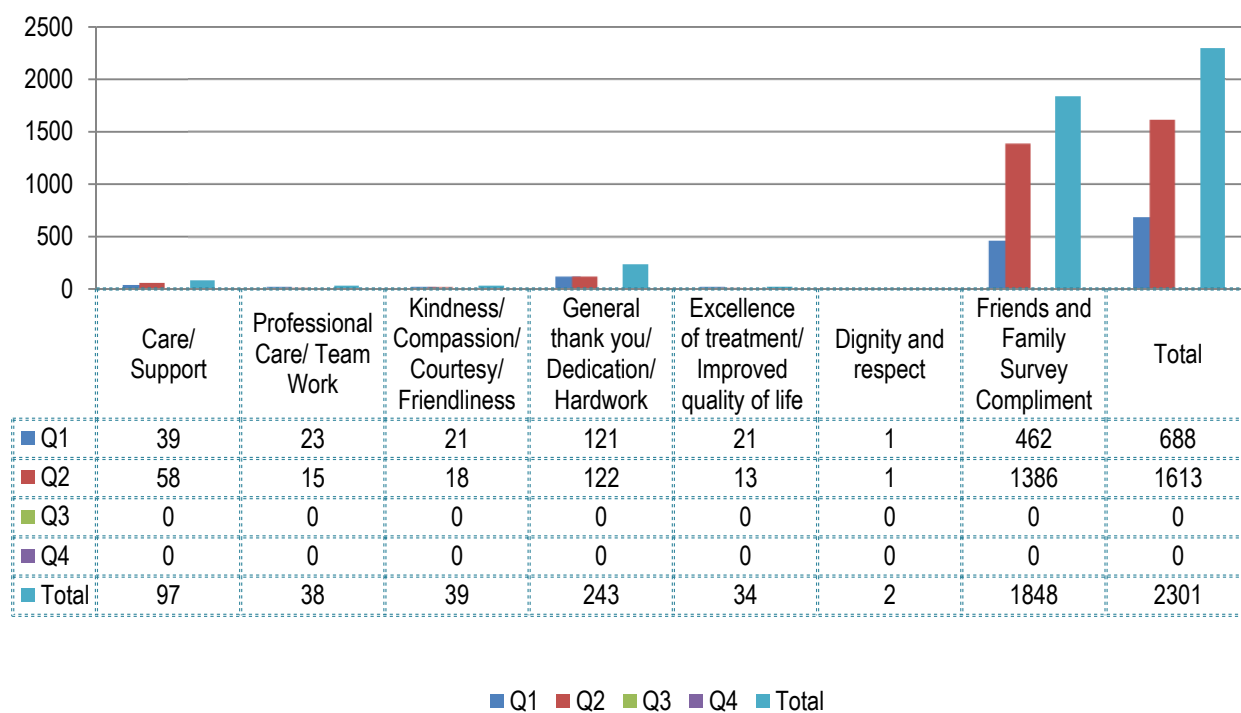
The top themes for compliments for Q2 in 2020/21 were:

- General thank you/Dedication/Hard work
- Care/Support
- Kindness/Compassion/Courtesy/Friendliness

Compliments often include more than one theme.



### Compliments Themes Q2 2020/2021



#### Examples of feedback taken from ‘Thank you cards’

‘Words cannot express how thankful I am to you and your team. You have gone out of your way to help me. It was kindness which is why I could see my family today. The effort you took to look after me, the timely updates for my family is something I will be grateful for life time’.

‘Your dedication and professionalism were so very evident and gave us such confidence. It is clear that you care about patients, that is more than just a job. You are our heroes’.

‘We cannot thank you enough for the care and support given.....Treatment from the medical staff and consultant to the caterers and housekeepers has been without expectation outstanding’.

‘I want to say a massive thank you, your expert care, dedication and attention to detail, you have all shown me during my stay’.

### 3.5 Friends and Family Surveys collected during Q2 (2020/21)

Area	Number Collected and Scanned
Outpatient	311
Private patients	25
Inpatient (now includes Day Ward)	1498
<b>Total</b>	<b>1834</b>

During the pandemic the volunteers have not been available to support the collection and scanning of the friends and family surveys, this process has been completed by the PALS team.

