



Royal Papworth Hospital  
NHS Foundation Trust

# Quality and Risk Report Quarter 2 18/19

July –September 2018

Assistant Director for Quality and Risk

## Quality and Risk Report

### Quarter 2 18/19

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## Patient Safety

### 1.1 Patient Safety Incident Trends and Actions

There were a total of 506 patient incidents reported during Q2 18/19 compared to 584 in the previous year; a decrease to the previous quarter. This continues to demonstrate a healthy safety culture and a willingness of staff to see the benefit of reporting and learning from incidents investigations. There were 422 actual incidents occurred and 84 near miss incidents were reported. The overall trend continues to demonstrate a good reporting culture of all types of incidents and “known medical complications”. Examples of near miss incidents relate to patients medication being prescribed incorrectly but never reaching the patient. The quarters marked with an asterisk (\*) include incidents that are still under investigation and some have not yet been graded. Thus future reports will contain verified figures.

Patient Incidents	17/18 Q3	17/18 Q4	18/19 Q1*	18/19 Q2*	Total
Actual	541	538	502	422	2003
Near Miss	72	62	82	84	300
Total	613	600	584	506	2303

Table 1: Numbers of patient safety incidents reported in 2018-19 (Data source: DATIX 12/10/18)

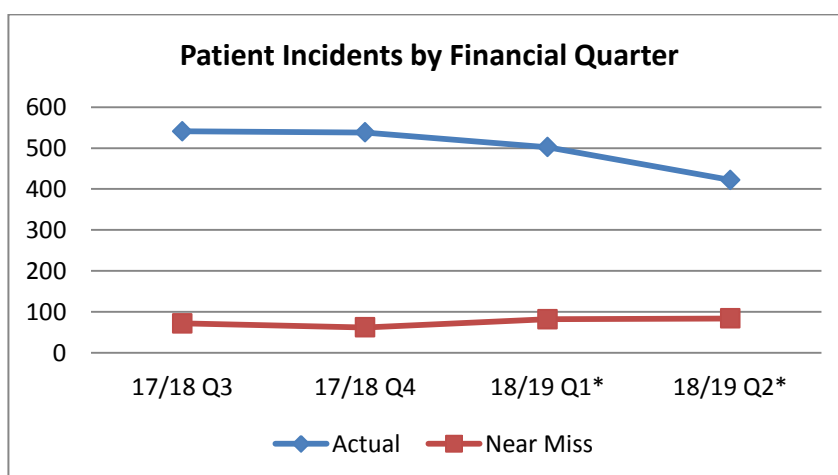


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 12/10/18)

Table 2 shows the number of patient safety incidents reported by the “Type” over the last 12 months. Fig 2 highlights the majority of incidents continue to involve medication issues and administration/bookings and discharge issues.

Throughout the year there has been a steady flow of incidents involving other NHS providers and third party ambulance services, these continue to be analysed and feedback to the individual providers to assist with learning and sharing across multiple medical disciplines and General Practice. As these incidents are not instigated by the Trust they are not uploaded to the NRLS.

Type	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	Total
Accidents	65	47	61	44	217
Administration - admission/discharge/transfer	78	60	87	88	313
Anaesthetics	4	5	4	5	18
Behaviour/Violence Aggression	14	8	10	10	42
Blood Plasma Products	31	36	10	28	105
Communication/Consent	22	28	19	23	92
Data protection	12	20	18	17	67
Diagnosis Process/Procedures	26	40	22	35	123

Documentation	62	53	50	59	224
Environmental Hazards/Issues	1	2	5	6	14
Fire Incidents	1	0	0	0	1
Infection Control	10	14	14	12	50
Information Technology	18	15	22	16	71
Medical Devices	27	30	30	23	110
Medication/Medical Gases/Nutrition	81	86	96	91	354
Nutritional Feeding (Prescribed Feeds)	3	4	1	3	11
Organisational Issues/Staffing	31	23	32	28	114
Pressure Ulcers	52	39	39	37	167
Radiology	15	8	7	10	40
Security incidents	1	2	6	5	14
Treatment/Procedures	59	81	62	59	261
Total	613	601	595	599	2408

Table 2: Numbers of patient safety incidents by Type reported in 2018-19 (Data source: DATIX 12/10/18)

The top six types of incidents are depicted below in figure 2 by financial quarter which demonstrate a fluctuating numbers of these incidents occur each quarter. Incident trend information is provided in the paragraphs below.

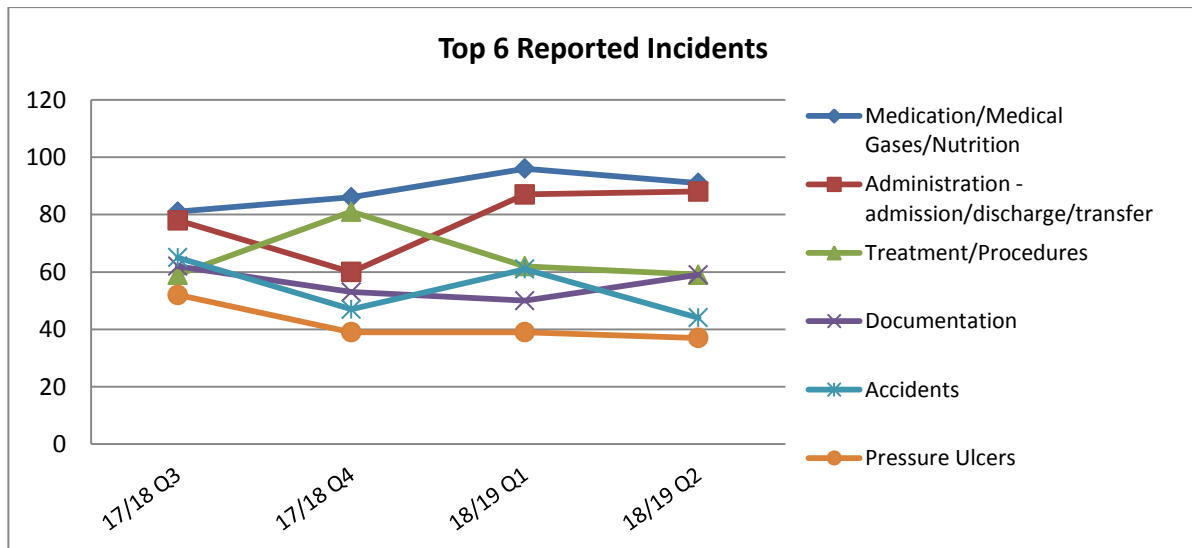
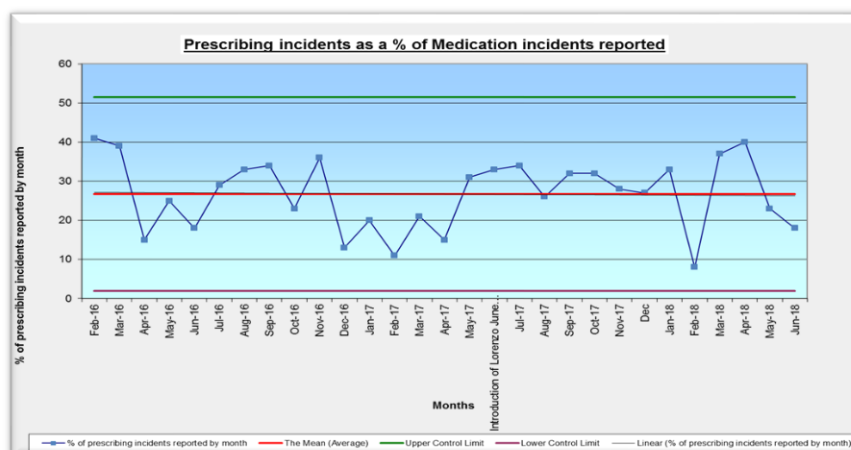


