NHS

Royal Papworth Hospital
NHS Foundation Trust

Quality and Risk Report
Q3 2017/18

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 3 2017/18

1. Patient Safety

1.1 Patient Safety Incident Trends and Actions

There were a total of 608 patient incidents reported during Q3 compared to 713 in the previous quarter; a decrease of 105 reports. 542 actual incidents occurred and 66 near miss incidents were reported. The recent fluctuation in reporting may be linked to an increase in workload and a mix of bank and agency staff leading to reduced capacity for reporting low level incidents. 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 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	Total
Actual Incidents	614	591	533	529	533	506	629	542	4477
Near Misses*	21	97	98	85	80	75	98	66	620
Total	635	688	631	614	613	581	727	608	5097

Table 1: Numbers of patient safety incidents reported in 2017-18 (Data source: DATIX 22/01/18)
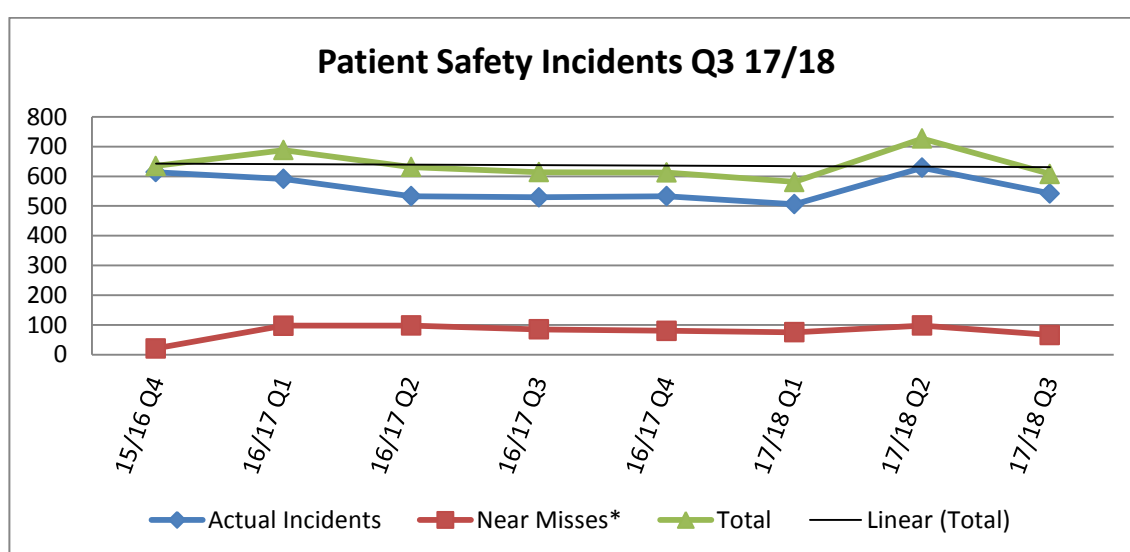
Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 22/01/18)

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). Admission/discharge/transfer issues have now become the second most common type of incident.

Type	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	Total	% of Total
Accidents	39	47	40	65	191	8%
Administration - admission/discharge/transfer	79	49	83	78	289	11%
Anaesthetics	6	3	7	5	21	1%
Behaviour/Violence Aggression	16	16	16	14	62	2%
Blood Plasma Products	16	6	28	28	78	3%
Communication/Consent	14	27	27	21	89	4%
Data protection	15	24	25	12	76	3%
Diagnosis Process/Procedures	28	26	29	28	111	4%
Documentation	55	47	83	60	245	10%
Environmental Hazards/Issues	3	4	3	1	11	0%
Fire Incidents	0	0	0	1	1	0%

Infection Control		12	10	6	10	38	2%
Information Technology		9	35	36	18	98	4%
Medical Devices		51	51	53	26	181	7%
Medication/Medical Gases/Nutrition		110	90	93	78	371	15%
Nutritional Feeding (Prescribed Feeds)		3	4	3	4	14	1%
Organisational Issues/Staffing		37	18	44	31	130	5%
Pressure Ulcers		40	40	48	52	180	7%
Radiology		7	5	4	14	30	1%
Security incidents		4	5	9	1	19	1%
Treatment/Procedures		69	74	90	61	294	12%
Total		613	581	727	608	2529	100%

Table 2: Numbers of patient safety incidents by Type reported in 2017-18 (Data source: DATIX 22/01/18)

The top eight types of incidents are depicted below in figure 2 by financial quarter which confirms the fluctuation in reporting. Incident trend information is provided in the paragraphs below and the Information Governance section.
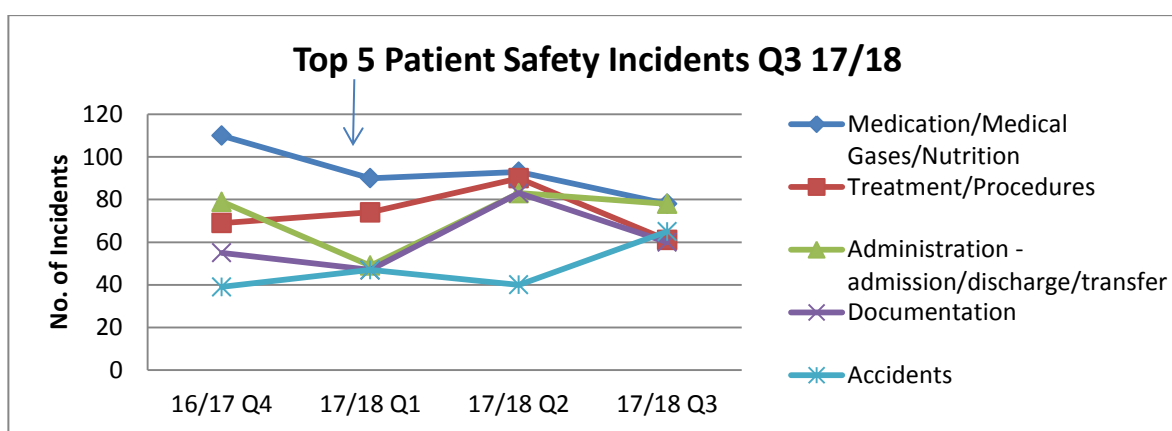
Fig 2: Patient Safety Incidents for 2017-18 (Data source: DATIX 22/01/18)

