

Quality and Risk Report

Q1 2017/18

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 1 2017/18

1.0	Patient Safety	3
1.1	<i>Patient Safety Incident Trends and Actions</i>	
1.2	<i>Severity of Incidents</i>	
1.3	<i>Serious Incidents & Moderate/Severe Harm incidents</i>	
1.4	<i>VTE Monitoring</i>	
1.5	<i>Inquests</i>	
1.6	<i>Clinical Negligence Litigation</i>	
2.0	Patient Experience	9
2.1	<i>Formal Complaints and Enquiries</i>	
2.2	<i>Actions arising from upheld and partially upheld complaints</i>	
2.3	<i>Local resolution meetings</i>	
2.4	<i>Ombudsman referrals and investigations</i>	
3.0	PALS Report	11
3.1	<i>PPI activity (including patient information)</i>	
3.2	<i>Volunteers</i>	
3.3	<i>PALS Activity</i>	
3.4	<i>Compliments</i>	
3.5	<i>Bereavement Services</i>	
4.0	Risk Management	14
4.1	<i>Staff accidents / incidents</i>	
4.2	<i>Risk register</i>	
4.3	<i>Non clinical claims</i>	
4.4	<i>Safety Alerts</i>	
5.0	Information Governance	16
5.1	<i>IG Toolkit submission V15</i>	
5.2	<i>Q1 IG related Datix Incidents</i>	
5.3	<i>Information Asset Register</i>	
5.4	<i>Information Governance Training</i>	
6.0	Effectiveness of Care	17
6.1	<i>Quality and Safety Measures</i>	
6.2	<i>Clinical Audit</i>	
	Appendices	19
1	<i>PALS Enquiries - Quarterly data</i>	

1. Patient Safety

1.1 Patient Safety Incident Trends and Actions

There were a total of 560 patient incidents reported during the quarter 1 compared to 612 in the previous quarter; a decrease of 62 reports. 73 % of the total number of incidents (n=766) reported by the Trust. This reduction may be due to the reduced capacity and time to report incidents during the implementation of the Lorenzo electronic record software in addition to busy times on the ward. 498 actual incidents occurred and 62 near miss incidents were reported. The overall trend of steady reporting and contact with the Risk Team relating to incident queries (both clinical, operational and safety related) continues to demonstrate that the Trust has a willingness to report and understands the importance of capturing the data for learning.

Note: *The introduction of updated NRLS grading/coding in April 2016 will have affected the way that the Trust captures the near miss information and thus the two years are not directly comparable.

	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	Total
Actual Incidents	569	566	614	591	533	527	532	498	4430
Near Misses*	0	1	21	97	98	85	80	62	444
Total	569	567	635	688	631	612	612	560	4874

Table 1: Numbers of patient safety incidents reported in 2016-17 (Data source: DATIX 12/07/17)

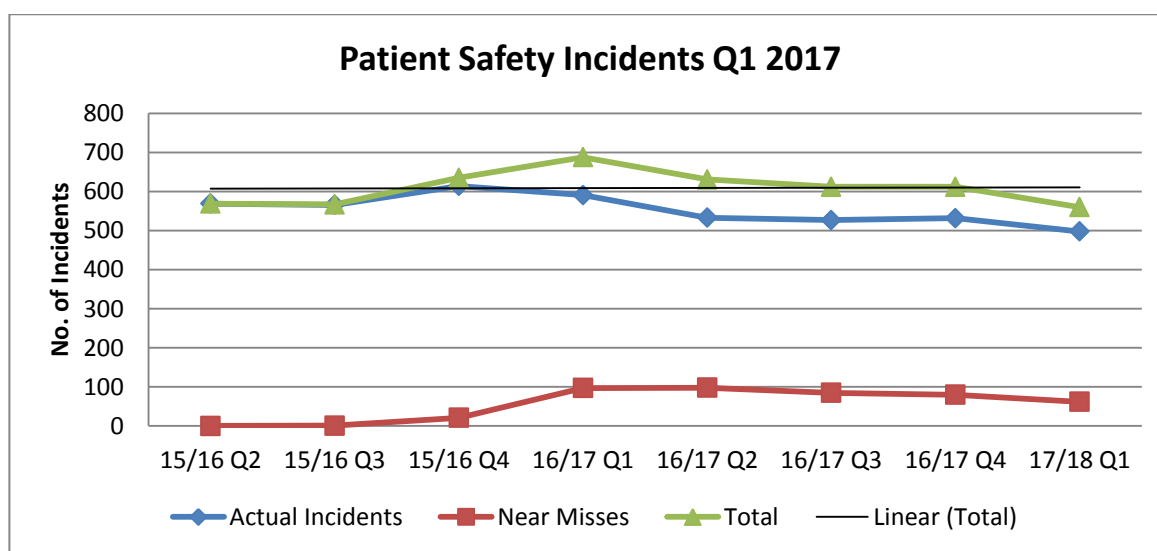


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 12/07/17)

Table 2 shows the number of actual patient safety incidents reported by the "Type" over the last 12 months. Fig 2 highlights the majority of incidents continue to involve medication issues (see section below) and administration /discharge/transport issues. There continues to be a UK wide issue relating to patient transport which is reflected in the Trust's incident reporting, these continue to be analysed and fed back to the Commissioners by Patient Services. In all cases they have been graded as no/low harm but do not capture the level of patient dissatisfaction. As these incidents are not instigated by the Trust they are not uploaded to the NRLS.

Type	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	Total
Accidents	48	63	40	48	199
Administration - admission/discharge/transfer	67	77	78	49	271
Anaesthetics	6	5	6	4	21
Behaviour/Violence Aggression	16	22	15	16	69
Blood Plasma Products	11	12	16	6	45
Communication/Consent	27	18	14	26	85
Data protection	19	11	15	23	68

Type	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	Total
Diagnosis Process/Procedures	30	41	28	24	123
Documentation	59	54	55	43	211
Environmental Hazards/Issues	5	6	3	4	18
Infection Control	11	15	12	10	48
Information Technology	20	6	9	33	68
Medical Devices	43	34	49	48	174
Medication/Medical Gases/Nutrition	119	103	110	91	423
Nutritional Feeding (Prescribed Feeds)	4	3	3	5	15
Organisational Issues/Staffing	23	12	37	17	89
Pressure Ulcers	41	43	40	41	165
Radiology	8	16	7	5	36
Security incidents	5	2	4	5	16
Treatment/Procedures	69	69	71	62	271
Total	631	612	612	560	2415

Table 2: Numbers of patient safety incidents by Type reported in 2016-17 (Data source: DATIX 12/07/17)

The top five types of incidents are depicted below in figure 2 by financial quarter which confirms the overall reduction in reporting. Incident trend information is provided in the paragraphs below and the Information Governance section.

