



Royal Papworth Hospital
NHS Foundation Trust

Quality and Risk Report Quarter 1 18/19

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 1 18/19

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1. Patient Safety

1.1 Patient Safety Incident Trends and Actions

There were a total of 594 patient incidents reported during Q1 1819 compared to 582 in the previous year; a similar number to the same quarter in the previous year. This continues to demonstrate a healthy safety culture and a willingness of staff to see the benefit of reporting and learning from incidents investigations. There were 526 actual incidents occurred and 68 near miss incidents were reported. The overall trend continues to demonstrate a good reporting culture of all types of incidents and “known medical complications”. Examples of near miss incidents relate to patients assisted to the floor preventing the person from falling and medication issues which could have resulted in patient harm. The quarters marked with an asterisk (*) include incidents that are still under investigation and thus future reports will contain verified figures.

| | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3* | 17/18 Q4* | 18/19 Q1* |
|-----------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|
| Actual | 533 | 527 | 511 | 507 | 633 | 541 | 538 | 526 |
| Near Miss | 98 | 84 | 76 | 75 | 100 | 72 | 59 | 68 |
| Total | 631 | 611 | 587 | 582 | 733 | 613 | 597 | 594 |

Table 1: Numbers of patient safety incidents reported in 2018-19 (Data source: DATIX 11/07/18)

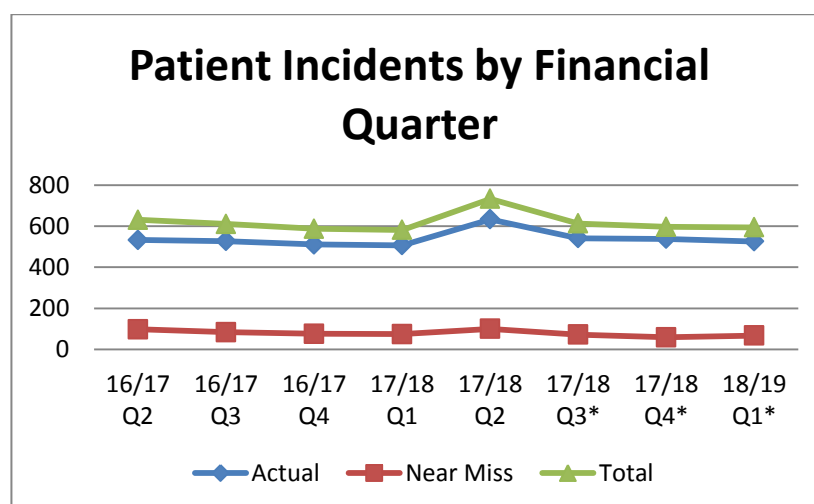


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 11/07/18)

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

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

| Type | 17/18 Q2 | 17/18 Q3 | 17/18 Q4 | 18/19 Q1 | Total |
|---|-------------|-------------|-------------|-------------|-------|
| Accidents | 40 | 65 | 47 | 60 | 212 |
| Administration - admission/discharge/transfer | 83 | 78 | 57 | 88 | 306 |
| Anaesthetics | 7 | 4 | 4 | 4 | 19 |
| Behaviour/Violence Aggression | 16 | 14 | 8 | 10 | 48 |

| | | | | | |
|--|-----|-----|-----|-----|------|
| Blood Plasma Products | 32 | 31 | 36 | 9 | 108 |
| Communication/Consent | 28 | 22 | 28 | 20 | 98 |
| Data protection | 25 | 12 | 20 | 19 | 76 |
| Diagnosis Process/Procedures | 31 | 26 | 40 | 24 | 121 |
| Documentation | 85 | 62 | 53 | 45 | 245 |
| Environmental Hazards/Issues | 3 | 1 | 2 | 5 | 11 |
| Fire Incidents | 0 | 1 | 0 | 0 | 1 |
| Infection Control | 6 | 9 | 14 | 14 | 43 |
| Information Technology | 36 | 18 | 15 | 20 | 89 |
| Medical Devices | 53 | 27 | 30 | 27 | 137 |
| Medication/Medical Gases/Nutrition | 92 | 81 | 86 | 97 | 356 |
| Nutritional Feeding (Prescribed Feeds) | 3 | 3 | 4 | 1 | 11 |
| Organisational Issues/Staffing | 44 | 31 | 23 | 32 | 130 |
| Pressure Ulcers | 48 | 52 | 39 | 40 | 179 |
| Radiology | 4 | 15 | 8 | 7 | 34 |
| Security incidents | 9 | 1 | 2 | 7 | 19 |
| Treatment/Procedures | 88 | 60 | 81 | 65 | 294 |
| Total | 733 | 613 | 597 | 594 | 2537 |

Table 2: Numbers of patient safety incidents by Type reported in 2016-17 (Data source: DATIX 11/07/18)

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

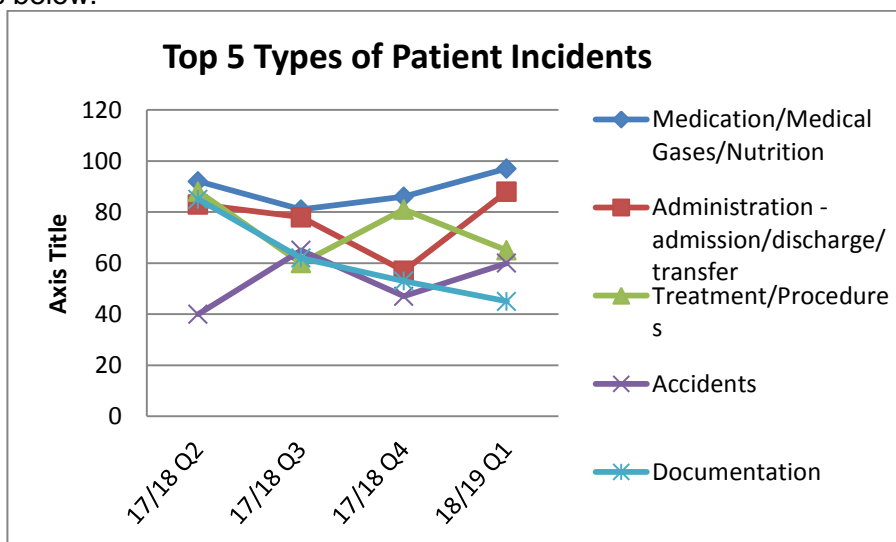
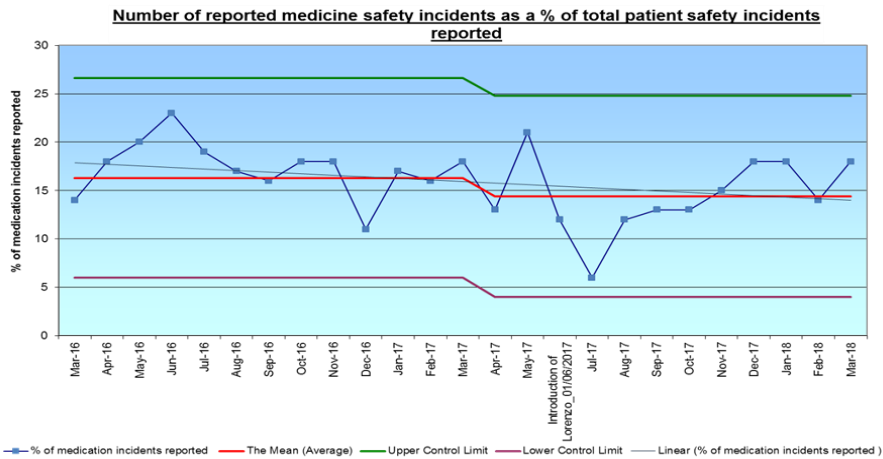