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. Medication incidents are 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.
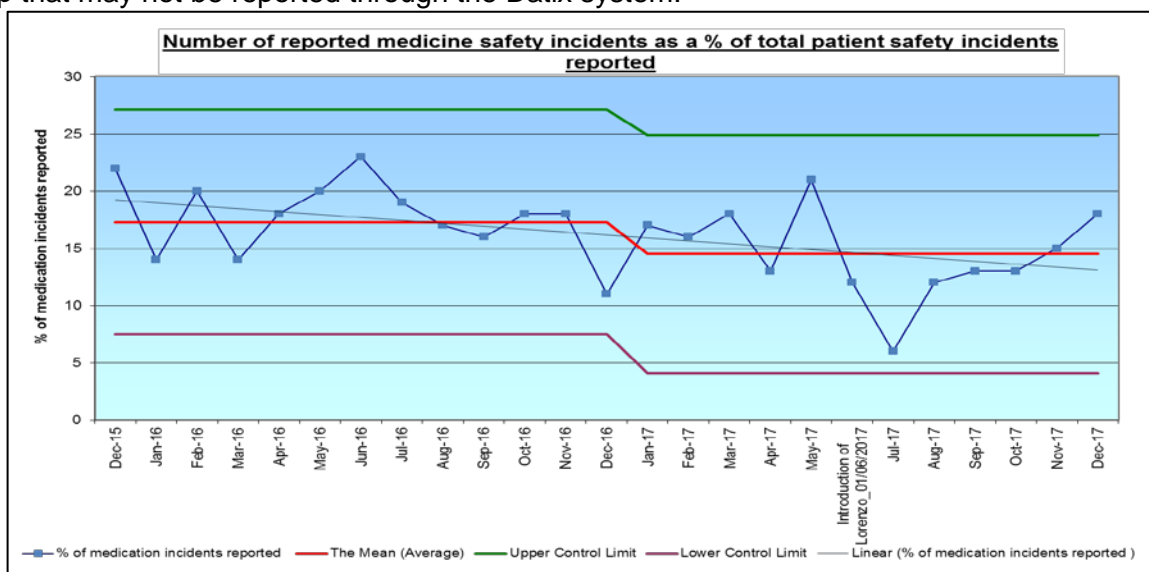
All medicines safety incidents reported in Q3 have been graded as Low/ No Harm or Near Miss

Accidents

During Q3, 65 incidents/near misses have been recorded as Accidents. Slips/trips and falls remain a consistent issue across the Trust with 99% resulting in no/low harm, one incident resulting in the patient passing away (see SIs). An audit of falls is currently being designed and a key aim is to highlight any links with polypharmacy. Falls alarm pads are being purchased for use in all wards. Copies of all falls incidents are sent to the newly recruited Falls Prevention Co-ordinator for comment and review.

Category	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	Total
Slip, Trip or Fall	30	46	30	56	162
Other type of accident	4	0	4	5	13
Collision/Impact with object (not vehicle)	4	1	2	1	8
Moving and handling	1	0	2	2	5
Hot or cold surfaces	0	0	1	1	2
Total	39	47	39	65	190

Table 3a – Incidents Coded as Accident for 2017/18 (Data source: DATIX 22/01/18)

Treatment and Procedures

During the quarter 71 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=56) 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 Q4	17/18 Q1	17/18 Q2	17/18 Q3	Total
Extended Stay	0	1	1	2	4
Implant/prostheses/device	0	0	0	1	1
Monitoring of Treatment	4	8	12	4	28
Self Extubation	2	1	1	1	5
Transplant	0	1	0	0	1
Treatment and procedure	29	40	63	56	188
Unintended	31	23	14	4	72
Unplanned	4	1	3	3	11
Total	70	75	94	71	310

Table 3b – Incidents Coded as Treatment and Procedure for 2017/18 (Data source: DATIX 24/01/18)

Admission, Discharge and Transfer

During the quarter 78 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=17/78) related to the discharge process. The electronic transfer of the e-discharge via EMR and the content of those forms continue to be an issue which has been discussed in full at QRMG and is logged with the Lorenzo team. A Lorenzo risk (ID1787) has been recorded which links to this issue.

Transport provided by external agencies continues to be reported and investigations undertaken by the Transport Lead and the development of a Transport coordinator role is being discussed. This issue has been discussed/shared with the local commissioners.

Category	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	Total
Admission	10	4	12	9	35
Appointment	7	8	6	6	27
Discharge	5	6	19	17	47
Follow-up	2	0	4	3	9
Handover	3	3	2	2	10
Other administrative process	7	4	8	10	29
Referral	2	2	2	2	8
Safeguarding	2	0	1	1	4
Transfer	19	10	12	16	57
Transport	22	12	17	12	63
Total	79	49	83	78	289

Table 3c – Incidents Coded as Admission, Discharge, Transfer for 2017/18 (Data source: DATIX 24/01/18)

1.2 Severity of Incidents

Of those incidents with a confirmed grading and completed investigation, it is encouraging to note that 97% are consistently 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 3d). 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 Q4	17/18 Q1	17/18 Q2	17/18 Q3*	Total
Near Miss	80	75	98	66	319
No harm	365	340	427	375	1507
Low harm	151	145	188	114	598
Moderate harm	8	8	6	9	31
Severe harm	1	2	0	0	3
Death caused by the incident	0	0	0	1	1
Death UNRELATED to the incident	8	10	4	1	23
Total	613	580	723	566	2482

Table 3d – Incidents by Severity (Data source: DATIX 24/01/18)
*Incidents still under investigation have not yet been graded

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

Specialty	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	Total
Alert Team	0	0	0	1	1
All specialities	0	0	0	1	1
Anaesthetics	1	0	1	1	3
Cardiac Physiologists	1	0	0	0	1
Cardiac Surgery	2	0	0	1	3
Cardiology	1	3	3	1	8
Critical Care	2	1	0	1	4
Microbiology	0	0	0	1	1

Nuclear medicine	1	0	0	0	1
Theatres	1	5	1	1	8
Thoracic Surgery	0	0	0	1	1
Transplant Medicine	0	0	0	1	1
Transplant Surgery	0	1	1	0	2
Total	9	10	6	10	35

Table 3e – Incidents by Severity _ Moderate Harm (Data source: DATIX 24/01/18)

1.3 Patient incidents resulting in Moderate or Severe Harm inclusive of Serious Incidents (SI's)
In Q3 there has been four new SIs and no "Never Events". There were 7 incidents reported and confirmed following investigation as Moderate/Severe Harm.

1.4 VTE Monitoring
The graph below shows the number of VTE events from Q3 2016/17 to end of Q3 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 six VTE events in Q3 2017/18
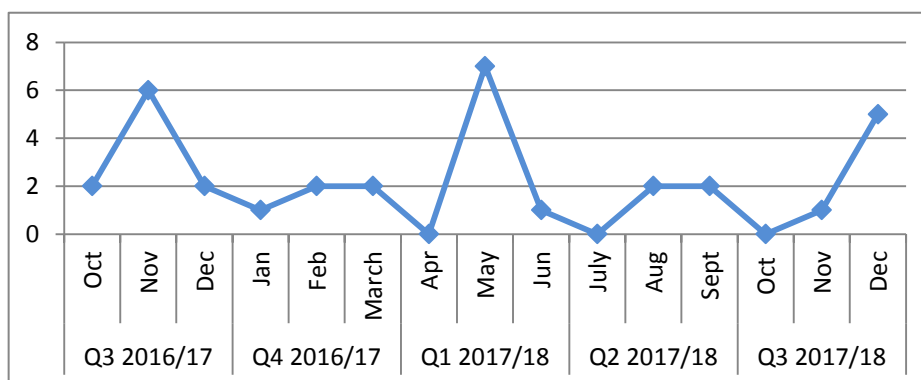
Table 1: Incidence according to specialty

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

Of the six VTE events that were reported in Q3, four events were found to be community acquired following review of the patient record and therefore were not subject to root cause analysis. Two hospital acquired events are being investigated.

