



Royal Papworth Hospital  
NHS Foundation Trust

# Quality and Risk Report Quarter 3 2021/22

October – December 2021/22

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## Quality and Risk Report

### Quarter 3 Report 2021/22

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## 1.0 PATIENT SAFETY

### 1.1 Patient Safety Incident Trends and Actions

There were a total of 694 patient incidents reported during Q3 21/22 compared to 770 in the previous quarter. In addition, at the time of reporting there are 92 near miss patient safety incidents reported a slight decrease from last quarter. This decrease appears to be in line with the recent third wave of the COVID pandemic affecting the levels of reporting, as seen in Table 1 and Figure 1. There is a healthy safety culture within the Trust and an understanding of the importance of learning from incidents and the Care Quality Commission (CQC) requirements to report under the Key Lines of Enquire (KLOE). 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. Where appropriate these have been reported to CQC via the National Reporting and Learning System (NRLS).

Severity	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3 *
Near Miss	128	72	90	113	92
Actual incidents	750	479	648	657	602
Total	878	551	738	770	694

Table 1: Numbers of patient safety incidents reported in 2021/22 (Data source: DATIX As of 27/01/2022)

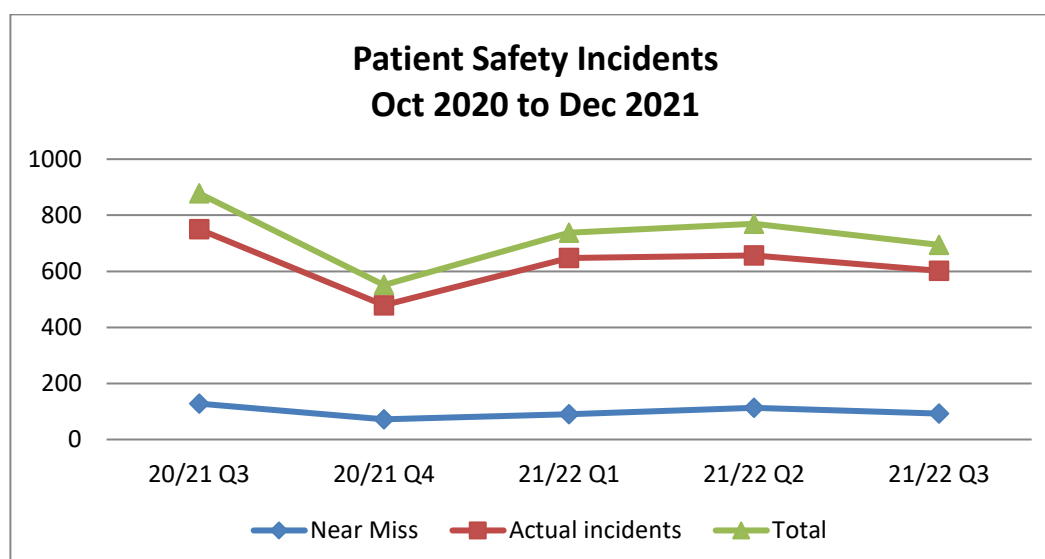


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 27/01/2022)

In quarter, table 2 shows the numbers of patient safety incidents reported by the "Type" the majority of incidents are relating to Pressure Ulcers and Medication/Medical Gases and Nutrition.

Type	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Accidents	68	41	38	56	50
Administration - admission/discharge/transfer/waiting list	156	70	86	86	80
Anaesthetics	5	4	6	4	4
Behaviour/Violence Aggression	10	10	16	13	16
Blood Plasma Products	32	19	16	23	18
Communication/Consent	44	23	33	32	30
Data protection	28	9	17	31	15
Diagnosis Process/Procedures	34	42	35	40	37
Documentation	60	23	57	72	48
Environmental Hazards/Issues	5	5	13	2	2
Fire Incidents	0	0	0	1	0
Infection Control	31	21	57	62	33
Information Technology	20	6	15	7	8
Medical Devices	54	31	48	35	25
Medication/Medical Gases/Nutrition	91	69	91	94	95
Nutritional Feeding (Prescribed Feeds)	8	3	2	4	5
Organisational Issues/Staffing	22	5	25	23	33
Pressure Ulcers	93	90	88	88	96
Radiology	10	4	12	6	9
Security incidents	10	1	6	3	4
Treatment/Procedures	97	75	77	88	86
Total	878	551	738	770	694

Table 2: Numbers of patient safety incidents by Type reported in Q3 2021/22 (Data source: DATIX 27/01/2022)

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

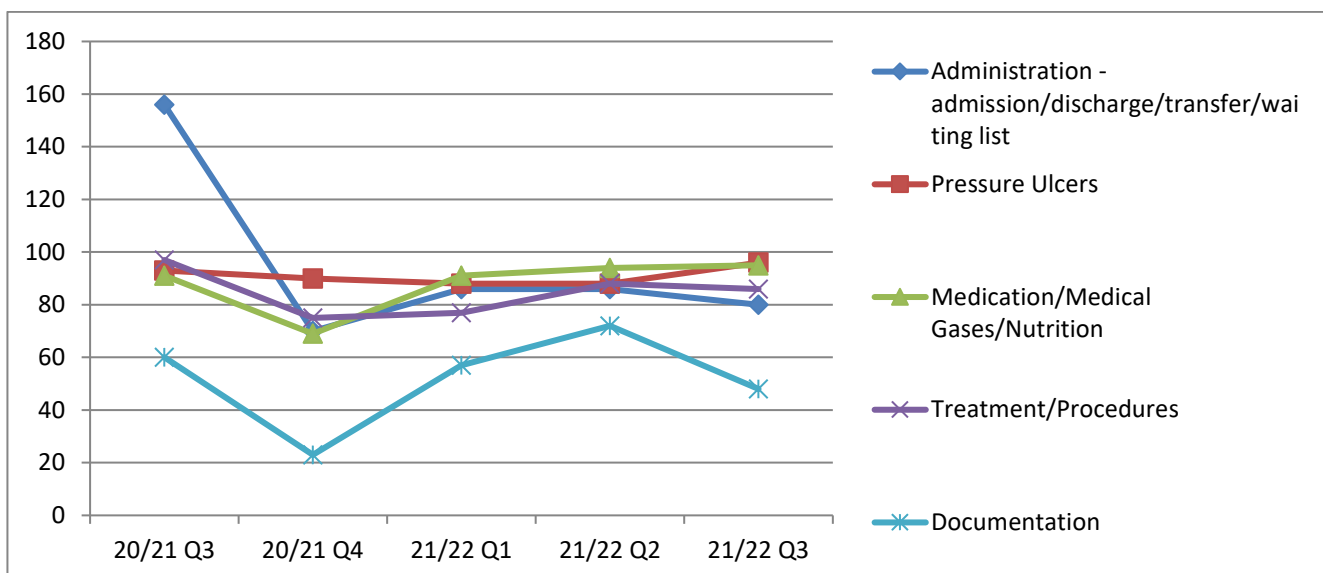


Fig 2: Patient Safety Incidents Q3 2021/22 (Data source: DATIX 27/01/2022)

## 1.2 Top five incident trends and details:

### Administration Incidents

During this quarter, the number of incidents linked to administration issues have decreased slightly compared to the last quarter. Of those the majority are related to incomplete/insufficient referrals and issues related to admission/discharge.

### Treatment and Procedures

During quarter 3 the numbers of treatment and procedure incidents have remained almost the same compared to previous quarter. Where the incidents have been graded, the majority have a severity of no/low harm. Two incidents have been graded as moderate harms. All incidents considered to warrant discussion are presented at the Serious Incident Executive Review Panel (SIERP) as part of the scrutiny and confirmation of grading.

### Medication

During quarter 3 the medication incidents have remained almost the same as previous quarter. Omissions are reviewed with the staff caring for the patients to ensure that learning is shared amongst the team. All medication incidents are reviewed by the pharmacy leads and reported to the Medications and Therapeutics Committee.

### Pressure Ulcers (PU)

During quarter 3 the number of pressure ulcer incidents has increased compared to previous quarter. As the Trust encountered a third surge of the COVID pandemic routine reporting of all categories of PUs and moisture lesions have commenced on the Datix incident reporting system in line with the national requirements. All reported pressure ulcer incidents are being reviewed by the Tissue Viability Team for further clarification and grading. The Trust also captures all PUs which are identified on admission linked to other care providers. Where the incidents have been graded, the majority have been recorded as no/low harm.

### Documentation

During quarter 3 there has been a decrease in documentation incidents compared to the previous quarter. The most common type of documentation incidents reported in the quarter have been related to Electronic Medical Records; majority being EMR ambiguous/incorrect/incomplete/illegible and misfiled. Where the incidents have been graded, majority have a severity of near miss or no harm.

## 1.2 Severity of Patient Safety Incidents

In Q3 incidents graded as near miss and no harm have slightly decreased, whereas low harm incidents have a slight increase (Table 3a). Furthermore four incidents have been reported as moderate harms and there were no severe harm incidents reported in Q3. These incidents also 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 and above incidents have investigations and associated action plans which are managed by the relevant business unit and monitored by the Quality & Risk Management Group (QRMG).