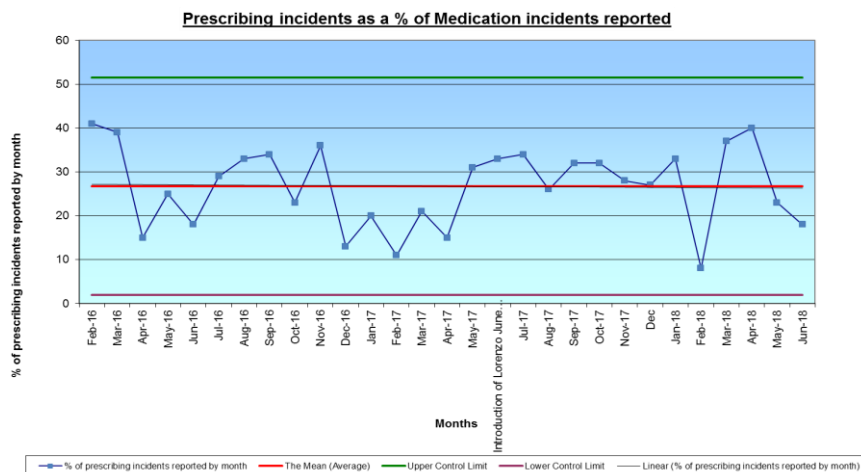
Fig 2: Patient Safety Incidents for 2016-17 (Data source: DATIX 11/07/18)

INCIDENT TRENDS AND ACTION:

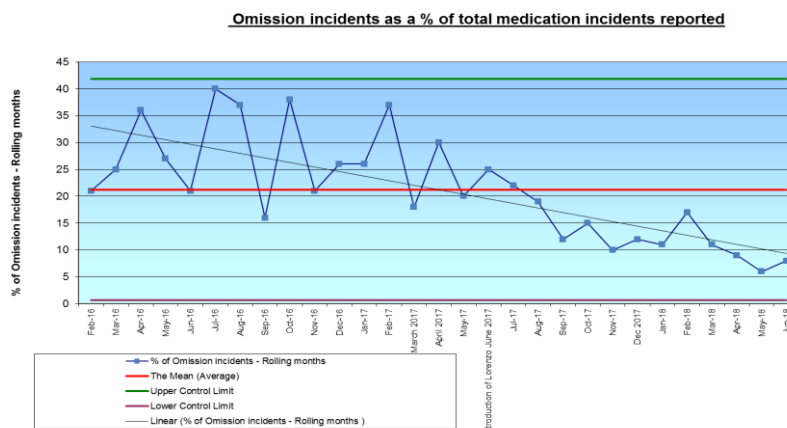
Medication - The number of medication incidents reported measured as a % of total patient safety incidents reported remains fairly constant. This is plotted on a Statistical Process Change Chart which demonstrates normal variation.



All medication incidents reported in Q1 have been graded as Low Harm/ No harm or Near Miss which demonstrates a good safety culture and a willingness to report incidents for learning. All medication issues are reviewed by the Medication Safety Group where investigations, actions and learning is monitored and shared within a Trust wide multidisciplinary group.



The proportion of medication incidents ascribable to prescribing remains unchanged since Lorenzo. There are definite themes relating to the transcription from CCA Metavision to Lorenzo and to differences in practice in the use of insulin between CCA and the wards. Unintentional omissions have reduced since the introduction of Lorenzo demonstrating that the system supports the safe administration of medicines.



Accidents

During quarter 1, 60 incidents (table 3a) have been recorded as Accidents with 93% resulting in near miss, no/low harm incidents. Slips/trips and falls remain a consistent issue (80% of all accidents) across the Trust and commonly result in patients sustaining bumps and bruises. On rare occasions these result in fractures. A root cause for the falls often relates to patients wanting to be independent without having due regard for their reduced mobility post-surgery (table 3b), however assumptions that a fall is mechanical should be checked to see if the patient had any other underlying cardiac/medical cause for the fall. Falls Prevention Lead has written a patient educational leaflet which has been distributed to all wards. A falls quality initiative has been instigated. Initial results confirm that any changes to patients on complex medication will not have an impact on reducing falls. The QI team will now review the link between delirium and fallers. A review of the Trust environment continues with flooring having been replaced and further repairs planned across the Trust, including potholes in the roadways.

| Category | 17/18 Q2 | 17/18 Q3 | 17/18 Q4 | 18/19 Q1 | Total |
|--|-------------|-------------|-------------|-------------|------------|
| Animal Bites/stings | 1 | 0 | 0 | 0 | 1 |
| Choke | 0 | 0 | 0 | 1 | 1 |
| Collision/Impact with object (not vehicle) | 2 | 1 | 1 | 7 | 11 |
| Hot or cold surfaces | 1 | 1 | 0 | 0 | 2 |
| Moving and handling | 2 | 2 | 4 | 0 | 8 |
| Other type of accident | 4 | 5 | 4 | 4 | 17 |
| Slip, Trip or Fall | 30 | 56 | 38 | 48 | 172 |
| Total | 40 | 65 | 47 | 60 | 212 |