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

		% of In-Patients Risk Assessed for VTE	Quarterly %
October 2016	Q3	97	
November 2016		97.4	
December 2016		97.3	97.2
January 2017	Q4	97	
February 2017		97.5	
March 2017		97	97.1
April 2017	Q1	97.4	
May 2017		97	
June 2017		90	*Lorenzo launch*
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	

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

		No of patient records	% of patients receiving appropriate VTE prophylaxis
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	100%
September 2017		n = 16	100%
October 2017	Q3	n = 16	100%
November 2017		n = 23	100%
December 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.

1.5   Inquests - The Trust assisted the Coroner with 5 Inquests in Q3 17/18. Any learning points identified at Inquest are discussed at QRMG in quarter. There are 25 inquests/investigations pending – which includes 6 out of area.

1.6   Clinical Negligence Litigation

The Trust has received 3 new requests for disclosure of records. 1 Letter claim has been received in Q3. 2 Claims have been closed by NHSR following their letter of response to the claim denying liability.

Patient Experience

2.1 **Complaints and Enquiries** We have received **10 formal complaints** (1 regarding Private Care) and 5 **enquiries** for Q2 this is a decrease in formal complaints from Q2 (21). The main trend in complaints is related to communication and information.
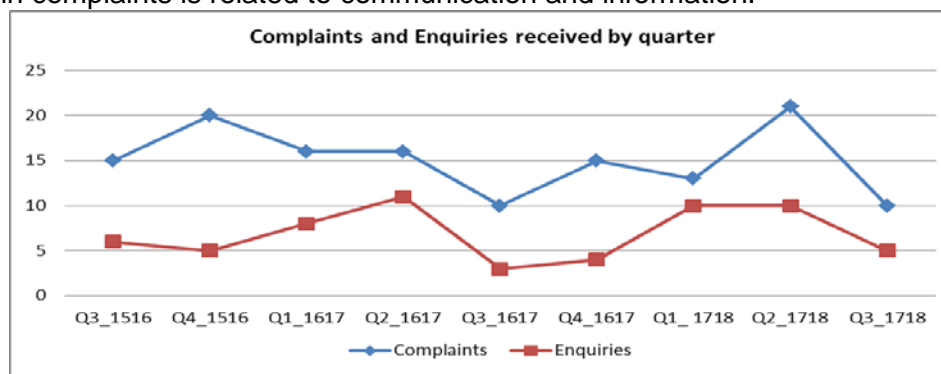
Figure 1 Complaints Vs Enquiries received by quarter

*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 Q3 (Oct – Dec)	Upheld / part upheld	Enquiries for further information
Oct	7	5	3
Nov	1	1	2
Dec	2*	*	0
	10	6	5

Table 1: Numbers of complaints / Enquiries *(source: Datix 04/01/2018)*

The main trend of complaints continues to be communication 8 out of the 10 complaints received in Q3 fell into this category.

Q31718-59F	Delay in receiving MRI results and lack of communication	Upheld
Q31718-57F	Lack of communication following injury on the ward	Upheld
Q317118-59F	Lack of communication with consultant office	Not upheld
Q31718-60F	Appointment letter sent to daughter's address in error	Upheld
Q31718-61F	Delay in receiving outpatient appointment and lack of communication from consultants office	Upheld
Q317118-63F	Dissatisfied with communication and length of time prior to procedure	Upheld
Q31718-62F	Dissatisfied with content of clinic letter	Not Upheld
Q31718-68F	Dissatisfied with communication from thoracic oncology team	Pending

	Q31718	Q2 1718	Q1 1718	Q41617	Q31617	Q21617	Q11617	Q41516	Q31516
Staff attitude	0	1	0	4	0	0	1	2	2
Clinical Care	0	2	4	3	1	6	7	8	3
Nursing Care	1	1	0	2	0	1	1	1	0
Communication/Information	8	14	6	2	6	6	4	6	7
Delay in Diagnosis / treatment	0	1	3	3	1	1	0	1	0
Catering	0	0	0	0	1	0	0	0	0
Transport	1	0	0	0	0	1	0	0	1
Patient Charges	0	0	0	0	0	1	0	0	0
Medication	0	0	0	0	0	0	0	1	1
Discharge	0	1	0	0	0	0	2	1	1
Environment	0	0	0	1	0	0	0	0	0
Privacy and Dignity	0	1	0	0	0	0	0	0	0
Equipment	0	0	0	0	1	0	0	0	0
Totals:	10	21	13	15	10	16	16	20	15

Table 2 Primary subject of complaints by quarter *(source: Datix 04/01/2018)*
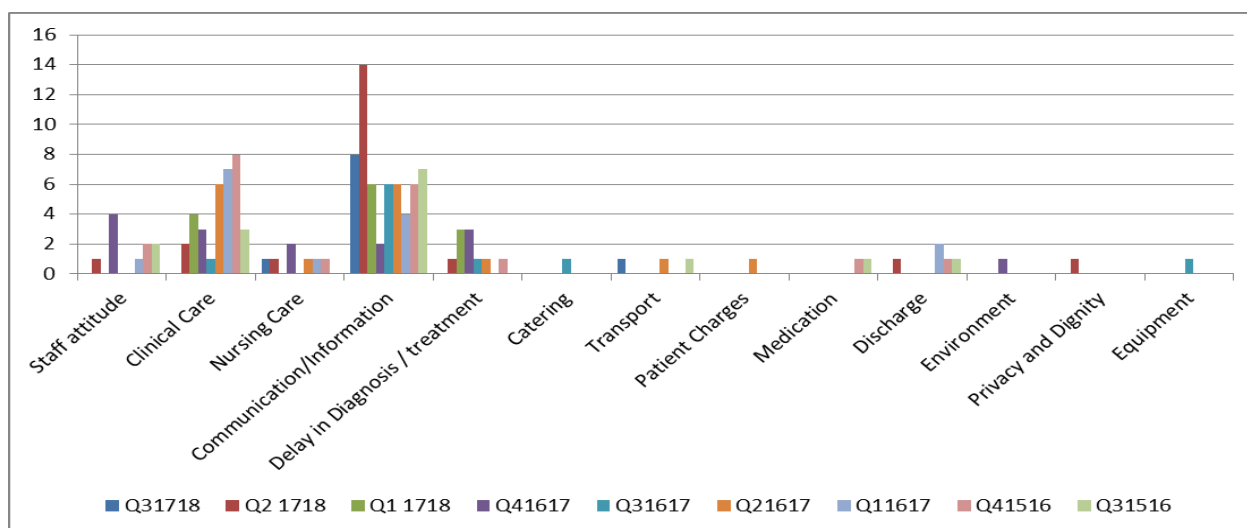
Figure 2 Primary subjects of complaints by quarter *(source: Datix 04/01/2018)*