### 3.6 Bereavement Services

- The Bereavement Service transitioned back to the PALS service on 7<sup>th</sup> September 2020 which will now provide an end-to-end bereavement service to our families.
- During Q2 there were 34 patients who passed away.
- PALS facilitated the completion of cremation paperwork by the appropriate doctor and organised the delivery of the fees for this work direct to doctors. There were 12 of these during Q2.

- PALS work closely with our Mortuary team at CUH to ensure that patients are taken into the care of their funeral director in a timely manner.
- PALS work directly with the Medical Examiners and Clinical teams to support the prompt completion the coroner's referral and Medical Cause of Death Certificates (MCCD).
- PALS supported 20 families with registration of their loved one, making sure that the relevant information was sent to the Registrar's service at Cambridgeshire County Council prior to their telephone appointment to register.

### 3.7 Bereavement Follow Up Service

- In Q2 PALS contacted 37 NOK through the Bereavement Follow Up Service.
- 5 of these families have so far taken up the offer of this service in Q2.
- 2 of the NOK requested clarification of medical information, one required advice regarding support for their children and two NOK wanted the opportunity to talk about their loved one.
- The families are grateful for the care and treatment given to their loved one and appreciate the opportunity to be able to access the follow up service.

## 4. Risk Management

### 4.1 Non Clinical Accidents/Incidents

During quarter 2 there have been 336 accidents/incidents (including near misses) which have involved staff/contractors/organisation or visitors. An expected increase compared to the previous quarters (n=224) which coincided with the return of normal services and increased activity over the summer. During this period the most common type of incident have linked to Organisational issues (15%); a proportion of which relates to the checking of equipment and supplies, a mix of factors include stock control, stock software issues in NHS procurement and stock supply issues from external organisations. Table 1 shows the incidents by type. Other types of commonly recorded incidents include Infection Control (10%), this includes a number of issues related to the access to PPE or PPE issues linked to local processes.

Type	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	Total
Accidents	29	29	21	25	24	128
Administration	43	48	33	11	23	158
Anaesthetics	2	2	0	0	0	4
Behaviour/Violence Aggression	10	15	12	19	18	74
Blood Plasma Products	7	7	9	6	5	34
Communication/Consent	22	10	9	9	20	70
Data protection	19	18	14	16	10	77
Diagnosis Process/Procedures	6	5	4	1	3	19
Documentation	25	15	13	3	20	76
Environmental Hazards/Issues	35	47	19	10	27	138
Fire Incidents	2	2	8	0	7	19
Infection Control	22	29	45	36	34	166
Information Technology	23	17	10	13	14	77
Medical Devices	20	25	12	14	30	101
Medication/Medical Gases/Nutrition	26	27	28	18	31	130
Nutritional Feeding (Prescribed Feeds)	0	1	0	0	0	1
Organisational Issues/Staffing	69	125	108	19	50	371
Pressure Ulcers	0	2	1	8	0	11
Radiology	5	5	1	3	3	17
Security incidents	13	9	14	6	12	54
Treatment/Procedures	8	10	5	7	5	35
<b>Total</b>	<b>386</b>	<b>448</b>	<b>366</b>	<b>224</b>	<b>336</b>	<b>1760</b>

Table 1 – Non-clinical Incidents Reported for 2019/20 (Data source: DATIX 30/10/20)

## 4.2 Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)

During quarter 2 there have been five new RIDDOR reportable incidents which required reporting to the Health & Safety Executive (HSE);

Category	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	Total
Collision/Impact with object (not vehicle)	0	0	0	1	1
Contact with pot. infectious material	0	1	0	1	2
Environmental	0	1	0	0	1
Inappropriate behaviour by a Pt to staff	0	0	1	0	1
Moving and handling	2	0	2	1	5
Other infection control issue (COVID)	0	1	1	0	2
Other type of accident	0	0	0	1	1
Sharps	1	0	0	0	1
Slip, Trip or Fall	2	1	0	1	4
Total	5	4	4	5	18

Table 2 – RIDDOR Incidents Reported for 2020/21 (Data source: DATIX 30/10/20)