Table 3a – Incidents Coded as Accident (Data source: DATIX 11/07/18)

| Category | 17/18 Q2 | 17/18 Q3 | 17/18 Q4 | 18/19 Q1 | Total |
|---|-------------|-------------|-------------|-------------|------------|
| Slip/trip/fall - mobilising independently | 12 | 21 | 19 | 25 | 77 |
| Slip/trip/fall – bathing/showering | 0 | 3 | 3 | 0 | 6 |
| Slip/trip/fall - from Height | 1 | 1 | 1 | 4 | 7 |
| Slip/trip/fall - same level | 1 | 0 | 1 | 4 | 6 |
| Slip/trip/fall – snow/ice | 0 | 1 | 0 | 0 | 1 |
| Slip/trip/fall – using toilet/commode | 3 | 10 | 7 | 6 | 26 |
| Slip/trip/fall – while standing/sitting | 13 | 20 | 7 | 9 | 49 |
| Total | 30 | 56 | 38 | 48 | 172 |

Table 3b – Incidents Coded as Accident (Data source: DATIX 25/07/18)

Treatment and Procedures

During quarter 1 62 incidents and near misses have been recorded against Treatment and Procedure (updated figures as of 25/7/18). 89% of these incidents have been graded as near miss, no/low harm. Six have been graded as moderate/severe harm and are being investigated using RCA techniques. Two incidents have been graded as “Death unrelated to a PSI” which demonstrates an ongoing approach to learn from the result (one linked to a fall, one linked to a surgical procedure) (see Table 3c). A review of the Category “treatment and procedure” confirms that the majority of these incidents is coded as “unintended injury during the course of clinical procedure” (12/62). These events include bruising, skin tears and pain on injecting radiology contrast. Two of these incidents are being investigated as moderate harm incidents and the RCA reports are awaited.

| Category | 17/18 Q2 | 17/18 Q3 | 17/18 Q4 | 18/19 Q1 | Total |
|---------------------------|-----------|-----------|-----------|-----------|------------|
| Extended Stay | 1 | 2 | 1 | 1 | 5 |
| Implant/prostheses/device | 0 | 1 | 0 | 1 | 2 |
| Monitoring of Treatment | 12 | 5 | 7 | 5 | 29 |
| Self Extubation | 1 | 1 | 0 | 0 | 2 |
| Treatment and procedure | 58 | 43 | 38 | 35 | 174 |
| Unintended | 14 | 5 | 27 | 17 | 63 |
| Unplanned | 2 | 2 | 8 | 3 | 15 |
| Total | 88 | 59 | 81 | 62 | 290 |

Table 3c – Incidents Coded as Treatment and Procedure (Data source: DATIX 25/07/18)

1.2 Severity of Patient Safety Incidents

Of those incidents with a confirmed grading and completed investigation, it is encouraging to note that consistent numbers of patient safety incidents are graded as near miss (14%), no/low harm which over the last 12 months (84%) which demonstrates the willingness to report and learn from all types of incidents (see table 3c). The level of investigation is determined by the severity as detailed in the policy DN070. All moderate harm incidents and above have investigations and associated action plans which are managed by the relevant business unit and monitored by the Quality & Risk Management Group (QRMG). All Serious Incidents (SIs) require a Root Cause Analysis (RCA) and are led by an appointed investigator and monitored by the QRMG. The (*) signifies a discrepancy in the total number of incidents awarded a severity grading and the total amount of patient incidents in quarter; not all incidents have been finally approved and grading confirmed at the time of this report. Lessons learnt are shared across the organisation via the quarterly Lessons Learnt report on the intranet, Grand Round presentations and local dissemination via Business Units and specialist meetings.

| Severity | 17/18 Q2 | 17/18 Q3* | 17/18 Q4* | 18/19 Q1* | Total |
|---------------------------------|------------|------------|------------|------------|-------------|
| Near Miss | 100 | 72 | 59 | 73 | 304 |
| No harm | 436 | 419 | 399 | 352 | 1606 |
| Low harm | 188 | 112 | 116 | 96 | 512 |
| Moderate harm | 5 | 8 | 6 | 7 | 26 |
| Severe harm | 0 | 0 | 1 | 0 | 1 |
| Death caused by the incident | 0 | 1 | 1 | 0 | 2 |
| Death UNRELATED to the incident | 4 | 1 | 5 | 4 | 14 |
| Total | 733 | 613 | 587 | 532 | 2465 |

Table 3c – Incidents by Severity (Data source: DATIX 25/07/18) *Incidents still under investigation have not yet been graded
For benchmarking purposes - numbers of moderate and above incidents by speciality:

| | 17/18 Q2 | 17/18 Q3 | 17/18 Q4 | 18/19 Q1 | Total |
|----------------------|----------|----------|----------|----------|-------|
| Alert Team | 0 | 1 | 0 | 0 | 1 |
| Anaesthetics | 1 | 1 | 0 | 0 | 2 |
| Cardiac Surgery | 0 | 1 | 0 | 1 | 2 |
| Cardiology | 2 | 0 | 2 | 3 | 7 |
| Critical Care | 0 | 1 | 1 | 0 | 2 |
| Cystic Fibrosis Unit | 0 | 0 | 1 | 0 | 1 |
| Microbiology | 0 | 1 | 0 | 0 | 1 |
| Theatres | 1 | 1 | 1 | 1 | 4 |
| Thoracic Surgery | 0 | 1 | 0 | 2 | 3 |
| Transplant Medicine | 0 | 1 | 1 | 0 | 2 |

| | | | | | |
|--------------------|---|---|---|---|----|
| Transplant Surgery | 1 | 0 | 0 | 0 | 1 |
| Total | 5 | 8 | 6 | 7 | 26 |

Table 3d – Incidents by Severity _ Moderate Harm (Data source: DATIX 25/07/18)

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

In Q1 there have been two SIs reported to the CCG during the quarter, of which one was subsequently downgraded as demonstrated that the patient passed away due to natural causes. There were 7 incidents reported and confirmed following investigation as Moderate/Severe Harm. One involved a patient being referred to the local DGH for a stroke; investigation is being undertaken to confirm if the Trust can gain any learning from this incident, if there were no acts and omissions this will be downgraded.

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

The Trust receives a number of incidents for investigation from outside our Trust. These are shared with the relevant service area for investigation and feedback provided to the requesting organisation. The Trust received 5 requests for investigation / feedback in Q1 1819.