Fig 2: Patient Safety Incidents for 2018-19 (Data source: DATIX 12/10/18)

#### INCIDENT TRENDS AND ACTION:

**Medication** - The number of medication incidents reported measured as a % of total patient safety incidents reported remains fairly constant. This is plotted on a Statistical Process Change Chart which demonstrates normal variation. All medication incidents reported in Q2 have been graded as Low Harm/ No harm or Near Miss which demonstrates a good safety culture and a willingness to report incidents for learning. All medication issues are reviewed by the Medication Safety Group where investigations, actions and learning is monitored and shared within a Trust wide multidisciplinary group.



### Administration/discharge Incidents

During quarter 2, there has been an increase in the number of incidents linked to bookings for general appointments and procedures which have affected patients in all directorates (43/88). These have been investigated by the bookings and secretarial teams which conclude that a change in staffing arrangements and the move to Huntingdon have affected the efficiency of the service. A project is underway to streamline the processes and reduce the number of template letters that can be sent out to patients. This is in contrast to previous months where the common theme related to transport of patients by ambulance services to and from the hospital. This suggests that there has been a positive impact on creating a Transport lead role in the Trust.

### Treatment and Procedures

During quarter 2 59 incidents and near misses have been recorded against Treatment and Procedure. 94% of those graded have a severity of near miss, no/low harm. Three have been graded as moderate/severe harm and are being investigated using RCA techniques. It is a common theme for incidents coded as “unintended injury during a clinical procedure” to result in moderate harm; in this case the two incidents are linked to TOE procedures and one to lower limb vascular injury. A review of these themes is underway to see if there is any additional learning that can be gleaned from comparing the cases throughout the year.

### Accidents

During quarter 2, 44 accidents (table 3a) have been recorded as Accidents with 95% resulting in near miss, no/low harm incidents. Slips/trips and falls remain a consistent issue across the Trust and most commonly result in patient injuries, key areas include Hugh Fleming, Mallard and Varrier Jones Wards where patients are mobilising independently following surgery. During this quarter two resulted in injuries requiring medical treatment at CUH and have been investigated using RCA. A falls quality initiative is underway to research ways to further reduce the impact of falls in our patients. Initial results confirm that any changes to patients on complex medication will not have an impact on reducing falls. The QI project team will now review the link between delirium, frailty and fallers. A review of the Trust falls and bed rail assessments is underway in order to find the barriers to full implementation and use of these at ward level.

Category	CMU - Duchess Ward	CMU - Princess Ward	Critical Care	Hemingford	Hospital Grounds	Hugh Fleming	Mallard	Other	Physiotherapy	Radiology Other	RSSC	Theatres	Varrier Jones	Total
Collision/Impact with object	1	0	1	0	0	0	0	1	0	0	0	1	0	4
Moving and handling	0	0	0	0	0	1	0	0	0	0	0	0	1	2
Other type of accident	0	0	1	0	1	0	1	0	0	1	0	0	0	4
Slip, Trip or Fall	1	2	0	2	0	9	7	0	1	0	4	0	8	34
<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>9</b>	<b>44</b>

Table 3a – Incidents Coded as Accident (Data source: DATIX 12/10/18)

## Pressure Ulcers

During quarter 2, 37 incidents (table 3b) have been recorded as pressure ulcers, these are then broken down in to those which developed at Papworth and those that developed elsewhere. In addition, after investigation, some are found to be moisture lesions or issues caused by friction etc. The majority of which are discovered when patients are admitted to RSSC and often relate to the wearing of oxygen masks that causes injuries across the bridge of the nose. During the quarter a category 4 pressure ulcer developed on a critically ill patient on critical care which has been reported as an SI. This is extremely rare and a full investigation is underway. All pressure ulcer incidents are reported to the Tissue Viability team and, if required, discussed at the scrutiny panel.

Category	Critical Care	Hemingford	Hugh Fleming	Mallard	RSSC	Theatres	Total
Deep Tissue Injury (Developed at Papworth)	3	0	0	0	0	0	3
Deep Tissue Injury (Developed outside Papworth)	0	0	1	0	0	0	1
Moisture Associated Skin Damage	0	0	0	0	1	0	1
Other	8	0	0	0	2	2	12
Pressure Ulcer Category 2 (Developed at Papworth)	4	0	0	1	1	0	6
Pressure Ulcer Category 2 (Developed outside of Papworth)	0	1	3	1	6	0	11
Pressure Ulcer Category 4 (Developed at Papworth)	1	0	0	0	0	0	1
Pressure Ulcer Category 4 (Developed outside of Papworth)	0	0	0	0	1	0	1
Pressure Ulcer Category 3 (Developed outside of Papworth)	0	0	0	0	1	0	1
<b>Total</b>	<b>16</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>12</b>	<b>2</b>	<b>37</b>

Table 3b – Incidents Coded as Pressure Ulcer (Data source: DATIX 12/10/18)

## 1.2 Severity of Patient Safety Incidents

Of those incidents with a confirmed grading and completed investigation, it is encouraging to note that consistent numbers of patient safety incidents are graded as near miss (13%), no/low harm which over the last 12 months (85%) which demonstrates the willingness to report and learn from all types of incidents (see table 3c). 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). All Serious Incidents (SIs) require a Root Cause Analysis (RCA) and are led by an appointed investigator and monitored by the 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, Grand Round presentations and local dissemination via Business Units and specialist meetings.