## 4.3 Risk Register

There are currently a total of 604 open project, BAF and business risks; with a proportion linking directly to the management of the COVID pandemic. This demonstrates that the Trust is actively highlighting and closing risks. Of which 85 are overdue compared with 136 at the end of quarter 2 (Data source 30/10/2020) of which 38 are more than 30 days overdue. A monthly reminder is sent for both overdue corporate extreme risks and overdue action plans to the handlers. It is the responsibility of the Divisions to update all risks and to report those 12 and above in their monthly reports; escalation of these risks are noted at QRMG. All new risks graded 12 and above are shared at QRMG & Q&R in addition to departmental meetings. Executive review of the current corporate registers has highlighted the new for all Divisions to revise and update their registers. Corporate and Board level risks are presented to the Trust Audit Committee. A review of the general health and safety risks is underway to ensure that overall aspects of legislation are being complied with. This review will highlight actions for the financial year.

## 4.4 Non-clinical claims

There are no new claims brought against the Trust during Q2. Currently there are 4 ongoing claims.

## 4.5 Safety Alerts

The Safety Alert information is monitored monthly by the QRMG and at local Business Unit Meetings. Alerts are then stored for historical reference within the RIMS (Risk Information Management System - Datix). Throughout quarter 2 the Trust has received 21 formal Safety Alerts and Field Safety Notices, raised by manufacturers; of which 15 have been relevant to the Trust. These figures do not account for medication safety alerts which are managed by the pharmacy team or Estates/Security alerts managed by Estates. All 15 alerts have been actioned and are monitored at QRMG in line with the individual safety alert requirements. The Trust is fully compliant with national guidelines in Q2.

## 5.0 Effectiveness of care

### 5.1 Quality and Safety Measures

A summary of the ongoing monitoring for, Trust wide mortality monitoring and NICE Guidance is presented in appendix 2 - 4

### 5.2 Clinical Audit

#### National Audits

One national clinical audit was published in Q2 2020/21.

Rapid cardiovascular data: We need it now (and in the future) by the National Cardiac Audit Programme. The report summarises:

Q2 Quality and Risk Report 2020/21 Trust Wide FINAL- Public

1. The impact of the pandemic on background cardiovascular disease (CVD) presentation, care delivery and outcomes;
2. The effect of different CVD risk profiles on the acute consequences of COVID-19 infection; and
3. The long-term consequences of COVID-19 on CVD service provision and outcomes.

There are no specific actions for Royal Papworth Hospital and the clinical audit department supported the validation and upload of weekly data during the pandemic period.

#### **Local audit**

The team is currently processing a large number of new local clinical audit requests, once prioritised against the Trust objectives and approval through divisional processes. The clinical audit team will start regular monitoring and support of current in-progress projects.

#### **Engagement with Specialist Nursing teams –**

The team has been focussing attention on optimising and simplifying a number of existing data collection processes which include diabetes, RESPECT, surgical site infections, pulmonary hypertension/hickman lines.

#### **Quality Improvement Steering Group**

The QISG is to be reinvigorated in Q3 and will include clinical audit in its remit.

#### **Recruitment**

The team currently has a vacant B5 Clinical Audit & Improvement post, and a vacant (mat leave) post at B3. The team continues to manage business critical activity, and continues to develop systems and processes that are sustainable long term. The B5 job description is under review and will be advertised in November. A temporary B2 member of staff has been employed to ensure our mandatory data collections continue to plan

#### **NSF / NICE Guidance received in quarter & progress**

A total of 14 NICE guidance documents were disseminated for feedback during Q2. Please see appendix 4 for a list of applicable guidance and compliance ratings.

#### **5.3 Quality Improvement**

The Trust identified 3 key priority projects for Quality Improvement in 2019/20 which is aligned with the Quality Account priorities. These projects have now been closed and the processes and monitoring developed under these projects are now embedded in business as usual.

- In House Urgent Pathway (IHU)
- Deteriorating Patients
- Patient Fall

Work on developing the forward priorities has resumed at the end of Q1 into Q2 following a break over the Covid-19 period. The team has used this period to focus on improving the teams systems and processes, aiming to deliver a more reliable and sustainable service that has the capacity to deliver the QI work stream long term.