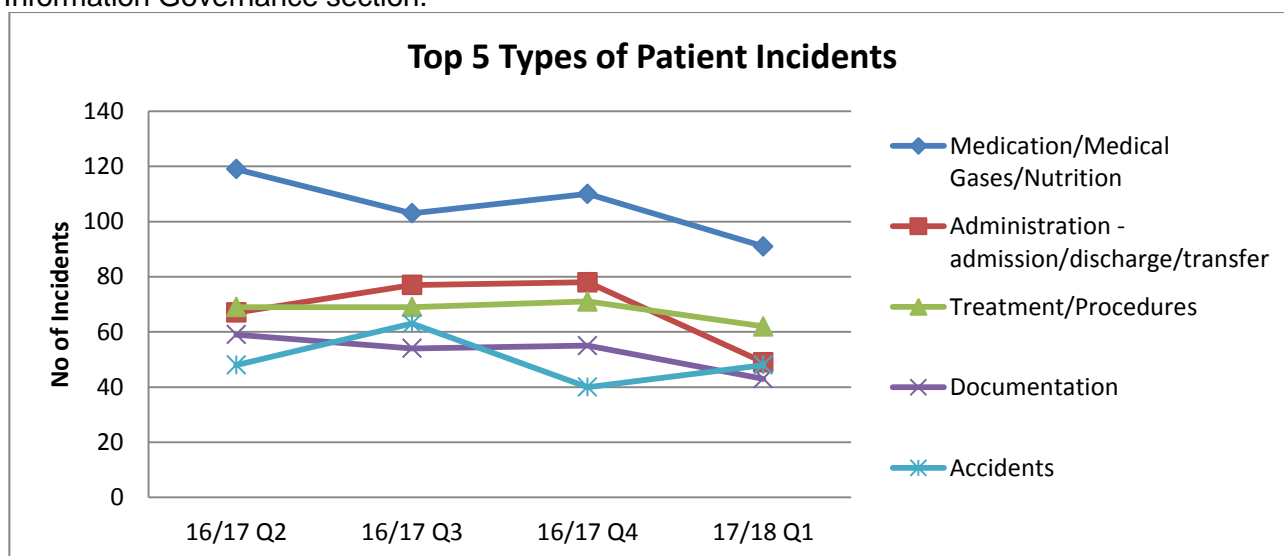
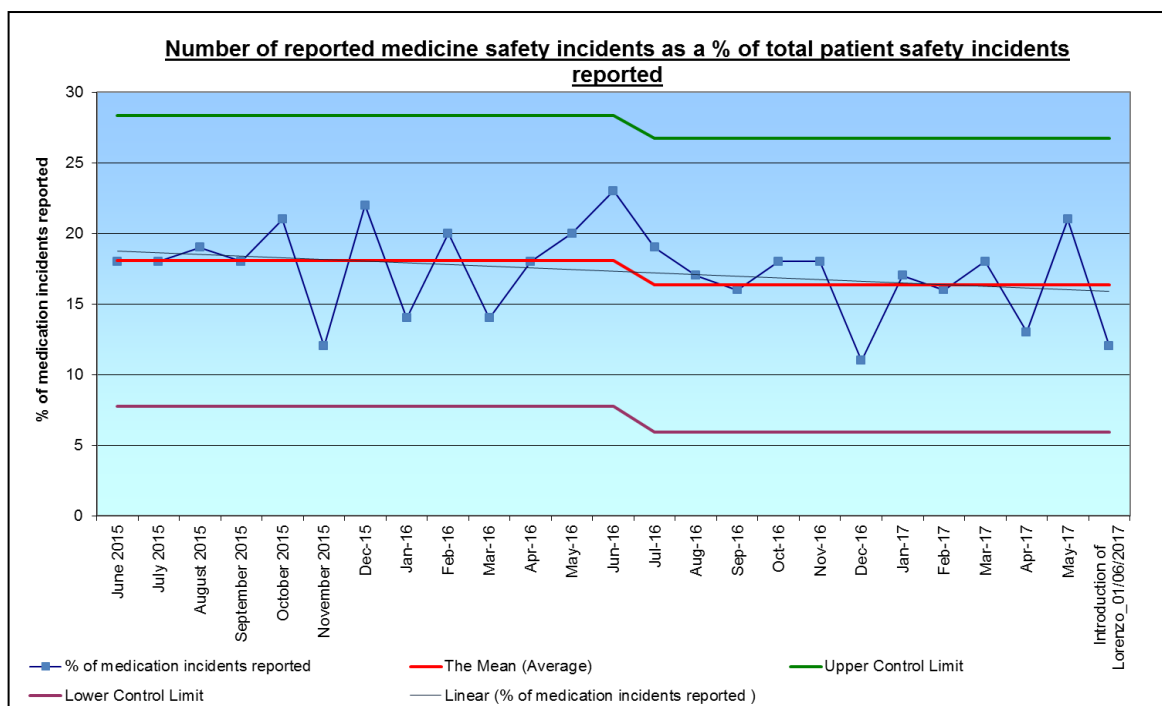


Fig 2: Patient Safety Incidents for 2016-17 (Data source: DATIX 12/07/17)

INCIDENT TRENDS AND ACTION:

Medication - All medication incidents are reviewed by the Medication Safety Group where investigations, actions and learning is monitored and shared within a Trust wide multidisciplinary group. There has been a reduction in the number of reported Medication incidents to the end of June and the introduction of Lorenzo is thought to have impacted on this. The numbers of reported Medication incidents are now monitored as a % of total patient safety incidents reported to give a better idea of the impact of numbers reported. A pharmacy member of the Lorenzo team is now attending the Medicines Safety Group on a regular basis to capture intelligence and issues from the group that may not be reported through the Datix system.



All medicines safety incidents reported in Q1 have been graded as Low/ No Harm or Near Miss

Accidents

During the quarter 41 incidents have been recorded as Accidents. Slips/trips and falls remain a consistent issue across the Trust with 97% (44/45) resulting in no/low harm incidents while patients are on in-patient wards. On one occasion a patient mobilised independently having got out of his car and then falls resulting in a fracture hip. This was shown to be unavoidable to the Trust. The plan for the financial year is to audit the falls and highlight any links with polypharmacy. In addition a questionnaire is also being sent out to assess the effectiveness of the falls alarm pads and if shown to be successful more will be purchased.