Severity	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	Total
Near Miss	72	62	82	84	300
No harm	420	408	387	307	1522
Low harm	111	117	104	102	434
Moderate harm	8	5	6	4	23
Severe harm	0	2	0	5	7
Death caused by the incident	1	1	0	0	2
Death UNRELATED to the incident	1	5	5	4	15
<b>Total</b>	<b>613</b>	<b>600</b>	<b>584</b>	<b>506</b>	<b>2303</b>

Table 3c – Incidents by Severity (Data source: DATIX 12/10/18) \*Incidents still under investigation have not yet been graded

Correct at the time of production. Some incidents have been downgraded in severity following investigation.

For benchmarking purposes - numbers of Moderate Harm and above incidents by specialty:

Specialty	17/18 Q3	17/18 Q4	18/19 Q1*	18/19 Q2*	Total	% of Total
Cardiology	1	3	2	2	8	25%
Critical Care	1	2	0	3	6	19%
Theatres	1	1	1	0	3	9%
Thoracic Surgery	1	0	2	0	3	9%
Transplant Medicine	1	1	0	1	3	9%
Anaesthetics	1	0	0	1	2	6%
Cardiac Surgery	1	0	1	0	2	6%
Alert Team	1	0	0	0	1	3%
Cystic Fibrosis Unit	0	1	0	0	1	3%
General Radiology	0	0	0	1	1	3%
Microbiology	1	0	0	0	1	3%
Oncology	0	0	0	1	1	3%
<b>Total</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>9</b>	<b>32</b>	<b>100%</b>

Table 3d – Incidents by Severity \_ Moderate Harm (Data source: DATIX 12/10/18)

Correct at the time of production. Some incidents have been downgraded in severity following investigation.

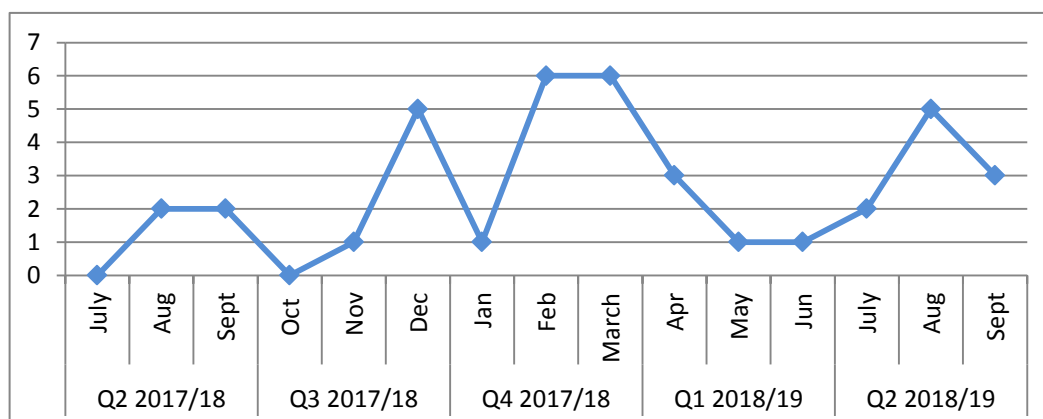
**1.3 Patient incidents resulting in Moderate or Severe Harm inclusive of Serious Incidents (SI's).** In Q2 there have been five SI's reported to the CCG. In total there were six incidents recorded in quarter as Moderate/Severe Harm incidents.

**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 and feedback provided to the requesting organisation. The Trust received 6 requests for investigation / feedback in Q2 18/19.

**1.5 VTE Monitoring**

The graph below shows the number of VTE events from Q2 2017/18 to end of Q2 2018/19. We are advised of these confirmed VTE events by 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 were informed of 10 VTE events in Q2 2018/19



**Table 1: Incidence according to specialty**

	Total number of VTE events according to specialty in Q3 & 4 17/18 & Q1 & Q2 18/19				Pulmonary embolus				Deep vein thrombosis			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>Surgery</b>	2	8	2	4	2	7	2	2	0	1	0	2
<b>Medicine</b>	2	5	3	4	2	4	3	4	0	1 PICC line thrombus	0	0
<b>Other (Tx, VAD, ECMO)</b>	2			2	2			2				

Of the 10 VTE events that were reported in Q2, 1 event was found to be community acquired and therefore was not subject to root cause analysis. The 9 hospital associated events are being investigated.

**Table 2: Percentage of patients risk assessed for VTE in 2017/18 and Q1 2018/19**

	% of In-Patients Risk Assessed for VTE	Quarterly %
April 2017 <b>Q1</b>	97.4	
May 2017	97	
June 2017	90	<i>Lorenzo launch</i>
July 2017 <b>Q2</b>	99.2	
August 2017	98.52	
September 2017	97.67	
October 2017 <b>Q3</b>	98.12	
November 2017	91.50	
December 2017	98.12	
January 2018 <b>Q4</b>	94.00	
February 2018	93.97	
March 2018	94.00	
April 2018 <b>Q1</b>	94	
May 2018	94	
June 2018	94.33	
July 2018 <b>Q2</b>	94.33	
August 2018	94.5	
September 2018	94.24	

**Table 3: Number of patients receiving appropriate prophylaxis from quarterly prevalence audit**

	No of patient records	% of patients receiving appropriate VTE prophylaxis
April 2017 <b>Q1</b>	n = 11	100%
May 2017	n = 16	100%
June 2017	No Audit	<i>Lorenzo launch</i>
July 2017 <b>Q2</b>	No Audit	
August 2017	n = 10	100%
September 2017	n = 16	100%



October 2017	<b>Q3</b>	n = 16	100%
November 2017		n = 23	100%
December 2017		n = 28	
January 2018	<b>Q4</b>	n = 33	100%
February 2018		n = 28	100%
March 2018		n = 24	100%
April 2018	<b>Q1</b>	n = 17	100%
May 2018		n = 19	100%
June 2018		n = 31	100%
July 2018	<b>Q2</b>	n= 20	100%
August 2018		n= 35	84%
September 2018		n=	92%

### Sharing lessons learnt and good practice

All hospital associated VTE events are reported on Datix. Findings from the RCAs are reported back via email to the Consultant and teams involved in the care of the patient, together with a copy of the RCA report.

**1.6 Inquests** - The Trust assisted the Coroner with 1 Inquests/investigations in Q2 18/19. Any learning points identified at Inquest are discussed at QRMG in quarter. There are 35 inquests/investigations pending – which includes 4 out of area.

Learning from Schedule 5s (prevention of future deaths)

The prevention of future death reports are published on the Courts and Tribunals judiciary website. In 2018/19 these reports in relation to clinical care and in patient deaths were reviewed. 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.

### 1.7 Clinical Negligence Litigation

In Q2 2018/19 the Trust has received 1 new request for disclosure of records. 2 Letters of Claim have been received and 3 cases have been settled. 1 case was closed by the claimant with no further action. Table 1 shows new claims activity in Q2.

