Royal Papworth Hospital
NHS Foundation Trust

Compassion
Excellence
Collaboration

Royal Papworth Hospital NHS Foundation Trust

Quality Accounts Report 2024/2025

The Quality Account Annual Report

The quality account is an annual report published by providers of NHS healthcare about the quality of the services they provide. The report includes details of progress and achievements against the Trust's quality and safety priorities for the previous year and describes what the Trust will focus on in the year to come.

What should a quality account look like?

Some parts of the Quality Account are mandatory and set out in accordance with the NHS (Quality Account) Regulations 2010 and Department of health- Quality accounts Toolkit 2010/2011.

The toolkit can be accessed via www.gov.uk/government/news/quality-accounts-toolkit

The Quality Account must include:

Part one

- A statement from the trust board (or equivalent) summarising the quality of the NHS services provided

Part two

- A series of statements from the board, the format and content of which are prescribed in the regulations and toolkit.
- A review of Trust performance against the Quality Improvement Priorities for 2024/25 priorities
- The agreed Trusts Quality Account Priorities for 2025/2026

Part three

- A review of the Trust's 2024/25 performance presented against the 3 domains of patient safety, clinical effectiveness, and patient experience.

Part four

- A series of statements from stakeholders on the content of the Quality Account

Additional sections and information may be added; however, the Quality Account must have an introduction, a review of the previous year's performance, and a look forward at the priorities for the coming financial year.

Part 1 - Statement on quality from the Chief Executive

Royal Papworth Hospital NHS Foundation Trust is known internationally as a centre of excellence for cardiothoracic medicine. This reputation has been forged since we were founded in 1918 and continues today. A key driver for maintaining and further enhancing this reputation is through providing quality, safe and effective care for the people we treat.

This Quality Account provides a summary of the quality of our services throughout 2024/25, highlighting some of the advances and achievements of the past year and areas of priority focus for the year ahead.

During the past year, our catheter laboratory team has begun performing a new minimally invasive procedure to combat a type of heart valve disease. People in the east of England with tricuspid valve regurgitation – where the valve does not close properly and so causes blood to leak backwards in the heart – are usually treated with diuretic medication. This is because open heart surgery for the tricuspid valve in isolation is rarely performed as it is deemed too risky. But now our multidisciplinary team can perform a tricuspid valve transcatheter edge-to-edge repair procedure, which treats valve leakage by using a catheter inserted through a vein in the thigh to clip and lock the valve into position.

This new procedure is improving quality for our patients by providing another treatment option, reducing the dependence on diuretic therapy and should lead to fewer hospital admissions for symptoms of heart failure.

Our catheter laboratory team also performed the first ablation procedures in the UK using novel cardiac 3D mapping and navigation, designed to improve patient outcomes and efficiency. More recently, the cardiology team has begun same-day discharges for patients undergoing transcatheter aortic valve implantation (TAVI). This reduces the risks associated with staying in hospital because patients can be back at home, where they are safest, within just hours of having their heart valve repaired.

Keeping people at home and providing care in the communities they live in rather than in hospitals was one of the three key recommendations of the Lord Darzi report into the state of the NHS, commissioned by the new Labour government not long after winning July's election. Our respiratory team is doing just this. They have launched a new, dedicated outreach clinic for patients with long-term respiratory support who are on mechanical ventilation. This new service is part of Royal Papworth's commitment to take specialist care out into the community, closer to where people live, and ideally in their own homes.

It also will help to address health inequalities by reaching patients who might otherwise struggle to access our specialist services.

Our adult heart and lung transplant programme also continues to be the biggest and most experienced unit in the country, treating patients from across the United Kingdom. Our team performs more heart, lung and heart-lung transplant than any other UK centre, with the shortest waiting times:

- In 2024/25, we carried out 79 adult cardiothoracic transplants, more than any other hospital.
- Our patients wait 185 days on average for a heart transplant, compared to a UK average of 867 days.
- Our lung transplant patients wait an average of 267 days, compared to a UK average of 537 days.

The information and data contained within this report have been subject to internal review and challenge and, where appropriate, external verification. To the best of my knowledge, the information contained within this document reflects a true and accurate picture of the quality performance of Royal Papworth Hospital NHS Foundation Trust in 2024/25.

Eilish Midlane
Chief Executive Officer

11 April 2025

Part 2 - Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement

Welcome to Part Two of our report. It begins with a summary of our performance during the past twelve months compared to the key quality targets that we set for ourselves in last year's quality report.