Severity	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Near Miss	128	72	90	113	92
No harm	522	291	424	444	361
Low harm	219	179	209	204	232
Moderate harm	5	4	12	4	4
Severe harm	0	1	2	1	0
Death UNRELATED to the incident	4	4	1	4	4
Not yet graded	0	0	0	0	1
<b>Total</b>	<b>878</b>	<b>551</b>	<b>738</b>	<b>770</b>	<b>694</b>

Table 3a – Patient Safety Incidents by Severity (Data source: DATIX 27/01/22)

\*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 are displayed in Table 3b below:

Q3 Quality and Risk Report 2021/22 Trust Wide

Division	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
NPH Cardiology	2	1	4	0	2
NPH Cath Labs	0	0	3	0	0
NPH Surgical	1	0	1	2	1
NPH Theatres, Critical Care and Anaesthesia	2	1	3	1	1
NPH Thoracic	0	2	3	2	0
NPH Transplant	0	1	0	0	0
Total	5	5	14	5	4

Table 3b – Incidents by Severity \_ Moderate Harm (Data source: DATIX 27/01/22)  
Correct at the time of production. Some incidents have been downgraded in severity following investigation.

#### 1.4 Patient incidents resulting in Moderate or Severe Harm inclusive of Serious Incidents

Below in Table 4 are the brief details of the incidents that have been graded moderate harm or above within the quarter, these are still under investigation. Full Duty of Candour is undertaken with the patient and/or family for all SI's. 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.

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
<b>Serious Incidents Reported to CCG in Q3 21/22</b>				
SUI-WEB41323	12/10/2021	Possible missed antibiotic dose in theatres – patient developed endocarditis	TBC	Ongoing Investigation
SUI-WEB41446	11/11/2021	Patient fall with fracture	Yes	Ongoing Investigation
<b>Moderate/Severe Reported in Q3 21/22</b>				
WEB41375	09/11/2021	Delayed escalation/ intervention of a clinically deteriorating patient	Yes	Ongoing Investigation
WEB41643	02/12/2021	TAVI complication leading to ischemia of the lower limb	Yes	Ongoing Investigation
WEB41428	17/07/2021 reported on 12/11/2021	lung transplant patient positive for M. abscesses in BAL. Confirmed relatedness on 30/11/2021. The patient is on treatment for M.abscessus and responding well.	Yes	Ongoing Investigation

Table 4 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 27/01/22)

#### 1.5 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 Q3 21/22.

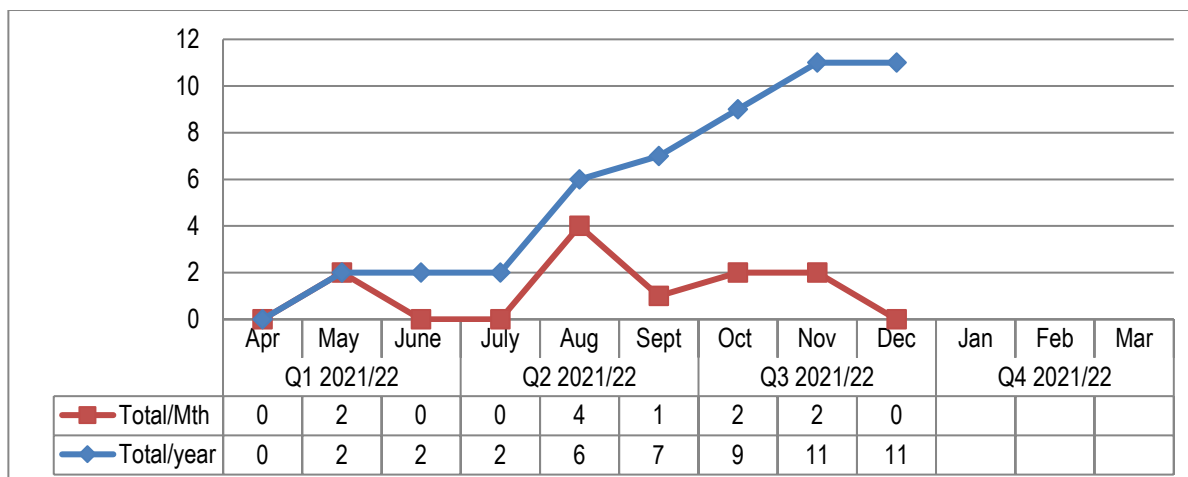
Date	Requester	Summary details
01/11/2021	East Leicestershire and Rutland CCG	Concern raised by GP practice regarding Hospital requesting GP practice to repeat blood tests within one week
10/11/2021	NWAFT	Request for clinical information regarding an investigation in to missed diagnosis
22/12/2021	Wallsall Manor Hospital	Assistance for their moderate harm investigation regarding delay in referral for pulsatile mass

Table 5: Requests for investigation/ feedback from organisations outside of Royal Papworth Hospital



## 1.6 VTE Monitoring

### VTE DATIX Events April 2021 – March 2022

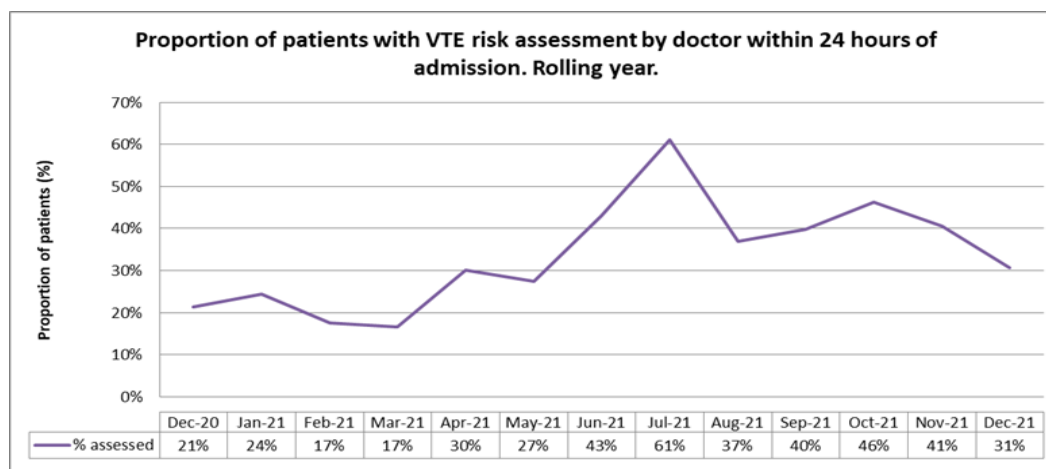


The graph above shows the number of VTE events from Q1- Q3 2021/22. We are advised of these confirmed VTE events by Royal Papworth staff, radiology alerts, patients, GPs or healthcare professionals in the local hospitals. There may be a considerable delay from the date of the VTE diagnosis to when the event is investigated if the information is not received at the time of diagnosis. There is some challenge in getting diagnostic reports from the regional hospitals and often it is the patient who reports the event when returning to the outpatient appointment.

We have been informed of 4 VTE DATIX events (including one community acquired ) in Q3 2021/22 the investigations are outlined below and are for discussing at February 2022 VTE scrutiny panel. The last avoidable moderate harm VTE event was 20/08/2019.

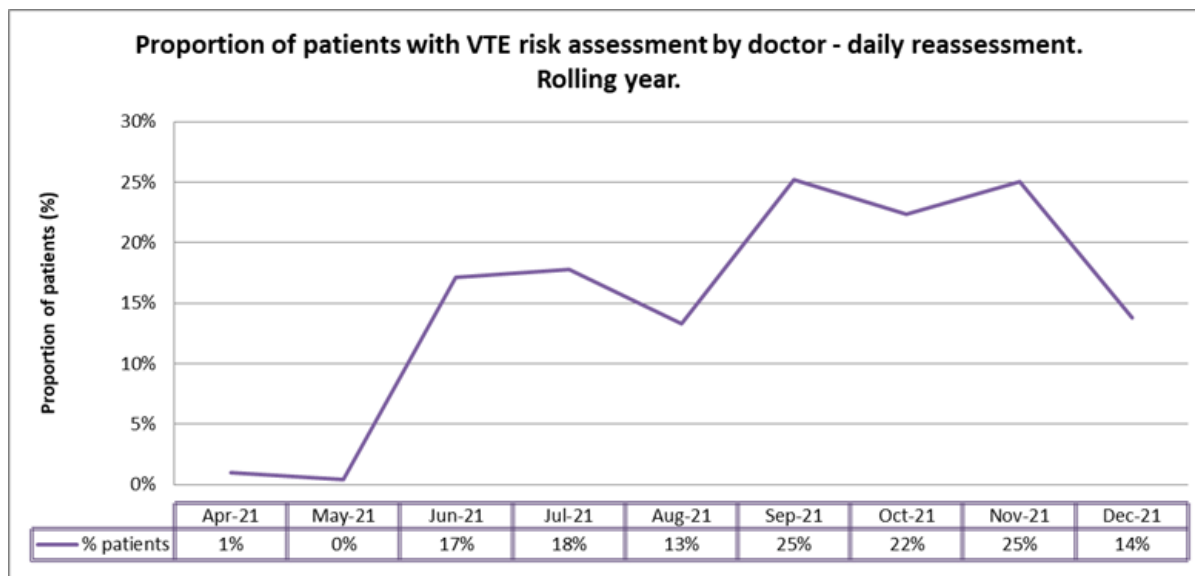
WEB number	Date	Impact severity	Action status
WEB41458	04/10/2021	Low harm	No acts or omissions in care at RPH.
WEB41469	07/10/2021	Low harm	No acts or omissions. Community acquired VTE
WEB41970	24/12/2021	Low harm	Line associated thrombus.
WEB41861	08/11/2021	Low harm	Investigation in progress.