Quality Dashboard Monitoring – Q3	
Number of complaints responded to within agreed timeframe with complainant	100%
Number of PSHO referrals in quarter	0
Number of PHSO investigations ongoing	1
Number of PHSO referrals returned upheld with recommendations and action plans	0

Table 3 Quality Dashboard monitoring

2.2　Complaints upheld or partially upheld in Q3 17/18 with Actions Identified

Trust ref	Summary of Complaint	Outcome	Action(s) identified – *Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion*
Q317118-57F	Patient sustained an injury from door stop – dissatisfied with communication and lack of apology	Upheld	• Discuss with the ward sister the management and recording of the patient injury. This should have been part of the daily safety briefing and therefore -

Trust ref	Summary of Complaint	Outcome	Action(s) identified – _Highlighted actions_ are outstanding and monitored via the _Quality and Risk Management group for completion_
			Completed
Q31718-61F	Delay in receiving out-patient appointment and lack of communication from Consultant's Office	Upheld	• To be discussed in all Business Units for shared learning/ Interventional Business Unit/CRM • To be discussed at the next Cardiology Admin Team meeting 7 Dec 2017
Q31718-67F	Dissatisfied with Transfer of husband from Papworth Hospital to Addenbrooke's Hospital	Upheld	• To share the complaint and experience with nursing teams to ensure that there is confirmation and agreement of travel arrangements for any relatives or carers required to accompany a patient on transfer and that this is confirmed prior to the transfer time and booking of ambulance transport • To share the complaint and experience with nursing teams to ensure that all relevant information is provided to the ambulance provider in relation to escorts or additional persons • To share the complaint with the private ambulance provider for their reflection on the patient and relative experience - **Completed** • Nurses to ensure that all bookings, including private bookings go onto the booking tracker as an audit trail of what was requested

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	Q31718	Q2 1718	Q1 1718	Q4 16/17	Q3 16/17
Cardiology	2↓	8↑	5↑	4↑	3↓
Cardiac Surgery	0	5↓	6↑	3↑	0↓
Critical Care	0	2↑	0	0	0
Transplant	0	0	0	0	0
Respiratory Medicine	1↓	2↑	0	4↑	2↑
Respiratory Physiology	0	1↑	0	1↑	0↓
Respiratory Support & Sleep Centre	2↑	1↑	0	0↓	3↑
Thoracic Oncology	1↑	0↓	1↑	0	0
General Radiology	0	0	0	1	1↑
Nuclear (Radiology)	1↑	0	0	0	0
MRI (Radiology)	1	1	1	0	0
Thoracic Surgery	1↑	0	0	1↑	0↓
Hotel Services	0	0	0	0↓	1↑
HRD - Charges	0	0	0	0	0
Other	1	1↑	0	1	0
Totals:	10	21	13	15	10

Table 5: Benchmarking complaints across the specialities (Source Complaints spreadsheet 04/01/2018)

2.3   Local Resolution Meetings in Q3

The Trust held 1 local resolution meeting in Q3 with a daughter of a deceased cardiology patient. The patient had previously been treated at Papworth Hospital and sadly died at another trust. The daughter met with the Cardiology Consultant to resolve outstanding questions about her father's condition. This was not a formal complaint.

2.4   Ombudsman's Referrals – None in Q3

Patient Advice and Liaison Service

3.1 PCEP Meeting

The Patient and Carer Experience Group meeting was cancelled in December 2017 due to a high number of apologies.

3.2 Volunteers

In Q3 there were 83 active hospital volunteers.

A newly recruited volunteer started volunteering on the Cardiac Day Ward in December 2017. The volunteer will be helping with patient refreshments.

3 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 Q3 2017/18, the PALS Service received **615** enquiries from patients, families and carers. This was an increase on the number recorded in Q3 2016/17 which was **532**.
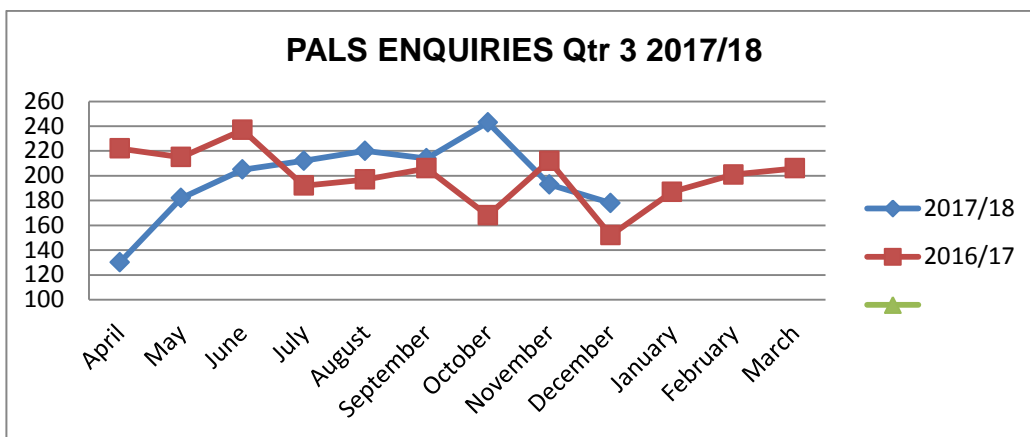
The table below shows how patients, relatives and carers have accessed the PALS Service during Q3
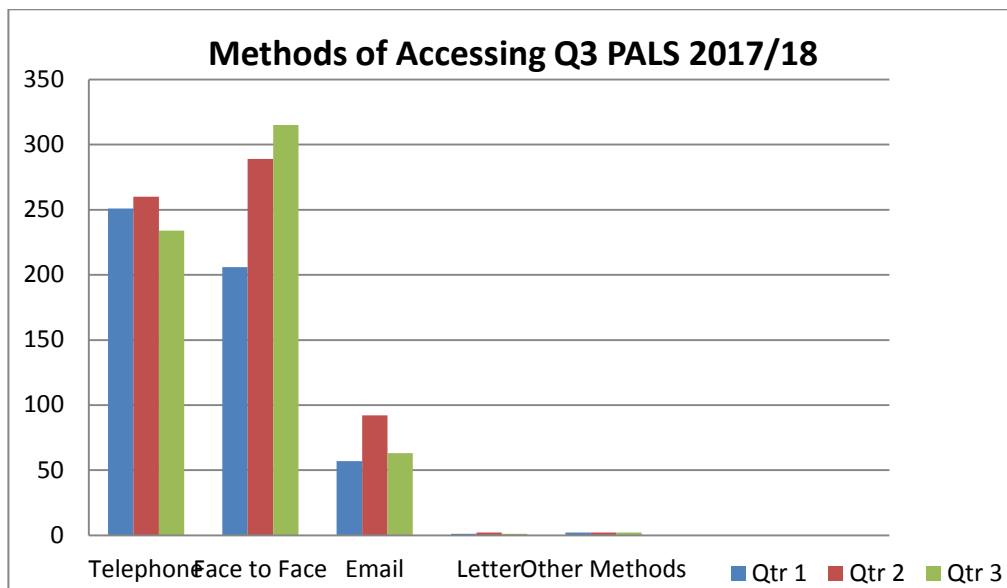
A monthly check will be carried out by a Volunteer to make sure that the PALS and Quality of Service information leaflets are both available in all patient areas.