## 2. Patient Experience

### 2.1 Complaints and Enquiries

We have received **13 formal complaints and 4 enquiries** for Q2. This is an increase in formal complaints from Q1 (11).

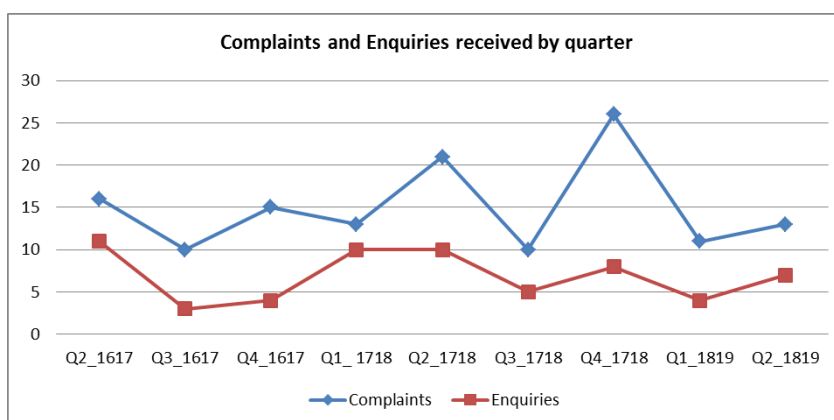


Figure 1 Complaints Vs Enquiries received by quarter (source – Datix 16/10/2018)

\*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. Table 2 and Figure 2 show the primary subject of complaints comparing with the previous quarters.

	No. formal complaints received in Q2 (July - Sept)	Upheld / part upheld	Enquiries for further information
July	2	1	1
Aug	5	3	3
Sept	6	3*	0
	13	7	4

Table 1: Numbers of complaints / Enquiries (source: Datix 17/10/2018)

The most frequently occurring issue of complaints continues to be regarding communication and information in various forms. However, numbers of complaints remain low.

	Q2 1819	Q1 1819	Q41718	Q31718	Q2 1718	Q1 1718	Q41617	Q31617	Q21617
Staff attitude	0	1	1	0	1	0	4	0	0
Clinical Care	1	1	2	0	2	4	3	1	6
Nursing Care	0	0	3	1	1	0	2	0	1
Communication/Information	9	6	13	8	14	6	2	6	6
Delay in Diagnosis / treatment	2	3	5	0	1	3	3	1	1
Catering	1	0	0	0	0	0	0	1	0
Transport	0	0	0	1	0	0	0	0	1
Patient Charges	0	0	0	0	0	0	0	0	1
Discharge	0	0	1	0	1	0	0	0	0
Environment	0	0	0	0	0	0	1	0	0
Privacy and Dignity	0	0	0	0	1	0	0	0	0
Equipment	0	0	1	0	0	0	0	1	0
Totals:	13	11	26	10	21	13	15	10	16

Table 2 Primary subject of complaints by quarter (source: Datix 17/10/2018)

Quality Dashboard Monitoring – Q2	
Number of complaints responded to within agreed timeframe with complainant	100%
Number of PSHO referrals in quarter	1
Number of PSHO referrals returned upheld with recommendations and action plans	Above complaint declined by PSHO as complainant is out of time

Table 3 Quality Dashboard monitoring

## 2.2 Actions arising from complaints upheld or partially upheld in Q2 18/19

Trust ref	Summary of Complaint	Outcome	Action(s) identified – <i>Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion</i>
Q21819-17F Cardiology	Dissatisfied with follow up from Cardiology	Part Upheld	Apologies given and appointment offered
Q21819-28F Thoracic Surgery	Waiting time for thoracic surgery	Upheld with 3 actions	Manage expectation of patient when referring to MDT's and delays this may cause Ensure appropriate handover of patient between surgeons and identify any issues over work up prior to patient being admitted where possible

Trust ref	Summary of Complaint	Outcome	Action(s) identified – <i>Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion</i>
			Ensure patient letters for surgical dates explain the possibility of cancellation of surgery in advance or on the day of surgery
Q21819-29F Facilities Services	Patient unhappy with quality and quantity of food provided	Upheld with 4 actions	A la carte menus being offered to patients every day for the following days meals
			Two new housekeepers being trained to work on CFU to achieve the standard required
			New process for delivery of restaurant meals for ward patients
			Restaurant meals; portion size to be specified when phoned through to kitchen

Table 4: Actions arising from investigation of complaints upheld /part upheld in Q2

### 2.3 Local Resolution Meetings in Q2 - The Trust held 1 local resolution meetings in Q2:

	Details	Attended	Outcome
Q11819-01F ILD	Family of deceased patient unhappy with communication between referring hospital and Royal Papworth Hospital. Dissatisfied with timeframe for review and experience at out-patient appointment.	Assistant Director for Quality and Risk Service Manager thoracic Services Consultant Respiratory Physician	Trust staff met with husband and daughter to discuss fully concerns. Improvements and changes that have been made to improve referrals into the ILD service discussed. Family satisfied following the meeting – complaint closed

### 2.4 Ombudsman's Referrals

1 Ombudsman's referral in Q2 - Following disclosure of records and complaints file – PHSO declined to investigate as complainant was out of time.

## **3. Patient Advice and Liaison Service Q2 Report 2018/19**

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

The meetings are held quarterly and the next meeting will be held in the Transformation Zone on the 21<sup>st</sup> January 2019. This meeting will be chaired by the Deputy Chief Nurse.

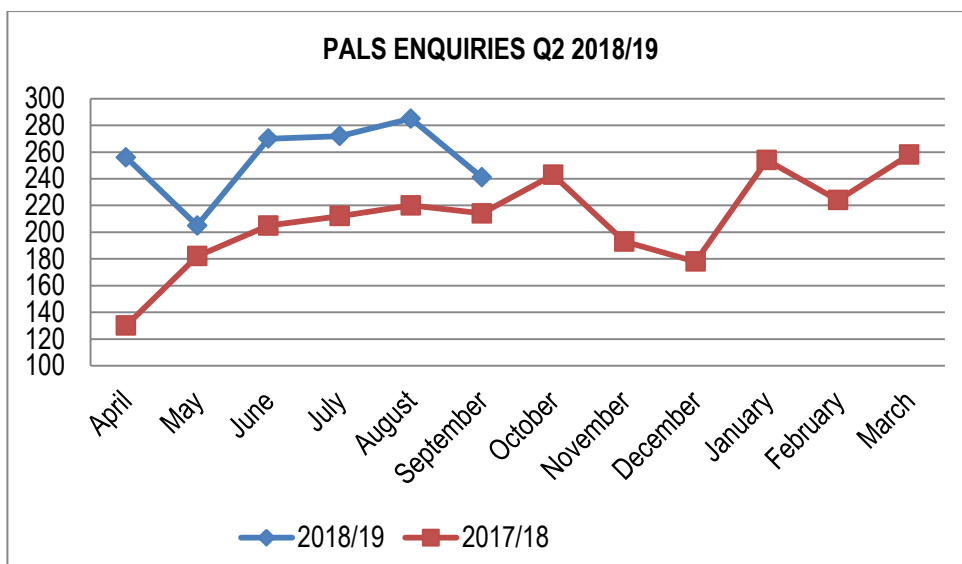
### **3.2 Volunteers**

In Q2 there were 77 active hospital volunteers.