Category	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	Total
Collision/Impact with object	3	3	2	3	11
Hot or cold surfaces	0	1	0	0	1
Moving and handling	2	1	3	1	7
Other type of accident	4	4	2	6	16
Road Traffic Accident	0	0	1	0	1
Slip, Trip or Fall	57	39	55	31	182
Total	66	48	63	41	218

Table 3a – Incidents Coded as Accident (Data source: DATIX 12/07/17)

Treatment and Procedures

During the quarter 62 incidents and near misses have been recorded against Treatment and Procedure. 89% of these incidents have been graded as near miss, no/low harm. Six incidents have been graded as “moderate/severe harm” which are under investigation using root cause analysis (see 3.1). The majority (n=45) related to the treatment or procedure (see Table 3b). A review of the code treatment and procedure has confirmed that national NRLS coding does not always meet the detailed needs of the Trust and prior to the conclusion of the incident, many incidents are correctly coded as “other”. Three of these incidents were re-coded as “unintended injury” and one would fit better as a medication incident.

Category	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	Total
Extended Stay	2	2	0	1	5
Implant/prostheses/device	0	0	0	1	1
Monitoring of Treatment	11	4	4	7	26
Self Extubation	0	6	2	0	8
Transplant	0	0	0	1	1
Treatment and procedure	46	47	31	45	169
Unintended	9	10	31	7	57
Unplanned	1	0	3	0	4
Total	69	69	71	62	271

Table 3b – Incidents Coded as Treatment and Procedure (Data source: DATIX 12/07/17)

1.2 Severity of 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, no/low harm which over the last 12 months (98%) which demonstrates the willingness to report and learn from all types of incidents including “known complications” (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.

Severity	16/17 Q2	16/17 Q3*	16/17 Q4*	17/18 Q1*	Total
Near Miss	98	85	80	62	325
No harm	398	362	357	299	1416
Low harm	129	145	150	134	558
Moderate harm	4	9	8	8	29
Severe harm	0	0	1	2	3
Death caused by the incident	0	2	0	0	2
Death UNRELATED to the incident	2	8	8	6	24
Total	631	611	604	511	2357

Table 3c – Incidents by Severity (Data source: DATIX 13/07/17)

*Incidents still under investigation have not yet been graded

For benchmarking purposes - numbers of moderate and above incidents by speciality:

Specialty	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	Total
Anaesthetics	0	2	1	0	3
Blood Sciences	1	0	0	0	1
Cardiac Physiologists	0	0	1	0	1
Cardiac Surgery	0	2	2	1	5
Cardiology	0	4	1	3	8
Critical Care	1	2	2	1	6
Nuclear medicine	0	0	1	0	1
Respiratory Support & Sleep Centre	1	0	0	0	1
Theatres	0	1	1	4	6
Thoracic Surgery	1	0	0	0	1
Transplant Surgery	0	0	0	1	1
Total	4	11	9	10	34

Table 3d – Incidents by Severity _ Moderate Harm (Data source: DATIX 13/07/17)

1.3 Patient incidents resulting in Moderate or Severe Harm inclusive of Serious Incidents (SI's) In Q1 there have been three SIs of which one was reported as a “Never Event”. There were 6 incidents reported and confirmed following investigation as Moderate/Severe Harm.

1.4 VTE Monitoring

The graph below shows the number of VTE events from Q1 2016/17 to end of Q1 2017/18. 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 eight VTE events in Q1 2017/18

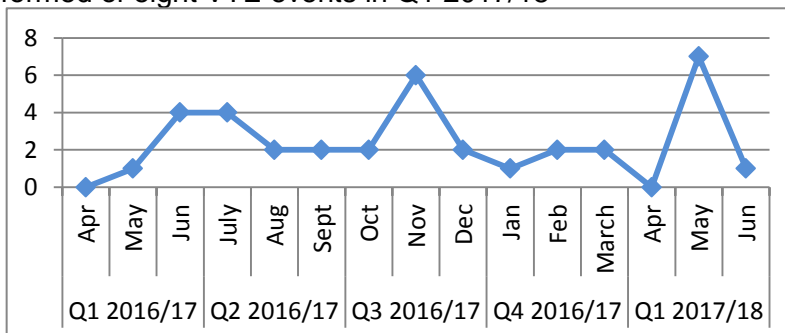


Table 1: Incidence according to specialty

	Total number of VTE events according to specialty in Q2, 3 & 4 16/17 & Q1 17/18				Pulmonary embolus				Deep vein thrombosis			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Surgery	0	6	3	4	0	6	3	4	0	1	0	0
Medicine	6	3	2	2	6	3	2	2	0	0	0	0
Other (Tx, VAD, ECMO)	2	1	0	2	2	1	0	1				Jugular vein thrombosis

Root cause analysis

Of the eight VTE events that were reported in Q1, all events are subject to root cause analysis which are currently in progress but not yet completed.

Table 2: Percentage of patients risk assessed for VTE in 2015/16 and Q1 2017/18

	% of In-Patients Risk Assessed for VTE	Quarterly %
April 2016 Q1	97.3	
May 2016	97	
June 2016	97.9	97.4
July 2016 Q2	98.1	
August 2016	97.9	
September 2016	97.9	98
October 2016 Q3	97	
November 2016	97.4	
December 2016	97.3	97.2
January 2017 Q4	97	
February 2016	97.5	
March 2016	97	97.1
April 2016 Q1	97.4	
May 2016	97	
June 2016	90	94.8

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

		No of patient records	% of patients receiving appropriate VTE prophylaxis
April 2016	Q1	n = 22	100%
May 2016		n = 21	100%
June 2016		n = 28	100%
July 2016	Q2	n = 23	100%
August 2016		n = 28	100%
September 2016		n = 20	100%
October 2016	Q3	n = 27	100%
November 2016		n = 19	100%
December 2016		n = 32	100%
January 2017	Q4	n = 13	100%
February 2017		n = 22	100%
March 2017		n = 21	100%
April 2017	Q1		
May 2017			
June 2017			

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.

Risk assessment compliance

- Compliance with recording VTE assessment, prophylaxis and intervention has decreased to 90% in June. This has happened following the introduction of Lorenzo.
- Not all staff knew where to find the VTE risk assessment form on the Lorenzo EPR system when patients were admitted.
- Some patients were assessed as not having reduced mobility e.g. expected short stay cardiology patient however the assessments were then not updated with a change in the patient's condition e.g. if the patient proceeded to have surgery.

Actions

- VTE risk assessments are located in the same place in each clinical chart on Lorenzo.
- Once completed the VTE assessment feeds through to the discharge summary.
- Staff are now more accustomed to using Lorenzo.
- The clinical indicators view allows the ward Sister/ward coordinator to view compliance with mandatory risk assessments i.e. VTE, Braden and MUST.
- Support in place for staff in improving compliance.
- Perform snap shot audit to assess progress of actions.