Concerns Raised
The table at Appendix 1 shows the concerns by category for Q3 in 2017/18.
Key Themes raised from PALS enquiries in Q3 2017/18

Subject (Primary)	Number of enquiries received	Details
Information and Advice	376	Top three themes: 176 on-site directions 51 contact numbers 37 appointments
Communications	90	Decrease on Q2 from 111 to 90 Top three themes: 44 clarification of medical information 10 contact telephone numbers 7 translation and interpreter service
Delay in diagnosis/treatment or referral	20	Top three themes: 7 waiting time for appointment 5 waiting time for operation/procedure 5 delay in diagnosis/treatment
Parking	59	Themes: 24 parking charges 19 parking 'other' 9 disabled access 7 Parking directions
Transport	30	Themes: 20 NHS transport issues 6 Local transport issues 4 Transport 'other'
Medical Records	3	3 request for medical information
Training	2	2 training placement
Patient Charges	2	2 eligibility criteria
Environment - Internal	5	3 maintenance 2 cleanliness of toilet
Staff Attitude	3	2 inappropriate manner/behaviour 1 uncaring behaviour
Equipment Issues	4	4 lack of/inadequate equipment
Medication Issues	4	3 failure to provide medication 1 prescription information
Discharge Arrangements	2	2 lack of arrangement for home after discharge
Clinical Care	5	4 dissatisfied with medical care/treatment/diagnosis outcome 1 inappropriate treatment given
Property	7	7 loss/damage of property
Nursing care	2	2 dissatisfied with nursing care/treatment
Infection Control	1	1 infection query

There were 15 enquiries regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Delay in diagnosis/Treatment/Referral	1
Information/Advice	11
Communication/Advice	3
Total	**15**

During Q3 there were **2** PALS enquiries that were escalated to formal complaints.
10 enquiries were signposted to organisations external to the Trust.

3.4 Compliments

There were **379** compliments received across the Trust during Q3 2017/18. This was a decrease on the number received in Q3 in the previous year (2016/17) when there were **427**. 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   TCCA
Cardiac Outpatients   Thoracic Day Ward
CMU   Varrier Jones Ward
Palliative Care   CEO
Cardiac Support   Transplant
Radiology   Hugh Fleming
Hemingford Ward
RSSC
Mallard Ward
PALS
Professional Services
Princess Ward
Lung Defence
Housekeepers

The top three themes for compliments for Q3 in 2017/18 were:

General Thank You
Care/Support
Professional Care/Team Work

Q3 Compliments 2017/18
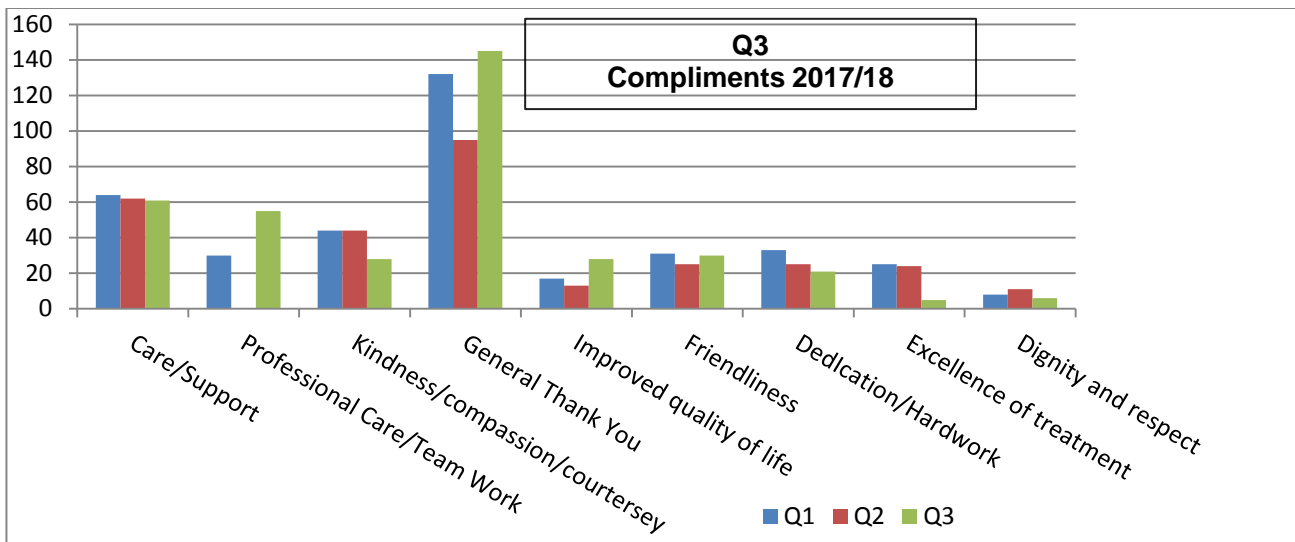
3.5 Bereavement Services

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 Q3 there were **54** 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 Q3 PALS registered **16** deaths on behalf of families. n Q3 the PALS team attended and supported families at:

6 next of kin viewings at the mortuary
1 Hospital Funeral arranged and attended by PALS
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 **34** of these during Q3.

Risk Management
4.1 Non Clinical Accidents/Incidents

During Q3 there were 266 non-clinical accidents/incidents involving staff, visitors and contractors 66 fewer than the previous quarter. The fluctuating trend is displayed in Diagram 1, with the peak total in quarter 2 reflecting an increase in organisational/staffing incidents and medical device failures; this has since decreased in Q3. Incidents marked (*) are still undergoing investigation. Table 1 shows the types of incidents by type, the majority are Organisational/staffing issues (15%) with 123 of the total incidents relating to insufficient numbers of healthcare staff and beds. The fluctuation in reporting may demonstrate the effects of agency/bank staff being employed and not being so familiar with the Trust reporting processes and/or having the capacity to report incidents