1.5 VTE Monitoring

The graph below shows the number of VTE events from Q1 2017/18 to end of Q1 2018/19. We are advised of these confirmed VTE events by Papworth staff, radiology alerts, patients, GPs or healthcare professionals in the local hospitals, There may be a considerable delay from the date of the VTE diagnosis to when the event is investigated if the information is not received at the time of diagnosis. We were informed of 5 VTE events in Q1 2018/19

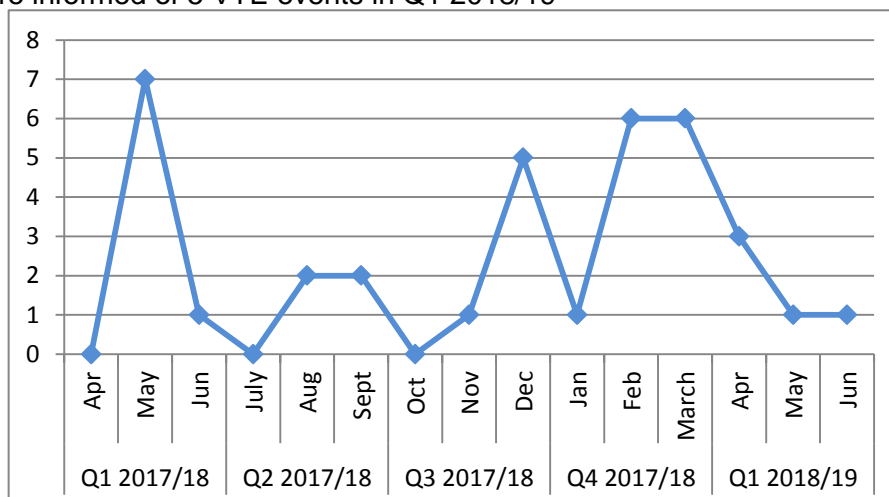


Table 1: Incidence according to specialty

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

Of the 5 VTE events that were reported in Q1, 3 events were found to be community acquired and therefore were not subject to root cause analysis. Two hospital acquired events are being investigated

and review of the patient clinical records suggests that both events were unavoidable.

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

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

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

| | | No of patient records | % of patients receiving appropriate VTE prophylaxis |
|----------------|-----------|-----------------------|---|
| April 2017 | Q1 | n = 11 | 100% |
| May 2017 | | n = 16 | 100% |
| June 2017 | | No Audit | <i>Lorenzo launch</i> |
| July 2017 | Q2 | No Audit | |
| August 2017 | | n = 10 | 100% |
| September 2017 | | n = 16 | 100% |
| October 2017 | Q3 | n = 16 | 100% |
| November 2017 | | n = 23 | 100% |
| December 2017 | | n = 28 | |
| January 2018 | Q4 | n = 33 | 100% |
| February 2018 | | n = 28 | 100% |
| March 2018 | | n = 24 | 100% |
| April 2018 | Q1 | n = 17 | 100% |
| May 2018 | | n = 19 | 100% |
| June 2018 | | n = 31 | 100% |

Sharing lessons learnt and good practice

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

1.6 Inquests - The Trust assisted the Coroner with 8 Inquests/investigations in Q1 18/19. Any learning points identified at Inquest are discussed at QRMG in quarter. There are 31 inquests/investigations pending – which includes 4 out of area.

Learning from Schedule 5s (prevention of future deaths)

The prevention of future death reports are published on the Courts and Tribunals judiciary website. In 2018/19 these reports in relation to clinical care and in patient deaths were reviewed. Any relevant reports or themes are forwarded to the relevant clinical leads and presented at the Quality Risk and Management Group for further dissemination and learning.

1.7 Clinical Negligence Litigation

In Q1 2018/19 the Trust has received 1 new requests for disclosure of records and 1 notification of intention to claim. 4 Letters of Claim have been received and 3 cases have been settled. 4 cases have been closed with no further action.

2. Patient Experience

2.1 Complaints and Enquiries

We have received **11 formal complaints and 4 enquiries** for Q1. This is a significant decrease in formal complaints from Q4 (26).

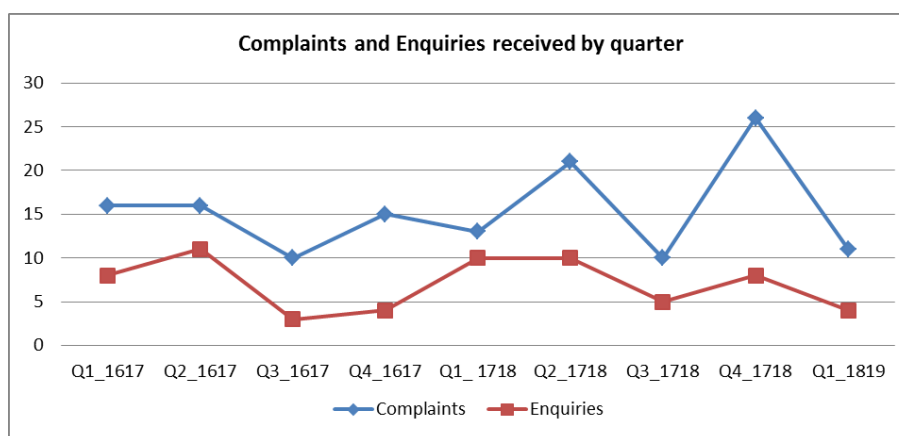


Figure 1 Complaints Vs Enquiries received by quarter

*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 | 1 | 2 |
| May | 4 | 3 | 1 |
| June | 4 | 2 | 1 |
| | 11 | 6 | 4 |

Table 1: Numbers of complaints / Enquiries (source: Datix 06/06/2018)

| | Q1 1819 | Q41718 | Q31718 | Q2 1718 | Q1 1718 | Q41617 | Q31617 | Q21617 | Q11617 |
|--------------------------------|-----------|--------|--------|---------|---------|--------|--------|--------|--------|
| Staff attitude | 1 | 1 | 0 | 1 | 0 | 4 | 0 | 0 | 1 |
| Clinical Care | 1 | 2 | 0 | 2 | 4 | 3 | 1 | 6 | 7 |
| Nursing Care | 0 | 3 | 1 | 1 | 0 | 2 | 0 | 1 | 1 |
| Communication/Information | 6 | 13 | 8 | 14 | 6 | 2 | 6 | 6 | 4 |
| Delay in Diagnosis / treatment | 3 | 5 | 0 | 1 | 3 | 3 | 1 | 1 | 0 |
| Catering | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Transport | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Patient Charges | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Discharge | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| Environment | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Privacy and Dignity | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Equipment | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Totals: | 11 | 26 | 10 | 21 | 13 | 15 | 10 | 16 | 16 |