#### **Quality Improvement Masterclass**

The QI Masterclass has been on hold since March 2020. The course is now expected to resume from November 2020. The team are in liaison with EAHSN to restart the course, expected session dates are November onwards. Clinical course attendees have been re-engaged and all course members will be continuing with the programme.

## PALS Enquiries Quarterly Report

Subjects/Sub-Subjects	2019/20				2020/21	
	Q1	Q2	Q3	Q4	Q1	Q2
<b>Verbal or Physical Abuse</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Verbal abuse by patient	0	0	0	0	0	1
<b>Admission Arrangements</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>6</b>
Availability for Wi-Fi	0	1	0	0	0	1
Property/Clothes required for admission	0	0	2	0	1	1
Visiting hours	1	3	3	3	0	4
<b>Staff Attitude</b>	<b>3</b>	<b>13</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>5</b>
Inappropriate manner/behaviour	1	2	0	1	1	0
Rudeness	1	4	4	2	0	4
Uncaring behaviour	1	7	3	0	1	1
<b>Clinical Care</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>
Dissatisfied with treatment/outcome/diagnosis	0	0	0	0	1	0
Dissatisfied with medical care/treatment/diagnosis	1	1	2	2	0	0
<b>Infection Control Issues</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>1</b>
Infection/Infection control query	0	0	0	1	5	1
<b>Nursing Care</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>
Dissatisfied with personal care provided	0	0	1	0	1	1
Dissatisfied with nursing care/treatment	1	0	1	0	0	1
<b>Catering</b>	<b>4</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>0</b>
Food served at incorrect temperature	1	1	0	0	0	0
Inadequate portion size	0	1	0	1	0	0
Lack of availability of food	0	1	0	0	0	0
Lack of adequate choice of food	1	0	2	0	1	0
Poor service in restaurant	0	2	2	1	0	0
Poor Quality Food	2	2	2	1	0	0
<b>Patient charges</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>3</b>
Other charges	0	0	1	0	0	2
Request for payment incorrect	0	0	1	0	0	0
Treatment costs	2	2	0	0	0	1
<b>Communication</b>	<b>158</b>	<b>138</b>	<b>154</b>	<b>109</b>	<b>72</b>	<b>151</b>
Accessible information	0	0	0	0	0	1
Answerphone incorrect	0	0	0	0	0	0
Booking Office	6	14	5	3	0	0
Breach of confidentiality	3	0	2	0	0	2
Clarification of medical information	46	41	46	55	49	78
Compliments	1	1	0	0	0	3
Consent issues	0	0	0	0	1	0
Contact phone number	26	12	21	11	7	3
Diagnosis query	1	1	2	0	0	0
Freedom of information requests	0	0	1	0	0	0
Incorrect Information provided	0	7	3	3	0	2

Subjects/Sub-Subjects	2019/20				2020/21	
	Q1	Q2	Q3	Q4	Q1	Q2
Information for patients	0	0	1	4	1	10
Information for visitors	0	0	0	0	1	3
Lack of Information for other professional	1	4	1	3	0	2
Lack of Information for patients	16	14	20	14	1	11
Lack of Information for relatives	4	2	4	4	0	12
Lack of Sensitivity in communication	0	2	0	0	1	0
No response to phone messages	3	2	0	0	0	0
Other communication issues	8	2	4	0	3	3
Phones unanswered	29	17	26	2	1	8
Poor or Conflicting information	8	18	12	2	3	7
Residency form	0	0	3	4	2	6
Translation & Interpretation Services	6	1	3	2	2	0
<b>Delay in diagnosis/treatment or referral</b>	<b>74</b>	<b>41</b>	<b>72</b>	<b>35</b>	<b>5</b>	<b>28</b>
Cancellation of appointment	0	0	0	0	0	1
Cancellation of treatment	5	8	7	8	1	0
Clinical waiting times	6	2	1	0	0	1
Delay in diagnosis/treatment	17	10	19	2	3	7
Delay in referral	3	0	4	2	0	0
Failure to book treatment/appointment	0	1	0	1	0	0
Follow Up	0	0	0	0	0	1
Waiting time for admission to ward	0	0	0	1	0	0
Waiting time for appointment	31	16	30	13	1	11
Waiting time for operation/procedure	12	4	11	8	0	7
<b>Lack of privacy and dignity</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Lack of privacy/dignity on ward	0	1	0	1	0	0
Lack of privacy when relaying information	0	0	0	0	0	0
<b>Discharge Arrangements</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>10</b>	<b>7</b>
Delay in discharge	0	0	1	0	1	0
Dissatisfaction with discharge to another hospital	0	0	0	3	0	2
Lack of arrangements for home after discharge	4	2	3	2	8	2
Lack of communications	0	0	0	0	0	2
Wait to transfer to other facility	0	1	2	3	1	1
<b>Equipment Issues</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>2</b>	<b>0</b>	<b>8</b>
CPAP Machines	0	0	2	2	0	1
Delays in replacing equipment	0	0	0	0	0	0
Lack of/Inadequate equipment	10	10	8	0	0	2
Masks	0	0	0	0	0	3
Return of Equipment	0	1	2	0	0	2
<b>Information/Advice Requests</b>	<b>408</b>	<b>343</b>	<b>447</b>	<b>719</b>	<b>441</b>	<b>565</b>
Accommodation	35	37	69	34	4	4
Appointments	60	57	50	110	24	72
Advice on Medication	3	10	5	6	7	5
Advice on Equipment	15	32	42	61	19	10
Assistance with wheelchair	0	0	0	0	0	5