Type	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017*	Oct 2017*	Nov 2017*	Dec 2017*	Total	% of Total
Accidents	6	7	13	12	9	19	6	5	5	8	8	7	105	10%
Administration - admission/discharge/transfer	3	2	3	4	1	9	5	12	11	9	5	8	72	7%
Behaviour/Violence Aggression	6	2	2	7	3	8	8	6	9	5	5	6	67	6%
Blood Plasma Products	0	1	0	1	1	2	3	1	0	0	2	5	16	1%
Communication/Consent	1	4	0	3	2	4	2	3	1	4	1	3	28	3%
Data protection	6	2	6	0	3	1	15	8	7	7	7	4	66	6%
Diagnosis Process/Procedures	1	1	0	3	3	0	3	3	1	3	2	1	21	2%
Documentation	7	5	4	1	3	8	9	7	2	2	5	6	59	6%
Environmental Hazards/Issues	1	3	3	2	2	3	4	5	4	5	6	6	44	4%
Fire Incidents	1	0	0	0	0	0	2	0	0	1	0	2	6	1%
Infection Control	8	11	7	6	9	8	14	5	7	10	6	6	97	9%
Information Technology	6	4	11	8	6	18	9	10	13	7	9	4	105	10%
Medical Devices	8	4	9	10	13	9	15	14	8	5	9	8	112	10%
Medication/Medical Gases/Nutrition	5	1	6	3	4	6	5	5	7	3	5	3	53	5%
Nutritional Feeding (Prescribed Feeds)	1	0	0	0	0	0	0	0	0	0	0	0	1	0%
Organisational Issues/Staffing	8	7	11	18	11	13	20	21	15	9	5	17	155	15%
Pressure Ulcers	0	0	0	0	0	0	0	0	0	2	0	0	2	0%
Radiology	0	0	0	2	0	0	1	0	0	0	4	0	7	1%
Security incidents	1	2	3	2	0	3	2	4	4	5	5	0	31	3%
Treatment/Procedures	1	1	0	0	1	0	2	3	1	6	3	2	20	2%
Total	70	57	78	82	71	111	125	112	95	91	87	88	1067	100%

Table 1 – Non-clinical Incidents Reported for 2017/18 (Data source: DATIX 10/01/18)
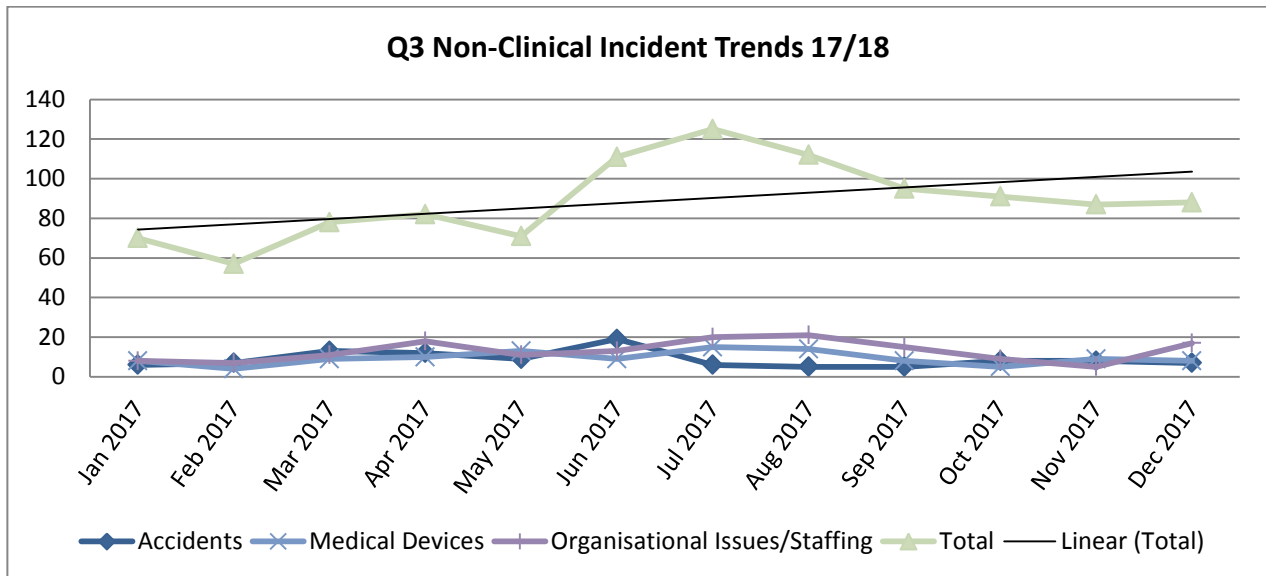
Diagram 1 – Non-clinical Incidents Reported for 2017/18 Trend (Data source: DATIX 10/01/18)

During the quarter one RIDDOR reportable incident was recorded. 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	17/18 Q2
Collision/Impact with object (not vehicle)	0	1	0	0	0
Moving and handling	1	0	1	1	0
Slip, Trip or Fall	2	0	0	0	1
Total	3	1	1	1	1

Table 2 – RIDDOR Incidents Reported for 2017/18 (Data source: DATIX 23/01/18)

4.2 Risk Register

Over the previous 18 months the Trust has successfully embraced and continues to improve electronic reporting of all risks. Datix has been set-up so that risks for New Papworth Hospital can start to be collated on the system. To ensure the Trust remains complaint with Health & Safety legislation, discussions are now underway with Directorates to ensure that all risks are assessed prior to the move in to New Papworth.

Currently there are 651 open "finally approved" risks held on the system which includes 54 Board Assurance Framework (BAF) risks. The Risk Team and New Papworth Project Team have shared responsibilities for managing and monitoring the data. 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 claim open with the NHS Resolution (NHSR

4.4 Safety Alerts

Throughout the quarter the Trust has received 26 safety alerts, of these 12 relate to clinical devices/processes 7 of which were relevant to the Trust. Of the 26 alerts received, 8 have been relevant to the Trust. Action plans relating to the relevant alerts are monitored by the QRMG. All have been reported as completed to the CAS website on time.

Status\Alert Type	MDA	NPSA	EFA	CMO	MHRA	EFN	DH	SDA	Total
Assessing Relevance	0	0	0	0	0	2	0	0	2
Action Not Required	5	0	2	0	0	9	0	0	16
Action Required/Completed	2**	0	1	0	0	0	0	0	3
Action Required/Ongoing	0	1	0	0	0	0	0	0	1
Response Not Required	0	0	0	2	2	0	0	0	4*
Total Alerts	7	1	3	2	2	11	0	0	26

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   CMO - CMO Messaging   MHRA- MHRA Dear Doctor
**The second alert in this category was an update of the first-the action for which had already been completed at the time of issue.

Information Governance

5.1 IG Toolkit submission V14.1
Meetings are ongoing between the IG Manager and all requirement owners, to discuss the evidence required to meet the requirements and to prompt evidence to be provided in a timely manner. There are currently no issues anticipated which would prevent the Trust from obtaining a score of level 2.