Table 2 Primary subject of complaints by quarter (source: Datix 25/07/2018)

| 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 | 1 Final report received – Partly Upheld |

Table 3 Quality Dashboard monitoring

| Ombudsman Final Report - Summary | | | | |
|----------------------------------|---|-------------|---|---|
| Trust ref | Summary of Complaint | Outcome | Action(s) identified | Completed |
| Q21617-50F | Patient suffered chronic pain following thoracic surgery – Patient states he was not sufficiently warned of this risk | Part Upheld | <p>The Thoracic Surgery Patient Information will be reviewed; in particular, the section on the risk of persistent pain following thoracotomy. Any revision of the patient information will be shared with our patients and families to ensure it is sufficient and comprehensive.</p> <p>The patient's experience has been shared with the Consultant Thoracic Surgical group for reflection, and to ensure there is evidence of the discussion regarding the risk of post thoracotomy pain, and this is documented on the consent form.</p> | <p>Ongoing – deadline 31/07/2018</p> <p>Completed The standard consent information now includes the risk of chronic pain as >5%. This is placed on the consent form as a standard sticker that can be modified</p> |

2.2 Actions arising from complaints upheld or partially upheld in Q1 18/19 – Not all upheld complaints have an action

| 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> |
|-------------------------|---|---------|--|
| Q11819-10F Radiology | Patient booked for MIBUI scan in error – patient describes poor | Upheld | Review the Training for the Booking team to ensure the process for scanning referrals onto the system is understood and that they seek advice if the request is not explicit or clear |

| 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> |
|---|---|---------|--|
| | communication | | <p>prior to entering onto the system</p> <p>Monitor Radiological examination protocol errors by recording on the Datix Incident system and reporting through the Radiology BU Meeting</p> <p>Share this Near Miss incident with the Radiologists to identify lessons learnt regarding accurate and complete review of all referral information before authorising radiological tests</p> |
| Q11819-11F Cardiology – Cath Lab 6 and Cardiac Day ward | Daughter raised concerns regarding father's experience when attending for pacemaker | Upheld | <p>Patient feedback shared with Cath Lab team for reflection on how to improve the patient experience</p> <p>Add hearing impairment to patient record to flag for future admissions</p> <p>Day ward team to discuss and reflect on the patient experience to ensure individualised care for patients</p> <p>Offered cardiac rehabilitation to provide support for recovery.</p> |

Table 4: Actions arising from investigation of complaints upheld /part upheld in Q1

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

| Complaints received by speciality | Q1 1819 | Q41718 | Q31718 | Q2 1718 | Q1 1718 |
|------------------------------------|---------|--------|--------|---------|---------|
| Cardiology | 2↓ | 5↑ | 2↓ | 8↑ | 5↑ |
| Cardiac Surgery | 2 | 10↑ | 0 | 5↓ | 6↑ |
| Critical Care | 0 | 2↑ | 0 | 2↑ | 0 |
| Transplant | 1↑ | 0 | 0 | 0 | 0 |
| Respiratory Medicine | 2↓ | 5↑ | 1↓ | 2↑ | 0 |
| Respiratory Physiology | 0 | 0 | 0 | 1↑ | 0 |
| Respiratory Support & Sleep Centre | 1↑ | 0↓ | 2↑ | 1↑ | 0 |
| Thoracic Oncology | 0 | 0↓ | 1↑ | 0↓ | 1↑ |
| General Radiology | 0 | 0 | 0 | 0 | 0 |
| Nuclear (Radiology) | 1↑ | 0 | 1↑ | 0 | 0 |
| MRI (Radiology) | 0 | 0 | 1 | 1 | 1 |
| Thoracic Surgery | 0↓ | 1 | 1↑ | 0 | 0 |
| CADS - Cath Labs | 1 | 1 | 0 | 0 | 0 |
| Cardiac Day ward | 1 | 1 | 0 | 0 | 0 |
| Other | 0 | 1 | 1 | 1↑ | 0 |
| Totals: | 11 | 26 | 10 | 21 | 13 |

Table 5: Benchmarking complaints across the specialities (Source Complaints spreadsheet 06/04/2018)

2.3 Local Resolution Meetings in Q1

The Trust held 1 local resolution meetings in Q1:

| | Details | Attended | Outcome |
|------------|---|---|--|
| Q41718-91F | Family of deceased patient unhappy with communication and experience they received during the three months that patient was on Critical Care. | Assistant Director for Quality and Risk Deputy Medical director and investigation lead | Initial feedback from investigation shared and further concerns highlighted by the family which require further investigation. |

2.4 Ombudsman's Referrals

No Ombudsman's referrals in Q1

3 Patient Advice and Liaison Service Q1 Report 2018/19

3.1 Patient Carer Experience Group (PCEG) Meeting

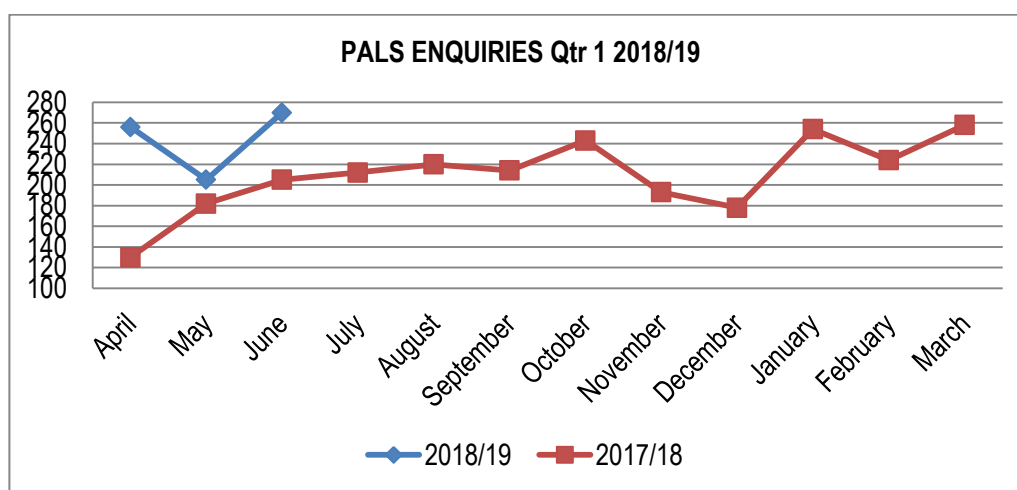
- It was agreed that the Patient Experience Group (PEG) and the Patient Carer Experience Panel (PCEP) would join together. We had the first joint meeting on the 25th July, this was well attended and feedback from those who attended was positive.