1.5 Inquests - The Trust assisted the Coroner with 4 Inquests in Q1 17/18. Any learning points identified at Inquest are discussed at QRMG in quarter. There are 18 inquests/investigations pending – which includes 6 out of area.

1.6 Clinical Negligence Litigation

The Trust has received 4 new requests for disclosure of records. 1 Letter of Claim has been received in Q1. 4 Claims have been closed following prolonged silence and / or no further contact by claimant's solicitors. Table 1 shows new claims activity in Q1.

Patient Experience

2.1 Complaints and Enquiries

We have received **13 formal complaints** and **10 enquiries** for Q1 this is a decrease in formal complaints from Q4 (15).

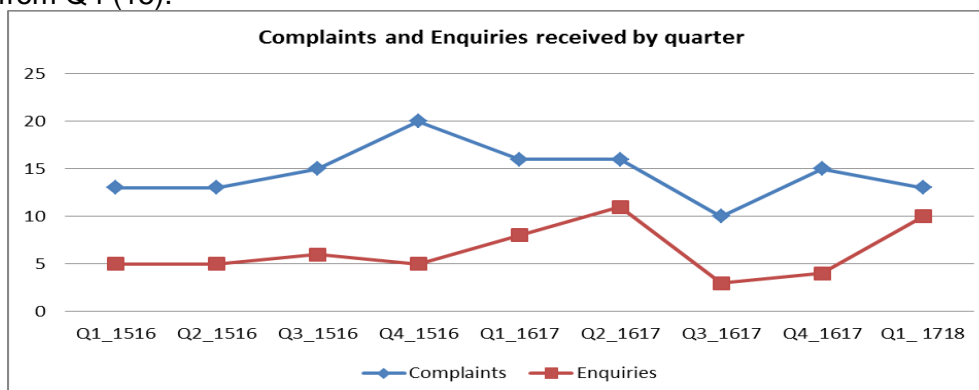


Figure 1 Complaints Vs Enquiries received by quarter

*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 Q1 (April – June)	Upheld / part upheld	Enquiries for further information
April	3	2	5
May	3	1	3
June	7* (1 complaint withdrawn)	2*	2
	13	5*	10

Table 1: Numbers of complaints / Enquiries (source: Datix 03/7/2017)

Complaints by Subject (primary)									
	Q1 1718	Q41617	Q31617	Q21617	Q11617	Q41516	Q31516	Q21516	Q11516
Staff attitude	0	4	0	0	1	2	2	0	0
Clinical Care	4	3	1	6	7	8	3	2	8
Nursing Care	0	2	0	1	1	1	0	4	1
Communication/Information	6	2	6	6	4	6	7	4	3
Delay in Diagnosis / treatment	3	3	1	1	0	1	0	3	0
Catering	0	0	1	0	0	0	0	0	0
Transport	0	0	0	1	0	0	1	0	1
Patient Charges	0	0	0	1	0	0	0	0	0
Medication	0	0	0	0	0	1	1	0	0
Discharge	0	0	0	0	2	1	1	0	0
Environment	0	1	0	0	0	0	0	0	0
Equipment	0	0	1	0	0	0	0	0	0
Totals:	13	15	10	16	16	20	15	13	13

Table 2 Primary subject of complaints by quarter (source: Datix 13/07/2017)

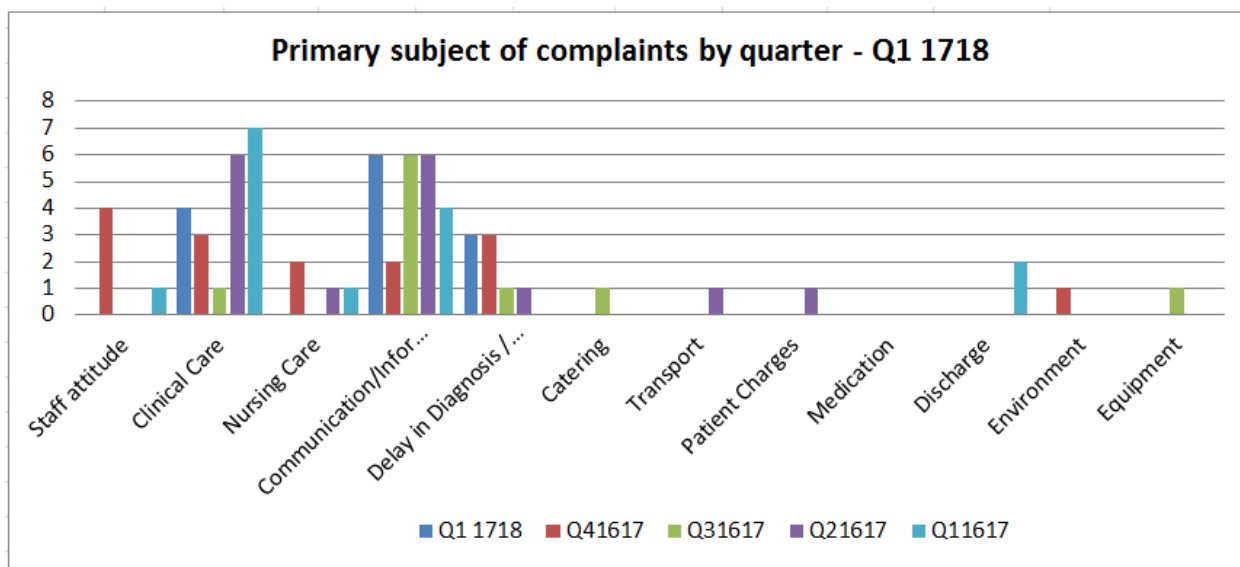


Figure 2 Primary subjects of complaints by quarter (source: Datix 03/04/2017)

Quality Dashboard Monitoring – Q1	
Number of complaints responded to within agreed timeframe with complainant	100%
Number of PSHO referrals in quarter	0
Number of PSHO referrals returned upheld with recommendations and action plans	0

Table 3 Quality Dashboard monitoring

2.2 Actions arising from complaints upheld or partially upheld in Q1 17/18

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>
Q11718-03F	Lack of Follow up and communication with other Healthcare providers	Upheld	<ul style="list-style-type: none"> • Patient Access Manager has circulated the correct process for booking out-patient appointments to the relevant staff groups to prevent this happening again in the future • Introduction of EPR in June 2017 will also reduce the risk of appointments being missed in the future
Q11718-05F	Patient unhappy with lack of communication ahead of procedure, care on ward and discharge	Part - Upheld	<ul style="list-style-type: none"> • Explanation and apology – Patient experience feedback to relevant staff
Q11718-13F	By-pass procedure cancelled, patient feels poor organisation and scheduling of cardiac surgery	Part Upheld	<ul style="list-style-type: none"> • Explanation and apology given
Q11718-16F	Patients procedure cancelled - shortage of ITU staff	Upheld	<ul style="list-style-type: none"> • Explanation and apology given
Q11718-19F NHS and Private Care	Delay in procedure / poor communication	Part Upheld	<ul style="list-style-type: none"> • Explanation and apology given

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

Numbers of complaints remains small and benchmarking within the specialities is shown below.

