

# Quality and Risk Report Q2 2017/18

**Assistant Director for Quality and Risk**

# Quality and Risk Report

## Quarter 2 2017/18

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# 1. Patient Safety

## 1.1 Patient Safety Incident Trends and Actions

There were a total of 713 patient incidents reported during Q 2 compared to 579 in the previous quarter; an increase of 137 reports. The increase appears to be directly linked to the executive request to ensure that all surgical delays, staffing issues, bed capacity and medical device failures are reported. 636 actual incidents occurred and 77 near miss incidents were reported. Despite the recent fluctuation in reporting, all teams continue to report a wide variety of incidents involving patients and staff (see section 4) and continue to demonstrate that the Trust has 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 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	Total
Actual Incidents	566	614	591	533	528	533	505	636	4506
Near Misses*	1	21	97	98	85	80	74	77	533
Total	567	635	688	631	613	613	579	713	5039

Table 1: Numbers of patient safety incidents reported in 2017-18 (Data source: DATIX 12/07/17)

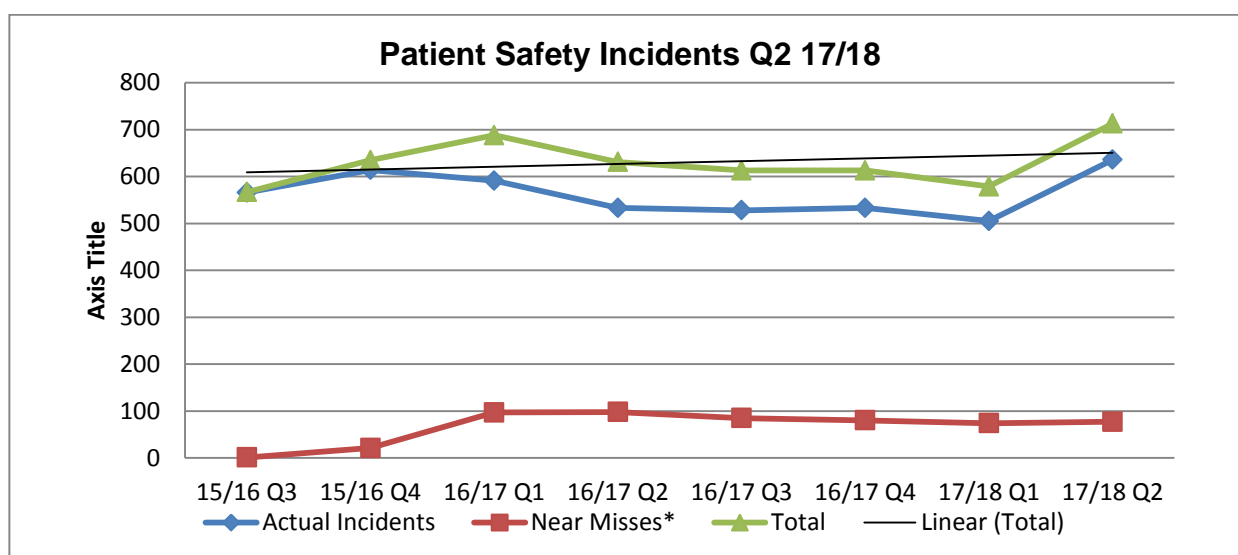


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 12/07/17)

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). Treatment and procedure issues have now become the second most common type of incident.

Type	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	Total	% of Total
Accidents	63	39	47	40	189	8%
Administration - admission/discharge/transfer	77	79	48	84	288	11%
Anaesthetics	5	6	3	7	21	1%
Behaviour/Violence Aggression	22	16	16	16	70	3%
Blood Plasma Products	12	16	6	28	62	2%
Communication/Consent	18	14	27	26	85	3%
Data protection	11	15	24	24	74	3%
Diagnosis Process/Procedures	42	28	26	29	125	5%
Documentation	54	55	47	73	229	9%
Environmental Hazards/Issues	6	3	4	4	17	1%

Infection Control	15	12	10	5	42	2%
Information Technology	6	9	35	36	86	3%
Medical Devices	34	51	51	52	188	7%
Medication/Medical Gases/Nutrition	103	110	90	94	397	16%
Nutritional Feeding (Prescribed Feeds)	3	3	4	3	13	1%
Organisational Issues/Staffing	12	37	18	44	111	4%
Pressure Ulcers	43	40	40	48	171	7%
Radiology	16	7	5	3	31	1%
Security incidents	2	4	5	8	19	1%
Treatment/Procedures	69	69	73	89	300	12%
<b>Total</b>	<b>613</b>	<b>613</b>	<b>579</b>	<b>713</b>	<b>2518</b>	<b>100%</b>

Table 2: Numbers of patient safety incidents by Type reported in 2017-18 (Data source: DATIX 10/10/17)

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.

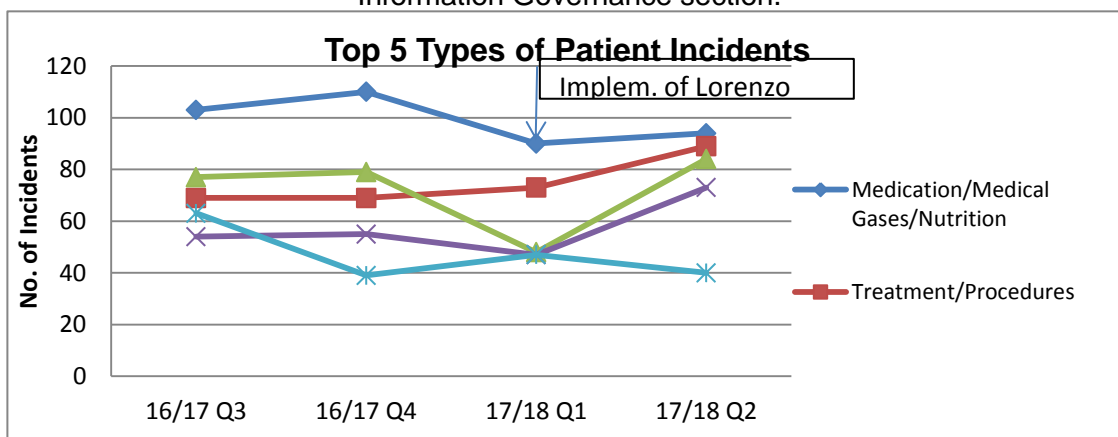
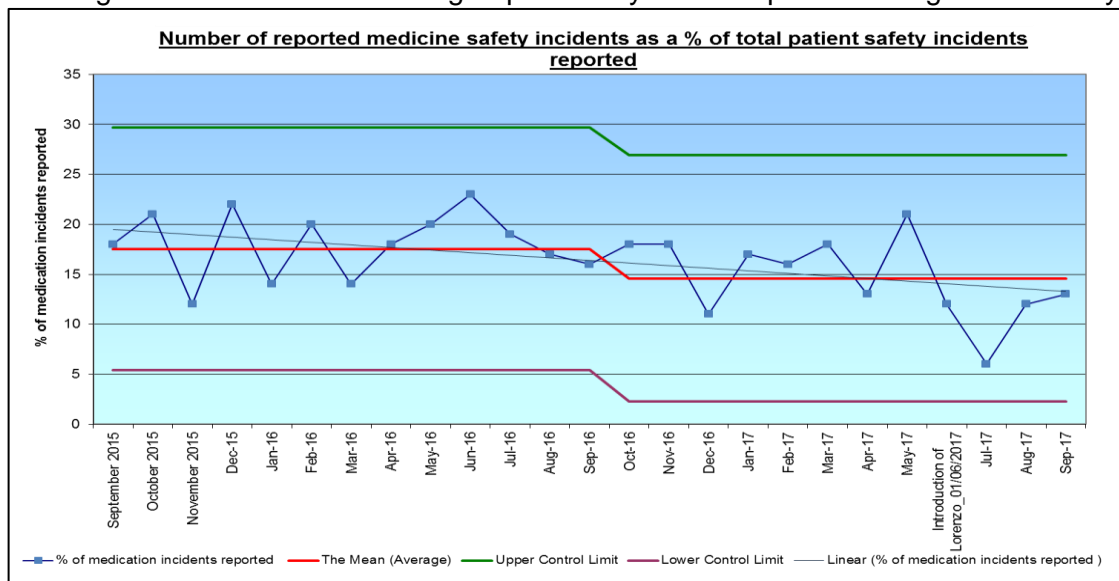