3.2 Volunteers

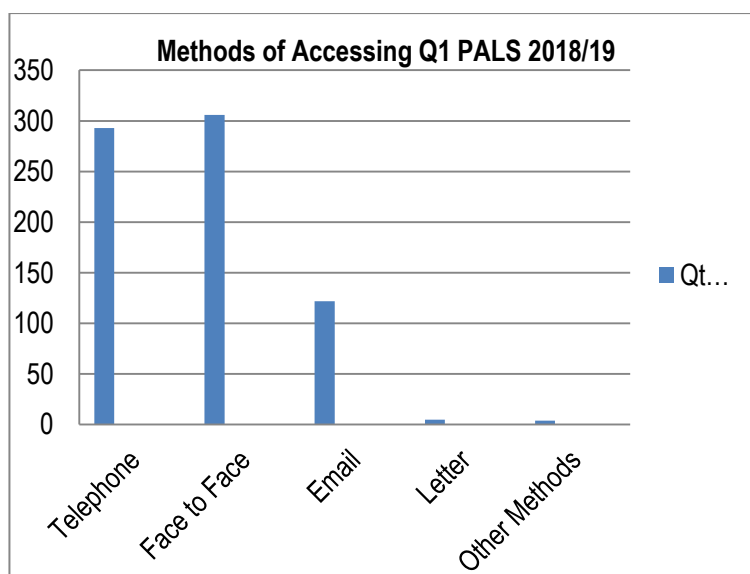
- In Q1 there were 80 active hospital volunteers.
- 8 volunteers are going through the recruitment process and will volunteer on wards and the greeter desks.

3.3 Patient Advice and Liaison Service (PALS)

- During Q1 2018/19, the PALS Service received **731** enquiries from patients, families and carers. This was an increase on the number recorded in Q1 2017/18 which was **517**.



The table below shows how patients, relatives and carers have accessed the PALS Service during Q1:



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.

Concerns Raised

The table at Appendix 1 shows the concerns by category for Q1 in 2018/19.

Key Themes raised from PALS enquiries in Q1 2018/19

| Subject (Primary) | Number of enquiries received | Details |
|--|------------------------------|--|
| Information and Advice | 427 | This is an increase of 84 enquiries compared to the same quarter last year (Q1 2017/18) Top three themes: 211 related to on-site directions 60 related to appointments 39 related to information about hospital services |
| Communications | 129 | This is an increase of 47 enquiries compared to the same quarter last year (Q1 2017/18) Top three themes: 47 requests for clarification of medical information 24 related to lack of information for patients 21 phones unanswered |
| Delay in diagnosis/treatment or referral | 46 | This is an increase of 34 enquiries compared to the same quarter last year (Q1 2017/18) Top three themes: 20 waiting times for appointments 11 waiting time for operation/procedure 2 delay in diagnosis/treatment |
| Parking | 41 | This is an increase of 17 enquiries compared to the same quarter last year (Q1 2017/18) Top three themes: 14 disabled access 14 related to parking charges 8 related to parking directions |
| Transport | 32 | This is an increase of 5 enquiries compared to the same quarter last year (Q1 2017/18) Top three themes: 21 local transport information 7 NHS transport issues 3 Hospital contract transport |
| Medical Records | 11 | This is an increase of 7 enquiries compared to the same quarter last year (Q1 2017/18) 3 related to access to medical records 7 related to records 'other' 1 related to update medical records |
| Training | 1 | This is a decrease of 2 enquiries compared to the same quarter last year (Q1 2017/18) Enquiry related to a request for a training placement |
| Nursing Care | 1 | This is an increase of 1 enquiry compared to the same quarter last year (Q1 2017/18) 1dissatisfied with nursing care/treatment |
| Environment - Internal | 7 | This is an increase of 4 enquiries compared to the same quarter last year (Q1 2017/18) 3 cleanliness of toilet 3 maintenance |

| Subject (Primary) | Number of enquiries received | Details |
|--------------------------|------------------------------|---|
| | | 1 cleanliness of ward |
| Staff Attitude | 2 | This is a decrease of 2 enquiries compared to the same quarter last year (Q1 2017/18) 1 uncaring behaviour 1 rudeness |
| Equipment Issues | 9 | This is an increase of 7 enquiries compared to the same quarter last year (Q1 2017/18) 9 related to lack of/inadequate equipment |
| Medication Issues | 6 | This is an increase of 3 enquiries compared to the same quarter last year (Q1 2017/18) 4 related to prescriptions 2 failure to provide medication |
| Discharge Arrangements | 4 | This is an increase of 2 enquiries compared to the same quarter last year (Q1 2017/18) 2 lack of arrangements for home after discharge 1 delay in discharge 1 dissatisfaction with discharge to another hospital |
| Clinical Care | 1 | This is the same as last year (Q1 2017/18) 1 dissatisfied with medical care/treatment/diagnosis |
| Property | 12 | This is an increase of 10 enquiries compared to the same quarter last year (Q1 2017/18) 12 related to loss/damage of property |
| Admissions Arrangements | 1 | This is the same as last year (Q1 2017/18) 1 availability of WIFI |
| Verbal or Physical Abuse | 1 | This is an increase of 1 enquiries compared to the same quarter last year (Q1 2017/18) 1 verbal abuse by patient |

There was 1 enquiry regarding private patients. The table below shows the breakdown by subject.

| Subject | No. PALS Enquiries |
|-----------------------------|--------------------|
| Information/Advice Requests | 1 |
| Total | 1 |

During Q1 1 PALS enquiry was escalated to formal complaints. 3 enquiries were signposted to organisations external to the Trust.

3.4 Compliments

There were 314 compliments received across the Trust during Q1 2018/19. This was a decrease on the number received in Q1 in the previous year (2017/18) when there were 384. Compliments take a variety of forms – verbal, letters, thank you cards, e-mails and suggestion cards.