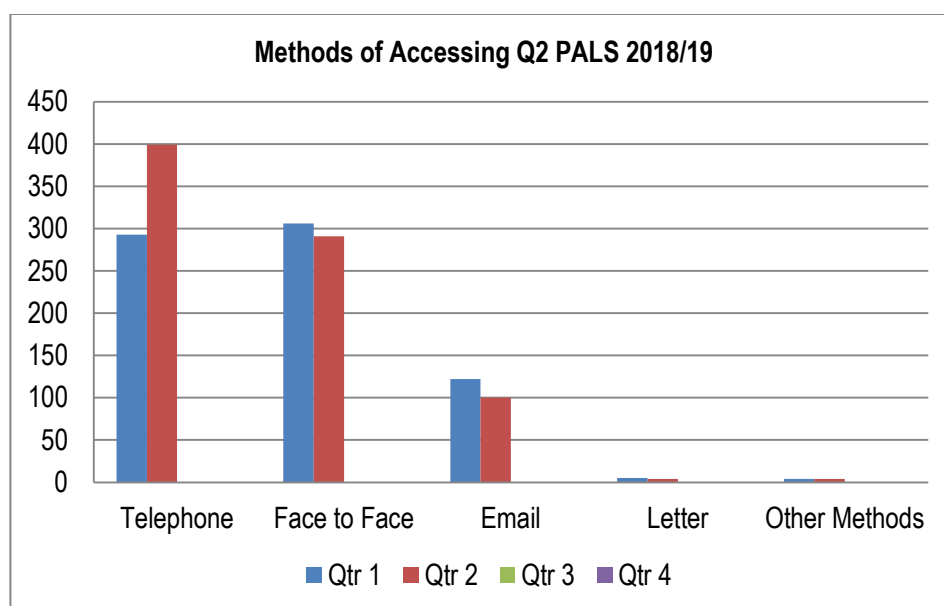
16 volunteers are going through the recruitment process and will volunteer on wards and the greeter desks.

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

During Q2 2018/19, the PALS Service received **798** enquiries from patients, families and carers. This was an increase on the number recorded in Q2 2017/18 which was **646**.



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



A monthly check is carried out by a Volunteer to make sure that the PALS and Quality of Service information leaflets are both available in all patient areas.

### Concerns Raised

The table at Appendix 1 shows the concerns by category for Q2 in 2018/19.

Key Themes raised from PALS enquiries in Q2 2018/19

Subject (Primary)	Number of enquiries received	Details
Information and Advice	432	This is an increase of 26 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 171 related to on-site directions 59 related to appointments 50 related to contact telephone numbers

Subject (Primary)	Number of enquiries received	Details
Communications	152	This is an increase of 41 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 54 related to phones unanswered 32 related to clarification of medical information 16 related to contact numbers
Delay in diagnosis/treatment or referral	73	This is an increase of 45 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 35 related to delay in diagnosis/treatment 21 related to waiting times for appointments 7 related to waiting time for operation/procedure
Parking	34	This is an increase of 11 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 18 related to parking charges 13 related to other 2 related to disabled access
Transport	37	This is an increase of 7 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 17 related to other 9 related to local transport information 8 related to NHS transport issues
Medical Records	27	This is an increase of 21 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 15 related to access to medical records 6 related to records 'other' 5 related to update medical records
Nursing Care	1	This is the same as last year (Q2 2017/18) 1 related to dissatisfied with nursing care/treatment
Environment - Internal	5	This is an increase of 3 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 2 related to cleanliness of toilet 2 related to Poor environment 1 related to lack of resource
Staff Attitude	3	This is a decrease of 5 enquiries compared to the same quarter last year (Q2 2017/18) 3 related to uncaring behaviour
Equipment Issues	5	This is a decrease of 2 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 4 related to lack of/inadequate equipment 1 related to return of equipment
Medication Issues	4	This is an increase of 2 enquiries compared to the same quarter last year (Q2 2017/18) Top themes: 3 related to prescriptions 1 related to provide incorrect medication
Discharge Arrangements	5	This is an increase of 1 enquiry compared to the same quarter last year (Q2 2017/18)

Subject (Primary)	Number of enquiries received	Details
		Top themes: 3 related to delay in discharge 1 related to lack of arrangements for home after discharge 1 related to dissatisfaction with discharge to another hospital
Clinical Care	10	This is an increase of 5 enquiries (Q2 2017/18) Top themes: 5 related to disagreement with treatment/outcome/diagnosis 4 related to poor recovery after discharge
Property	5	This is a decrease of 2 enquiries compared to the same quarter last year (Q2 2017/18) 5 related to loss/damage of property
Admissions Arrangements	1	This is an increase of 1 enquiry compared to last year (Q2 2017/18) 1 availability of WIFI

There was 4 enquiry regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Information/Advice Requests	3
Delay in Diagnosis/Treatment or Referral	1
<b>Total</b>	<b>4</b>

During Q2 5 PALS enquiry was escalated to formal complaints. 2 enquiries were signposted to organisations external to the Trust.

### 3.4 Compliments

There were **2068** Compliments received across the Trust during Q2 2018/19. This is a significant increase on previous quarters, as we now include the positive comments from the Friends and Family Surveys that are completed by our patients. Compliments are received – verbally, letters, thank you cards, e-mails, suggestion cards and Friends and Family Surveys.