### VTE Risk Assessment CCA (December 2020 – December 2021)





## VTE Daily Risk Assessment CCA (April 2021 – December 2021)



CCA compliance with VTE risk assessment within 24 hours is significantly below the 95% standard. In addition not all patients are having a risk assessment recorded within Metavision every 24 hours in line with DN500 and NG89 best practice guidance. The medical and nursing leads for VTE within CCA are leading some QI work to improve the risk assessment standards. Changes have also been made within Metavision to ensure visibility of VTE risk assessment on the daily ward round.

### VTE Risk Assessment Wards

Ward	Sep 21	Oct 21	Nov 21	Dec 21
3 North East Ward RPH	78.6%	91.9%	91.0%	79.3%
3 South East Ward RPH	84.1%	88.1%	85.0%	78.6%
3 South West Ward RPH	86.0%	76.1%	85.5%	86.5%
4 North West Ward RPH	67.7%	63.4%	61.3%	83.3%
4 South East Ward RPH	68.8%	75.0%	66.7%	60.0%
4 South West Ward RPH	72.8%	85.9%	84.4%	76.2%
5 North East Ward RPH	97.2%	83.9%	90.0%	66.7%
5 North West Ward RPH	79.3%	89.2%	82.5%	76.0%
5 South East Ward RPH	91.8%	90.0%	87.1%	83.7%
5 South West Ward RPH	97.1%	100.0%	100.0%	83.3%
Day Ward RPH	90.2%	83.6%	86.8%	86.7%
<b>Total</b>	<b>85.2%</b>	<b>84.1%</b>	<b>86.0%</b>	<b>82.9%</b>

VTE risk assessment compliance remains below the 95%. From November 2021 this data is now included in the monthly quality reports compiled by the divisional matrons and presented at the monthly divisional meetings. The monthly speciality group results are also released to help target areas for improvement. There had been an improvement from August to November 2021 however there was a fall at doctor handover again in December 2021.

This Audit measures the % of admissions for which a VTE Assessment was initiated within 24 hours of admission on either Lorenzo or Metavision or within the preceding 7 days pre admission. All overnight stays are included, as well as same day admit/discharge on Day Ward.

The excluded areas are:

- 4 North East Ward RPH
- Catheter Laboratory RPH
- Critical Care Area RPH

- Echo Lab Day Ward RPH
- Theatres RPH

A new VTE nursing lead has now started in the Trust and handover is in progress with a meeting arranged to review and refocus the action plan below:

- Sisters/Team Leaders to share locally with staff the requirement to complete a VTE risk assessment on admission. This is now visible on the ward handover.
- Matrons/HoN's to raise at all three divisional governance meetings the importance of completing VTE risk assessment on admission for all patients
- Reminder to Sisters/Team Leaders how to access the quality indicators screen in Lorenzo
- Reminder circulated to PMAC for clinical teams to complete a VTE and bleeding risk assessment on admission.
- Focus on VTE risk assessment in cardiology during the month of December 2021 – ward daily visits, spot audit and divisional meeting discussion. Work is on-going with this.
- Focus on VTE risk assessment in thoracic/ambulatory during the month of September 2021 - the thoracic matron and ward staff continue to work on this.
- The Lorenzo team is negotiating with Dedalus for a digital alert on clinical care activities in Lorenzo (eg prescribing) when a VTE risk assessment is overdue.
- Quality improvement work to be commenced within CCA to ensure all patients have a 24 hour risk assessment completed by CCA medical team

### 1.7 Inquests

During Q3 there were 4 inquest hearings; all required representation from Royal Papworth Hospital. There was no further action required following conclusion of these 4 inquests.

The Trust attended 9 Pre Inquest Hearings in Q3, the purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest.

The Trust has been notified of 10 new Inquests/coroner's investigation in Q3 and statements have been requested. 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 95 (as at 31/01/2022).

#### 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.

### 1.8 Clinical and Non Clinical Negligence Litigation

In Q3 2021/22 the Trust has received 1 new request for disclosure of records and 1 case was settled in Q3.

#### Settled claims in Q3

##### Claim 1: Q2 2021-08CL

Specialty – Cardiology

Accepted – Delay in accepting PPCI admission. Patient's condition deteriorated requiring intensive care prior to transfer.

Damages:	£3,000
Claimant's costs:	£26,437.50
Defence costs	£8,267.70
Total cost	£37,700.20

## Outstanding claims as at Q3 2021/22

Table 7 below summarises the 18 clinical negligence claims that are currently open and being managed by NHS Resolution on behalf of the Trust. These costs represent the total claims cost if all these were accepted as breach of duty. *The Trust contributes to these costs via the Clinical Negligence Scheme for Trusts (CNST).*

No. of claims	Damages reserve	Claimant costs reserve	Defence costs reserve	Total claim value if realised
18	£23,025,594	£2,066,875	£622,128	£25,714,597

Table 7: The total costs of claims if were accepted as breach of duty - Data source: NHS Resolution 04/02/2022.

### Non-clinical claims

There are no new claims brought against the Trust during Q3. All claims are shared with the local department and Root Cause Analysis reports requested at the time of the incident.

## 2.0 PATIENT EXPERIENCE

### 2.1 Formal and informal Complaints

We have received 11 formal complaints and 3 informal complaints (enquiries) for Q3. This is an increase as seen in Figure 7 below, in the number of formal complaints received from the previous quarter (Q2; 7). Informal complaints (enquiries) are where the complaint requires an investigation and detailed response either in writing or verbally, but the complainant has expressly stated they do not wish to make a formal complaint. Informal complaints (enquiries) that can be responded to more informally are passed to the PALS Team for action.

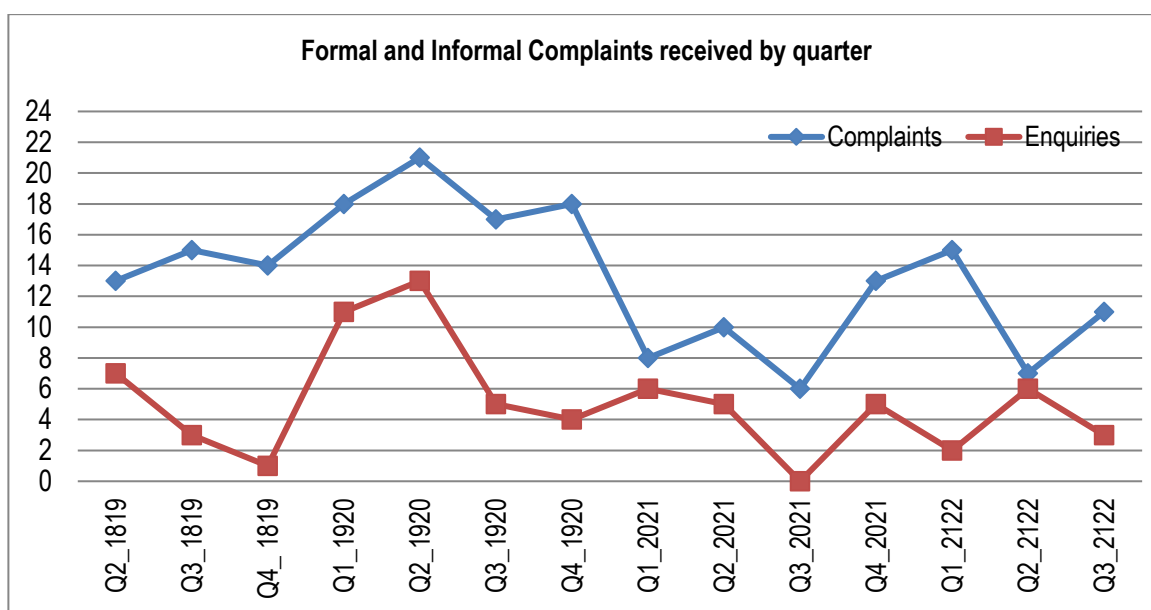


Figure 7: Number of Formal and Informal Complaints received by quarter (source – Datix 19/01/2022)

Of the 11 formal complaints received in Q3, 100% received a written acknowledgement from the Trust within three working days. Those that have been closed within the quarter have been responded to and of these there were, as seen in Table 8 below, 5 that have been partially upheld/upheld.