Complaints received by specialty	Q1 17/18	Q4 16/17	Q3 16/17	Q2 16/17	Q1 16/17	Q4 15/16
Cardiology	5↑	4↑	3↓	5↑	4↓	7
Cardiac Surgery	6↑	3↑	0↓	3	3↓	4
Critical Care	0	0	0	0↓	1↑	0
Transplant	0	0	0	2	2↑	0
Respiratory Medicine	0	4↑	2↑	1	1	1
Respiratory Physiology	0	1↑	0↓	1↑	0	0
Respiratory Support & Sleep Centre	0	0↓	3↑	0↓	1	1
Thoracic Oncology	1↑	0	0	0	0	0
General Radiology	0	1	1↑	0↓	1	1
Nuclear (Radiology)	0	0	0	0	0	1
MRI (Radiology)	1	0	0	0	0	0
Thoracic Surgery	0	1↑	0↓	2↓	3	3
Hotel Services	0	0↓	1↑	0	0	1
HRD - Charges	0	0	0	0	0	1
Other	0	1	0	2↑	0	0
Totals:	13	15	10	16	16	20

Table 5: Benchmarking complaints across the specialities (Source Complaints spreadsheet 13/07/2017)

2.3 Local Resolution Meetings in Q4

The Trust did not hold any local resolution meetings in Q1:

2.4 Ombudsman's Referrals

The Trust has no outstanding complaints with the Ombudsman

3 Patient Advice and Liaison Service

3.1 PCEP Meeting

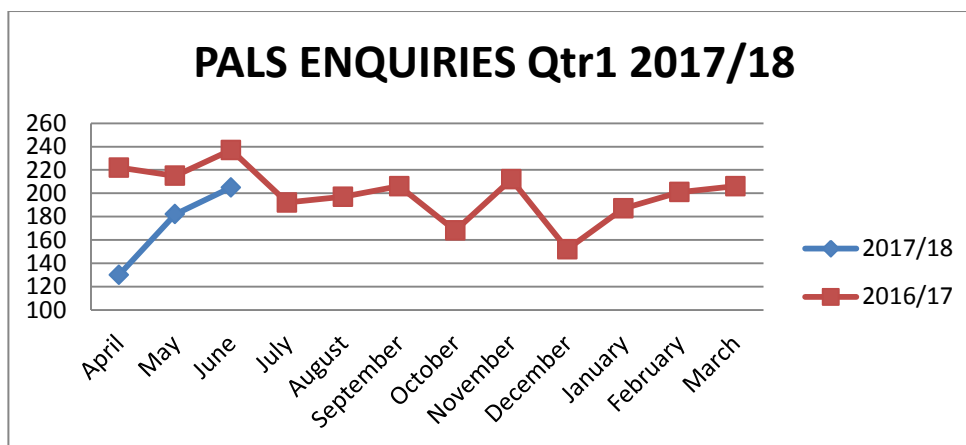
- The Patient and Carer Experience Group met during Q1. The meeting was well attended and discussions were positive and informative. Panel members have been asked to think about what they would like to discuss at future meetings, so the PALS team can facilitate the agenda.

3.2 Volunteers

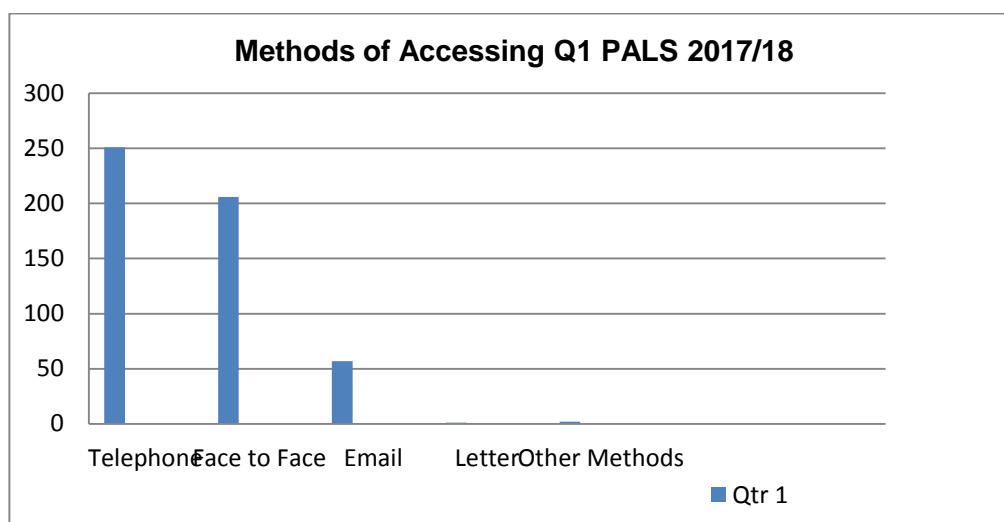
- In Q1 there were 86 active hospital volunteers.
- 6 volunteers are presently going through the application process and once recruited will work as ward visitors/greeters and support the admin function.
- Reply slips were sent out to all our volunteers regarding their intentions to move to the New Papworth Hospital **Yes** – 22 **No** – **37** **Maybe** **27**. Out of the 22 that said Yes 10 of them are meeting panel members and proof readers only.
- Waiting for feedback from the Matrons regarding their volunteer requirements, so we can start planning roles and numbers.
- PALS Supervisor met with the Volunteers Manager at CUH to discuss sharing ideas.

3.3 Patient Advice and Liaison Service (PALS)

- During Q1 2017/18, the PALS Service received **517** enquiries from patients, families and carers. This was a decrease on the number recorded in Q1 2016/17 which was **674**.



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



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

3.2.1 Concerns Raised

The table at Appendix 1 shows the concerns by category for Q1 in 2017/18.