Subjects/Sub-Subjects	2019/20				2020/21	
	Q1	Q2	Q3	Q4	Q1	Q2
Benefits	7	3	4	9	0	6
Bereavement process	6	4	12	15	46	23
Bereavement follow up	0	0	0	0	8	8
Cash point	0	0	0	0	0	1
Charity donation	0	0	0	0	1	6
Complaints procedure	8	8	22	31	14	9
Costa coffee	0	0	0	0	1	0
Coroners information	0	0	0	4	4	1
COVID-19 advice	0	0	0	7	86	90
E-mail address	12	18	11	14	31	25
F&F surveys	0	0	0	0	0	3
Get well cards	0	0	0	0	0	2
Hospital stamp	0	0	0	103	20	47
Information on hospital services	36	44	16	24	9	29
Insurance letter	0	0	0	4	2	1
Location of patient	0	0	0	48	8	6
Need to use stairs	0	0	0	12	1	0
OCS	0	0	0	1	1	0
Off Site directions	16	18	13	20	6	7
On site directions	104	29	110	51	23	31
Other (information request)	2	0	7	4	16	13
Parcel delivery	0	0	0	0	0	4
Phone charger	0	0	0	1	0	1
Phones unanswered	0	17	0	0	0	0
Referral information	14	3	14	22	9	1
Relative/friend attending with patient	0	0	0	0	0	20
Telephone contact number	71	64	60	119	75	86
Security team	0	0	0	0	0	4
Sick note	0	0	0	0	2	5
Signposting to other NHS organisation	0	2	1	1	0	3
Signposting to other organisation	0	2	0	2	1	0
Support using lift	0	0	0	1	0	26
Volunteering	19	9	11	15	23	10
WH Smith	0	0	0	0	0	1
<b>Environment - Internal</b>	<b>9</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>16</b>
Health and Safety	0	1	0	0	1	0
Inadequate facilities for disability	1	1	1	0	0	0
Lack of resource	1	0	0	0	1	0
Main atrium	0	0	0	0	0	1
Maintenance	3	0	0	0	0	0
Noise	0	0	0	0	0	1
Poor environment - Internal	4	2	5	2	1	0
Toilet access	0	0	0	0	0	14
<b>Environment - External</b>	<b>0</b>	<b>9</b>	<b>10</b>	<b>1</b>	<b>2</b>	<b>1</b>