5.2 Q1 IG related Datix Incidents
There has been a decrease in Information governance related issues recorded on Datix for the last quarter, with the total for Q3 at 55 incidents, which is an decrease of 10 from Q2, broken down as follows:
- 15 in Oct
- 29 in Nov
- 11 in Dec

DATIX IG Incidents Jan 17 - Dec 17
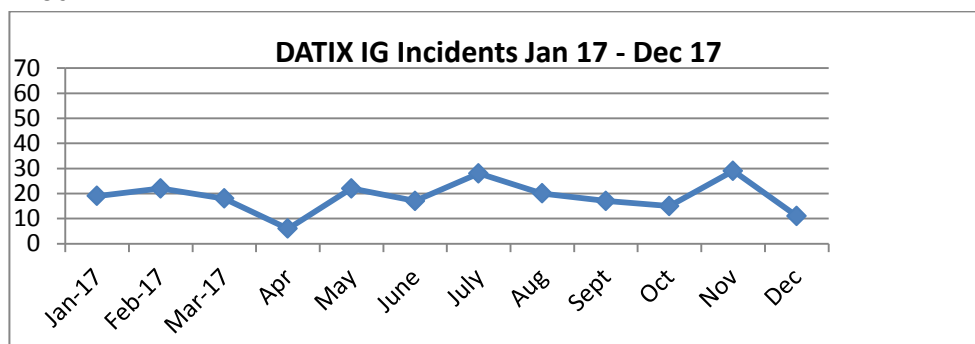
Out of the 55 Datix incidents, 8 were actual incidents with the remaining 47 being near misses.

5.3 Information Asset Register
Despite regular chasing, many information assets are not being reviewed every quarter. Owners and administrators responsible for overdue assets have been vigorously chased and reminded of their responsibilities under Trust policy with little effect. The IG Manager is arranging meetings with all relevant Information Asset Owners to rectify this issue.

Current status (Assets)			
Up to date (risk assessed in Q2 or Q3 this year)	130	Out of date by 1 quarter (assessed in Q1 this year)	85
Out of date by 2 or more quarters (Q4 2016/17 or earlier)	77	New assets awaiting assessment	22

5.4 Information Governance Training

Staff who are overdue for their IG training, or who will fall out of compliance prior to March 2018 are being proactively chased in an attempt to ensure adequate assurance for the IG Toolkit. It is hoped that an in-house online training option will be available from the Trust's intranet shortly, to facilitate self-study training for those unable to attend face to face sessions. It is vital that managers ensure their teams undertake their training in the next 2 months if due or overdue, and will be provided with relevant information in order to monitor 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 617 active documents.**

5.6 Freedom of Information

In Q3 Papworth received 63 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.

FOI Trend April 17 - Dec 17

	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Series1	19	12	25	23	28	25	27	17	19
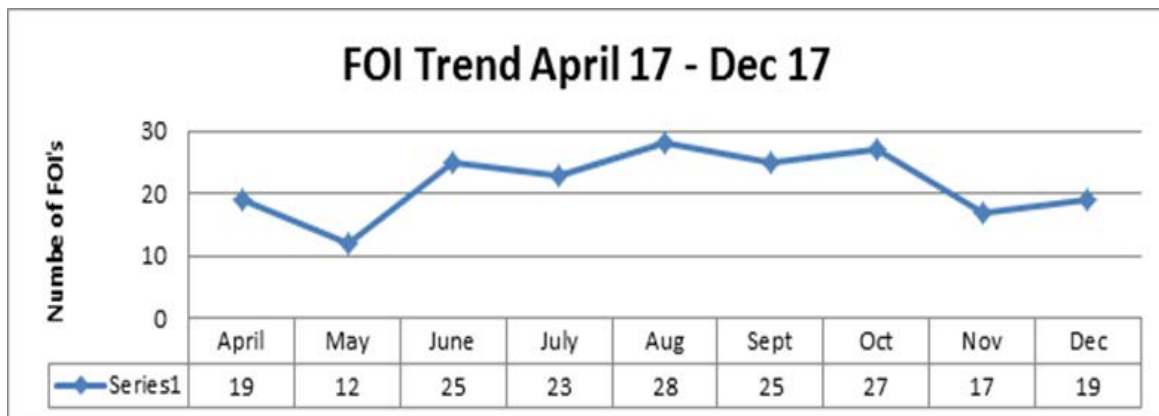
5.7 General Data Protection Regulation (GDPR)

A draft internal flow mapping plan and guidance has been produced and will be rolled out in the next few weeks, which will allow all departments to identify what changes will need to be made in order to ensure compliance under the new legislation.

5.8 Information Governance Audit

The annual audit will be undertaken by RSM, commencing on 6th February 2018, focusing on the following areas of the upcoming IG Toolkit requirements:

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 3 & 4

6.2   Clinical Audit

National Audits

- Association of Cardiothoracic Anaesthetists (ACTACC) Re-sternotomy Audit will commence 1st January 2018.

- Papworth's participation in the National Emergency Laparotomy Audit was stopped as of 31st December 2017 due to changes to the inclusion criteria determined by NELA. Papworth NHS Trust was no longer eligible to take part.

Local audit
The table in appendix 3 illustrates the completed projects for this quarter (23 in total). This is similar to that of Q3 2016/2017 (25) and slightly less than last quarter (29). The full reports are available through the Clinical Audit and Effectiveness Department.

NSF / NICE Guidance received in quarter & progress
A total of 38 NICE guidance documents were published during October, November and December 2017. 5 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 Q3:
The Trust has not registered as a stakeholder in Q3.
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.

PALS Enquiries Quarterly Report

	2016/17				2017/18		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Verbal or Physical Abuse	**0**	**0**	**0**	**0**	**0**	**1**	**0**
Sexual	0	0	0	0	0	1	0
Admission Arrangements	**2**	**2**	**1**	**2**	**1**	**0**	**0**
Availability for Wi-Fi	2	2	1	2	1	0	0
Property/clothes required for admission	0	0	0	0	0	0	0
Visiting Hours	0	0	0	0	0	0	0
Staff Attitude	**6**	**8**	**3**	**4**	**4**	**8**	**3**
Inappropriate manner/behaviour	1	3	0	2	1	4	2
Rudeness	1	0	1	0	0	2	0
Uncaring behaviour	4	5	2	2	3	2	1
Clinical Care	**3**	**6**	**1**	**3**	**1**	**5**	**5**
Disagreement with treatment/outcome/diagnosis	1	0	0	0	0	4	4
Inadequate/insufficient care provided	0	2	1	2	0	0	0
Inappropriate treatment given	0	0	0	0	0	1	1
Poor recovery after discharge	2	3	0	0	1	0	0
Pressure Sore	0	1	0	0	0	0	0
Clinical Error	0	0	0	1	0	0	0
Infection Control Issues	**1**	**2**	**1**	**0**	**0**	**0**	**1**
Infection/Infection Control query	1	1	1	0	0	0	1
Lack of Cleanliness (Hygiene)	0	1	0	0	0	0	0
Nursing Care	**0**	**0**	**0**	**3**	**0**	**1**	**2**
Dissatisfied with Personal Care Provided	0	0	0	0	0	0	0
Dissatisfied with nursing care/treatment	0	0	0	3	0	1	2
Catering	**3**	**0**	**1**	**1**	**0**	**2**	**0**
Food served at incorrect temperature	0	0	0	0	0	0	0
Inadequate Facilities	0	0	0	0	0	0	0
Inadequate portion size	0	0	0	0	0	0	0
Lack of availability of food	2	0	0	0	0	0	0
Lack of adequate choice of food	1	0	0	0	0	0	0
Poor service in restaurant	0	0	0	0	0	1	0
Poor Quality Food	0	0	1	1	0	1	0
Patient charges	**8**	**10**	**3**	**3**	**2**	**1**	**2**
Eligibility Criteria	3	8	0	2	0	0	2
Hostel Services Costs	2	0	0	0	0	0	0
Other Charges	1	0	1	0	1	0	0
Treatment Costs	2	2	2	1	1	1	0
Communication	**117**	**66**	**77**	**83**	**82**	**111**	**90**
Breach of Confidentiality	2	0	0	0	3	0	0
Clarification of Medical Information	47	40	54	67	51	44	44