Month	No. formal complaints received in Q3* (October - December 2021)	Upheld/Part Upheld	No. Informal Complaints (Enquiries)
October	8	1	2
November	1	2	1
December	2	2	0
<b>Total</b>	<b>11</b>	<b>5</b>	<b>3</b>

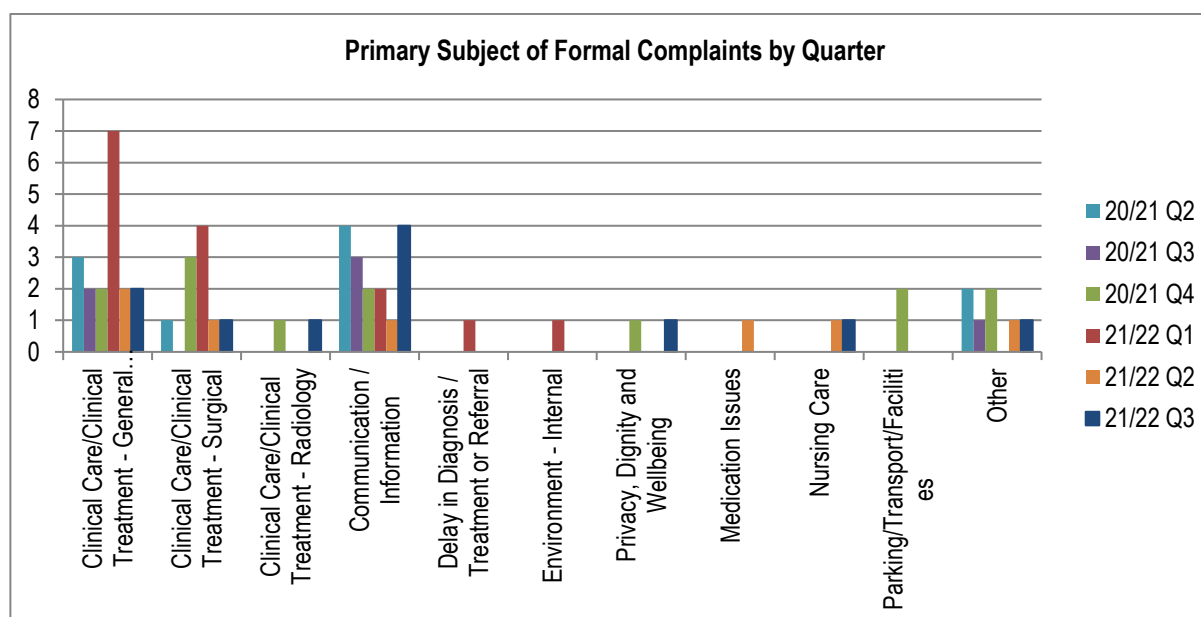
Table 8: Numbers of Formal and Informal Complaints (source: Datix 19/01/2022)

\*Not all complaints have been fully investigated at the time of this report so outcome has not been recorded.

Formal complaints related to clinical care and communication were the highest primary subject captured during this quarter and consistently remain the highest categories for complaints within the Trust. Table 9 and Figure 8 show the primary subject of complaints comparing with the previous quarters.

Subject	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Clinical Care/Clinical Treatment - General Medicine Group	3	2	2	7	2	2
Clinical Care/Clinical Treatment - Surgical	1	0	3	4	1	1
Clinical Care/Clinical Treatment - Radiology	0	0	1	0	0	1
Communication / Information	4	3	2	2	1	4
Delay in Diagnosis / Treatment or Referral	0	0	0	1	0	0
Environment - Internal	0	0	0	1	0	0
Privacy, Dignity and Wellbeing	0	0	1	0	0	1
Medication Issues	0	0	0	0	1	0
Nursing Care	0	0	0	0	1	1
Parking/Transport/Facilities	0	0	2	0	0	0
Other	2	1	2	0	1	1
<b>Total</b>	<b>10</b>	<b>6</b>	<b>13</b>	<b>15</b>	<b>7</b>	<b>11</b>

Table 9: Primary subject of Formal Complaints by Quarter (source: Datix 19/01/2022)



Clinical Speciality/Division	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
NPH Cardiac Surgery	0	1	0	2	2	2
NPH Cardiology	1	1	3	6	2	2
NPH Cath Labs	0	0	0	0	0	0
NPH Critical Care	2	1	0	1	0	2
NPH Interventional Cardiology	0	0	0	0	0	0
NPH Lung Defence	1	0	0	0	0	1
NPH Oncology	0	0	0	0	0	0
NPH Outpatients	3	1	2	1	0	0
NPH Thoracic Services	0	0	0	0	2	1
NPH PVDU	0	1	0	0	0	0
NPH Respiratory Physiology	0	0	0	0	0	0
NPH Royal Papworth Private Care	0	1	1	0	0	0
NPH RSSC	0	0	0	3	1	1
NPH Thoracic Surgery	0	0	3	0	0	0
NPH Surgical/Transplant	3	0	4	2	0	0
Other	0	0	0	0	0	2
<b>Total</b>	<b>10</b>	<b>6</b>	<b>13</b>	<b>15</b>	<b>7</b>	<b>11</b>

Table 9: Complaints by Directorate and Speciality (Source Datix 19/01/2022)

The Clinical Speciality/Divisions receiving formal complaints during Quarter 3 are shown in Table 10 below. The number of complaints received per clinical speciality/division is highlighted through quarterly reporting. The number of complaints received for Cardiac Surgery and Cardiology remain the same in this quarter with a slight increase in the number of complaints received in Q3 relating to Critical Care.

All formal complaints in Q3 were closed within the designated timeframe which had been agreed with the complainant (as seen in Table 11). In total 10 complaints were closed in Quarter 3, of which 8 were closed within the standard 25 working days, 1 was closed within 45 working days following a joint investigation with another Trust and 1 was closed within 35 working days following an extension from 1 December 2021 in our complaint response times to support our business continuity plans and our clinical teams.

There were no Parliamentary and Health Service Ombudsman (PHSO) referrals in this quarter.

Quality Dashboard Monitoring – Q3		
Number of complaints responded to within 25 day timeframe	8	100%**
Number of complaints responded to within 35 day timeframe	1	100%**
Number of complaints responded to within 45 day timeframe	1	100%**
Number of PSHO referrals in quarter	0	0
Number of PSHO referrals returned upheld with recommendations and action plans	0	0

Table 11: Quality Dashboard monitoring (\*\* 100% of complaints responded to at the time of reporting within timescales agreed with the complainant)

## 2.2 Informal Complaints (Enquiries) Details of Those Received and Outcome in Q3 21/22

In Quarter 3 we received 3 informal complaints as seen in Table 12. Informal Complaints (Enquiries) are defined as issues which may require further enquiry, advice or information in order to resolve them; this can be at a local level or by the service in which the concern originated.

Date Received Reference	Location	Description	Subject	Outcome
04/10/202 Q32122-31 14536	RSSC (Resp Phys) Outpatient	Patient raised concerns regarding their ongoing care and treatment at RPH, also seeking update in relation to referral to another Trust for continuing treatment.	Clinical Treatment	Apology given and response provided to patient's specific questions regarding medication supply and referral to another Trust. Follow up appointment arranged with treating clinician at RPH prior to appointment with other Trust. Patient feedback noted, and shared with the team for their reflection and learning. <b>Informal complaint closed</b>
13/10/2021 Q32122-37 14567	CT/Radiology Outpatient	MP enquiry following request from patient seeking clarification regarding which hospital should be carrying out the procedure so a diagnosis can be confirmed without further delay.	Clinical Treatment	Patient informed that procedure would be undertaken at their local hospital, confirmed with local Trust that an appointment had been made and details sent to patient. Patient advised to contact PALS should they have any further enquiries. <b>Informal complaint closed</b>
08/11/2021 Q32122-41 14635	CCA Inpatient	Family have some specific concerns relating to the patient's care and treatment at RPH.	Clinical Treatment	Apology given and response provided to family's specific questions regarding patient's care and treatment whilst an inpatient. Family advised should they have any outstanding concerns a meeting can be arranged with the clinical team. Family have requested a meeting in January 2022. <b>Re-opened; family meeting arranged</b>

Table 12: Informal Complaints (Enquiries) received in Q3 2021/22 (Source Datix 19/01/2022)

### 2.3 Formal Complaints; Details of Those Closed and the Outcomes in Q3 21/22

We closed five formal complaints within the quarter that had an outcome of being upheld or part upheld. All complaints receive a full explanation and an appropriate apology and the lessons learned and action are agreed. Table 13 below shows the outcome and actions agreed.

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
Q22122-27F 14501	Patient is unhappy with the care provided following pacemaker insertion in March 2021.	Partially upheld	Apology given. Learning from the complaint was identified; remind the cardiology team of the importance of clearly communicating if any known complications from such a procedure occur and why and how they have happened. Remind the nursing staff on the Day Ward about communication around pain management and to recheck using pain scores before discharge to check about pain and any concerns relating to ongoing pain management and what to expect. <b>Complaint closed</b>

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
Q22122-28F 14502	Patient has raised a complaint following two surgical cancellations experienced and is becoming increasingly concerned about the impact these cancellations could have.	Upheld	Apology given. Learning from the complaint was identified; remind staff about improving communication regarding cancellations to the patient by following correct Theatre cancellation process and communicating earlier in the day. Share patient feedback with the STA division for their learning from the patient experience. <b>Complaint closed</b>
Q22122-23F 14472	Family have raised concerns regarding the difficulties they had experienced with patient transport, the impact this has had and the care and treatment the patient has received from RPH.	Partially Upheld	Apology given. Learning from the complaint was identified; staff were reminded that all telephone and face to face care should be carried out in line with Trust values and if families or patients wish to make a formal complaint they are supported in a proactive and supportive manner.
			Continue to liaise with EEAST and flag any further difficulties or cancellations with them. <b>Complaint closed</b>
Q32122-40F 14592	Relative of a cardiology patient raised concerns about their experience when they attempted to visit the patient following their emergency admission.	Partially Upheld	Apology given. Learning and actions from the complaint were identified; highlighted with the security team of the importance of maintaining a professional and courteous attitude at all times. Shared family feedback regarding their experience with the OCS Team for their learning and reflection. <b>Complaint closed</b>
Q32122-39F 14572	Patient raised concerns regarding the information received and their inpatient experience when they attended RPH for an overnight sleep study.	Partially Upheld	Apology given. Learning and actions from the complaint were identified; improvements to the pre-admission questions and information provided to patients.
			Develop a patient video providing information regarding Polysomnography (PSG) sleep studies and what to expect during an overnight stay.
			Shared feedback with the Thoracic division for their learning from the patient experience. <b>Complaint closed</b>

Table 13: Identified actions arising from complaints upheld or partially upheld in Q3 21/22 (Source Datix 19/01/2022)

The nominated individual specified in the complaint action plan is responsible for monitoring the progress of actions identified as a result of a complaint. Any outstanding actions or difficulties in implementing an action are escalated through QRMG.