Subjects/Sub-Subjects	2019/20				2020/21	
	Q1	Q2	Q3	Q4	Q1	Q2
Biomedical campus	0	0	0	0	0	1
Poor environment	0	9	10	1	1	0
Signage	0	0	0	0	1	0
<b>Medication issues</b>	<b>11</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>7</b>
Failure to provide medication	3	0	0	0	0	0
Incorrect medication	0	1	0	1	0	0
Prescriptions	8	4	1	2	3	7
Pain management	0	1	0	0	0	0
<b>Parking</b>	<b>60</b>	<b>42</b>	<b>70</b>	<b>210</b>	<b>11</b>	<b>30</b>
Disabled access	8	4	4	9	1	2
Lack of information	0	0	0	0	0	2
Long-term parking	0	0	0	0	0	1
Other parking issue	14	6	9	7	1	3
Parking charges	38	23	28	25	1	4
Parking directions	0	9	1	4	0	4
Parking fine	0	0	0	8	0	0
Parking letter	0	0	28	154	8	14
<b>Property</b>	<b>10</b>	<b>21</b>	<b>22</b>	<b>16</b>	<b>76</b>	<b>128</b>
Belongings posted	0	0	0	0	0	18
Clothing	0	0	0	0	1	29
Deceased patient property	0	0	0	0	7	11
Loss/Damage of property	10	21	22	16	54	24
Property store room	0	0	0	0	3	4
Take property to ward	0	0	0	0	0	30
Valuables	0	0	0	0	11	12
<b>Medical Records</b>	<b>10</b>	<b>19</b>	<b>26</b>	<b>45</b>	<b>19</b>	<b>11</b>
Incorrect information in health record	0	1	0	0	0	0
Request for access to medical records	8	11	20	33	17	8
Request to update to records	2	4	3	8	2	2
Records Other	0	3	3	4	0	1
<b>Transport Issues</b>	<b>59</b>	<b>46</b>	<b>73</b>	<b>39</b>	<b>3</b>	<b>19</b>
Bus Station	0	0	0	0	0	1
Hospital contract transport	4	2	13	3	1	6
Local transport information	35	16	30	19	0	1
NHS transport Issues	10	5	5	1	0	3
'Other' Transport issue	3	5	3	1	0	0
Travel Claims	7	18	22	15	2	8
<b>Security</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Staff Attitude	0	0	0	0	0	2
<b>Total Number of Enquiries:</b>	<b>825</b>	<b>711</b>	<b>923</b>	<b>1202</b>	<b>656</b>	<b>991</b>

**Please note that within each enquiry there could be multiple subjects and sub-subjects**



### Local Clinical Audit Summary

The table below illustrates the completed clinical audit & effectiveness projects for quarter 2

INFECTION CONTROL			
<b>Q2 Commodes</b>	<b>Findings:</b>		
	<b>5 N</b>	18/18	100%
	<b>5 S</b>	17/18	94%
	<b>4 NE</b>	8/9	89%
	<b>4 SW</b>	9/9	100%
	<b>3 NE</b>	9/9	100%
	<b>3S</b>	12/12	100%
	<b>CCA</b>	25/27	93%
<b>Recommendations/Actions:</b> All areas were 75% or above compliant for Q1 so no further spot checks to be carried out for Q2.			
<b>Q2 Raised Toilet Seats</b>	<b>Findings:</b>		
	<b>5 N</b>	20/21	95%
	<b>5 S</b>	35/36	97%
	<b>4 NE</b>	18/18	100%
	<b>4 SW</b>	9/9	100%
	<b>4 SE</b>	3/3	100%
	<b>3 S</b>	12/12	100%
	<b>Recommendations/Actions</b> 4SW and 4SE scored 67% in Q1, but are now showing 100% in Q2, so no further spot checks need to be carried out for Q2.		
<b>Linen Audit</b>	<b>Findings:</b>		
	<ul style="list-style-type: none"> <li>• 5/8 of the standards have achieved 100% in this audit, with standards 3 and 6 showing a rise in compliance since the last audit.</li> <li>• Standards 4 &amp; 5 are now showing a decline in compliance since the last audit.</li> <li>• Components scoring less than 95% compliance:               <ul style="list-style-type: none"> <li>○ Clean linen store is free from inappropriate items (88%) (4NE)</li> <li>○ Bags are less than 2/3 full and are capable of being secured (38% down from 88% in last audit) 5N, 5S, 4SW, 3NE, 3S</li> <li>○ Linen skips and the appropriate bags are taken to the area required. (Staff are not carrying soiled linen or leaving it on the floor) (88%) 5N</li> </ul> </li> <li>• Wards which scored less than 95% compliance across the different components are 5N, 5S, 4NE, 4SW, 3NE, and 3S. Ward Managers have been informed.</li> </ul>		
<b>Recommendations/Actions:</b> Staff to refer to DN11 Section 13. To be discussed at Link Nurse meeting in December and link nurses requested to educate staff Ward Managers and Matrons informed			