The focus then shifts to the forthcoming twelve months, and the report outlines the priorities that we have set for 2025/26 and the process that we went through to select this set of priorities.

The mandated section of Part 2, which follows, includes mandated Board assurance statements and supporting information covering areas such as clinical audit, research and development, Commissioning for Quality, and Innovation (CQUIN) and data quality.

Part 2 will then conclude with a review of our performance against a set of nationally mandated quality indicators.

Summary of performance on 2024/25 priorities

Our 2023/24 Quality Report set out our quality priorities for 2024/25 under the quality domains of patient safety, effectiveness, responsiveness and well led. See our 2023/24 Quality Account for further detail: *https://royalpapworth.nhs.uk/our-hospital/information-we-publish/annual-reports*

The following section summarises the three quality improvement priorities identified for 2024/25. The tables below demonstrate achievements against the 2024/25 Goals.

Priority 1: Diabetes

Priority 2: Nutrition and Hydration

Priority 3: Delirium and Dementia

Objectives 2024/25	Baseline position for April 2024	How will this be measured?	2024/25 Progress:
	Local induction to role on diabetes within local clinical teams.	• creation of an annual cycle of ongoing refresher training	➢ Hypo awareness week 7-13th October. Daily visits to wards were undertaken to increase hypo awareness in staff. ➢ Training sessions for critical care teaching team, so that they could train the wider team. ➢ Meeting to update Alert and ANP team. ➢ All patients with T1DM (Type 1 Diabetes) – referral to Diabetes Nurses to support with diabetes management and reduce risk of DKA. ➢ The new guidelines are discussed at all training sessions for new or existing staff. The above was in addition to regular programme of diabetes workshops, one covering hypoglycaemia, Type 1 Diabetes and Diabetic Ketoacidosis and the second, oral medications, insulins and VRII. Evaluation of patient care through referrals to Diabetes Nursing team demonstrates that there is still more to do to raise the awareness of the guidelines and upskill staff to be able to manage patients with diabetes including with appropriate medication. The Diabetes nursing team have reviewed and updated the diabetes induction and e-learning for all clinical staff joining the Trust. Next steps agreed to carry on onto 2025/26. Diabetes Training provision mapped, and proposal presented to Education Steering Group for a pilot of additional essential to job role diabetes training. The Diabetes team are also working on improving the use of the diabetes care plan, to include foot assessment on admission. Planned hospital wide audit 25/26 of management of hypoglycaemia. Diabetes team working to ensure the hypo patient record is completed for every hypo, and that the treatment is appropriate.
Medical oversight role to be implemented to support clinical management of patients with complex diabetes.	No current dedicated medical support (via pa allocated time). **Risk 2387** on corporate risk register – in relation to no dedicated Consultant Diabetologist time in the Trust.	• Dedicated medical role/or provision in place and aligned with diabetes specialist nursing team. • Corporate risk reduced/closed with medical role mitigation in place.	Completed - Medical 2PA resource confirmed. Recruitment was undertaken in Q3. Consultant Diabetologist commenced in post in April 2025.

Objectives 2024/25	Baseline position for April 2024	How will this be measured?	2024/25 Progress:
	as patient require further blood sugar control, often through GP services. Ultimately leading to delay of review and diagnosis through Oncology pathways.	Review completed on the potential implementation of hospital monitoring of blood sugar reviews for our patients as they attend other appointments. Data available by real time tracking and can be monitored through Thoracic Oncology Business Meeting / Thymoma-associated myasthenia gravis (TAMG) and Cancer Transformation Group.	
To improve compliance as per NICE guidance (NG19) standards for the completion of foot assessments for patients with diabetes to be undertaken within 24 hours of admission.	The annual audit for 2023/24 against NG19 Diabetic Foot Problems standards results found 51% of patients did not have the recommended foot assessment completed.	• Dissemination of the recommended actions arising from the completed 2023/24 and local actions in place at ward level. • Audit 2024/25 to be completed with demonstrable improvement seen. • Focussed quality improvement project for 2 wards completed. This project will have followed PDSA approach clearly identifying ongoing continuous improvement. • Sustained improvement demonstrated via yearly audit for focus project areas (2 wards) and wider roll out of this improvement work to other areas.	Project activities to educate and raise awareness, including tea trolley teachings, staff meeting attendance continue. A follow up audit planned during Q2 2025 to measure impact on foot assessment completion.
To improve compliance as per NICE guidance (NG28, NG 17) standards for diabetic care plan completion for patients with diabetes.	Annual audit for NICE guidance NG28, Type 2 diabetes in adults: management, and NG17 Type 1 diabetes in adults: diagnosis and management with 23/24 results 33% patients did not have a diabetic care plan.	• Dissemination of the recommended actions arising from the completed 2023/24 and local actions in place at ward level. • Audit 2024/25 to be completed with demonstrable improvement seen. • Focussed quality improvement project for 2 wards completed. This project will have followed PDSA approach clearly identifying ongoing continuous improvement. • Sustained improvement demonstrated via yearly audit for focus project areas (2 wards) and wider roll out of this improvement work to other areas.	Project activities to educate and raise awareness, including tea trolley teachings, staff meeting attendance, attendance continues. A follow up audit planned during Q2 2025 to measure impact on foot assessment completion. on diabetic care plan completion.