Fig 2: Patient Safety Incidents for 2017-18 (Data source: DATIX 12/07/17)

### 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. 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 Q2 have been graded as Low/ No Harm or Near Miss

## Accidents

During Q 2, 40 incidents/near misses have been recorded as Accidents. Slips/trips and falls remain a consistent issue across the Trust with 100% resulting in no/low harm incidents. An audit of falls is currently being designed and a key aim is to highlight any links with polypharmacy. The result of an audit of effectiveness of the falls alarm pads is awaited. The Trust is in the process of recruiting a Falls Co-ordinator.

Category	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	Total
Slip, Trip or Fall	55	30	46	30	161
Other type of accident	2	4	0	5	11
Collision/Impact with object (not vehicle)	2	4	1	1	8
Moving and handling	3	1	0	2	6
Animal Bites/stings	0	0	0	1	1
Hot or cold surfaces	0	0	0	1	1
Road Traffic Accident	1	0	0	0	1
<b>Total</b>	<b>63</b>	<b>39</b>	<b>47</b>	<b>40</b>	<b>189</b>

Table 3a – Incidents Coded as Accident for 2017/18 (Data source: DATIX 10/10/17)

## Treatment and Procedures

During the quarter 89 incidents and near misses have been recorded against Treatment and Procedure. Four incidents have been graded as “moderate/severe harm” which are under investigation using root cause analysis (see 3.1). The majority (n=26) related to the treatment or procedure (see Table 3b). Over the last 12 months 94% of these incidents have been graded as near miss, no/low harm.

Category	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	Total
Treatment and procedure	47	29	39	59	174
Unintended	10	31	23	14	78
Monitoring of Treatment	4	4	8	12	28
Self Extubation	6	2	1	1	10
Unplanned	0	3	0	2	5
Extended Stay	2	0	1	1	4
Transplant	0	0	1	0	1
<b>Total</b>	<b>69</b>	<b>69</b>	<b>73</b>	<b>89</b>	<b>300</b>

Table 3b – Incidents Coded as Treatment and Procedure for 2017/18 (Data source: DATIX 10/10/17)

## Admission, Discharge and Transfer

During the quarter 84 incidents and near misses have been recorded against Admission, Discharge and Transfer. All incidents have been graded as “near miss, low/no harm”. The majority (n=22/83) related to the discharge process and the electronic transfer of the e-discharge via EMR since the introduction of Lorenzo. As at 1/11/2017 current compliance with the transfer of e-discharges is 97% up from 70%. In addition, the process for ensuring the consent form is available in the CAF has required additional reinforcing. All of these issues have been reported to the Lorenzo team. To assist in resolving these issues there has been increased end user training.

Transport provided by external agencies continues to be reported and investigations undertaken by the Transport Lead. On several occasions the patient’s discharge has delayed their discharge.

## 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 (97%) 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 Q3	16/17 Q4	17/18 Q1	17/18 Q2	Total	% of Total
Near Miss	85	80	74	77	316	13%
No harm	362	365	336	366	1429	59%
Low harm	147	151	141	175	614	25%
Moderate harm	9	8	7	9	33	1%
Severe harm	0	1	2	0	3	0%
Death caused by the incident	2	0	0	0	2	0%
Death UNRELATED to the incident	8	8	10	4	30	1%
<b>Total</b>	<b>613</b>	<b>613</b>	<b>570</b>	<b>631</b>	<b>2427</b>	<b>100%</b>

Table 3c – Incidents by Severity (Data source: DATIX 11/10/17)

\*Incidents still under investigation have not yet been graded

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

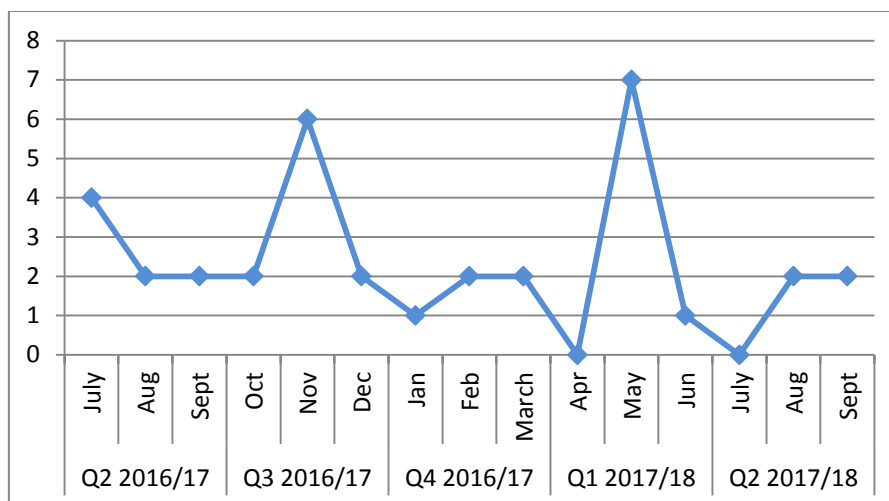
Specialty	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	Total
Anaesthetics	2	1	0	1	4
Cardiac Physiologists	0	1	0	0	1
Cardiac Surgery	2	2	0	1	5
Cardiology	4	1	3	3	11
Critical Care	2	2	1	1	6
Nuclear medicine	0	1	0	0	1
Theatres	1	1	4	1	7
Transplant Medicine	0	0	0	1	1
Transplant Surgery	0	0	1	1	2
<b>Total</b>	<b>11</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>38</b>

Table 3d – Incidents by Severity \_ Moderate Harm (Data source: DATIX 11/10/17)

**1.3 Patient incidents resulting in Moderate or Severe Harm inclusive of Serious Incidents (SI's)** In Q2 there has been one SI (subsequently downgraded following PIR )and no “Never Events”. There were 8 incidents reported and confirmed following investigation as Moderate/Severe Harm.

## 1.4 VTE Monitoring

The graph below shows the number of VTE events from Q2 2016/17 to end of Q2 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 four VTE events in Q2 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			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>Surgery</b>	6	3	4	1	6	3	4	1	1	0	0	0
<b>Medicine</b>	3	2	2	2	3	2	2	2	0	0	0	0
<b>Other (Tx, VAD, ECMO)</b>	1	0	2	1	1	0	1	1	0	0	Jugular vein thrombosis	0

Of the four VTE events that were reported in Q2, 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 %
January 2016	97.5	
February 2016	97.9	
March 2016	97.5	97.6
April 2016	97.3	
May 2016	97	
June 2016	97.9	97.4
July 2016	98.1	
August 2016	97.9	
September 2016	97.9	98
October 2016	97	
November 2016	97.4	
December 2016	97.3	97.2
January 2017	97	
February 2017	97.5	
March 2017	97	97.1
April 2017	97.4	
May 2017	97	
June 2017	90	<i>Lorenzo launch</i>
July 2017	99.2	
August 2017	98.52	
September 2017	97.67	98.39

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

		No of patient records	% of patients receiving appropriate VTE prophylaxis
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	n = 11	100%
May 2017		n = 16	100%
June 2017		No Audit	
July 2017	Q2	No Audit	
August 2017		n = 10	
September 2017		TBC	

### 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.

The introduction of Lorenzo into the Trust has had a significant impact whilst staff adjusts to this new way of working and work continues with the Lorenzo clinical teams to identify how data captured in the patient record will facilitate audit and reporting. The actions reported in Quarter 1 (listed below) are ongoing but there is more work to be done to ensure that staff are fully compliant with the process.