Key Themes raised from PALS enquiries in Q1 2017/18

Subject (Primary)	Number of enquiries received	Details
Information and Advice	343	Top three themes: 136 related to on-site directions 65 related to information about hospital services 62 related to 'other' information requests
Communications	82	Top three themes: 51 requests for clarification of medical information 8 related to lack of information for patients 8 related to 'other' information requests
Delay in diagnosis/treatment or referral	12	Top three themes: 9 waiting times for appointments 2 delay in diagnosis/treatment 1 delay in referral
Parking	24	Top three themes: 13 related to parking charges

Subject (Primary)	Number of enquiries received	Details
		6 related to parking directions 4 disabled access
Transport	27	16 related to NHS transport issues 5 related to 'other' transport issues
Medical Records	4	2 related to access to medical records 2 related to update medical records
Training	3	3 related to a request for a training placement
Patient Charges	2	1 related to 'other' 1 related to treatment costs
Environment - Internal	3	1 related to cleanliness of toilet 1 related to hostel accommodation 1 related to health and safety issues
Staff Attitude	4	3 were due to uncaring behaviour and 1 was due to inappropriate manner/behaviour.
Equipment Issues	2	1 related to delays in replacing equipment 1 related to lack of/inadequate equipment
Medication Issues	3	2 related to prescriptions 1 related to incorrect medication
Discharge Arrangements	2	2 related to delay in discharge
Clinical Care	1	1 related to poor recovery after discharge
Property	2	2 related to lost property 1 related to damage to personal property
Admissions Arrangements	1	1 regarding property/clothes required for admission

There were 10 enquiries regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Patient Charges	1
Communication	2
Information/Advice Requests	6
Parking	1
Total	10

During the Q1 there were 2 requests for information about the complaints procedure and 2 PALS enquiries were escalated to formal complaints. 7 enquiries were signposted to organisations external to the Trust.

3.4 Compliments

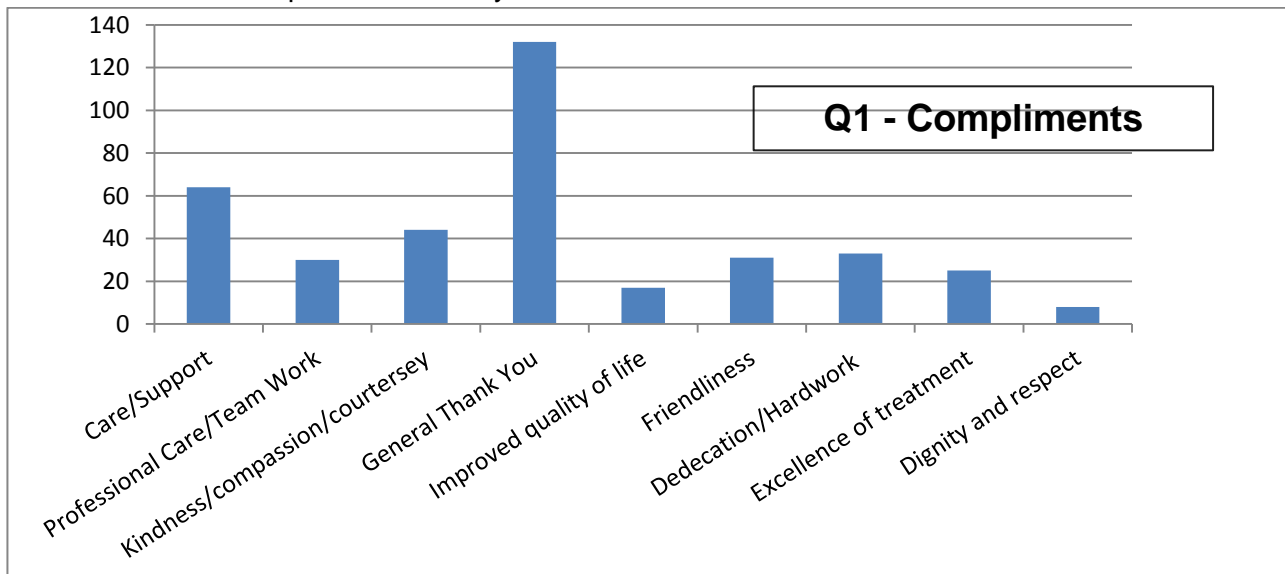
There were 384 compliments received across the Trust during Q1 2017/18. This was a decrease on the number received in Q1 in the previous year (2016/17) when there were 420. Compliments take a variety of forms – verbal, letters, thank you cards, e-mails and suggestion cards. Below are the key areas praised:

- Cardiothoracic Surgeons
- Cardiac Outpatients
- Duchess
- Cardiac Day Ward
- CMU
- Palliative Care

- Cardiac Support
- Thoracic Day Ward
- CEO
- Hugh Fleming
- Hemingford Ward
- Mallard Ward
- Princess Ward
- Lung Defence
- TCCA
- Varrier Jones Ward
- Transplant
- CF
- RSSC
- Patient Services Team
- PALS
- Housekeepers

The top three themes for compliments for Q1 in 2017/18 were:

- General Thank You
- Care/Support
- Kindness/compassion/courtesy



3.5 Bereavement Services

The Patient Advice and Liaison Service team are also responsible for providing the bereavement service function to families when the patient dies while in Trust care. During Q1 there were **42** 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 Q1 PALS registered **5** deaths on behalf of families.

In Q1 the PALS team attended and supported families at:

- **5** next of kin viewings at the mortuary
- **2** meetings to discuss and complete documentation for hospital post mortem examination and tissue consent

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 **19** of these during Q1.

4. Risk Management

4.1 Non Clinical Accidents/Incidents

During quarter one there were 264 non-clinical accidents/incidents involving staff, visitors and contractors. Incidents marked (*) are still undergoing investigation. Table 1 shows the types of incidents by category, the majority are Organisational/staffing issues (16%, n=42) with 25 of the 42 incidents being coded as "insufficient numbers of healthcare professionals". Anecdotally it has been noted by one of the matrons that there have recently been many "Red Flags" on the nursing

dashboard, however most of these are not recorded on Datix. A discussion was then had about the need for increased Datix reporting vs the workload balance and nursing capacity. It was thus decided that the teams would be encourage to ensure the high risk incidents are on Datix.

The second most common type of issue are Accidents (15%, n=39) with many slipping & tripping (both inside and outside of the buildings), contact with objects and moving & handling incidents resulting in injuries; which also result in a RIDDOR incident.

There has also been an increase in the reporting of medical device failures which have previously only been reported to TSS. However the value of collating this data and collecting it as evidence associated with the risk assessment has been realised.