Below are the key areas praised:

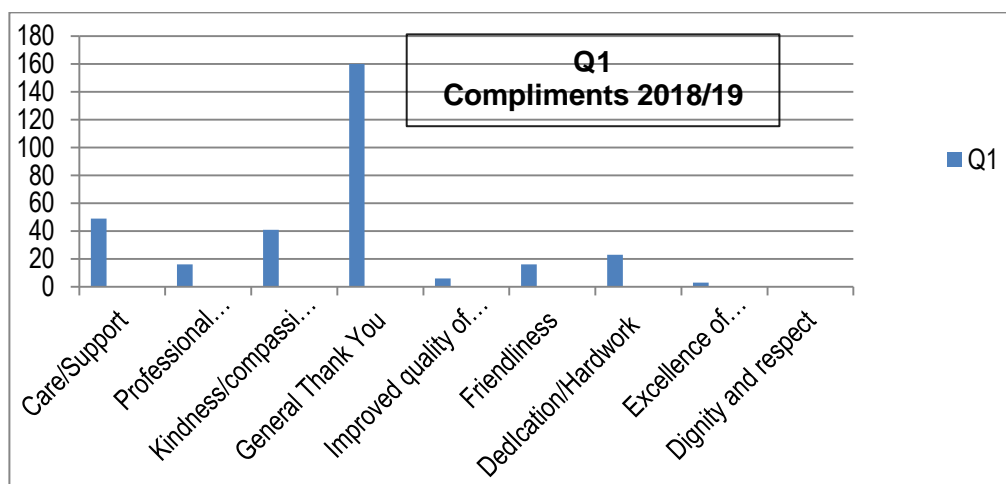
Areas Praised:

- Cardiothoracic Surgeons
- Cardiac Day Ward
- Cardiac Outpatients
- CMU
- Hugh Fleming
- Varrier Jones Ward
- Professional Services

- CEO
- Cardiac Support
- Hemingford Ward
- RSSC
- TCCA
- PALS
- ISS
- Friends and Family Surveys Princess Ward
- Lung Defence

The top three themes for compliments for Q1 in 2018/19 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 **40** 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 **9** deaths on behalf of families.

In Q1 the PALS team attended and supported families at:

- **3** next of kin viewings at the mortuary

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 **18** of these during Q1.

4. Risk Management

4.1 Non Clinical Accidents/Incidents

During quarter 1 there have been 274 accidents/incidents (including near misses) reported across the Trust which have involved staff/contractors/organisation or visitors. Incidents marked (*) are still undergoing investigation. Table 1 shows the types of incidents by category, the majority are

Organisational Issues (13% over past 12 months) with many related to insufficient numbers of staff (both healthcare and support staff) and access to high dependency beds incidents. Those that have been graded (225/274) demonstrate that 100% are near miss, no/low harm. A number of incidents have related to staffing issues, all of which have been shared with senior members of the Trust e.g. staff not answering bleeps (including ISS), tasks not being completed and what has been an ongoing theme patient's not clerked/fully clerked and Lorenzo not updated. These issues effect patient care but also affect the moral and effectiveness of the ward/department.

Moving and handling incidents (part of the type accident) continue to be a common reported incident within the Trust. To ensure that any issues were highlighted with administration staff moving in to Royal Papworth House all staff were given Display Screen Equipment assessments forms and assisted with their computer/desk set-up (work on-going). It was interesting to note the number of staff that had minor issues and had never brought these to the managers' attention e.g. need for a foot rest. All forms are to be handed back to the line mangers for filing or completion of actions. Detailed review for staff with current musculoskeletal issues will be passed on the Sophie Drake in Occupational Health who will be visiting the building.

| Type | 17/18 Q2 | 17/18 Q3 | 17/18 Q4* | 18/19 Q1* | Total | %of Total |
|---|------------|------------|------------|------------|-------------|-------------|
| Accidents | 16 | 23 | 23 | 27 | 89 | 8% |
| Administration - admission/discharge/transfer | 28 | 22 | 16 | 22 | 88 | 8% |
| Anaesthetics | 0 | 0 | 0 | 5 | 5 | 0% |
| Behaviour/Violence Aggression | 23 | 16 | 18 | 11 | 68 | 6% |
| Blood Plasma Products | 4 | 7 | 6 | 1 | 18 | 2% |
| Communication/Consent | 6 | 8 | 8 | 9 | 31 | 3% |
| Data protection | 30 | 18 | 12 | 19 | 79 | 7% |
| Diagnosis Process/Procedures | 7 | 6 | 8 | 4 | 25 | 2% |
| Documentation | 18 | 13 | 22 | 26 | 79 | 7% |
| Environmental Hazards/Issues | 13 | 17 | 15 | 18 | 63 | 6% |
| Fire Incidents | 2 | 3 | 1 | 1 | 7 | 1% |
| Infection Control | 26 | 22 | 21 | 21 | 90 | 8% |
| Information Technology | 32 | 20 | 16 | 14 | 82 | 7% |
| Medical Devices | 37 | 22 | 10 | 28 | 97 | 9% |
| Medication/Medical Gases/Nutrition | 18 | 13 | 11 | 20 | 62 | 6% |
| Organisational Issues/Staffing | 56 | 30 | 29 | 30 | 145 | 13% |
| Pressure Ulcers | 0 | 2 | 1 | 0 | 3 | 0% |
| Radiology | 1 | 4 | 3 | 6 | 14 | 1% |
| Security incidents | 10 | 10 | 15 | 9 | 44 | 4% |
| Treatment/Procedures | 6 | 11 | 3 | 3 | 23 | 2% |
| Total | 333 | 267 | 238 | 274 | 1112 | 100% |

Table 1 – Non-clinical Incidents Reported for 2016/17 (Data source: DATIX 10/07/18)

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

During quarter 1 no incidents have required to be reported to the HSE under RIDDOR regulations.

| Sub-category | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | 17/18 Q4 | 18/19 Q1 | Total |
|--|----------|----------|----------|----------|----------|-------|
| Collision with fixtures/fittings/equipment | 0 | 0 | 0 | 1 | 0 | 1 |
| Contact with sharps – dirty needlestick | 0 | 0 | 0 | 1 | 0 | 1 |
| Moving & handling - inanimate loads | 0 | 1 | 0 | 1 | 0 | 2 |
| Moving & handling - patients | 1 | 0 | 0 | 0 | 0 | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Slip/trip/fall – bathing/showering | 0 | 0 | 0 | 1 | 0 | 1 |
| Slip/trip/fall – while standing/sitting | 0 | 0 | 1 | 0 | 0 | 1 |
| Total | 1 | 1 | 1 | 4 | 0 | 7 |

Table 2 – RIDDOR Incidents Reported for 2016/17 (Data source: DATIX 10/07/18)

4.3 Risk Register

During quarter 1 the Trust continued to develop the use of the Datix Risk Management software to collate all risks and manage the Board Assurance Framework. Developments included an Investment Group risk tracker which displays the status of risks that require capital funding. Further work on the development of reporting to the Investment Group is ongoing in conjunction with the Trust Secretary. Currently there are 48 open Board Assurance risks and a further 696 corporate and project Risks held on the system. These are openly broadcast across the Trust with new high risks being reported to QRMG and other relevant committees. Monthly reports are produced for the Executive team to enable strategic planning in line with the departmental Corporate Risk Registers. Corporate and Board level risks are presented to the Trust Audit Committee.