Executive Lead: Maura Screaton, Chief Nurse

Implementation Leads:

- Jackie McDermott, Diabetes Specialist Nurse / Jason Ali, Consultant in Cardiac and Transplant Medicine/Julie Bracken, Deputy Sister (Clinical Governance)
- David Meek, Associate Director for Clinical Governance /Jacqui Renwick, Head of Quality Improvement and Transformation

Objectives 2024/25	Baseline position for April 2024	How can this be measured?	2024/25 Progress:
		v. Full business plan completed for new Food service dietitian post or how this requirement could be added to 1 or 2 internal posts to support this ongoing collaboration.	See above 2i and iv. Food Service Dietitian Post created from Dietetic Band 7 vacancy therefore business plan not required.
1. Patients can access good quality food and hydration over 24-hour period that meets their personal and dietary needs.	Reduced access to food and snacks out of hours for patients returning from theatre/ procedures or to assist management of diabetes. Current provision of snack boxes ordered via switchboard after 19.00hrs.	i. Improved access to food and hydration needs and this is monitored monthly via Food and Nutrition Group, with clear oversight of improvement plans in place.	Six bottles of water left in each pantry fridge for patients overnight. Housekeepers do a water round after supper delivery before they leave at the end of their shift.
		ii. Provision of sandwiches via ward pantry monitored monthly by Matron/Estates and reported to Food and Nutrition Group.	Wards pantry fridges are each stocked with 4 types of sandwiches. The F&N group agreed this remains sufficient. Regular monthly oversight meeting in place.
		iii. Monitored use of snack boxes by Estates/OCS and reported to Food and Nutrition Group.	Snack boxes recorded per month and tracked in the Monthly Performance Report and discussed.
		iv. Patient satisfaction survey in place with dedicated food related question or). Results being used to inform and support the co-design of improvements.	New survey question agreed by both Patient & Carer Experience and Patient & Public Involvement Groups: *Overall, how would you rate the choice of meals to suit your religious/dietary requirements?*, Agreed to be added to Friends & Family Test Survey in Q1 20 25/26.
2. Increased food choices for patients, such as long stay and those with specific dietary needs including religious requirements.	Long term patients (defined as > 4 wks) flagged to Site Service Operations Manager by a matron or dietitian can arrange use of any patient menu or access to the restaurant menu.	i. Gap analysis and thematic review of patient experience undertaken by Food and Nutrition Group and recommendations / actions monitored through Food and Nutrition Group.	Work to be continued in 25/26.
		ii. Options to increase food choices – such as food voucher for use in the canteen/café, implemented.	Voucher system established for patients where appropriate. Patients seen by Patient Catering and Soft FM Manager to offer other items from menu to help with menu fatigue (restaurant menu items also offered).
		iii. Improved patient experience received via Food and Nutrition Group monthly monitoring of QR code feedback.	Feedback via the Restaurant QR code submitted to Estates monthly along with OCS inpatient catering survey results. This is shared with F&N Group Chair to inform future improvement initiatives.
3. Improvement in oral health in patients and associated reduction in poor nutritional intake.	Mouth care procedure (DN731) implemented.	i. Create new annual audit that will include monitoring of the new procedure with actions plans for improvement to be monitored by Food and Nutrition Group.	Mouthcare audit undertaken October 2024 with action plan monitored by the F&N group. Link nurses and champions identified for Oral Care. Associate Practitioner within Speech Therapy team nominated to lead oral care with support from Band 6 link nurse for education/audit. Training tools prepared and Oral Healthcare Patient information leaflet (PIL) awaiting approval by PILs panel.