Type	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	Total
Accidents	40	33	26	39	138
Administration - admission/discharge/transfer	11	18	8	15	52
Anaesthetics	1	0	0	1	2
Behaviour/Violence Aggression	26	19	10	16	71
Blood Plasma Products	2	2	1	4	9
Communication/Consent	12	4	5	9	30
Data protection	11	7	14	3	35
Diagnosis Process/Procedures	4	3	2	7	16
Documentation	12	11	16	13	52
Environmental Hazards/Issues	9	13	7	8	37
Fire Incidents	0	0	1	0	1
Infection Control	30	26	26	23	105
Information Technology	13	9	21	30	73
Medical Devices	16	13	21	31	81
Medication/Medical Gases/Nutrition	14	22	12	15	63
Nutritional Feeding (Prescribed Feeds)	0	0	1	0	1
Organisational Issues/Staffing	27	17	26	42	112
Radiology	0	1	0	2	3
Security incidents	15	9	6	5	35
Treatment/Procedures	3	7	2	1	13
Total	246	214	205	264	929

Table 1 – Non-clinical Incidents Reported for 2016/17 (Data source: DATIX 14/07/17)

During the quarter one RIDDOR reportable incident was recorded which related to frequent patient moving and handling by staff during that shift. Learning included the need for good communication between the team prior to the move. All RIDDOR reportable incidents are reviewed at H&S Committee and QRMG.

Category	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	Total
Collision/Impact with object (not vehicle)	1	0	0	0	0	0	0	1	0	0	2
Contact with pot. infectious material	0	1	0	0	0	0	0	0	0	0	1
Moving and handling	0	0	0	1	0	0	0	0	0	1	2
Physical outburst by patient	1	0	0	0	0	0	0	0	0	0	1
Slip, Trip or Fall	1	0	0	0	0	2	0	0	0	0	3
Total	3	1	0	1	0	2	0	1	0	1	9

Table 2 – RIDDOR Incidents Reported for 2016/17 (Data source: DATIX 7/07/17)

4.2 Risk Register

For the past 12 months the Trust has successfully transferred from paper to electronic reporting of all risks. During quarter 1 the process for transferring New Papworth Hospital project risks has begun by the Project Team which will significantly increase the number of open risks held on Datix. Currently there are 588 open “finally approved” risks held on the system which includes 59 Board Assurance risks. The Risk Team and New Papworth Project Team have shared responsibilities for managing and monitoring the data. Weekly reports are produced for the Executive team to enable strategic planning in line with the departmental Corporate Risk Registers, in addition to a monthly BAF tracker dashboard. Corporate and Board level risks are presented to the Trust Audit Committee. An audit of the Risk and Board Assurance process has been completed in January 2017 with updated Datix software/risk management training being provided from July 2017.

4.3 Non-clinical claims

There is currently one ongoing employee liability violence & aggression claim which is currently open with the NHSLA. One new employee claim related to slipping and tripping is anticipated (this claim has now been received in July 2017).

4.4 Safety Alerts

Throughout the quarter the Trust has received 33 safety alerts, the majority 18/33 relate to Estates issues and not clinical devices/processes. Of the 33, 30 have not been relevant to the Trust. Action plans relating to the relevant alerts are monitored by the QRMG. All have been responded to on time on the CAS website

Status/Alert Type	MDA	PSA	EFA	EFN	DH	SDA
Assessing Relevance (1)	1	0	0	0	0	0
Action Not Required (30)	11	1	0	18	0	0
Action Required/Completed (2)	2*	0	0	0	0	0
Action Required/Ongoing (0)	0	0	0	0	0	0
Total Alerts (33)	14	1	0	18	0	0
Total Breached (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

*Alerts relevant to Trust:

- MDA/2017/013 - All LIFEPAK 1000 automatic external defibrillators (AEDs) - risk of device shutting down unexpectedly during patient treatment and possible failure to deliver therapy
- MDA/2017/012 - V60 ventilator – potential for unexpected shutdown

This report does not include:

- Field Safety Notices or Targeted letters
- Alerts released prior to Q1, even if they are still being actioned

5. Information Governance

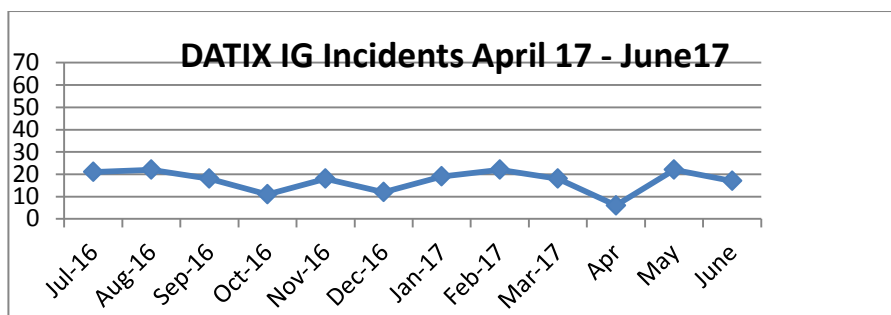
5.1 IG Toolkit submission V15

The new IG Toolkit format is now overdue for release and the final version has not been formalised. It is now anticipated that this year’s toolkit will be a slightly updated version of V14 rather than a new format, with roll out commencing in August.

5.2 Q1 IG related Datix Incidents

Information governance related issues are continuing to decrease, with the total for Q1 at 45 incidents, which is down by 14 from Q4

- 6 in April
- 22 in May
- 17 in June



Out of the 45 Datix incidents, 9 were actual incidents with the remaining 36 being near misses. All incidents were rated as green with no harm or low harm as the outcome. Actual incidents listed below:

Near miss events this quarter have included:

- Misfiling – 18 occurrences
- Handover / theatre lists found in inappropriate areas of the site – 8 occurrences
- Incorrect letters emails being sent to the wrong patient – 6 occurrences
- Case notes unavailable or incorrectly supplied – 5 occurrences

5.3 Information Asset Register

Despite regular chasing, many information assets are not being reviewed every quarter. Owners and administrators responsible for overdue assets will be vigorously chased this week and reminded of their responsibilities under Trust policy.

Current status (Assets)			
Up to date (risk assessed in Q1 or Q2 this year)	96	Out of date by 1 quarter (assessed in Q4 2016/17)	122
Out of date by 2 or more quarters (Q3 2016/17 or earlier)	76	New assets awaiting assessment	28

We currently have 256 assets with information flows, of which 77 bring information into the Trust and 179 send information out of the Trust. Many of these are overdue for assessment and / or review which could leave us vulnerable to a fine should we have a data breach.

5.4 Information Governance Training

The Trust's IG training material has been reviewed and amended to current standards. The release of the new online training tool has been delayed with no information as to when it can be expected.

6.0 Effectiveness of care

6.1 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

6.2 Clinical Audit

National Audits

Data submission underway for the Sentinel Stroke National Audit Programme (SSNAP)
Data submission underway for Pulmonary Rehab National Audit – closes 31st July 2017.

Local audit

The table in appendix 3 illustrates the completed projects for this quarter (32 in total). This is double that of Q1 2016/2017 (16) and slightly less than last quarter (39).

The full reports are available through the Clinical Audit and Effectiveness Department.