### 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.
- An additional action has been to reconvene the VTE link nurse meetings. A small group met on the 13 September and the plan is to hold another meeting with wider representation from the wards, before the end of the year.
- Two senior nurses from the Trust have met with the suppliers of the Intermittent Compression Devices as the intention is to increase supply of these devices with additional education and training from the company.
- The Trust was successful in the application to revalidate as a VTE Exemplar Site and a celebratory event to mark the 10<sup>th</sup> anniversary of the VTE Exemplar Centre network is to be held at Kings College Hospital on 13 October. A report on this event will be submitted to the Quality and Risk Management Group for the November meeting.



**1.5 Inquests** - The Trust assisted the Coroner with 2 Inquests in Q2 17/18. Any learning points identified at Inquest are discussed at QRMG in quarter. There are 26 inquests/investigations pending – which includes 9 out of area.

**1.6 Clinical Negligence Litigation**

The Trust has received 4 new requests for disclosure of records. 1 Letter of intention to claim has been received in Q2. 1 Claim has been settled in Q2 – details of damages agreed to be confirmed and will be reported in Q3 4 Table 1 shows new claims activity in Q2.

**Patient Experience**

**2.1 Formal Complaints and Enquiries**

We have received **21 formal complaints** (1 regarding Private Care) and **10 enquiries** for Q2 this is an increase formal complaints from Q1 (13). The main trend in complaints is related to communication and information.

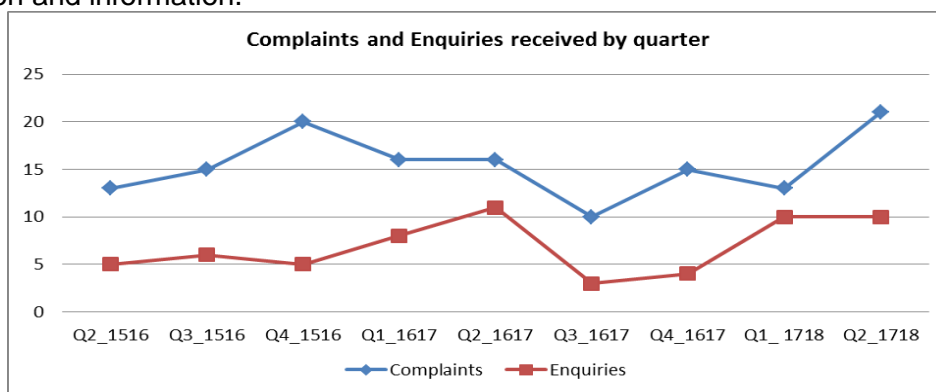


Figure 1 Complaints Vs Enquiries received by quarter

\*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 Q2 (July -Sept)	Upheld / part upheld	Enquiries for further information
<b>July</b>	<b>11</b>	<b>6</b>	<b>6</b>
<b>Aug</b>	<b>8</b>	<b>5</b>	<b>3</b>
<b>Sept</b>	<b>2</b>	<b>1</b>	<b>1</b>
	<b>21</b>	<b>12</b>	<b>10</b>

Table 1: Numbers of complaints / Enquiries (source: Datix 03/10/2017)

	Q2 1718	Q1 1718	Q41617	Q31617	Q21617	Q11617	Q41516	Q31516	Q21516
<b>Staff attitude</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Clinical Care</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>3</b>	<b>2</b>
<b>Nursing Care</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>4</b>
<b>Communication/Information</b>	<b>14</b>	<b>6</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>7</b>	<b>4</b>
<b>Delay in Diagnosis / treatment</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>
<b>Catering</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Transport</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Patient Charges</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Medication</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Discharge</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Environment</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Privacy and Dignity</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Equipment</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Totals:</b>	<b>21</b>	<b>13</b>	<b>15</b>	<b>10</b>	<b>16</b>	<b>16</b>	<b>20</b>	<b>15</b>	<b>13</b>

Table 2 Primary subject of complaints by quarter (source: Datix 13/10/2017)

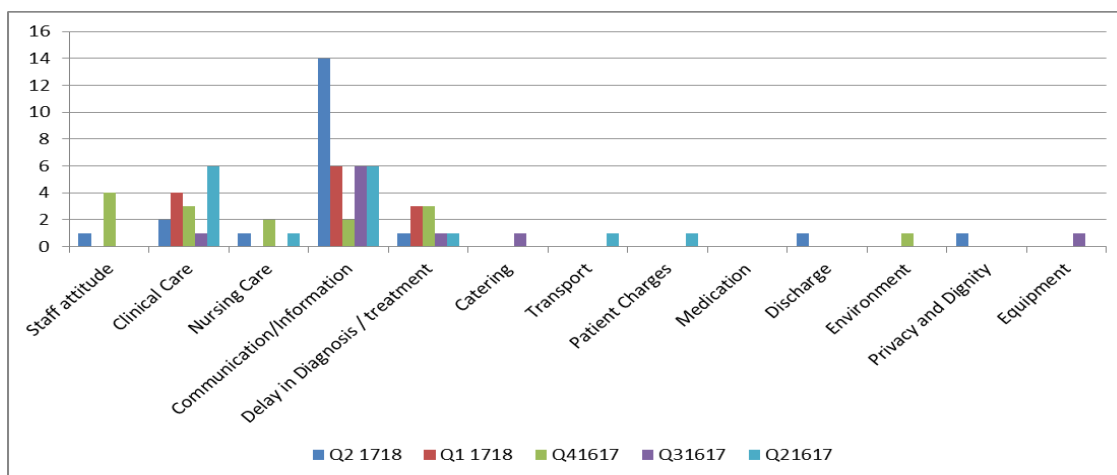


Figure 2 Primary subjects of complaints by quarter (source: Datix 13/10/2017)

Quality Dashboard Monitoring – Q1	
Number of complaints responded to within agreed timeframe with complainant	95% (20/21 – one response delayed in Executive Admin Office)
Number of PSHO referrals in quarter	1
Number of PSHO investigations ongoing	1
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 Q2 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>
Q21718-25F Cardiology	Patient unhappy with care and communication received.	Upheld	<ul style="list-style-type: none"> <li>Explanation and apology – Patient experience feedback to relevant staff</li> </ul>
Q21718-33F Cardiology	Patient unhappy with discharge - no discharge summary provided and medication not available for discharge	Part - Upheld	<ul style="list-style-type: none"> <li>Explanation and apology – Patient experience feedback to relevant staff</li> </ul>
Q21718-34F Cardiac Surgery	Missing documentation on admission. Erroneous patient information sent with admission letter in error	Upheld	<ul style="list-style-type: none"> <li>System change re preparation of current activity paperwork from outpatient appointment onward</li> <li>Apology explanation</li> </ul>
Q21718-38F Cardiac Surgery	Dissatisfied with discharge arrangements	Part-upheld	<ul style="list-style-type: none"> <li>Explanation and apology – Patient experience feedback to relevant staff</li> </ul>
Q21718-40F Thoracic - RSSC	Poor communication regarding appointments and concerns over DNA record when appointment not received	Part Upheld	<ul style="list-style-type: none"> <li>Explanation and apology given</li> </ul>
Q21718-41F Critical Care	Care of bereaved relative	Part Upheld	<ul style="list-style-type: none"> <li>Privacy notice designed to alert relatives to contact staff prior to entering side room</li> </ul>