4.4 Non-clinical claims

There has been one new claim received since our last meeting and one case is suspended

4.5 Safety Alerts

Throughout quarter 1 2018/19 the Trust has received 42 safety notices. Of these 31 were Safety Alerts (including two updates following retractions (29 actual)) and 11 Field Safety Notices. Of the 42 alerts 17 were relevant to Trust activities, up from 8 in the last quarter. These include those brought to our attention by the Central Alerting System and manufactures and other third parties. Of the 17 relevant alerts and notices, a few main themes have emerged. The most prominent of which were cyber security related alerts accounting for 24% of the total relevant alerts. Three out of the four alerts within this theme related to implantable devices. This trend comes in the wake of last year's national concerns raised regarding NHS cyber security. The issues alerted were generally known by Trust clinicians at the time the alerts were issued and the likelihood and impact to patients of these risks being realised was believed to be low and amendments to software are being dealt with as part of business as usual clinic appointments.

The second theme is about quality assurance and bringing about more universal methods of practice, communication and assurance. The media has recently drawn attention to what has been found to be a major breach of good practice in medicines management at another NHS Trust. This issue was discussed by the Chief Pharmacist in the July QRMG. The findings of that review have impacted safety alerts in that a lack of quality assurance regarding medicine management was a contributor to the failures. In response to this NHS Improvement conducted a "deep dive" into safety incidents reported to NPSA and cross referenced this with Safety Alerts previously issued. The outcome was that NHSI discovered that a number of incidents which it had previously issued safety alerts about were still being reported. Furthermore the local investigations into those incidents suggested that the recommendations and actions provided in the safety alerts, which had been signed off as completed by Trusts, had not been followed. As a result NHSI requested Trust complete and audit of safety alerts into two major safety incidents. The first of these audits is currently underway and is being conducted by the Alert team Resuscitation Officer with the support of the Risk Officer and Audit team. Of the two alerts highlighted in the letter this one was selected as it related to airflow meters which has previously occurred as an incident at Royal Papworth.

In addition NHSI also published a list of safety alerts relating the 2018 "Never Events" list. This was discussed at the June QRMG and the Group Chair requested full audits into each of these alerts where they were relevant to Papworth activities. The Risk Officer and Audit team are currently working to develop a method of carrying this out to ensure compliance without placing undue burdens on clinical teams.

The trend of increased national safety oversight continues with two other alerts issued this quarter including the introduction of NEWS2 and compliance with the IDDSI framework relating to improving

safety around patient nutrition and fluids. The common theme between these alerts is that they seek to eliminate local language and create a national system. Plans to ensure compliance in both cases is ongoing. This was impacted by the recent delay in the Trust taking over occupation at the biomedical campus site. The Trust plans for both alerts relied to differing degrees on systems planned for introduction alongside the move which is now delayed for, at the time of writing, an undetermined amount of time.

With these developments the Risk Officer has introduced a new method of monitoring Safety Alerts to improve monitoring and assurance. Relevant Safety Alerts are now entered onto the risk register. Once the initial actions have been completed, if stakeholders with decision making responsibility determine it necessary, actions requiring annual monitoring and review can be entered. This will then alert the handler even after the “risk” itself has been closed. As this process is embedded it will be monitored by the QRMG and managers and handlers need to increase their awareness of these risks when staff, with handler responsibility, leave the Trust or move within the Trust to ensure appropriate risk handover.

The data recorded below relates to the data reported publicly through the Central Alert System.

Central Alerting System Quarter 1 2018/19

| Status\Alert Type | MDA | PSA | EFA | EFN | DH | SDA | NHSI | CHT |
|-------------------------------|-----|-----|-----|-----|----|-----|------|-----|
| Assessing Relevance (0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Action Not Required (16) | 10 | 0 | 2 | 11 | 0 | 0 | 2 | 0 |
| Action Required/Completed (5) | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Action Required/Ongoing (1) | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Alerts (31) | 13 | 3 | 2 | 11 | 0 | 0 | 2 | 0 |
| Total Breached (0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

5.0 Effectiveness of care

5.1 Quality and Safety Measures

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

5.2 Clinical Audit. National Audits

In Q1 the following national audit data is being validated in preparation for publication of the national data .Cardiac Rhythm Management, BCIS – Angioplasty and MINAP - PPCI

Local audit - The table in appendix 3 illustrates the completed projects for this quarter (22 in total). This is half that of Q1 2017/2018 (32) and the same as last quarter at (22). This is reflective of the department’s continued focus on ensuring only ‘true’ clinical audit or quality improvement projects are registered. **The full reports are available through the Clinical Audit and Effectiveness Department.**

NSF / NICE Guidance received in quarter & progress - A total of 30 NICE guidance documents were published during April, May and June of 2018. 3 that were deemed applicable have been disseminated to the relevant leads for review. Please see appendix for a list of applicable guidance and compliance ratings.

NICE Guidance Consultations Q1: The Trust has not registered as a stakeholder in Q1.

Clinical Audit Training - The audit department is currently in the process of creating a new in-house training package that will not only offer audit process training but also incorporate quality improvement strategies. Hospital Wide Quality Improvement & Clinical Audit Meetings - As of August 2017 the QI and CA meetings were cancelled for the foreseeable future. This decision was made by the medical director in response to a need for increasing the utilisation of Theatres. This will be reviewed at an appropriate time. The outcome and learning from clinical audits is now part of the Grand Round for each directorate.

PALS Enquiries Quarterly Report

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

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

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

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