NSF / NICE Guidance received in quarter & progress

A total of 35 NICE guidance documents were published during April, May and June 2017. 3 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

These monthly meetings provide the Trust with assurance that the results and actions from clinical audit, effectiveness and quality improvement projects are being disseminated to clinical staff.

April: Service Improvement Team

May: Surgery

June: Interventional Cardiology

PALS Enquiries by Quarter

	2016/17				2017/18
	Q1	Q2	Q3	Q4	Q1
Verbal or Physical Abuse	0	0	0	0	0
Racial Abuse or Discrimination	0	0	0	0	0
Admission Arrangements	2	2	1	2	1
Availability for Wi-Fi	2	2	1	2	1
Property/clothes required for admission	0	0	0	0	0
Visiting Hours	0	0	0	0	0
Staff Attitude	6	8	3	4	4
Inappropriate manner/behaviour	1	3	0	2	1
Rudeness	1	0	1	0	0
Uncaring behaviour	4	5	2	2	3
Clinical Care	3	6	1	3	1
Disagreement with treatment/outcome/diagnosis	1	0	0	0	0
Inadequate/insufficient care provided	0	2	1	2	0
Inappropriate treatment given	0	0	0	0	0
Poor recovery after discharge	2	3	0	0	1
Pressure Sore	0	1	0	0	0
Clinical Error	0	0	0	1	0
Infection Control Issues	1	2	1	0	0
Infection/Infection Control query	1	1	1	0	0
Lack of Cleanliness (Hygiene)	0	1	0	0	0
Nursing Care	0	0	0	3	0
Dissatisfied with Personal Care Provided	0	0	0	0	0
Dissatisfied with nursing care/treatment	0	0	0	3	0
Catering	3	0	1	1	0
Food served at incorrect temperature	0	0	0	0	0
Inadequate Facilities	0	0	0	0	0
Inadequate portion size	0	0	0	0	0
Lack of availability of food	2	0	0	0	0
Lack of adequate choice of food	1	0	0	0	0
Meal ordered not received	0	0	0	0	0
Poor Quality Food	0	0	1	1	0
Patient charges	8	10	3	3	2
Eligibility Criteria	3	8	0	2	0
Hostel Services Costs	2	0	0	0	0
Other Charges	1	0	1	0	1
Treatment Costs	2	2	2	1	1
Communication	117	66	77	83	82
Breach of Confidentiality	2	0	0	0	3

	2016/17				2017/18
	Q1	Q2	Q3	Q4	Q1
Clarification of Medical Information	47	40	54	67	51
Consent Issues	1	0	0	0	0
Diagnosis Query	0	1	0	0	0
Freedom of Information Requests	3	0	0	0	1
Incorrect Information provided	2	2	0	2	5
Lack of Information for other Professional	7	1	0	0	2
Lack of Information for Patients	14	5	6	3	8
Lack of Information for Relatives	14	2	1	0	0
Lack of Sensitivity in Communication	2	0	0	0	1
Other communication issues	4	2	2	5	8
Poor or Conflicting information	10	7	4	4	2
Translation & Interpretation Services	9	6	10	2	1
Delay in diagnosis/treatment or referral	64	27	17	10	12
Cancellation of treatment	9	0	2	4	0
Clinical waiting times	0	0	0	0	0
Delay in diagnosis/treatment	15	7	4	2	2
Delay in referral	1	6	0	0	1
Failure to book treatment/appointment	1	0	0	0	0
Waiting time for admission to ward	0	0	1	0	9
Waiting time for appointment	30	10	9	1	0
Waiting time for operation/procedure	8	4	1	3	0
Lack of privacy and dignity	0	0	0	0	1
Lack of privacy/dignity on ward	0	0	0	0	1
Lack of privacy when relating information	0	0	0	0	0
Discharge Arrangements	4	2	3	4	2
Delay in discharge	1	0	1	0	2
Dissatisfaction with discharge to another provider	0	0	0	0	0
Lack of arrangements for home after discharge	3	1	2	4	0
Wait to transfer to other facility	0	1	0	0	0
Equipment Issues	5	6	6	2	2
Delays in replacing equipment	0	0	4	0	1
Lack of/Inadequate equipment	5	6	2	2	1
Information/Advice Requests	327	359	320	389	343
Accommodation	40	37	34	28	8
Appointments	28	53	39	38	51
Benefits	0	1	0	0	3
Complaints procedure	1	0	7	9	5
Employment Opportunities	3	3	2	1	0
Information on Hospital Services	77	115	84	54	65
Left Luggage	3	0	0	0	0
Nursing/Residential Care	0	0	2	0	0
Off Site Directions	15	5	4	7	5

	2016/17				2017/18
	Q1	Q2	Q3	Q4	Q1
On site directions	124	98	114	164	136
Other information request	6	30	22	79	62
Requests for information on volunteering	6	10	7	7	3
Signposting to other NHS organisation	12	3	3	1	1
Signposting to other organisation	12	4	2	1	4
Environment - Internal	7	4	1	2	3
Cleanliness Toilet	1	0	0	1	1
Cleanliness of ward	0	1	0	0	0
Inadequate facilities for disability	2	2	1	0	0
Maintenance	1	1	0	0	0
Noise	2	0	0	0	0
Poor Environment - Internal	1	0	0	0	0
Temperature in ward too hot/cold	0	0	0	1	0
Hostel Accommodation	0	0	0	0	1
Health and Safety	0	0	0	0	1
Medication issues	5	4	0	0	3
Incorrect medication	0	0	0	0	1
Pain Management	1	0	0	0	0
Prescriptions	4	4	0	0	2
Parking	49	39	41	31	24
Disabled access	15	10	6	2	4
Other Parking Issue	1	7	9	5	1
Parking Charges	25	15	23	18	13
Parking Directions	8	7	3	6	6
Lost Property	3	2	2	1	3
Loss/Damage of property	0	0	0	0	1
Lost Property	3	2	2	1	2
Damage to Property	0	0	0	0	0
Medical Records	17	7	6	8	4
Incorrect information in health record	2	0	0	0	0
Information not fully documented	0	0	0	0	0
Records Other	1	1	1	0	0
Request for access to medical records	8	4	3	8	2
Request to update to records	6	2	2	0	2
Training	11	7	10	5	3
Request for training placement	10	6	9	5	3
Training Other	1	1	1	0	0
Transport Issues	42	44	39	43	27
Hospital contract transport	0	0	0	0	0
Local transport information	16	22	12	6	3
NHS transport Issues	18	13	14	21	16
Other Transport issue	1	1	2	3	5

	2016/17				2017/18
	Q1	Q2	Q3	Q4	Q1
Travel Claims	7	8	9	13	3
Totals:	674	595	532	594	517