Quality Account Priorities for 2024/25- Priority 3

Aim: To Improve outcomes for patients who experience delirium under our care or have dementia and care needs requirements.

Background: Linked to patient experience, the Trust currently does not have clear strategy or approach to how we are optimising the pathway for patients who experience Delirium and Dementia.

Equality Delivery Statement: We will ensure patients who experience delirium or have dementia have access to the right care at the right time and through this quality improvement work our approach will focus on addressing any equality and health inequalities for patients.

Objectives 2024/25	Baseline position for April 2024	How can this be measured?	2024/2025 Progress
Develop Trust guidance/policy and process for dementia and incorporate any guidance update from: 1. NICE Guideline 97 Dementia: assessment, management and support for people living with dementia and their carers (June 2018)	No current dementia guidance or policy.	• Completed new dementia guidance published and launched trust wide. Included in the guidelines a clear monitoring and auditing section to audit compliance. • Create new annual audit that will include monitoring of the new guidelines with actions plans for improvement to be monitored by the Dementia and Delirium Group.	• Delirium & Dementia group ToR revised. • Task and finish Dementia group established focused on the development of a Trust vision for dementia care led by secondment role until May 2025. • Scoping of dementia policy and process has identified a gap and therefore a commissioned piece of work will be taken forward to Q1 2025/26. • Collaboration with Cambridge University Hospitals (CUH) in relation to dementia care across the campus. • Liaison with external agencies such as Alzheimers Society and Caring Together network for additional stakeholder experience.
Review and update of DN626 Guideline for the Prevention Recognition and Management of Delirium. To incorporate any guidance update from: NICE Guideline 103 Delirium: prevention, diagnosis and management in hospital and long-term care (July 2010, updated Jan 23) NICE Guideline 83 Rehabilitation after critical illness (Sept 2009, reviewed June 2018)	Current Policy DN626 out of date. Baseline audit for NICE re-completed Feb 24.	• Completed new delirium guidance published and launched trust wide. Included in the guidelines a clear monitoring and auditing section to audit compliance. • Create new annual audit that will include monitoring of the new guidelines with actions plans for improvement to be monitored by the Dementia and Delirium Group.	• DN626 Guideline for the Prevention Recognition and Management of Delirium – updated and approved. With NICE Guidelines 103 and 83 now incorporated into DN626 Guideline for the Prevention Recognition and Management of Delirium. • Delirium medical representative appointed. • Delirium bundle launched on patient Electronic Patient Records (EPR) in Q4 - audit timeline being considered. • Consideration being given to an audit of delirium medication throughout the Trust (pharmacy).
Develop a new dementia 3-year strategy or approach to include key strategic priorities, with the aim of improving the quality of life for people living with dementia and their carers while under our care.	No current strategy/approach. Last strategy was for the period 2015-2018, which is now archived.	• Scoping exercise that has included the voices of patents and or their carers as part of our newly developed Dementia approach while under our care. • Completed dementia strategy published and launched trust wide. • A 3-year implementation plan has been developed on how the strategy will be achieved and this will be	• Task and finish Dementia group established focused on the development of a Trust vision for dementia care led by Nurse secondment role until May 2025. • Scoping of dementia policy and process has identified a gap and therefore a commissioned piece of work will be taken forward to Q1 2025/26 for completion of this work.

2.2 Quality Account Priorities for 2025/26:

Our priorities for 2025/26 reflect the domains of quality: patient safety, clinical effectiveness, well led and patient experience. Our priorities are:

Priority 1: Waiting Lists and reducing harm for those patients waiting

Priority 2: Discharge Assurance

Priority 3: Health Inequalities and Equality and Diversity of our Patients and families/carers.

Equality Delivery Statement: We will ensure patients have access to the right care at the right time through this quality improvement work our approach will focus on addressing any equality and health inequalities for patients.

To determine its Quality Priorities for the coming year the Trust reviewed clinical performance indicators and identified a long list of improvement proposals that were considered with input from clinical teams, our Patient & Public Involvement Committee and the Quality & Risk Committee before the final priorities were selected.

Progress and achievement of goals in relation to our priorities will be reported and monitored by the Quality & Risk Committee (a Committee of the Board of Directors). Reports will also be presented to the PPI Committee and the Council of Governors.

Objectives 2025/26	Baseline position for April 2025	How will this be measured?
		4. Clinical risk review process in place for all non-RTT wat times by Q4.