Below are the key areas praised:

#### Areas Praised:

Cardiothoracic Surgeons	Varrier Jones Ward
Cardiac Day Ward	Professional Services
Cardiac Outpatients	CMU
Hugh Fleming	CEO
Cardiac Support	RSSC
Hemingford Ward	PALS
TCCA	Friends and Family Surveys
ISS	Lung Defence
Princess Ward	

The top three themes for compliments for Q2 in 2018/19 were:

General Thank You  
Care/Support  
Friendliness

Compliments Themes	Q1	Q2	Total

Care/Support	49	89	138
Professional Care/Team Work	16	12	28
Kindness/Compassion/Courtesy	41	16	57
General thank you	160	108	268
Improved quality of life	6	0	6
Friendliness	16	20	36
Dedication/Hardwork	23	12	35
Excellence of treatment	3	10	13
Dignity and respect	0	5	5
Friends and Family Survey Compliments	0	1796	1796
<b>Total</b>	<b>314</b>	<b>2068</b>	<b>2382</b>

### 3.5 Friends and Family Survey:

Q2 feedback from Private patients, Day Wards and In-patients:

There were 47 detractors although of these only 5 left negative comments, 9 left positive comments and the remainder either didn't comment or left a neutral / mixed comment. Detractors are determined by the amount of patients who answer the question 'How likely is it that you would recommend this service to friends and family?' with 'Neither'; 'Unlikely' or 'Extremely Unlikely'.

There were 2009 promoters and of these 56 left negative comments and 1038 left positive comments and, as before, the remainder either didn't comment or left a neutral / mixed comment. Promoters are determined by the amount of patients who answer the question 'How likely is it that you would recommend this service to friends and family?' with 'Likely' or 'Extremely likely'.

The 'Comments' are taken from a different part of the form, where the patients can leave feedback, which we then grade as positive or negative.

Note: The comments sections on the questionnaires from CF ward and CF Day cases are not graded as positive or negative, so are not included in the above.

Example comments graded as positive:

I found the doctors and staff very friendly and professional.  
 Staff made a difficult day so much easier with their friendliness – thank you.  
 I was impressed by the compassionate and friendly staff, combined with an efficient service.  
 Always friendly and reassuring. A first class service all round.

Example comments graded as negative:

Need better communication with the patient.  
 I can't help arguing with some of them as they are mostly young and know everything. I may well be set in my ways, but there is nothing wrong with my brain or memory, so I will not answer this question either.  
 Long wait to find out if procedure was cancelled - mixed messages.  
 Sleep lab was not designed to insulate against noise from other patients - floors resonate under foot, doors don't close quietly. Confusion over whether caffeine is available to patients undertaking daytime studies, this affects any results.

### 3.6 Bereavement Services

The Patient Advice and Liaison Service team are also responsible for providing the bereavement service function to families when a patient dies whilst in Trust care. During Q2 there were **27** hospital deaths in which the PALS team supported the families during the bereavement process. As part of this process the PALS team will register the death of the patient on behalf of the next of kin who are unable to return to Cambridgeshire to undertake this process themselves. During Q2 PALS registered **9** deaths on behalf of families.

In Q2 the PALS team attended and supported families at:

- 1 next of kin viewings at the mortuary.
- 2 family meetings facilitated by the PALS team with the Medical teams.

PALS also 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 **16** of these during Q2.

## 4. Risk Management

### 4.1 Non Clinical Accidents/Incidents

During quarter 2 there have been 352 accidents/incidents (including near misses) reported across the Trust which have involved staff/contractors/organisation or visitors. Incidents marked (\*) are still undergoing investigation. Table 1 shows the types of incidents by category, the majority continue to relate to Organisational Issues (12% over past 12 months) with many related to insufficient numbers of staff (both healthcare and support staff) and access to high dependency beds incidents. Those that have been graded demonstrate that 98% are near miss, no/low harm with 2% resulting in moderate harm. Two have required reporting to the HSE under the RIDDOR regulations.

Needle stick injury and contact with bodily fluids (often through splashes), reported under infection control, continue to be a common reported incident within the Trust. Copies of these incidents are shared with Occupational Health who, in addition to the incident investigation, review the causes for these issues and include any new information at induction/learning events. They also ensure that the affected individual has the appropriate vaccination plan in place. The Trust has a revised Sharps action plan and leads raising awareness of the correct use of safety devices within the Trust. All sharps that cannot be replaced with "safer sharps" have been risk assessed and the records held on Datix. All issues are shared at Quality & Risk Management Group and Health & Safety Committee.

Type	17/18 Q3	17/18 Q4	18/19 Q1*	18/19 Q2*	Total	%of Total
Accidents	23	23	27	34	107	9%
Administration - admission/discharge/transfer	22	16	21	31	91	8%
Anaesthetics	0	0	5	4	9	1%
Behaviour/Violence Aggression	16	18	11	21	66	6%
Blood Plasma Products	7	6	1	1	15	1%
Communication/Consent	8	8	8	10	35	3%
Data protection	18	12	19	24	73	6%
Diagnosis Process/Procedures	6	8	4	4	22	2%
Documentation	13	22	25	19	80	7%
Environmental Hazards/Issues	17	15	18	26	76	7%
Fire Incidents	3	1	1	2	7	1%
Infection Control	22	21	22	44	108	10%
Information Technology	20	16	14	13	63	6%
Medical Devices	22	10	28	24	84	7%
Medication/Medical Gases/Nutrition	13	11	19	15	59	5%



Organisational Issues/Staffing	30	29	29	45	134	12%
Pressure Ulcers	2	1	0	0	3	0%
Radiology	4	3	6	13	26	2%
Security incidents	10	15	11	17	51	5%
Treatment/Procedures	11	3	3	5	22	2%
Total	267	238	272	352	1131	100%

Table 1 – Non-clinical Incidents Reported for 2016/17 (Data source: DATIX 12/10/18)

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

During quarter 2 two incidents have required to be reported to the HSE under RIDDOR regulations. The first incident (WEB28142) involved a visitor who tripped in the gap between the curb and the edge of the grass, whilst getting out of the car. A Consultant cardiologist and portering attended to provide first aid. The visitor reported pain in her hip and attended A&E for further examination and treatment but had not sustained serious injuries. It is worth noting that the visitor had exited the vehicle which was parked on double yellow lines. The Second incident (WEB28314) involved a member of staff who injured their shoulder during a manual handling task involving a patient. Both incidents occurred in September and investigations are ongoing.

Sub-category	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	Total
Collision with fixtures/fittings/equipment	0	0	0	1	0	0	1
Contact with sharps – dirty needlestick	0	0	0	1	0	0	1
Moving & handling - inanimate loads	0	1	0	1	0	0	2
Moving & handling - patients	1	0	0	0	0	1	2
Slip/trip/fall – bathing/showering	0	0	0	1	0	0	1
Slip/trip/fall – while standing/sitting	0	0	1	0	0	1	2
Total	1	1	1	4	0	2	9

Table 2 – RIDDOR Incidents Reported for 2016/17 (Data source: DATIX 11/10/18)

#### 4.3 Risk Register

During quarter 2 the Trust continued to develop the use of the Datix Risk Management software to collate business as usual and project risks and manage the Board Assurance Framework (BAF). Further work on the development of reporting is ongoing in conjunction with the Trust Secretary. Development in the use of the BAF and BAF tracker will be discussed in the Board at the October Board Risk Workshop.