### **3 PATIENT ADVICE AND LIASION SERVICE**

3.1 During Q3 2021/2022, the PALS Service received a total of 857 contacts (as seen in Figure 14). We have been separating the enquiries into immediate resolutions and PALS concerns / enquiries. Out of the total of 857 contacts 599 were immediate resolutions which are straightforward enquiries that the PALS team either responded to directly or signposted to the correct department. These are no longer recorded on Datix. Alongside the immediate resolution enquiries the PALS team also supported 258 concerns / enquiries from patients, families and carers. These are more complex enquiries where the PALS team needed to contact the relevant team(s) for information/ feedback. These continue to be recorded on Datix.

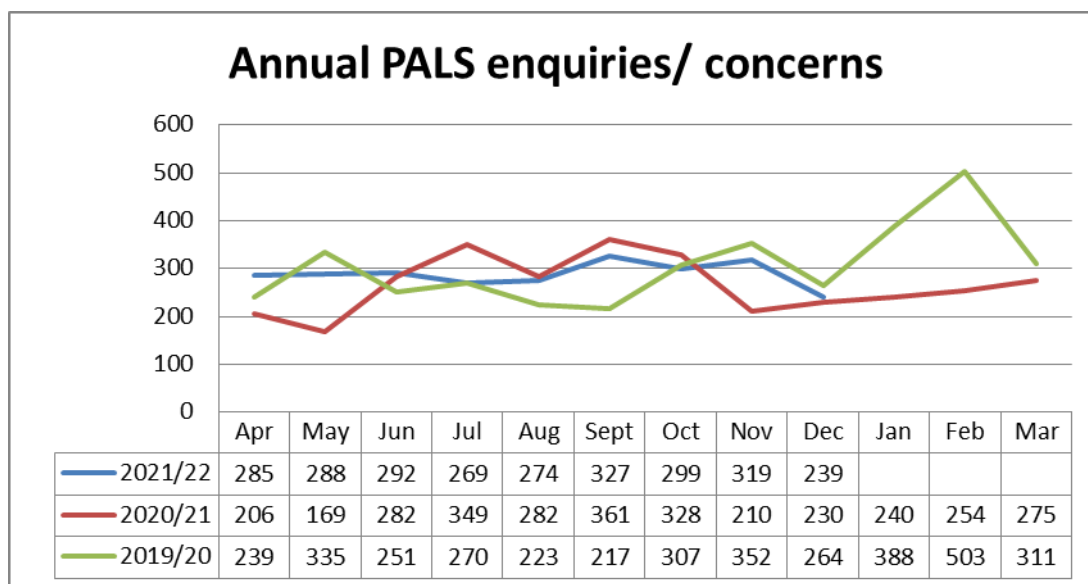


Figure 14: Total PALS contacts incl. immediate resolutions, enquiries, concerns (Source Datix and Immediate Resolution spreadsheet 27/01/2022)

### 3.2 Method of Contacting PALS

How the PALS team were contacted in quarter two continued to be the similar to the previous quarters as seen below in Figure 15. There were 484 enquiries received by telephone, 213 by in person visit, 154 by email and 6 by letter.

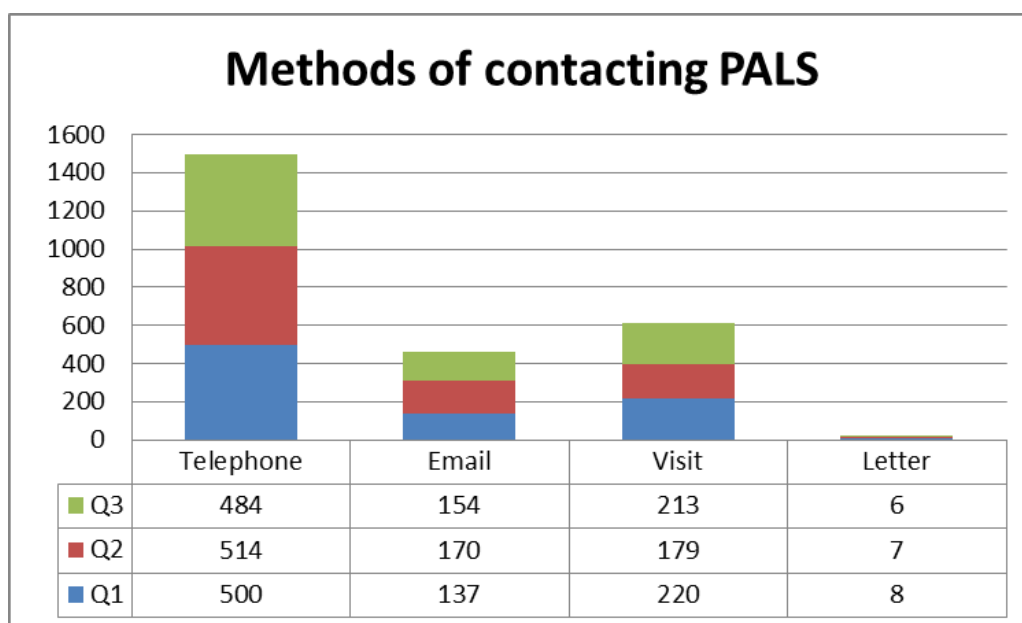


Figure 15: Methods of contacting PALS (Source Datix 27/01/2022)

### 3.3 Immediate resolution

Of the 857 contacts to PALS the 599 immediate resolution enquiries in Q3 that the PALS team supported (as shown in Figure 16) the three main themes of the top three were:

1. Parking – car park and parking enquiries, stamping parking tickets, providing parking letters
2. Contact details – contact details of wards, clinics, secretaries
3. a) Appointments – waiting times for appointment, accompanying patients to appointments, appointment information  
b) Directions and escort – giving directions (internal and external, escorting patients to wards/ clinics, helping with luggage)



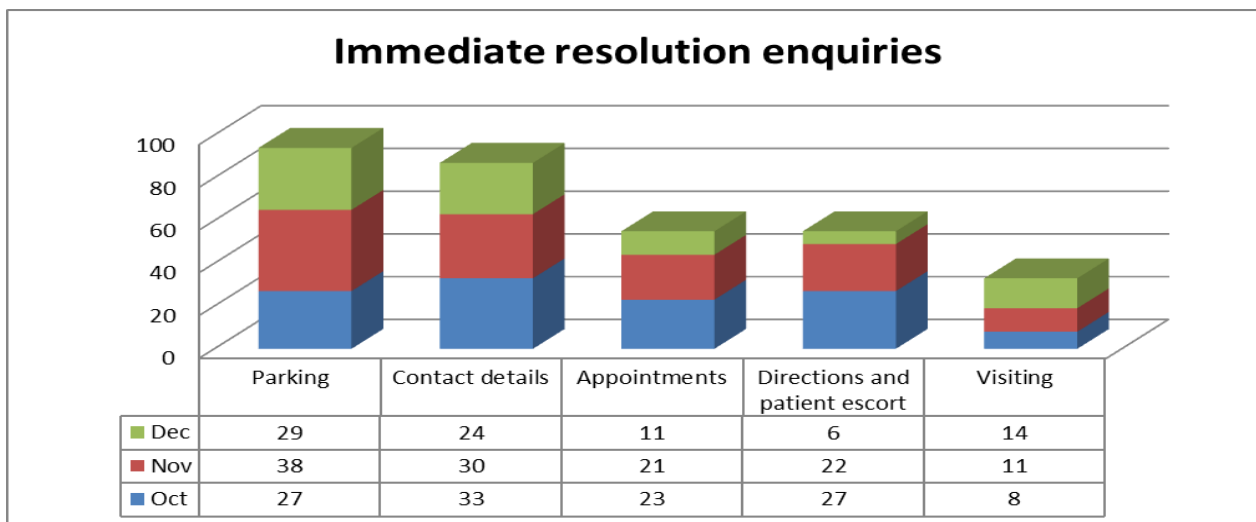


Figure 16: Immediate resolution enquiries –main themes (Source Immediate Resolution spreadsheet 27/01/2022)

Areas to highlight from the main contacts this quarter are enquiries regarding car parking (location of car parks, availability, parking discount, disabled parking), requests for parking tickets to be stamped, and requests for parking letters for regular visitors of long-term inpatients.

PALS have received an increased amount of calls from member of the public trying to reach switchboard and asking for contact details. This is due to Bing search engine listing the PALS number as the main number for the hospital. Comms have tried to edit the details but the verification is taking a while. They are monitoring the progress on this.