<b>MICROBIOLOGY</b>	
<b>Re-Audit End to end turnaround times – MRSA screens</b>	<p><b>Findings:</b>            Since our last audit in October 2016, there have been significant changes at Royal Papworth, resulting in a dramatic improvement in the end-to-end turnaround times for MRSA screens. There was on average an improvement of 11 days 16 hours in end-to-end turnaround times. Establishing an electronic bidirectional link, the pneumatic tube system and regular portering collections allowed a vast improvement to the end to end turnaround times. Similarly, there has been optimisation and improvement within the microbiology laboratory, with 98.6% of MRSA screens meeting a 48hour TAT and 100% of MRSA screens meeting at 72hour TAT.</p> <p><b>Recommendations/Actions</b>            All of the MRSA screens reviewed took less than 3 days from sample collection to result receipt. The main delays previously highlighted in transport time, laboratory processing and report uploading have vastly improved with the move to the new hospital site, regular portering collections and pneumatic tube system, optimisation of laboratory workflows and establishing an electronic bidirectional link.</p>
<b>Clinical and microbiological evaluation of E.coli bacteraemia 2019-2020</b>	<p><b>Findings:</b></p> <ol style="list-style-type: none"> <li>1) The Trust could not reduce the number of E-coli bacteraemias further in 2019-20. This might be because rates are already low (14.6 vs 125.2 nationally).</li> <li>2) The area of priority for further reduction of <i>E.coli</i> BSI next year is management of surgical site infections – this is the only cause of infections that stands out but only marginally.</li> </ol> <p><b>Recommendations/Actions</b>            Review the yearly “Plan to reduce Gram-negative bloodstream infections” on the basis of the information provided by this audit by September 2020</p>
<b>Audit looking at the ITU ward round attendance and documentation by Microbiologist</b>	<p><b>Findings:</b>            In total: 103 documentations were reviewed from 43 patients.            Expected standards 100%:            Date inserted 98%            Name of Micro consultant inserted 99%            The microbiology results updated for the ward round 91.3%</p> <p><b>Recommendations/Actions</b> Good documentation overall in regards to documenting name and date of consult but improvements can be made when updating microbiology results. The results have been shared with the microbiologists in the department and consideration to improving our system of updating results by ensuring the consultant attending ITU has sufficient time to fulfil this task prior to attending the ward round.            To be re-audited in a years’ time.</p>
<b>First appraisal of the new working arrangements for night time Safety Huddles introduced 5th August 2020</b>	<p><b>Findings:</b>            There has been a marked improvement in safety huddle compliance (currently 100%).            The NEWS2 Dashboard is raising team awareness of patients at risk of further clinical deterioration at night.            Subjectively, the hospital at night team also appears to be working much more closely as a site wide team than before</p> <p><b>Recommendations/Actions</b>            Safety huddles now need to take place at 22.00hrs every night</p>