Currently there are 48 open Board Assurance risks and a further 209 corporate and project Risks held on the system. (This number has reduced significantly due to the number of new hospital risks being closed). These are openly communicated across the Trust with new high risks being reported to QRMG and other relevant committees. Monthly reports are produced for the Executive team to enable strategic planning in line with the departmental Corporate Risk Registers. Corporate and Board level risks are presented to the Trust Audit Committee.

#### 4.4 Non-clinical claims

There are two ongoing claims.

#### 4.5 Safety Alerts

Throughout quarter 2 of 2018/19 the Trust received 29 safety notices (21 FSN and 8 Safety Alerts), 13 were relevant to Royal Papworth activities. Of these, 4 were Safety Alerts, one of which was an alert regarding suspicious packages. A further 9 were Field Safety Notices (including one update-8 actual).

The number of relevant alerts (13) is down on last quarter (17) but up on the Quarter before (8). These alerts include those brought to our attention by the Central Alerting System and manufactures and other third parties.

Of the relevant alerts and notices, Cardio physiology alerts remain the most prominent specialty specific area affected (4 of the total). The issues alerted were generally known by Trust clinicians at the time the alerts were issued and the likelihood and impact to patients of these risks being realised was believed to be low and amendments to software are being dealt with as part of business as usual clinic appointments. The data recorded below relates to the data reported publicly through the Central Alert System.

### Central Alerting System Quarter 2 2018/19

Status\Alert Type	MDA	PSA	EFA	EFN	DH	SDA	NHSI	CHT
Assessing Relevance (1)	0	0	1	0	0	0	0	0
Action Not Required (17)	14	0	2	0	0	1	0	0
Action Required/Completed (1)	0	1	0	0	0	0	0	0
Action Required/Ongoing (1)	0	1	0	0	0	0	0	0
Total Alerts (20)	14	2	3	0	0	1	0	0
Total Breached (0)	0	0	0	0	0	0	0	0

**Key for Alert Type:** MDA – Medical Device Alert, PSA – Patient Safety Alert, EFA – Department of Health – Estates & Facilities Alert  
 EFN – Department of Health – Estates & Facilities Notification, DH – Department of Health – Estates & Facilities Alert  
 SDA – Supply Disruption Alert, NHSI-NHS Improvement, CHT-Central Alerting Help Desk Team

## 5.0 Effectiveness of care

### 5.1 Quality and Safety Measures

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

### 5.2 Clinical Audit

#### National Audits

The publications of the national reports from the National Cardiac Audit Programme (NCAP) are still on hold and await NHS England approval.

#### Local audit

The table in appendix 3 illustrates the completed projects for this quarter; there has been a significant reduction in completed clinical audits as the clinical audit and effectiveness team transition to the quality improvement team, to ensure the necessary support and facilitation for the QI project leads.

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

A total of 50 NICE guidance documents were published during July, August, September 2018 9 that were deemed applicable have been disseminated to the relevant leads for review. Please see appendix for a list of applicable guidance and compliance ratings.

#### NICE Guidance Consultations Q1:

The Trust has not registered as a stakeholder in Q1.

#### Clinical Audit Training

The audit department is currently in the process of creating a new in-house training package that will not only offer audit process training but also incorporate quality improvement strategies.

#### Hospital Wide Quality Improvement & Clinical Audit Meetings

The outcome and learning from clinical audits is now part of the Grand Round for each directorate.

### **5.3 Quality Improvement**

The Trust has identified 4 key priority projects for Quality Improvement which is aligned with the Quality Account priorities. An update on the progress to date is provided below:

#### **In House Urgent Pathway**

A large 'project team' meeting, facilitated by the Quality Improvement coach took place on 18th September 2018. This meeting included staff representation from all stages of the pathway, along with Clinical Directors, Executive Directors, operational managers and any other staff deemed appropriate. Process mapping and facilitation of Quality Improvement methodologies will then enable a framework to be developed to drive the project forward within identified timescales and milestones.

#### **Deteriorating Patient**

A 'kick off' meeting took place on 27 September 2018 with key stakeholders to introduce the general principles of quality improvement and methodologies were introduced. The team were facilitated in Process mapping the deteriorating patient and to try and establish the overall aim of the project and the primary drivers. It was agreed a wider stakeholder group needs to be established with representation from all staff involved in the deteriorating patient journey. Data is currently being analysed to establish our baseline and balance measures at key points, this will ensure any PDSA cycle can demonstrate whether a change made an improvement. The next meeting is on 8 November 2018.

#### **Patient Falls**

This was the first quality improvement project to be started and has progressed significantly with identifying sub projects and measuring outcomes via a series of PDSA (Plan, Study, Do, Act) cycles. A wider falls quality improvement team "kick off" meeting will happen on 22 November 2018.

#### **Red to Green**

This project has been implemented and a meeting is currently being arranged to understand if we can use quality improvement methodologies to demonstrate and improvement in the patient journey and experience.

## PALS Enquiries Quarterly Report

	2017/18				2018/19	
	Q1	Q2	Q3	Q4	Q1	Q2
<b>Verbal or Physical Abuse</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
Verbal Abuse by Patient	0	1	0	0	1	0
<b>Admission Arrangements</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>1</b>
Availability for Wi-Fi	1	0	0	2	1	1
Property/clothes required for admission	0	0	0	0	0	0
Visiting Hours	0	0	0	2	0	0
<b>Staff Attitude</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>3</b>
Inappropriate manner/behaviour	1	4	2	1	0	0
Rudeness	0	2	0	1	1	0
Uncaring behaviour	3	2	1	4	1	3
<b>Clinical Care</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>10</b>
Disagreement with treatment/outcome/diagnosis	0	4	4	0	0	5
Inadequate/insufficient care provided	0	0	0	0	0	0
Inappropriate treatment given	0	1	1	0	0	1
Poor recovery after discharge	1	0	0	0	0	4
Pressure Sore	0	0	0	0	0	0
Clinical Error	0	0	0	1	0	0
Dissatisfied with medical care/treatment/diagnosis	0	0	0	4	1	0
<b>Infection Control Issues</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
Infection/Infection Control query	0	0	1	0	0	0
Lack of Cleanliness (Hygiene)	0	0	0	0	0	0
<b>Nursing Care</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>1</b>	<b>1</b>
Dissatisfied with Personal Care Provided	0	0	0	2	0	0
Dissatisfied with nursing care/treatment	0	1	2	9	1	1
<b>Catering</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>
Food served at incorrect temperature	0	0	0	0	0	1
Inadequate Facilities	0	0	0	0	0	0
Inadequate portion size	0	0	0	0	0	0
Lack of availability of food	0	0	0	0	0	2
Lack of adequate choice of food	0	0	0	2	0	0
Poor service in restaurant	0	1	0	0	0	0
Poor Quality Food	0	1	0	0	0	0
<b>Patient charges</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>
Eligibility Criteria	0	0	2	0	0	0
Hostel Services Costs	0	0	0	0	0	0
Other Charges	1	0	0	0	0	0
Treatment Costs	1	1	0	1	0	0
<b>Communication</b>	<b>82</b>	<b>111</b>	<b>90</b>	<b>103</b>	<b>129</b>	<b>152</b>