Executive Lead: Maura Screaton, Chief Nurse

Implementation Lead: Zoe Robinson, Deputy Chief Operating Officer, supported by

Divisional Operational Leads for:

- Cardiology
- Surgery Transplant and Anaesthetics
- Thoracic and Ambulatory

Louise Palmer, Deputy Director for Quality & Risk,
Jacqui Renwick, Head of Quality Improvement & Transformation,

Objectives 2025/26	Baseline position for April 2025	How will this be measured?
	The Trust has received complaints from GPs regarding the quality and clarity of discharge summaries from RPH.	**Q1**: Review professional records standards for e-discharge and draft new single discharge summary. **Q2**: Launch new summary in Lorenzo with trust wide communication and training to ensure content of discharge summaries is pertinent. **Q3**: Ongoing education and clinical engagement. **Q4**: Implement new annual audit of discharge summaries and review of ongoing feedback from stakeholders, with action plan for improvement.
To reduce medication-related incidents at discharge.	No formal reporting process for discharge medication incidents, however all incidents are clustered in themes via Medicines Safety Group and the current process is these are shared with discharge assurance group 24/25 e.g. supplied wrong drugs, incompatibilities.	- Medicines Safety Group monitors overall trends; divisions take ownership of reviewing and responding to relevant safety issues. -Maintain reporting to support learning culture. -Focus on reducing harm-related discharge medication errors. -Use complementary tools (e.g. case reviews, debriefs) to support learning from low numbers. **Q1:** Define harm-related medication discharge categories; agree divisional reporting responsibilities. **Q2-Q3:** Embed medication safety data into divisional governance processes. **Q2-Q3**: Pilot supplementary learning tools (e.g. debriefs, case reviews) in response to selected incidents. **Q4:** Evaluate divisional actions and learning; report key themes and improvements to Discharge Assurance Group.
To improve Patient Experience of discharge.	All formal and informal complaints are shared with relevant teams and themes shared with discharge assurance group. Patients receive varying amounts of information related to the discharge process.	- Reduction in discharge-related complaints - Qualitative patient feedback **Q1** Design and launch a new, singular Discharge Patient Information Leaflet. Leaflet to include patient expectations of Discharge Lounge. **Q2-4** Monitor patient complaints / feedback related to discharge with an ongoing action plan for improvements.

Executive Leads: Maura Screaton, Chief Nurse and Dr Ian Smith, Medical Director

Implementation Lead: Pippa Hales, Chief Allied Health Professional, supported by:

- Discharge Assurance Group - This is a skill mixed group of Nurses, Allied health professional, Doctors, and other key roles involved in the Discharge process in the Trust

2.3 Statements of assurance from the Board

This section contains the statutory statements concerning the quality of services provided by Royal Papworth Hospital (RPH) NHS Foundation Trust. These are common to all quality accounts and can be used to compare us with other organisations.

The Board of Directors is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year. NHS England (NHSE) has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports, which incorporate the legal requirements, in the NHS Foundation Trust Annual Reporting Manual.

Indicators relating to the Quality Accounts were agreed following a process which included the input of the Quality and Risk Committee (a Committee of the Board of Directors), Governors, the Patient and Public Involvement Committee of the Council of Governors and clinical staff. Indicators relating to the Quality Accounts are part of the key performance indicators reported to the Board of Directors and to Directorates as part of the monitoring of performance.

Information on these indicators and any implications/risks as regards patient safety, clinical effectiveness and patient experience are reported to the Board of Directors, Governors and Committees as required.

Part 2.3 includes statements and tables required by NHSE and the Department of Health and Social Care (DHSC) in every Quality Account/Report. The following sections contain those mandatory statements, using the required wording, with regard to Royal Papworth Hospital.