	2016/17				2017/18		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Consent Issues	1	0	0	0	0	0	0
Diagnosis Query	0	1	0	0	0	0	0
Freedom of Information Requests	3	0	0	0	1	0	1
Incorrect Information provided	2	2	0	2	5	7	1
Lack of Information for other Professional	7	1	0	0	2	0	1
Lack of Information for Patients	14	5	6	3	8	13	4
Lack of Information for Relatives	14	2	1	0	0	2	2
Lack of Sensitivity in Communication	2	0	0	0	1	1	3
Other communication issues	4	2	2	5	8	21	1
Poor or Conflicting information	10	7	4	4	2	2	4
Translation & Interpretation Services	9	6	10	2	1	5	7
Phones unanswered	0	0	0	0	0	4	2
Contact phone number	0	0	0	0	0	11	10
No response to phone messages	0	0	0	0	0	2	1
Answerphone incorrect	0	0	0	0	0	0	1
Booking Office	0	0	0	0	0	0	6
Compliments	0	0	0	0	0	0	1
Data Protection Requests	0	0	0	0	0	0	1
Delay in diagnosis/treatment or referral	**64**	**27**	**17**	**10**	**12**	**28**	**20**
Cancellation of treatment	9	0	2	4	0	1	2
Clinical waiting times	0	0	0	0	0	0	0
Delay in diagnosis/treatment	15	7	4	2	2	9	5
Delay in referral	1	6	0	0	1	2	1
Failure to book treatment/appointment	1	0	0	0	0	1	0
Waiting time for admission to ward	0	0	1	0	9	0	0
Waiting time for appointment	30	10	9	1	0	6	7
Waiting time for operation/procedure	8	4	1	3	0	9	5
Lack of privacy and dignity	**0**	**0**	**0**	**0**	**1**	**1**	**0**
Lack of privacy/dignity on ward	0	0	0	0	1	1	0
Lack of privacy when relating information	0	0	0	0	0	0	0
Discharge Arrangements	**4**	**2**	**3**	**4**	**2**	**4**	**2**
Delay in discharge	1	0	1	0	2	2	0
Dissatisfaction with discharge to another provider	0	0	0	0	0	0	0
Lack of arrangements for home after discharge	3	1	2	4	0	2	2
Wait to transfer to other facility	0	1	0	0	0	0	0
Equipment Issues	**5**	**6**	**6**	**2**	**2**	**7**	**4**
Delays in replacing equipment	0	0	4	0	1	0	0
Lack of/Inadequate equipment	5	6	2	2	1	7	4
Information/Advice Requests	**327**	**359**	**320**	**389**	**343**	**406**	**376**
Accommodation	40	37	34	28	8	6	16
Appointments	28	53	39	38	51	58	37
Benefits	0	1	0	0	3	0	5
Employment Opportunities	3	3	2	1	0	0	0

		2016/17				2017/18		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
Information on Hospital Services		77	115	84	54	65	46	35
Left Luggage		3	0	0	0	0	0	0
Nursing/Residential Care		0	0	2	0	0	0	0
Off Site Directions		15	5	4	7	5	5	12
On site directions		124	98	114	164	136	203	176
Other information request		6	30	22	79	62	50	19
Telephone contact number		0	0	0	0	0	30	51
Requests for information on volunteering		6	10	7	7	3	8	12
Bereavement Process		0	0	0	0	0	0	4
Complaints Procedure		0	0	0	0	0	0	2
E-Mail Address		0	0	0	0	0	0	1
Referral Information		0	0	0	0	0	0	3
Sick Note		0	0	0	0	0	0	1
Environment - Internal		**7**	**4**	**1**	**2**	**3**	**2**	**5**
Cleanliness Toilet		1	0	0	1	1	0	2
Cleanliness of ward		0	1	0	0	0	0	0
Inadequate facilities for disability		2	2	1	0	0	0	0
Maintenance		1	1	0	0	0	1	3
Noise		2	0	0	0	0	0	0
Poor Environment - Internal		1	0	0	0	0	1	0
Temperature in ward too hot/cold		0	0	0	1	0	0	0
Hostel Accommodation		0	0	0	0	1	0	0
Health and Safety		0	0	0	0	1	0	0
Medication issues		**5**	**4**	**0**	**0**	**3**	**2**	**4**
Incorrect medication		0	0	0	0	1	0	0
Failure to provide medication		1	0	0	0	0	1	3
Prescriptions		4	4	0	0	2	1	1
Parking		**49**	**39**	**41**	**31**	**24**	**23**	**59**
Disabled access		15	10	6	2	4	2	9
Other Parking Issue		1	7	9	5	1	3	19
Parking Charges		25	15	23	18	13	16	24
Parking Directions		8	7	3	6	6	2	7
Lost Property		**3**	**2**	**2**	**1**	**3**	**7**	**7**
Loss/Damage of property		0	0	0	0	1	7	7
Lost Property		3	2	2	1	2	0	0
Damage to Property		0	0	0	0	0	0	0
Medical Records		**17**	**7**	**6**	**8**	**4**	**6**	**3**
Incorrect information in health record		2	0	0	0	0	0	0
Information not fully documented		0	0	0	0	0	0	0
Records Other		1	1	1	0	0	1	0
Request for access to medical records		8	4	3	8	2	5	3
Request to update to records		6	2	2	0	2	0	0
Training		**11**	**7**	**10**	**5**	**3**	**1**	**2**

		2016/17				2017/18		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
Request for training placement		10	6	9	5	3	1	2
Training Other		1	1	1	0	0	0	0
Transport Issues		42	44	39	43	27	30	30
Hospital contract transport		0	0	0	0	0	1	0
Local transport information		16	22	12	6	3	8	6
NHS transport Issues		18	13	14	21	16	19	20
Other Transport issue		1	1	2	3	5	2	4
Travel Claims		7	8	9	13	3	0	0
Totals:		674	595	532	594	517	646	615