	2017/18				2018/19	
	Q1	Q2	Q3	Q4	Q1	Q2
Breach of Confidentiality	3	0	0	0	0	2
Clarification of Medical Information	51	44	44	36	47	32
Consent Issues	0	0	0	1	0	0
Diagnosis Query	0	0	0	1	0	0
Freedom of Information Requests	1	0	1	0	0	0
Incorrect Information provided	5	7	1	5	2	5
Lack of Information for other Professional	2	0	1	2	0	5
Lack of Information for Patients	8	13	4	15	24	15
Lack of Information for Relatives	0	2	2	6	7	6
Lack of Sensitivity in Communication	1	1	3	1	1	1
Other communication issues	8	21	1	1	4	5
Poor or Conflicting information	2	2	4	3	5	4
Translation & Interpretation Services	1	5	7	7	1	3
Phones unanswered	0	4	2	7	21	54
Contact phone number	0	11	10	4	12	16
No response to phone messages	0	2	1	4	4	1
Answerphone incorrect	0	0	1	2	0	1
Booking Office	0	0	6	2	0	1
Compliments	0	0	1	3	1	1
Data Protection Requests	0	0	1	0	0	0
<b>Delay in diagnosis/treatment or referral</b>	<b>12</b>	<b>28</b>	<b>20</b>	<b>31</b>	<b>46</b>	<b>73</b>
Cancellation of treatment	0	1	2	3	5	3
Clinical waiting times	0	0	0	0	0	3
Delay in diagnosis/treatment	2	9	5	3	9	35
Delay in referral	1	2	1	2	1	4
Failure to book treatment/appointment	0	1	0	1	0	0
Waiting time for admission to ward	9	0	0	0	0	0
Waiting time for appointment	0	6	7	10	20	21
Waiting time for operation/procedure	0	9	5	12	11	7
<b>Lack of privacy and dignity</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Lack of privacy/dignity on ward	1	1	0	0	0	0
Lack of privacy when relating information	0	0	0	0	0	0
<b>Discharge Arrangements</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Delay in discharge	2	2	0	1	1	3
Dissatisfaction with discharge to another hospital	0	0	0	1	1	1
Lack of arrangements for home after discharge	0	2	2	1	2	1
Wait to transfer to other facility	0	0	0	0	0	0
<b>Equipment Issues</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>5</b>
Delays in replacing equipment	1	0	0	0	0	0
Lack of/Inadequate equipment	1	7	4	6	9	4
Return of Equipment	0	0	0	0	0	1
<b>Information/Advice Requests</b>	<b>343</b>	<b>406</b>	<b>376</b>	<b>489</b>	<b>427</b>	<b>432</b>

	2017/18				2018/19	
	Q1	Q2	Q3	Q4	Q1	Q2
Accommodation	8	6	16	14	15	15
Appointments	51	58	37	75	60	59
Advice on Medication	0	0	0	0	11	7
Advice on Equipment	0	0	0	0	5	15
Benefits	3	0	5	2	4	2
Employment Opportunities	0	0	0	0	0	0
Information on Hospital Services	65	46	35	20	39	39
Left Luggage	0	0	0	0	0	0
Nursing/Residential Care	0	0	0	0	0	0
Off Site Directions	5	5	12	8	2	2
On site directions	136	203	176	235	211	171
Other information request	62	50	19	13	8	6
Telephone contact number	0	30	51	94	34	50
Requests for information on volunteering	3	8	12	0	14	17
Bereavement Process	0	0	4	2	6	15
Complaints Procedure	0	0	2	3	3	1
E-Mail Address	0	0	1	5	5	16
Referral Information	0	0	3	5	7	9
Sick Note	0	0	1	0	0	1
Signposting to other NHS organisation	0	0	0	3	2	1
Signposting to other organisation	0	0	0	0	1	6
<b>Environment - Internal</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>5</b>
Cleanliness Toilet	1	0	2	3	3	2
Cleanliness of ward	0	0	0	0	1	0
Inadequate facilities for disability	0	0	0	0	0	0
Maintenance	0	1	3	2	3	0
Noise	0	0	0	0	0	0
Poor Environment - Internal	0	1	0	0	0	2
Temperature in ward too hot/cold	0	0	0	0	0	0
Hostel Accommodation	1	0	0	0	0	0
Health and Safety	1	0	0	0	0	0
Lack of resource	0	0	0	1	0	1
<b>Medication issues</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>4</b>
Incorrect medication	1	0	0	2	0	1
Failure to provide medication	0	1	3	0	2	0
Prescriptions	2	1	1	3	4	3
Medication 'other'	0	0	0	1	0	0
<b>Parking</b>	<b>24</b>	<b>23</b>	<b>59</b>	<b>23</b>	<b>41</b>	<b>34</b>
Disabled access	4	2	9	7	14	2
Other Parking Issue	1	3	19	5	5	13
Parking Charges	13	16	24	4	14	18
Parking Directions	6	2	7	7	8	1

	2017/18				2018/19	
	Q1	Q2	Q3	Q4	Q1	Q2
<b>Lost Property</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>12</b>	<b>5</b>
Loss/Damage of property	1	7	7	5	12	5
Lost Property	2	0	0	0	0	0
Damage to Property	0	0	0	0	0	0
<b>Medical Records</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>10</b>	<b>11</b>	<b>27</b>
Incorrect information in health record	0	0	0	0	0	1
Information not fully documented	0	0	0	0	0	0
Records Other	0	1	0	1	3	6
Request for access to medical records	2	5	3	6	7	15
Request to update to records	2	0	0	3	1	5
<b>Training</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>
Request for training placement	3	1	2	1	1	0
Training Other	0	0	0	0	0	0
<b>Transport Issues</b>	<b>27</b>	<b>30</b>	<b>30</b>	<b>24</b>	<b>32</b>	<b>37</b>
Hospital contract transport	0	1	0	0	3	0
Local transport information	3	8	6	20	21	9
NHS transport Issues	16	19	20	3	7	8
Other Transport issue	5	2	4	1	0	17
Travel Claims	3	0	0	0	1	4
Totals:	<b>517</b>	<b>646</b>	<b>615</b>	<b>736</b>	<b>731</b>	<b>798</b>