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>
<b>Q21718-42F</b> <b>Critical Care</b>	Unhappy with nursing care – development of pressure ulcer. Unhappy with communication from ward nurse	Upheld	<ul style="list-style-type: none"> <li>Explanation and apology – Patient experience to be feedback to relevant staff</li> <li>All CRU staff to be reminded that no patient should sit out in the chair for too long – Matron will undertake spot checks of PU prevention management on CRU</li> </ul>
<b>Q21718-43F</b> <b>Cardiology</b>	Relative unhappy with communication and information provided from Trust	Upheld	<ul style="list-style-type: none"> <li>Explanation and apology – Patient experience to be feedback to relevant staff</li> </ul>
<b>Q21718-45F</b> <b>Cardiology</b> <b>Private Patient</b>	Patient unhappy with lack of communication regarding follow up and clinical data was filed incorrectly	Upheld	<ul style="list-style-type: none"> <li>To highlight the required attention to detail to ensure that correct patient details are added to the Space Lab system</li> <li>To include, as part of the admin process, a requirement for all secretaries to immediately highlight any concerns with results to either the Consultant or Admin Manager</li> <li>To share the patient experience in this complaint with relevant staff groups to highlight the importance of timely and accurate communication</li> </ul>
<b>Q21718-46F</b> <b>Radiology</b>	Delay in MRI – Complaint raised by GP	Upheld	<ul style="list-style-type: none"> <li>Recovery Plan in place – monitored by Radiology BU and reported to CADS</li> </ul>
<b>Q21718-50F</b> <b>Cardiology</b> <b>Private Patient</b>	Dissatisfied with Private Patient care and treatment	Upheld	<ul style="list-style-type: none"> <li>Explanation and apology – Patient experience to be feedback to relevant staff</li> <li>Change of process for 24 hour Urine collection requests</li> </ul>
<b>Q21718-55F</b> <b>Thoracic Medicine</b>	Lack of communication and information from Trust	Part upheld	<ul style="list-style-type: none"> <li>Explanation and apology – Consultant contacted the patient and early appointment provided to discuss concerns</li> </ul>

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	Q2 1718	Q1 1718	Q4 16/17	Q3 16/17	Q2 16/17
Cardiology	8↑	5↑	4↑	3↓	5↑
Cardiac Surgery	5↓	6↑	3↑	0↓	3
Critical Care	2↑	0	0	0	0↓
Transplant	0	0	0	0	2
Respiratory Medicine	2↑	0	4↑	2↑	1
Respiratory Physiology	1↑	0	1↑	0↓	1↑
Respiratory Support & Sleep Centre	1↑	0	0↓	3↑	0↓
Thoracic Oncology	0↓	1↑	0	0	0
General Radiology	0	0	1	1↑	0↓
Nuclear (Radiology)	0	0	0	0	0
MRI (Radiology)	1	1	0	0	0
Thoracic Surgery	0	0	1↑	0↓	2↓
Hotel Services	0	0	0↓	1↑	0
HRD - Charges	0	0	0	0	0
Other	1↑	0	1	0	2↑
Totals:	21	13	15	10	16

### 2.3 Local Resolution Meetings in Q2

The Trust did not hold any local resolution meetings in Q2

### 2.4 Ombudsman’s Referrals and investigations

The Trust has received notification of 1 complaint being investigated by the PHSO in Q2

## 3 Patient Advice and Liaison Service

### 3.1 PCEP Meeting

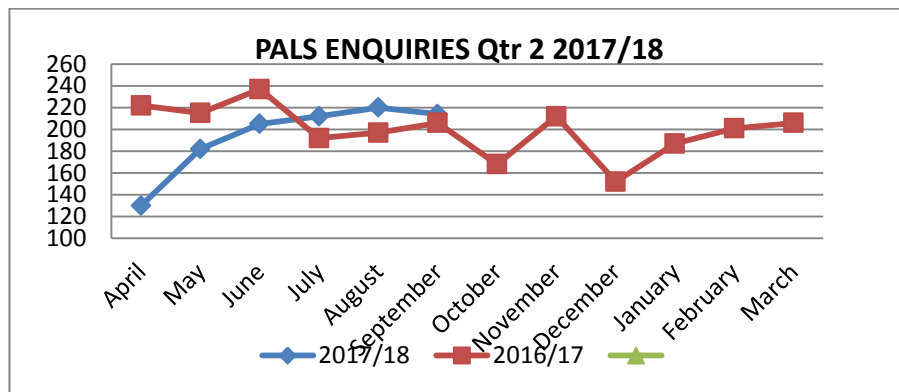
- The Patient and Carer Experience Group met during Q2. One of the Cardiac Matrons gave feedback following the Patient Safety Round on Mallard; this was very informative and well received by the group. The group have requested to visit NPH, the PALS Supervisor will feedback to the group once confirmation is received regarding dates.

### 3.2 Volunteers

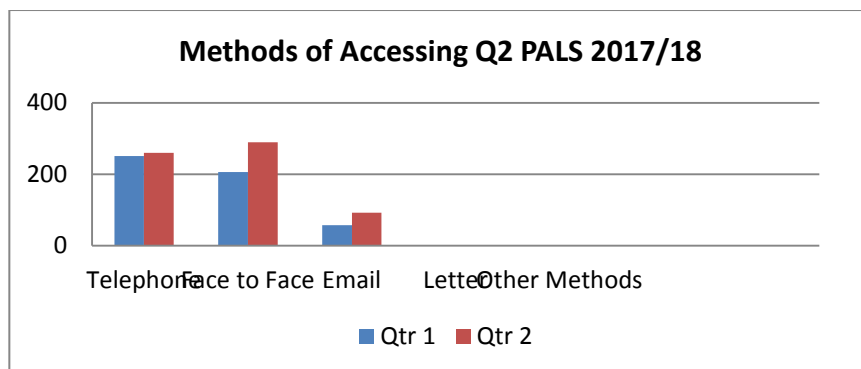
- In Q2 there were 85 active hospital volunteers.
- 4 volunteers are presently going through the application process and once recruited will work as ward visitors/greeters and support the admin function.

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

- During Q2 2017/18, the PALS Service received **646** enquiries from patients, families and carers. This was an increase on the number recorded in Q2 2016/17 which was **595**.



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



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.

### 3.4 Concern Raised

The table at Appendix 1 shows the concerns by category for Q2 in 2017/18.