Full details of our services are available on the Trust web site: https://royalpapworth.nhs.uk

Audit Title	Audit Source	Compliance with audit terms (%)
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Intervention (NAPCI)	National Institute for Cardiovascular Outcomes Research (NICOR)	100
National Comparative Audit of Blood Transfusion: National Comparative Audit of NICE Quality Standard QS138	NHS Blood and Transplant	100
National Pulmonary Hypertension Audit	NHS England (formerly NHS Digital)	100
UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	100
UK Renal Registry National Acute Kidney Injury Audit[3]	UK Kidney Association	100
National Diabetes Inpatient Safety Audit (NDISA)	NHS England (formerly NHS Digital)	100

Note 1: Cambridge University Hospitals submits on behalf of RPH as the treatment provider/diagnosing trust for hip fractures as per the audit inclusion criteria.
Note 2: The National lung cancer audit records the patients by the hospital in which they were first seen. Since almost no patients are referred directly from their GP to Royal Papworth Hospital, the data which is completed by Hospital counts towards the district general hospitals participation rate.
Note 3: Cambridge University Hospitals uploads AKI data on behalf of RPH.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

During 2024/25, Royal Papworth Hospital NHS Foundation Trust participated in one NCEPOD study which was relevant to the Trust. The project, which is detailed below, is due to be completed in spring 2025.

- **Blood Sodium Study** - the study has been commissioned by Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care. The final report is due to be published in Winter 2025.

National Audits collect a large volume of data about local service delivery and achievement of compliance with standards and provide information about attainment of outcomes. They produce national comparative data for individual healthcare professionals and teams to benchmark their practice and performance. The reports of 13 national clinical audits were reviewed by the relevant clinical teams at Royal Papworth Hospital NHS Foundation Trust in 2024/25. Below is a summary of the audits discussed at relevant divisional meetings.

Audit Title	Report Published
National Lung Cancer Audit (NLCA) State of the Nation report	Y
National Diabetes Foot Care Audit (NDFA) – State of the Nation Report	Y
The National Respiratory Audit Programme (NRAP) – *Information Only*	Y
The Sentinel Stroke National Audit Programme (SSNAP) – *Information Only*	Y
Learning from deaths of children with a learning disability and autistic children (NCMD) – *Information Only*	Y
National Cardiac Audit Programme (NCAP) 2024/25 Q1 Summary Reports	Y
Perinatal mortality surveillance report (MBRRACE-UK) – *Information Only*	Y
Using the national database to improve hip fracture care (NHFD)	Y
Falls and Fragility Fractures Audit Programme: The Inpatient Falls - 2024 report on 2023 clinical data (NAIF)	Y

Audit into the completion of the WHO checklist on patients undergoing Transoesophageal Echocardiography (TOE)

This was a Cardiac Physiology audit measuring compliance with the TOE care pathway. This is a re-audit to continually monitor compliance and improve practice in those areas where poor practices are identified. Following the audit, several actions were identified to improve compliance;

- Teach relevant members of staff about how to complete the Lorenzo TOE care pathway form: patient transfer and post-procedure care.
- Confirm and agree who will complete the 'before patient leaves echo room' on Lorenzo TOE care pathway form and ensure this information is communicated to all relevant staff.
- Plan to undertake quarterly audits (last week of every quarter).

Direct oral anticoagulants (DOACs): Safety in Prescribing Re-audit

This was a Pharmacy re-audit looking at safe and effective prescribing of direct oral anticoagulants (DOACs) within Royal Papworth Hospital. Following the audit, several actions were identified to improve practices;

- Implement a programme of local education of junior clinical staff at induction, prior to working on the wards, with regards to DOAC prescribing.
- To introduce alerts on the Lorenzo system (electronic patient record) to improve the safety of prescribing of DOACs.
- Implement an improved system of monitoring patients who have been prescribed DOACs.

Evaluation of RPH compliance with NICE Guidelines (QS103) for Acute Heart Failure

This was a Cardiology audit measuring compliance with NICE guidelines (QS103) for Cardiology and Cardiothoracic patients. Following the audit, several actions were identified to improve compliance;

- Educational intervention is crucial to achieve a target compliance of 100%. This will primarily involve conducting teaching or awareness sessions and posters in doctor's mess and wards.
- Implement a programme of dedicated heart failure reviews within 24 hours of admission. These reviews will ensure patients are started on the right medication and appropriately referred to the community heart failure team.
- To re-audit following implementation of the actions identified and then consider other methods to achieve compliance.

The Safe Handling and Disposal of Sharps Compliance Report

This was an Infection Control audit undertaken annually to measure compliance with the Trust's policy and procedures for the Safe Handling and Disposal of Sharps. Following the audit, several actions were identified to improve compliance;

- Ward sisters to familiarise staff with DN180 Sharps Policy where it has been identified staff not aware of managing sharps injury procedure.
- Ensure all containers are labelled and tagged with date, location and signed.
- Results disseminated via the IPC departmental action plans and reported to ICPPCC.