### 3.4 PALS Enquires/Concerns

The PALS team supported 258 concerns/ enquiries (out of the 857 total contacts) being raised by patients or their relatives (as shown in Figure 17 below).

Of the concerns supported by the PALS team the top themes were communication, information and advice requests. We have received a total of 202 enquiries/ concerns regarding these. The main sub-subjects within these were:

1. Appointment queries – chasing outpatient appointment, chasing procedure, rearranging / cancelling appointment, requesting clarification
2. Clarification of medical information – information in clinic letter, discharge summary, results enquiry, medication enquiry
3. Other communication issues – trying to get through to teams, chasing information/ results

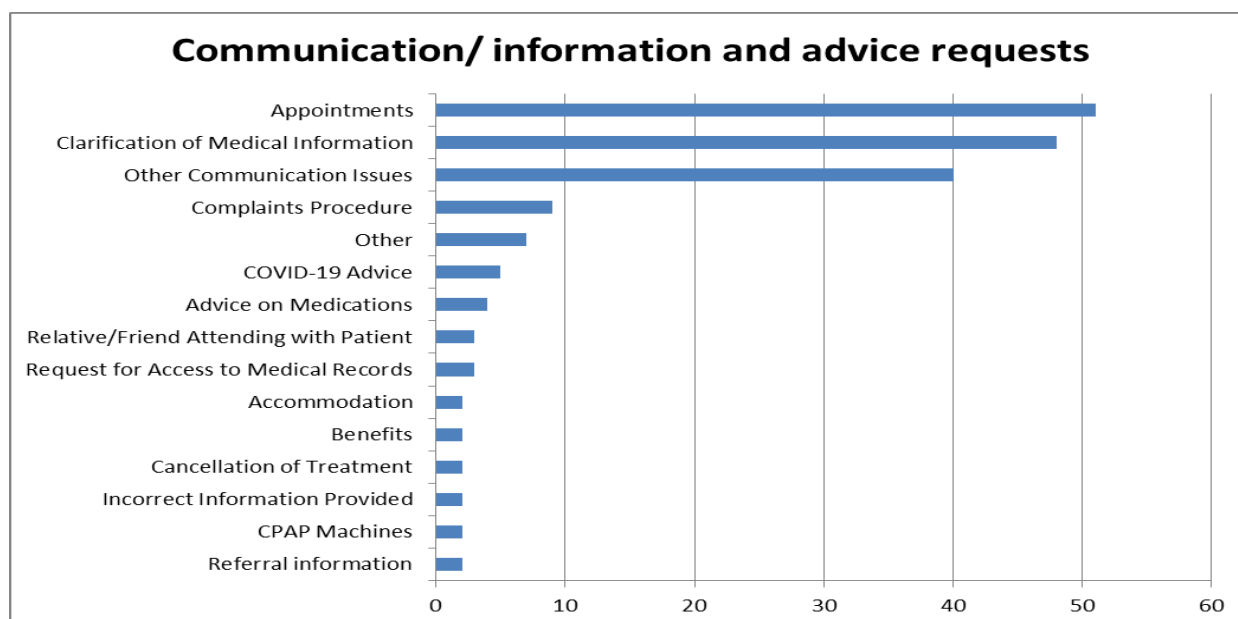


Figure 17: The 15 main sub-subjects within communication, information and advice requests (Source Datix 27/01/2022)

No PALS enquiries were escalated to formal complaints.

Four enquiries were signposted to an organisation external to the Trust: three to other hospitals, one to NHS England regarding concern about GP.

### 3.5 Compliments

In Q3 we received a total of 4053 compliments, of these 3877 compliments were received via the Friends and Family Test (FFT) Survey and 176 were received via cards/letters/emails/verbally. As seen in Figure 18, the main themes from the compliments received cards/letters/emails/verbally were general thanks, hard work, care, kindness.

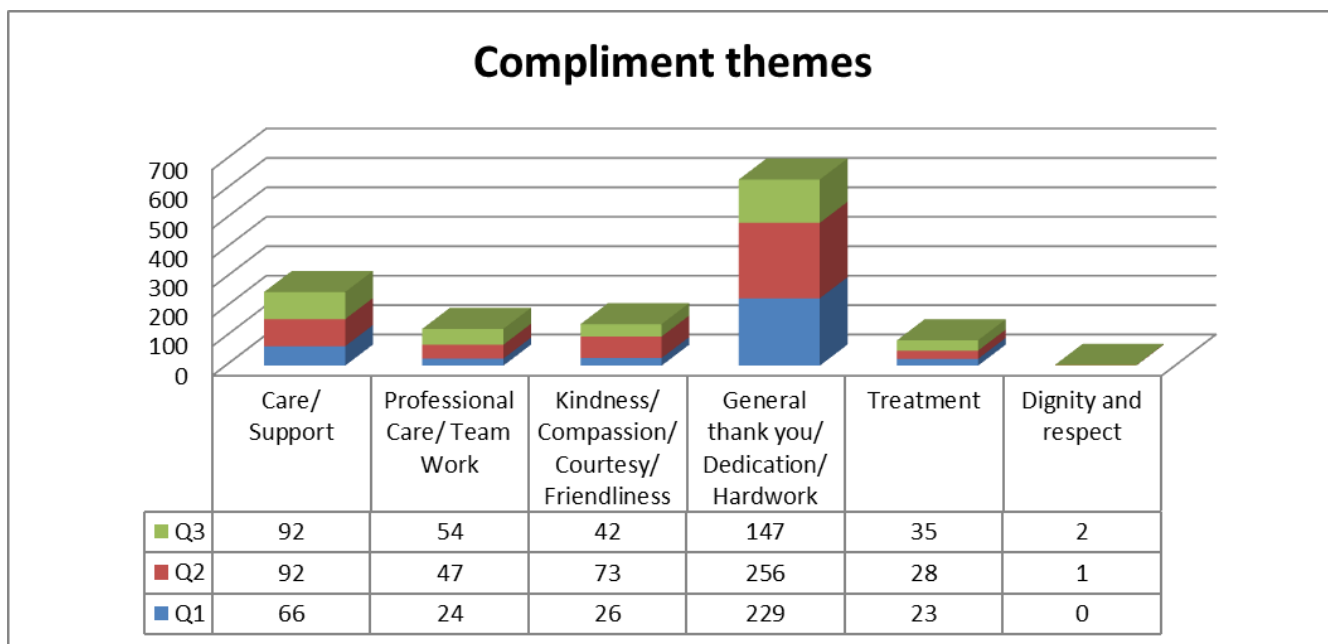


Figure 18: Main compliment themes (Source Compliments spreadsheet 27/01/2022)

#### Examples of feedback:

“You were all friendly, empathetic, and professional that you made my stay a real pleasure, thank you all so very much.” (4 North)

“Your care, kindness and patience is something I shall never forget.” (5 North)

“The experience was so efficient. I was greeted with a smile, checked on the door by the Chief Exec, then swiftly and safely seen to, in and out in a matter of minutes. I could see that the Chief Execs presence on the ground was giving the staff a real morale boost which was actually heart-warming. Really, thank you so much for your tremendous effort and attitude everyone.” (COVID vaccine hub)

“Thank you for the care you have shown through my rehab programme. I cannot thank you enough for making me feel more confident in getting better. You are all amazing.” (Cardiac support and rehabilitation)

“I remember being greeted from the ambulance at Papworth by Doctor Calvert who initially undertook the treatment to remove the clot and then became my Consultant Cardiologist as an outpatient. From the moment he introduced himself to me, to the point of my formal discharge earlier this year, I have nothing but the highest commendation for his professional delivery towards me. He treated me as an individual, getting to know my background and was able therefore to provide lots of information and reassurances along the way of my treatment pathway. As a “none typical” heart attack patient, it was clear from the start that his aim was to get me back to full fitness and wellbeing and his care and attention to detail were exceptional on every step of the journey.” (Dr Paddy Calvert, Consultant Cardiologist)

“I am writing a letter of thanks to the Papworth team - and use this as an opportunity to thank Mr Dronavalli for his wonderful treatment of me. My life was saved on 30.09.21 and I am immeasurably grateful to him.” (Mr Vamshidhar Dronavalli, Consultant Surgeon)

### 3.6 Bereavement and bereavement follow up services

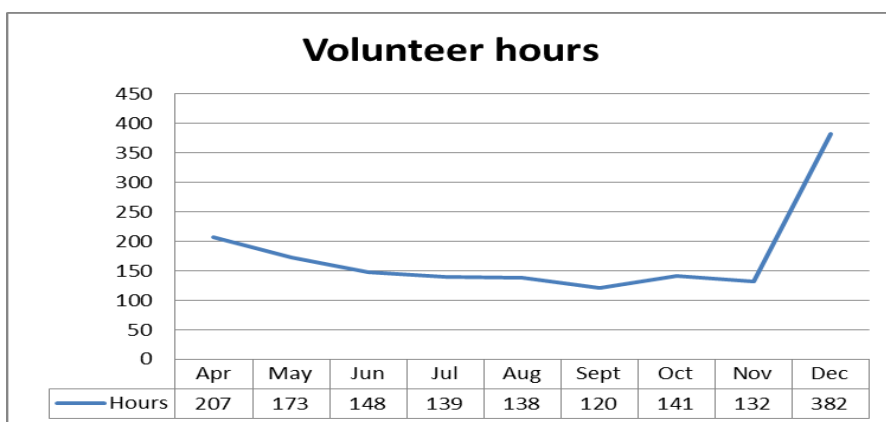
- 41 patients passed away in Q3. None of these 41 deceased patients required rapid release.
- 18 referrals were made to the coroners, 12 of these resulted in post mortem and 6 in 100A.
- PALS continued to provide all clinical areas with the relevant and up-to-date paperwork for when a patient dies.
- Supported the mortuary team at CUH with chasing outstanding paperwork and completion of the bereavement process.
- PALS sent out 46 follow up letters and 11 of the NOKs made enquiries after they had received the follow up letter. 4 of the follow up conversations were on the telephone, one virtual meeting took place.
- The reasons for follow up requests were to understand the details of how and why the patient died, to discuss post mortem results, to understand if anything else could have been done, and to get closure.
- In Q3 PALS started working with the Palliative Care team to finalise a bereaved relatives' survey and made arrangements for these surveys to be sent out from the beginning of Q4.