Key Themes raised from PALS enquiries in Q2 2017/18 – Communication / information concerns mirror the formal complaints trend

Subject (Primary)	Number of enquiries received	Details
Information and Advice	406	Top three themes: 203 on-site directions 59 appointments 50 related to other enquiries
Communications	111	Top three themes: 44 requests for clarification of medical information 21 related to 'other' information requests 14 lack of information for patients
Delay in diagnosis/treatment or referral	28	Top three themes: 9 waiting time for operation/procedure 9 delay in diagnosis/treatment 6 waiting time for appointment
Parking	23	16 related to parking charges 3 related to other parking issues
Transport	30	19 related to NHS transport issues 8 related to local transport information
Medical Records	6	5 related to access to medical records 1 related to other records
Training	1	1 request for a training placement
Patient Charges	1	1 related to treatment costs
Environment - Internal	2	1 related to maintenance 1 related to poor environment
Staff Attitude	8	Top three themes: 2 related to uncaring behaviour 4 were due to inappropriate manner/behaviour 2 related to staff rudeness
Equipment Issues	7	7 related to lack of/inadequate equipment
Medication Issues	2	1 related to failure to provide medication 1 related to prescriptions
Discharge Arrangements	4	2 related to delay in discharge 2 related to lack of arrangements for home after discharge
Clinical Care	6	6 related to dissatisfied with medical care/treatment/diagnosis/outcome
Property	7	7 related to lost property/damaged property
Catering	2	1 related to poor quality of food 1 related to poor service in restaurant
Lack of privacy and dignity	1	1 related to lack of privacy/dignity on ward
Nursing care	1	1 related to dissatisfied with nursing care/treatment
Verbal and/or physical abuse	1	1

There were 11 enquiries regarding private patients. The table below shows the breakdown by subject.	<b>No. PALS Enquiries</b>
Appointments	3
Clarification of medical information	1
Incorrect information provided	1
Information on hospital services	1
Other communication issues	2
Telephone contact number	2
On-site directions	1
<b>Total</b>	<b>11</b>

During Q2 there were **8** PALS enquiries that were escalated to formal complaints. **6** enquiries were signposted to organisations external to the Trust.

### 3.5 Compliments

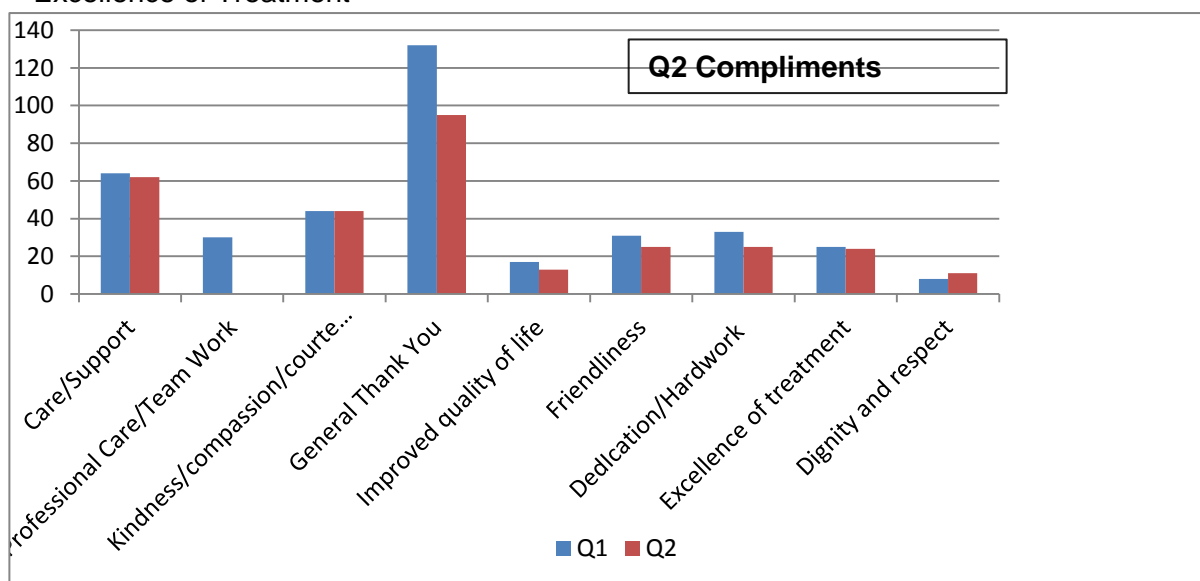
There were **299** compliments received across the Trust during Q2 2017/18. This was a decrease on the number received in Q2 in the previous year (2016/17) when there were **430**. Compliments take a variety of forms – verbal, letters, thank you cards, e-mails and suggestion cards.

Below are the key areas praised:

<b>Areas Praised:</b>	
<ul style="list-style-type: none"> <li>• Cardiothoracic Surgeons</li> </ul>	
<ul style="list-style-type: none"> <li>• Cardiac Day Ward</li> <li>• Cardiac Outpatients</li> <li>• CMU</li> <li>• Palliative Care</li> <li>• Cardiac Support</li> <li>• Radiology</li> </ul>	<ul style="list-style-type: none"> <li>• TCCA</li> <li>• Thoracic Day Ward</li> <li>• Varrier Jones Ward</li> <li>• CEO</li> <li>• Transplant</li> <li>• Hugh Fleming</li> </ul>
<ul style="list-style-type: none"> <li>• Hemingford Ward</li> </ul>	Professional Services
<ul style="list-style-type: none"> <li>• RSSC</li> </ul>	<ul style="list-style-type: none"> <li>• Mallard Ward</li> </ul>
<ul style="list-style-type: none"> <li>• Princess Ward</li> <li>• Lung Defence</li> </ul>	<ul style="list-style-type: none"> <li>• PALS</li> <li>• Housekeepers</li> </ul>

The top three themes for compliments for Q2 in 2017/18 were:

- General Thank You
- Care/Support
- Excellence of Treatment



### 3.6 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 Q2 there were **52** hospital deaths in which the PALS team supported the families during the bereavement process. As part of this process the PALS team will register the death of the patient on behalf of the next of kin who are unable to return to Cambridgeshire to undertake this process themselves. During Q2 PALS registered **11** deaths on behalf of families.

In Q2 the PALS team attended and supported families at:

- **2** next of kin viewings at the mortuary
- **2** meetings with family and Consultant

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 **35** of these during Q2.

#### 4. Risk Management

##### 4.1 Non Clinical Accidents/Incidents

During Q2 there were 329 non-clinical accidents/incidents involving staff, visitors and contractors 63 more than the previous quarter. The increasing trend is displayed in Diagram 1. Incidents marked (\*) are still undergoing investigation. Table 1 shows the types of incidents by type, the majority are Organisational/staffing issues (14%, n=56) with 131 of the 329 incidents relating to insufficient numbers of healthcare staff and beds (Table 2). This increase does reflect the status of the Trust however the increase is also due to increased reporting on Datix.

Type	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017*	Apr 2017*	May 2017*	Jun 2017*	Jul 2017*	Aug 2017*	Sep 2017*	Total
Accidents	10	11	12	6	7	13	12	9	19	6	4	6	115
Administration - admission/discharge/transfer	2	10	6	3	2	3	4	2	9	5	13	11	70
Behaviour/Violence Aggression	10	2	7	6	2	2	7	3	8	8	6	9	70
Blood Plasma Products	1	1	0	0	1	0	1	1	2	3	1	0	11
Communication/Consent	2	0	2	1	4	0	3	2	4	2	4	1	25
Data protection	3	3	1	6	2	6	0	3	1	15	8	6	54
Diagnosis Process/Procedures	0	3	0	1	1	0	3	3	0	3	3	0	17
Documentation	3	3	5	7	5	4	1	3	8	9	7	1	56
Environmental Hazards/Issues	1	8	4	1	3	3	2	2	3	4	5	4	40
Fire Incidents	0	0	0	1	0	0	0	0	0	2	0	0	3
Infection Control	7	10	9	8	11	7	6	9	8	14	5	6	100
Information Technology	3	0	6	6	4	11	8	6	18	9	10	14	95
Medical Devices	4	2	7	8	4	9	10	13	9	15	14	8	103
Medication/Medical Gases/Nutrition	8	8	6	5	1	6	3	4	7	5	5	5	63
Nutritional Feeding (Prescribed Feeds)	0	0	0	1	0	0	0	0	0	0	0	0	1
Organisational Issues/Staffing	4	11	2	8	7	11	18	11	13	20	20	16	141
Radiology	0	0	1	0	0	0	2	0	0	1	0	0	4
Security incidents	5	3	1	1	2	3	2	0	3	2	4	4	30
Treatment/Procedures	1	3	3	1	1	0	0	1	0	2	3	1	16
<b>Total</b>	<b>64</b>	<b>78</b>	<b>72</b>	<b>70</b>	<b>57</b>	<b>78</b>	<b>82</b>	<b>72</b>	<b>112</b>	<b>125</b>	<b>112</b>	<b>92</b>	<b>1014</b>