Commissioning for Quality and Innovation (CQUIN) framework

In 2024/25, the NHS Payment System and the NHS Standard Contract provided a temporary pause to national CQUIN schemes. The pause had been made in respect of the national drive to focussing efforts on the recovery of services.

From 2023/24, funding associated with CQUIN (1.25% of activity income) was rolled in to tariff and paid to providers upfront via the contract. Under this model, commissioners reserved the right to reclaim a proportion of CQUIN funding in the event of non-achievement. As CQUIN schemes were suspended in 2024/25, no such reclaim could be claimed, and providers therefore retained CQUIN funding in full.

Non-mandatory IV-to-oral switch prescribing of antibiotics (IVOS) CQUIN completed and **MET** for 2024/25.

The national consensus criteria for patient eligibility for IV-to-oral switch (IVOS) was used as the audit standard for this CQUIN. Patients with an active prescription for intravenous antibiotics and who have already met IVOS criteria at the point of audit, represent the numerator for this CQUIN indicator. The CQUIN performance was reported as percentage of patients non-compliant (i.e. active prescription for IV antibiotic(s) but already met IVOS criteria at the point of audit) with a target of 15% or less. A patient with an active prescription of IV antibiotic(s) who has not met IVOS criteria at the point of audit, was deemed compliant.

Q1	Q2	Q3	Q4
10%	14%	9%	13%

Care Quality Commission (CQC) registration and reviews

Royal Papworth Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered without conditions'.

Royal Papworth Hospital NHS Foundation Trust is subject to periodic review and was last inspected by the CQC in June & July 2019 when we received an overall rating of Outstanding.

We were rated as outstanding because:

- Safe effective, caring, responsive and well-led were rated as outstanding at core service level.
- Medical care, surgery and diagnostic imaging were rated as outstanding overall.
- Critical care and outpatients were rated as good overall.
- The rating reflected the previous inspection for end-of-life care services which was rated as good overall.

The aggregated rating for well-led at core service level was outstanding and the CQC rated well-led at trust-wide level as outstanding. When aggregated with the core services, this gave a rating of outstanding for the overall trust. The report of this inspection is available on the CQC website at: https://www.cqc.org.uk/provider/RGM

Clinical Research Facility (CRF) at the Heart Lung Research Institute (HLRI)

CQC registration of the HLRI was successfully achieved in September 2022. This relates to both the in and outpatient areas of the CRF.

Learning from Deaths

In line with national Guidance on Learning from Deaths from NHS England, policies and guidelines within the Trust have been reviewed to ensure there are clear governance structures in place to support review of, and learn from, all deaths at Royal Papworth hospital. In March 2025, a new Learning from Death policy was ratified through the Quality and Risk Committee.

Incidence of deaths

During April 2024 to March 2025, 194 of Royal Papworth Hospital patients died at the Trust. This comprises the following number of deaths which occurred in each quarter of that reporting period: 43 in the first quarter; 49 in the second quarter; 49 in the third quarter; 53 in the fourth quarter.

Mortality Case Record Review process

There are several processes which work in parallel to comprehensively review all deaths at Royal Papworth to identify issues and improve quality and safety for patients. These processes include:

- All deaths in the previous week are presented at the weekly Safety Incident Executive Review Panel (SIERP)
- Medical Examiner (ME) Scrutiny Review
- Retrospective Case Record Review (RCR)
- Morbidity & Mortality Meeting (M&M) case discussion
- Incident Investigation (grading and investigation response agreed at SIERP)

The Royal College of Physicians' Structured Judgement Review methodology has been adopted as the agreed method for all case record reviews at Royal Papworth Hospital. Responsibility for case record reviews lies with the Clinical Directors, Clinical Leads and Mortality & Morbidity Leads overseen by the Clinical Governance Manager and Associate Medical Director for Clinical Governance.

If a patient's death is considered more than 50% likely to have been potentially avoidable following retrospective case record review, it is reported as a patient safety incident triggering an incident investigation process.

By 20/04/2025, in relation to the 194 inpatient deaths 20 retrospective case record reviews were requested, with10 completed to date. In addition, there were 7 incident investigations carried out. There were no deaths where both a retrospective case record review and an incident investigation took place. The number of deaths in each quarter for which a retrospective case record review was requested or an incident investigation was carried out was:
9 in the first quarter; 6 in the second quarter; 4 in the third quarter; 8 in the fourth quarter.