	<p>The ALERT team and Specialty Registrars need to take responsibility to re-check safety huddle entries are accurate and briefly reflect the discussions that took place otherwise these entries will serve no purpose. This needs to be done every night following the safety huddle.</p> <p>There may be an opportunity to further consider pre-assigned cardiac arrest team roles on a 24 hour basis (day and night); this will initially be discussed at the ALERT CPR Steering Group.</p> <p>Participation and compliance (safety huddles) will be formally re-audited from the 4<sup>th</sup> – 31<sup>st</sup> January 2021. Any emerging trends or deviations will then require thorough review and discussion.</p>
<p><b>Resuscitation Equipment Audit</b></p>	<p><b>Findings:</b> Summary of common themes identified within Audit Categories and feedback provided</p> <p><b>Items should remain unopened and in their original packaging</b> – This includes Bag Valve Mask ventilators which should be kept in the outer bag with expiry date visible.</p> <p><b>Opened packets of ECG dots</b> – These should be dated when they are opened and disposed of after one month.</p> <p><b>Daily checking</b> –Remind everyone, of the importance of the daily safety check of emergency equipment on your resuscitation trolley. This is to ensure that this emergency equipment is readily available and in good working order.</p> <p><b>Area/s closed</b> – As per the resuscitation procedure, if an area is closed ensure this is documented on the daily checklist.</p> <p><b>Missing checklists</b> –Ensure that completed checklists are retained in area resuscitation resource folder for collection by the Resuscitation Service.</p> <p><b>Recommendations/Actions</b> Individual area/department managers receive audit report via email and are requested to share this information with their staff. Heads of Nursing/matrons receive email reports for their areas of responsibility to monitor compliance against agreed standards. This report to be raised as an agenda item and to be discussed as part of the next Alert/CPR Steering Group meeting – completed 09/09/20 Action planning meetings carried out with individual area/department managers with recurring monthly percentage compliance less than 95% Monthly Resuscitation Service quality rounds to monitor compliance and provide more timely feedback to individual area/department managers and Matrons/Heads of Nursing on a quarterly basis.</p>
<p><b>PROFESSIONAL SUPPORT SERVICES</b></p>	
<p><b>Review of Physiotherapy input for patients following routine cardiac surgery</b></p>	<p><b>Findings:</b> The change to a referral service on the cardiac recovery unit has led to fewer patients requiring physiotherapy. This is a reflection of the highly skilled nursing staff who excel at optimising patients pain relief, early extubation and early mobilising to the chair on day one. As a consequence, less patients appear to develop early post-operative complications requiring physiotherapy intervention.</p> <p><b>Recommendations/Actions:</b> By providing less physiotherapy input to routine patients, the physiotherapy staff are able to redirect resources to patients who will progress more rapidly with increased input. Routine patients progress</p>

well without physiotherapy input on POD1, but are routinely treated from day two until discharge on the ward. Preliminary data collected in 2018 showed that out of 78 ward patients only 6 required respiratory treatment and 8 required assistance with mobility. This year the screening tool was theoretically implemented to assess suitability for treatment with ward based patients, and it was deemed not to be sensitive or valid to highlight patients who require ward based physiotherapy. This area warrants further investigation and a new screening tool developed.

#### Appendix 4 NEWLY PUBLISHED NICE GUIDANCE AND QUALITY STANDARDS Quarter 2 of 2020/21

NICE published 56 new or updated guidance documents in quarter 2, of these **14** were relevant to Royal Papworth Hospital. All guidance relevant to Royal Papworth Hospital was disseminated to clinical leads and the updates are provided below:

Title	Reference number	Published	Compliant
High-sensitivity troponin tests for the early rule out of NSTEMI	DG40	Aug-20	Yes
Implantable cardiac monitors to detect atrial fibrillation after cryptogenic stroke	DG41	Sep-20	Outstanding
CFHealthHub for managing cystic fibrosis during the COVID-19 pandemic	MIB219	Jul-20	No response required, for information only
Prontosan for acute and chronic wounds	MIB220	Jul-20	No response required, for information only
Spartan RX point-of-care CYP2C19 test to guide treatment in acute coronary syndrome	MIB223	Aug-20	No response required, for information only
COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services	NG179	Jul-20	No, Trust decision to continue with internal protocols for longer isolation before attendance.
Perioperative care in adults	NG180	Aug-20	Yes
Decision making and mental capacity	QS194	Aug-20	Outstanding
Naldemedine for treating opioid-induced constipation	TA651	Sep-20	Discussed at the Drugs & Therapeutic Committee

Title	Reference number	First Published	Updated	Compliant
Anaphylaxis: assessment and referral after emergency treatment	CG134	Dec-11	Aug-20	Unable to identify lead, to be escalated to Alert & CRP Steering Group
Neuropathic pain in adults: pharmacological management in non-specialist settings	CG173	Nov-13	Sep-20	Discussed at the Drugs & Therapeutic Committee
Surgical site infections: prevention and treatment	NG125	Apr-19	Aug-20	Outstanding
COVID-19 rapid guideline: critical care in adults	NG159	Mar-20	Sep-20	Outstanding
COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response	NG172	Apr-20	Aug-20	Discussed at the Drugs & Therapeutic Committee