Table 1 – Non-clinical Incidents Reported for 2017/18 (Data source: DATIX 6/10/17)

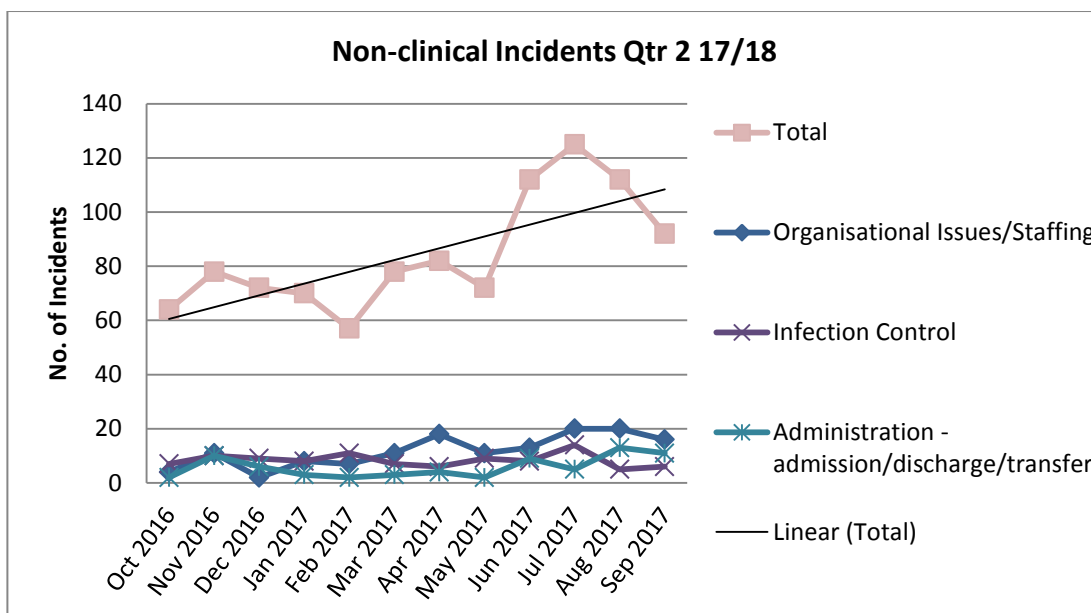


Diagram 1 – Non-clinical Incidents Reported for 2017/18 Trend (Data source: DATIX 6/10/17)

Sub-category	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Total
Insufficient numbers of healthcare professionals	2	1	1	2	2	8	11	4	10	8	11	5	65
Insufficient numbers of support staff (non healthcare staff)	0	3	0	1	0	2	2	2	1	5	2	7	25
Inadequate check on equipment / supplies	0	0	0	1	0	1	5	4	1	4	1	2	19
Non availability of beds (general)	0	0	1	3	2	0	0	0	0	0	4	1	11
Non availability of high dependency/intensive care beds	0	0	0	1	3	0	0	1	0	1	0	1	7
Insufficient numbers of non professional healthcare staff	0	0	0	0	0	0	0	0	0	2	0	0	2
Non availability of specialist locations/rooms	0	0	0	0	0	0	0	0	1	0	1	0	2
<b>Total</b>	<b>4</b>	<b>11</b>	<b>2</b>	<b>8</b>	<b>7</b>	<b>11</b>	<b>18</b>	<b>11</b>	<b>13</b>	<b>20</b>	<b>19</b>	<b>16</b>	<b>131</b>

Table 2 – Non-clinical Incidents Reported for 2018/18 (Data source: DATIX 6/10/17)

During the quarter one RIDDOR reportable incident was recorded which related to long-term patient moving and handling by staff. The investigation is still underway. All RIDDOR reportable incidents are reviewed at H&S Committee and QRMG.

Category	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	Total
Collision/Impact with object (not vehicle)	0	1	0	0	1
Moving and handling	1	0	1	1	3
Slip, Trip or Fall	2	0	0	0	2
No value	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>6</b>

Table 2 – RIDDOR Incidents Reported for 2017/18 (Data source: DATIX 9/1/17)

## 4.2 Risk Register

Over the previous 18 months the Trust has successfully embraced and continues to improve electronic reporting of all risks. During quarter 1 & 2 the process for transferring New Papworth Hospital project risks to Datix has been completed by the Project Team.



Currently there are 651 open “finally approved” risks held on the system which includes 55 Board Assurance Framework (BAF) risks. All BAF risks have an action plan recorded on Datix. The Risk Team and New Papworth Project Team have shared responsibilities for managing and monitoring the data. Due to the success of the electronic process reporting of risks to the Executives, reporting will change from weekly to fortnightly, in addition to a monthly BAF tracker dashboard. Corporate and Board level risks are presented to the Trust Audit Committee. An Internal Audit of the Risk and Board Assurance process has been completed in September 2017 and a concluding report is awaited.

### 4.3 Non-clinical claims

There is currently one ongoing employee liability violence & aggression claim and one new employee claim

### 4.4 Safety Alerts

Throughout the quarter the Trust has received 27 safety alerts, the majority 17/27 relate to clinical devices/processes. Of the 27, 21 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	NPSA	EFA	EFN	DH	SDA	Total
Assessing Relevance	0	0	1	0	0	0	2
Action Not Required	11	1	1	8	0	0	21
Action Required/Completed	2	1	0	0	0	0	3*
Action Required/Ongoing	1	1	0	0	0	0	2*
<b>Total Alerts</b>	<b>14</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>27</b>

Table 1 – Safety Alerts Distributed to the Trust via the CAS website Q2 2017/18

\*Alerts that are relevant to the Trust are listed in Table 2

#### Key for Alert Type:

MDA – Medical Device Alert NPSA – 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

Reference	Alert Title	Originated By	Issue Date
MDA/2017/028R	Replacement bileaflet mechanical heart valves - risk of inverted implantation	MHRA Medical Device Alerts	31-Aug-17
MDA/2017/027	Intra-aortic balloon pump (IABP): CS100, CS100i and CS300 “ risk of haemodynamic instability...”	MHRA Medical Device Alerts	24-Aug-17
MDA/2017/024	Insulin pens: NovoPen Echo and NovoPen 5 (certain batches) “ risk of hyperglycaemia ...”	MHRA Medical Device Alerts	24-Aug-17
NHS/PSA/RE/2017/004	Resources to support safe transition from the Luer connector to NRFit for intrathecal and epidural procedures, and delivery of regional blocks	NHS Improvement	11-Aug-17
NHS/PSA/W/2017/003	Risk of death and severe harm from ingestion of superabsorbent polymer gel granules	NHS Improvement	05-Jul-17

Table 2 – Relevant Safety Alerts Q2 2017/18

This report does not include:

Field Safety Notices or Targeted letters

## 5. Information Governance

### 5.1 IG Toolkit submission V14.1

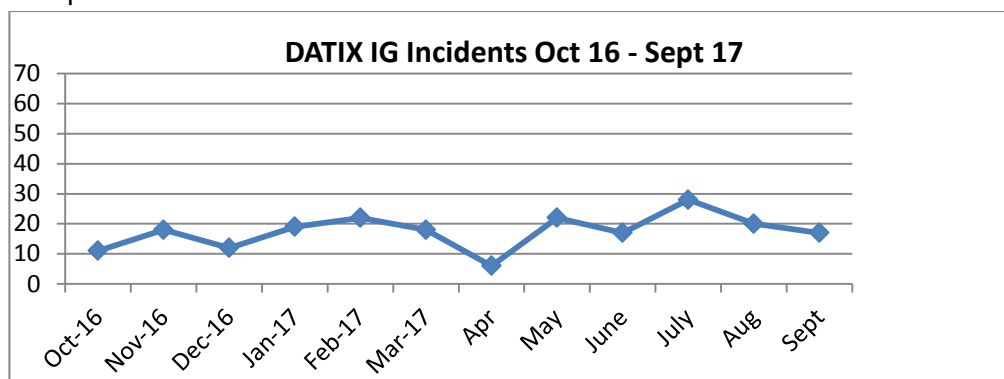
The new V15 IG Toolkit design was not finalised by NHS Digital in time for this year’s submission,

so they have released V14.1 instead, with the new version anticipated for next year. Meetings will be being arranged by the IG Manager with all requirement owners to discuss the evidence required to meet the requirements and to prompt evidence to be provided in a timely manner.

### 5.2 Q2 IG related Datix Incidents

There has been a sharp increase in Information governance related issues recorded on Datix for the last quarter, with the total for Q2 at 65 incidents, which is an increase of 20 from Q1, broken down as follows:

- 28 in July
- 19 in Aug
- 17 in Sept



Out of the 65 Datix incidents, 18 were actual incidents with the remaining 47 being near misses.

### 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 Q2 or Q3 this year)	179	Out of date by 1 quarter (assessed in Q1 this year)	42
Out of date by 2 or more quarters (Q4 2016/17 or earlier)	79	New assets awaiting assessment	21

### 5.4 Information Governance Training

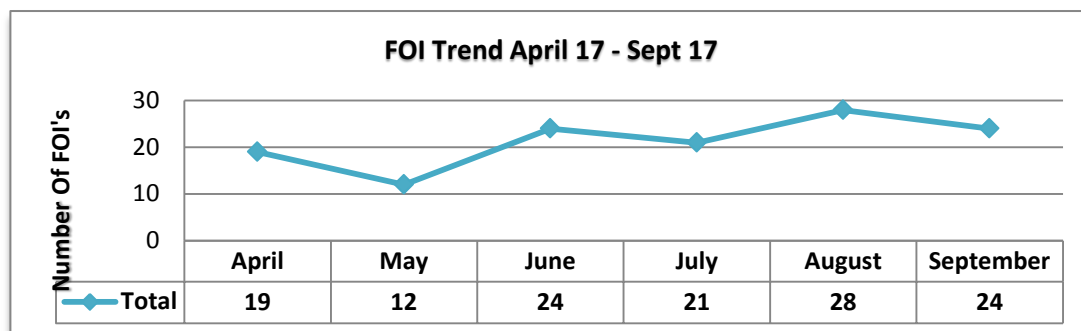
Staff who are overdue for their IG training or who will fall out of compliance prior to March 2018, will be proactively chased in an attempt to ensure adequate assurance for the IG Toolkit without a last minute panic to obtain compliance.

### 5.5 Document Control compliance

Documents are created and maintained in line with the [DN001 procedure](#). At present a number of documents listed are currently outside of DN001 control and are managed locally by department. The Trust presently has 613 active documents. 178 (29%) are currently out of date.

### 5.6 Freedom of Information

In Q2 Papworth received 73 FOI requests, with all responses issued within the legal 20 working day deadline, despite the many requests being complex and requiring input from multiple departments.



1.

### 5.7 General Data Protection Regulation (GDPR)

The GDPR, which was approved in 2016 and comes into force on 25th May 2018, will be directly applicable as law in the UK. It will replace the Directive that is the basis for the UK Data Protection Act 1998, which will be repealed or amended. It is expected that the provisions of the GDPR will remain in force post-Brexit, and for the foreseeable future. In general, the principle of data protection remain similar; however there is greater focus on evidence-based compliance with specified requirements for transparency, more extensive rights for data subjects and considerably harsher penalties for non-compliance.

The key changes which will take effect under GDPR are listed in brief below and are under the remit of the Information Governance Steering Group and the SIRO, with individual departments responsible for taking local actions.

Change	Impact
<b>Awareness</b>	Data Controllers should make sure that decision makers and key people in your organisation are aware that the law is changing to the GDPR. They need to appreciate the impact this is likely to have. Regular updates through committee and SIRO reporting.
<b>Information you hold</b>	Data Controllers must maintain internal records of processing activities. They must document what personal data you hold, where it came from and who you share it with. You may need to organise an information audit across the organisation or within particular business areas to identify the data that you process and how it flows into, through and out of the organisation.
<b>Privacy Notices</b>	When you collect personal data you currently have to give people certain information, such as your identity and how you intend to use their information. This is usually done through a privacy notice. Under the GDPR organisations must explain their lawful basis for processing the data and how long it will be retained.
<b>Individuals' Rights</b>	On the whole, the rights individuals will enjoy under the GDPR are the same as those under the DPA but with some significant enhancements, such as the right to be forgotten.
<b>Subject Access Requests (access to records)</b>	Information must be provided at no charge, with tighter timeframes to comply with requests.
<b>Lawful Basis for Processing Personal Information</b>	A lawful basis must be identified for all data processing activities involving personal and sensitive personal information.
<b>Consent</b>	Consent under the GDPR must be a freely given, specific, informed and unambiguous indication of the individual's wishes. There must be some form of clear affirmative action – or in other words, a positive opt-in – consent cannot be inferred from silence, pre-ticked boxes or inactivity. Consent must also be separate from other terms and conditions, and organisations will need to provide simple ways for people to withdraw consent.
<b>Children</b>	The GDPR will bring in special protection for children's personal data, particularly in the context of commercial internet services such as social networking. If organisations' offer online services ('information society services') to children and relies on consent to collect information about them, then they may need a parent or guardian's consent in order to process their personal data lawfully.
<b>Data Breaches</b>	The 72-hour requirement for reporting serious data breaches will be mandatory across

Change	Impact
	all sectors. Financial penalties may be up to 4% of organisations' worldwide turnover or €20 million (current limit is £500,000).
<b>Privacy by Design and Data Protection Impact Assessments</b>	Undertaking Data Privacy Impact Assessments where processing is likely to pose a high risk to individuals' rights and freedoms and incorporating data protection measures by default in the design and operation of information systems and processes.
<b>Data Protection Officers</b>	The appointment of a suitably qualified and experienced Data Protection Officer that must report directly to the highest management level of the organisation.
<b>International</b>	Cross-border processing agreements will require determination of the supervisory authority – whether this is ICO or equivalent authority in other countries.

## 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

#### National Audits

National Audit of Percutaneous Coronary Intervention (PCI) – Annual report published in September 2017. Key findings and recommendations are to be discussed at the Cardiology Interventional Business Unit Meeting.

Sentinel Stroke National Audit Programme (SSNAP) – Papworth Hospital is now submitting data for this national audit.

Data submission underway for the National Surgical Site Infection Audit

#### Local Audit

The table in appendix 3 illustrates the completed projects for this quarter (29 in total). This is similar to that of Q1 2016/2017 (27) and slightly less than last quarter (32). The full reports are available through the Clinical Audit and Effectiveness Department.

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

A total of 49 NICE guidance documents were published during July, August and September 2017. 7 have been disseminated to the relevant leads for review. Please see appendix for a list of applicable guidance and compliance ratings.

**NICE Guidance Consultations Q2:** The Trust has not registered as a stakeholder in Q2.

#### 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.

\*\*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.