### 3.7 Volunteers

In Q3 the number of volunteer hours was 655 which is an increase of 258 hours compared to Q2 (397). This increase is due to support with the vaccination hub in December.

The amount of volunteer hours in Q3 can be seen in Figure 19.

Figure 19: Volunteer hours by month in Q1, Q2 and Q3 (Source Volunteer spreadsheet 27/01/2022)



- Temporary Volunteers Coordinator started in December 2021, expected to remain in post until March 2022.
- Main objectives:
  - Confirm what volunteer roles can be implemented following discussions with clinical/ departmental leads
  - Aim for 40 risk assessments to be completed and returned
  - Aim for 10 new volunteers to be recruited
  - Pets as Therapy (PAT) dogs – organise implementation of this
  - New volunteer software up and running and staff training completed – ‘Better Impact’
  - Volunteer feedback and regular supervision
- Currently we only have 3 volunteers on site helping in pharmacy

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

There was a virtual meeting in October 2021. This meeting is organised by the Nursing Management Administrator and chaired by the acting Chief Nurse. The agenda includes a patient story, current issues, updates regarding volunteers, patient representatives on committees, support groups, friends and family survey information and Healthwatch.

## 4.0 Incident and Risk Management

### 4.1 Non Clinical Accidents/Incidents

During quarter 3 there have been 307 accidents/incidents (including near misses) which have involved staff/contractors/organisation or visitors (Table 14). There is a slight decrease in the figures compared to the previous quarters (n=324). The most common type of incident continues to be Organisational issues/staffing (n=102), when comparing to Q2 there has been a significant increase in these incident (n=37); Insufficient numbers of healthcare professionals and inadequate check on equipment/ supplies were two main categories reported.

Table 14 shows the incidents by type. Other types of commonly recorded incidents include Infection control (n=36), Behaviour/Violence Aggression (n=36) and Accidents (n=25), Information Technology (n=20).

Type	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
Accidents	27	18	32	31	25
Administration - admission/discharge/transfer/waiting list	15	11	11	11	4
Anaesthetics	2	0	2	0	0
Behaviour/Violence Aggression	26	23	12	36	36
Blood Plasma Products	7	0	3	2	1
Communication/Consent	14	12	11	11	14
Data protection	16	28	16	18	5
Diagnosis Process/Procedures	4	3	4	0	0
Documentation	13	7	12	4	6
Environmental Hazards/Issues	21	15	32	11	5
Fire Incidents	3	3	2	3	4
Infection Control	70	34	31	45	36
Information Technology	19	30	42	18	20
Medical Devices	27	10	23	19	12
Medication/Medical Gases/Nutrition	21	12	17	12	19
Nutritional Feeding (Prescribed Feeds)	1	0	2	0	1
Organisational Issues/Staffing	66	38	56	65	102
Pressure Ulcers	6	5	1	1	0
Radiology	2	1	1	0	1
Security incidents	19	19	14	34	12
Treatment/Procedures	8	5	6	3	4
Total	387	274	330	324	307

Table 14: Non-clinical Incidents Reported for 2021/22 (Data source: DATIX 27/01/22)

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

During quarter 3 there has been one new RIDDOR reportable incidents (see Table 15) which required reporting to the Health & Safety Executive (HSE); WEB41888. Staff members with injuries due to moving and handling are being referred to the Occupational Health department who continue to support these individuals throughout their recovery process. The incident information is also shared with the Moving and Handling Lead to aid learning and where necessary changes to policy and practice. Workforce continues to review all reported COVID sickness absence to confirm, using a decision tree, if COVID could have been contracted at work or in the community.

RIDDOR incidents by Category	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	Total

Collision/Impact with object (not vehicle)	1	0	0	0	0	1
Contact with pot. infectious material	1	1	0	0	0	2
Inappropriate behaviour by a Pt to staff	0	0	0	1	0	1
Infection	0	2	0	1	1	4
Moving and handling	3	2	4	3	0	12
Other type of accident	0	0	0	1	0	1
Slip, Trip or Fall	0	0	1	0	0	1
<b>Total</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>1</b>	<b>22</b>

Table 15: – RIDDOR Incidents Reported for 2021/22 (Data source: DATIX 27/01/22)

### 4.3 Risk Register

There are currently a total of 574 open BAF corporate, H&S, charity and safety alert risks (as of 26/11/2021); compared with 674 in the previous month which demonstrates active recording and review of risks across the organisation and at all levels. However, 104 are overdue compared with 114 in the previous month; which equates to 18% of the risk being out-of-date.

A monthly reminder is sent for both overdue corporate extreme risks 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 Divisional meetings. All departments have access to their risk register information via the Datix Risk Management dashboards. Corporate and Board level risks are presented to the Trust Audit Committee. A Risk Maturity Review was completed by external auditors BDO in September 2021. As a result the Risk Team is developing an action plan which will be shared with QRMG.

### 4.4 Non-clinical Claims

There are no new claims brought against the Trust during Q3. All claims are shared with the local department and Root Cause Analysis reports requested at the time of the incident.

### 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 3 2021/22 the Trust has received 27 formal Safety Alerts and Field Safety Notices, raised by manufacturers. These figures do not account for medication safety alerts which are managed by the pharmacy team or Estates/Security alerts managed by Estates. All 27 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 Q3.

## 5.0 Effectiveness of Care

### 5.1 Quality and Safety Measures

The Summary Hospital-level Mortality Indicator (SHMI) is not applicable to Royal Papworth Hospital, therefore crude mortality is monitored instead, and full details of this monitoring can be seen in Appendix 1.

### 5.2 Clinical Audit

#### National Audits

In Q3, NICOR published reports against 7 workstreams, 6 of which are relevant to RPH. These have been disseminated to clinical leads and are under review. For adult cardiac surgery, the clinical audit team is preparing a comparative report to highlight the trust performance against the national targets. This will be distributed for review in Q4.

#### Local audit

Q3 Quality and Risk Report 2021/22 Trust Wide

Local audit capacity continues to be developed in line with the ongoing pandemic. The Clinical Audit and Effectiveness team is updating the Trust's clinical audit plan held with the team in preparation for 22/23.

The team is also refreshing all named clinical audit leads and project leads, and all have been re-engaged as to ensure that accountability is clear for all projects on the 22/23 clinical audit plan. Each divisional clinical audit plan will be agreed in Q4, with the trust wide plan to be reviewed at QRMG in Q4 also.

There have been 5 local audits completed in Q3. Summaries of each completed project, their findings and associated recommendations can be found in Appendix 3.

Efforts within the team remain focussed on preparing a robust plan for 2022/23.

### **5.3 NICE Guidance**

In quarter 3 there were 61 NICE Guidance publications disseminated. Of these, 21 publications have been deemed applicable to Royal Papworth Hospital (RPH). All publications identified as relevant to RPH have been disseminated to organisational leads for action. For publications made in Q3, a status update is provided below:

- have been circulated for information only
- remain under review for applicability
- 1 has a baseline assessment for compliance in progress
- have action plans in progress
- 10 are awaiting review by Drugs and Therapeutics Committee

Please see Appendix 3 for the list of newly published/updated NICE guidance in Q3.

In addition, the trust is responding to \*21 NICE publications published prior to Q3:

- 13 remain under review for applicability
- have a baseline assessment for compliance in progress
- 1 has an action plan in progress
- are awaiting review by Drugs and Therapeutics Committee

31 publications have had all trust actions completed or deemed for no further action from published after April 2020.

A detailed breakdown of all published NICE guidance documents is reported at QRMG each month.

\*NICE guidance related workload is increased as the team is seeking assurance against key publications disseminated in 2020-2021.

### **5.4 Quality Improvement**

The Clinical Audit and Quality Improvement Coordinator is now in post, which has given the team greater capacity to provide advice/guidance and support regarding clinical audit and quality improvement projects within the trust.

Whilst the teams focus for Q3/Q4 is to refresh the Clinical Audit and NICE guidance process, Quality Improvement remains an area for development in 2022/23.

**Quality and Safety Measures – ongoing monitoring****Mortality monitoring**

The Summary Hospital-level Mortality Indicator (SHMI) is not applicable to Royal Papworth Hospital, therefore crude mortality is monitored and the quarterly figure is presented below by speciality.