July: Theatres and Anaesthetics

PALS Enquiries Quarterly Report	2016/17				2017/18	
	Q1	Q2	Q3	Q4	Q1	Q2
<b>Verbal or Physical Abuse</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Sexual	0	0	0	0	0	1
<b>Admission Arrangements</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>
Availability for Wi-Fi	2	2	1	2	1	0
Property/clothes required for admission	0	0	0	0	0	0
Visiting Hours	0	0	0	0	0	0
<b>Staff Attitude</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>8</b>
Inappropriate manner/behaviour	1	3	0	2	1	4
Rudeness	1	0	1	0	0	2
Uncaring behaviour	4	5	2	2	3	2
<b>Clinical Care</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>
Disagreement with treatment/outcome/diagnosis	1	0	0	0	0	4
Inadequate/insufficient care provided	0	2	1	2	0	0
Inappropriate treatment given	0	0	0	0	0	1
Poor recovery after discharge	2	3	0	0	1	0
Pressure Sore	0	1	0	0	0	0
Clinical Error	0	0	0	1	0	0
<b>Infection Control Issues</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
Infection/Infection Control query	1	1	1	0	0	0
Lack of Cleanliness (Hygiene)	0	1	0	0	0	0
<b>Nursing Care</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>
Dissatisfied with Personal Care Provided	0	0	0	0	0	0
Dissatisfied with nursing care/treatment	0	0	0	3	0	1
<b>Catering</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
Food served at incorrect temperature	0	0	0	0	0	0
Inadequate Facilities	0	0	0	0	0	0
Inadequate portion size	0	0	0	0	0	0
Lack of availability of food	2	0	0	0	0	0
Lack of adequate choice of food	1	0	0	0	0	0
Poor service in restaurant	0	0	0	0	0	1
Poor Quality Food	0	0	1	1	0	1
<b>Patient charges</b>	<b>8</b>	<b>10</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>1</b>
Eligibility Criteria	3	8	0	2	0	0
Hostel Services Costs	2	0	0	0	0	0
Other Charges	1	0	1	0	1	0
Treatment Costs	2	2	2	1	1	1
<b>Communication</b>	<b>117</b>	<b>66</b>	<b>77</b>	<b>83</b>	<b>82</b>	<b>111</b>
Breach of Confidentiality	2	0	0	0	3	0
Clarification of Medical Information	47	40	54	67	51	44
Consent Issues	1	0	0	0	0	0

PALS Enquiries Quarterly Report	2016/17				2017/18	
	Q1	Q2	Q3	Q4	Q1	Q2
Diagnosis Query	0	1	0	0	0	0
Freedom of Information Requests	3	0	0	0	1	0
Incorrect Information provided	2	2	0	2	5	7
Lack of Information for other Professional	7	1	0	0	2	0
Lack of Information for Patients	14	5	6	3	8	13
Lack of Information for Relatives	14	2	1	0	0	2
Lack of Sensitivity in Communication	2	0	0	0	1	1
Other communication issues	4	2	2	5	8	21
Poor or Conflicting information	10	7	4	4	2	2
Translation & Interpretation Services	9	6	10	2	1	5
Phones unanswered	0	0	0	0	0	4
Contact phone number	0	0	0	0	0	11
No response to phone messages	0	0	0	0	0	2
<b>Delay in diagnosis/treatment or referral</b>	<b>64</b>	<b>27</b>	<b>17</b>	<b>10</b>	<b>12</b>	<b>28</b>
Cancellation of treatment	9	0	2	4	0	1
Clinical waiting times	0	0	0	0	0	0
Delay in diagnosis/treatment	15	7	4	2	2	9
Delay in referral	1	6	0	0	1	2
Failure to book treatment/appointment	1	0	0	0	0	1
Waiting time for admission to ward	0	0	1	0	9	0
Waiting time for appointment	30	10	9	1	0	6
Waiting time for operation/procedure	8	4	1	3	0	9
<b>Lack of privacy and dignity</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
Lack of privacy/dignity on ward	0	0	0	0	1	1
Lack of privacy when relating information	0	0	0	0	0	0
<b>Discharge Arrangements</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>4</b>
Delay in discharge	1	0	1	0	2	2
Dissatisfaction with discharge to another provider	0	0	0	0	0	0
Lack of arrangements for home after discharge	3	1	2	4	0	2
Wait to transfer to other facility	0	1	0	0	0	0
<b>Equipment Issues</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>7</b>
Delays in replacing equipment	0	0	4	0	1	0
Lack of/Inadequate equipment	5	6	2	2	1	7
<b>Information/Advice Requests</b>	<b>327</b>	<b>359</b>	<b>320</b>	<b>389</b>	<b>343</b>	<b>406</b>
Accommodation	40	37	34	28	8	6
Appointments	28	53	39	38	51	58
Benefits	0	1	0	0	3	0
Employment Opportunities	3	3	2	1	0	0
Information on Hospital Services	77	115	84	54	65	46
Left Luggage	3	0	0	0	0	0
Nursing/Residential Care	0	0	2	0	0	0
Off Site Directions	15	5	4	7	5	5
On site directions	124	98	114	164	136	203

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	Q1	Q2	Q3	Q4	Q1	Q2
Other information request	6	30	22	79	62	50
Telephone contact number	0	0	0	0	0	30
Requests for information on volunteering	6	10	7	7	3	8
<b>Environment - Internal</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>
Cleanliness Toilet	1	0	0	1	1	0
Cleanliness of ward	0	1	0	0	0	0
Inadequate facilities for disability	2	2	1	0	0	0
Maintenance	1	1	0	0	0	1
Noise	2	0	0	0	0	0
Poor Environment - Internal	1	0	0	0	0	1
Temperature in ward too hot/cold	0	0	0	1	0	0
Hostel Accommodation	0	0	0	0	1	0
Health and Safety	0	0	0	0	1	0
<b>Medication issues</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>
Incorrect medication	0	0	0	0	1	0
Failure to provide medication	1	0	0	0	0	1
Prescriptions	4	4	0	0	2	1
<b>Parking</b>	<b>49</b>	<b>39</b>	<b>41</b>	<b>31</b>	<b>24</b>	<b>23</b>
Disabled access	15	10	6	2	4	2
Other Parking Issue	1	7	9	5	1	3
Parking Charges	25	15	23	18	13	16
Parking Directions	8	7	3	6	6	2
<b>Lost Property</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>7</b>
Loss/Damage of property	0	0	0	0	1	7
Lost Property	3	2	2	1	2	0
Damage to Property	0	0	0	0	0	0
<b>Medical Records</b>	<b>17</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>4</b>	<b>6</b>
Incorrect information in health record	2	0	0	0	0	0
Information not fully documented	0	0	0	0	0	0
Records Other	1	1	1	0	0	1
Request for access to medical records	8	4	3	8	2	5
Request to update to records	6	2	2	0	2	0
<b>Training</b>	<b>11</b>	<b>7</b>	<b>10</b>	<b>5</b>	<b>3</b>	<b>1</b>
Request for training placement	10	6	9	5	3	1
Training Other	1	1	1	0	0	0
<b>Transport Issues</b>	<b>42</b>	<b>44</b>	<b>39</b>	<b>43</b>	<b>27</b>	<b>30</b>
Hospital contract transport	0	0	0	0	0	1
Local transport information	16	22	12	6	3	8
NHS transport Issues	18	13	14	21	16	19
Other Transport issue	1	1	2	3	5	2
Travel Claims	7	8	9	13	3	0
<b>Totals:</b>	<b>674</b>	<b>595</b>	<b>532</b>	<b>594</b>	<b>517</b>	<b>646</b>