Specialty	Cumulative discharges	Cumulative deaths	Cumulative crude mortality	Q3 crude mortality	Q2 crude mortality	Q1 crude mortality	Q4 crude mortality
Cardiac Surgery	1558	38	2.44%	1.40%	2.32%	2.00%	5.91%
Cardiology	7868	83	1.05%	0.95%	0.98%	1.02%	1.35%
Cystic Fibrosis	271	1	0.37%	0.00%	1.14%	0.00%	0.00%
ECMO	120	48	40.00%	18.18%	52.17%	33.33%	41.18%
Lung Defence	360	4	1.11%	0.93%	0.00%	0.00%	5.56%
Oncology	813	0	0.00%	0.00%	0.00%	0.00%	0.00%
PTE	118	3	2.54%	0.00%	0.00%	8.57%	0.00%
PVDU	1161	3	0.26%	0.33%	0.27%	0.00%	0.70%
Respiratory Medicine	489	4	0.82%	1.15%	1.32%	0.00%	0.00%
RSSC	5156	7	0.14%	0.07%	0.07%	0.12%	0.38%
Thoracic Surgery	703	10	1.42%	2.84%	1.59%	0.00%	1.20%
Transplant	514	17	3.31%	2.76%	1.97%	7.32%	1.06%
<b>Grand Total</b>	<b>19131</b>	<b>218</b>	<b>1.14%</b>	<b>0.81%</b>	<b>1.03%</b>	<b>2.87%</b>	<b>2.15%</b>

\*Hospital coding data

All deaths are considered at the Serious Incident Executive Review Panel (SIERP) where decisions regarding the need for further review/ investigation are discussed. The Medical Examiner also reviews all deaths and highlights those that require Rapid Case Note Review (RCR). All deaths are also discussed in further detail at the specialty M&M meetings

## Appendix 2

### Local Clinical Audit Summary

Below illustrates the completed clinical audit & effectiveness projects for quarter 3.

#### **AUDIT DIRECTORATE – PSS**

**AUDIT TITLE:** Protected Mealtimes

**Audit description:**

PLACE 2021 (Patient led assessments of the care environment) have criteria against which they assess mealtimes in hospitals and includes Protected Mealtimes.

The purpose of the protected mealtime policy is to protect mealtimes from unnecessary and avoidable interruptions, providing an environment conducive to eating; allowing staff time to provide patients with support and assistance with meals. This audit investigates how wards within the trust perform on implementing protected mealtimes against the measured national standards.

**Findings:**

- 37% (3/8) wards did not have any patients being interrupted at all whilst eating their lunch.
- 87% (7/8) wards had members of other staff groups present on the ward.
- Only 1 ward had no other staff members present at all during lunch.

**Recommendations:**

- More could be done ensuring that tables are cleared but this could be patient preference to have their belongings nearby. A minimum standard is ensuring that there is enough room for a meal tray and there are no urine bottles or other unhygienic items present on the table.
- Action is required on the provision of hand wipes and encouraging ward staff to provide assistance where required in clearing tables, sitting patients up and offering assistance eating when all other ward activity is required to stop.
- It is important that a member of ward staff is aware of how much the patient has eaten.
- We will continue to accept that patients awaiting discharge can be interrupted during meal time to accelerate the process and that urgent tasks must be carried out as agreed in the Protected Mealtimes Procedure DN565.

#### **AUDIT DIRECTORATE – INFECTION CONTROL**

**AUDIT TITLE:** Commode Audit

**Audit description:**

This audit looks at the cleanliness and correct storage of commodes at Royal Papworth Hospital

**Findings:**

- 5N, 5S, 4NE, 4SE, 3NE and 3NW were less than 75% compliant for 2 consecutive audits

**Recommendations:**

- Additional spot checks have been carried out in Q3 for all non-compliant areas.

#### **AUDIT DIRECTORATE – INFECTION CONTROL**

**AUDIT TITLE:** Raised Toilet Seats

**Audit description:**

This audit looks at the cleanliness and correct storage of raised toilet seats at Royal Papworth Hospital.

**Findings:**

- 3NW and 3S were less than 75% compliant for two consecutive audits, however further spot checks were unable to be carried out in Q3 as the raised toilet seats were in use/unavailable at the time of audit.

**Recommendations:**

- Ward managers have been informed

#### **AUDIT DIRECTORATE – PHARMACY**

**AUDIT TITLE:** Prescribing of medicines for Secondary Prevention following bypass surgery

**Audit description:**

The aim of this audit was to investigate whether patients admitted to the Royal Papworth Hospital who had undergone an IHU-CABG received appropriate secondary prevention drugs on discharge.



**Findings:**

- 48% of patients discharged from RPH post IHU-CABG were discharged home with full secondary prevention on their discharge prescription
- 40% did not have full secondary prevention prescribed
- 40% of patients were discharged without any plan in place to start secondary prevention

**Recommendations:**

- To update the surgical discharge summary to include an option for IHU CABG post myocardial infarction with an option to add in information regarding the secondary prevention
- If secondary prevention is not prescribed on a TTO due to a particular reason, pharmacists should be encouraged to write this in the discharge summary during the TTO screening process. This can also improve the communication to the GP with regards to the medication plan.
- Pharmacists should be present on ward rounds and question the use of appropriate secondary prevention.
- The medical team should be encouraged to document the plan with regards to medication treatment post-operatively.

**AUDIT DIRECTORATE – INFECTION CONTROL****AUDIT TITLE:** Linen Audit 2021/22**Audit description:**

All laundry that is provided and used should be fit for purpose and must look visibly clean, should be of the correct material and should not be damaged or discoloured.

Standards and processes for the handling and storage of clean and soiled linen can be found in DN11 Cleaning and disinfection of patient equipment and environment.

**Findings:**

- 3/9 of the standards have achieved 100% in this audit, compared to 5/8 of the standards in the last audit in 2020.
- Standard 4 (Clean linen store is free from inappropriate items), standard 6 (Bags are more than 2/3 full and are not capable of being secured) and standard 8 (Linen skips and the appropriate bags are not taken to the areas required, Staff are carrying soiled linen or leaving it on the floor) were actions from the last audit and now show a rise in compliance.
- Standards 1, 2 and 3 now show a decline in compliance since the last audit.

**Recommendations:**

- Wards which scored less than 95% compliance across the different components are 5N, 5S, 4SW, 4NW, 3NW, 3NE, CCA and Dayward. Ward Managers have been informed.

## Appendix 3

### NEW PUBLICATIONS BY NICE

61 NICE Guidance published and disseminated to Papworth Hospital NHS Trust during Quarter 3 of 2021/2022, 21 of which have been deemed relevant to the services provided at RPH. These are listed below with their status of being reviewed.

Reference number	Title	Published/Updated	Status
NG205	Looked-after children and young people	20-Oct-21	Remains under review for applicability
NG191	COVID-19 rapid guideline: managing COVID-19	27-Oct-21	Has been circulated for information only
NG206	Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management	29-Oct-21	Remains under review for applicability
NG188	COVID-19 rapid guideline: managing the long-term effects of COVID-19	11-Nov-21	Circulated for information only
CG187	Acute heart failure: diagnosis and management	17-Nov-21	Action plan in progress
TA747	Nintedanib for treating progressive fibrosing interstitial lung diseases	17-Nov-21	Awaiting review by Drugs and Therapeutics Committee
NG208	Heart valve disease presenting in adults: investigation and management	17-Nov-21	Baseline assessment for compliance in progress
IPG712	Coronary sinus narrowing device implantation for refractory angina	24-Nov-21	Action plan in progress
NG28	Type 2 diabetes in adults: management	24-Nov-21	Remains under review for applicability
NG209	Tobacco: preventing uptake, promoting quitting and treating dependence	30-Nov-21	Remains under review for applicability
TA748	Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders	01-Dec-21	Awaiting review by Drugs and Therapeutics Committee
TA749	Liraglutide for managing obesity in people aged 12 to 17 years (terminated appraisal)	01-Dec-21	Awaiting review by Drugs and Therapeutics Committee

Reference number	Title	Published/Updated	Status
<b>TA750</b>	Olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy (terminated appraisal)	08-Dec-21	Awaiting review by Drugs and Therapeutics Committee
<b>TA751</b>	Dupilumab for treating severe asthma with type 2 inflammation	08-Dec-21	Awaiting review by Drugs and Therapeutics Committee
<b>MTG62</b>	ClearGuard HD antimicrobial barrier caps for preventing haemodialysis catheter-related bloodstream infections	13-Dec-21	Remains under review for applicability
<b>TA754</b>	Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome	15-Dec-21	Awaiting review by Drugs and Therapeutics Committee
<b>TA753</b>	Cenobamate for treating focal onset seizures in epilepsy	15-Dec-21	Awaiting review by Drugs and Therapeutics Committee
<b>TA752</b>	Belimumab for treating active autoantibody-positive systemic lupus erythematosus	15-Dec-21	Awaiting review by Drugs and Therapeutics Committee
<b>TA755</b>	Risdiplam for treating spinal muscular atrophy	16-Dec-21	Awaiting review by Drugs and Therapeutics Committee
<b>TA756</b>	Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis	16-Dec-21	Awaiting review by Drugs and Therapeutics Committee
<b>NG191</b>	COVID-19 rapid guideline: managing COVID-19	16-Dec-21	Circulated for information only