Following review, 2 patient deaths during the reporting period were judged that they could possibly have been avoided (more than 50% likely). This equates to 1.03% of all patient deaths

Lessons learnt from Retrospective Care Record Reviews:

Of the 10 completed RCRs, learning was identified in 2 investigations. Areas highlighted for improvement are summarised below:

- The need for active operational waiting list management.
- Opportunity to improve communication with referring hospitals to identify deterioration of patients to facilitate earlier transfer and treatment.

Performance against the national quality indicators

The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing. The following core set of indicators applicable to Royal Papworth Hospital on data made available to Royal Papworth Hospital by NHSE and data sources are required to be included in the Quality Accounts.

Indicator	2023/24 (or latest reporting period available)	2024/25 (or latest reporting period available)	Royal Papworth Hospital NHS Foundation Trust considers that this score or rate is as described for the following reasons…	Royal Papworth Hospital NHS Foundation Trust intends to take/has taken the following actions to improve this score or rate and so the quality of its services, by…
The percentage of emergency admissions to any hospital in England occurring within 30 days of the most recent discharge from hospital after admission. *https://digital.nhs.uk/data-and-information/publications/statistical/compendium-emergency-readmissions/current/emergency-readmissions-to-hospital-within-30-days-of-discharge* *The data set indirectly standardised percent with 95% and 99.8% confidence intervals – Published annually in November for the previous Apr-Apr period.*	The Trust score percentage was 12.7 The England average score was 14.8	Awaiting data for 24/25	This is previously reported data as the annual publication of this dataset is on hold while the results of consultations are considered.	The Trust recognises the impact of readmissions on patient experience and continues to identify areas for improvement.
The percentage of staff employed by, or under contract to, the trust during the reporting period who would be happy with the standard of care provided by this organisation if a friend or relative needed treatment	88% of the staff employed by, or under contract to, the trust in the 2023 staff survey would recommend the trust as a provider of care to their family or friends.	90.80% of the staff employed by, or under contract to, the trust in the 2024 staff survey would be happy with the standard of care provided by this organisation if a friend or relative needed treatment.	The data has shown an improvement from the previous year with RPH being at the higher end of specialist trusts for percentage of staff reporting they would be happy with the standard of care	Survey results have been share with Divisions/ Directorates and with staff through our normal communication channels. They are also shared and discussed with Staff

Indicator	2023/24 (or latest reporting period available)	2024/25 (or latest reporting period available)	Royal Papworth Hospital NHS Foundation Trust considers that this score or rate is as described for the following reasons…	Royal Papworth Hospital NHS Foundation Trust intends to take/has taken the following actions to improve this score or rate and so the quality of its services, by…
Following feedback, the VTE Risk Assessment Data Collection was reinstated from April 2024, with the first submission due in July 2024.	manage the COVID19 pandemic.	Latest National published data is for Q1 as 89.4% for Acute Hospital care. The percentage of admitted patients risk assessed for VTE was 90% for NHS acute care providers between April - Dec 2024		
The rate per 100,000 bed days of cases of C.difficile infection reported within the trust during the reporting period. *https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data*	Trust rate was 30.9 in 2023/24. The national rate for 2023/24 was 29.5	Not yet available Data is published in November of the following year	Infection prevention and control is a key priority for the Trust.	For further information see our update on Healthcare Associated Infections
The number and, where applicable, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. i) Number (ii) Rate per 100 admissions (data unavailable). *Rate per 1000 bed days provided 2020-21.*	September 2023 update: NHS-England have paused the annual publishing of this data in line with the introduction of the Learn from Patient Safety Events (LfPSE) service to replace the NRLS. *https://www.england.nhs.uk/patient-*	Trust Locally reported Data: (i) Trust number for 2024/25 was 3,160. (ii) Trust rate per 1000 bed days 53.7 for 2024/25. (iii) Trust rate was 6 resulted in severe harm/1 death equal to 0.23% of the number of patient safety incidents.	This is previously reported data as the annual publication of this dataset is on hold while the results of consultations are considered.	The Trust continues to demonstrate a strong incident reporting culture which is demonstrated by the majority of incidents graded as low or no harm. The Trust successful went live with the National required Patient Safety Incident Framework (PSIRF) in January 2024.

Part 3 – Patient Safety, Experience and Clinical Effectiveness

Review of quality performance 2024/25

In 2024/25 we have seen another busy year for Royal Papworth Hospital and its staff. We have seen significant challenges relating to patient flow and increase demand on our services. Staff have worked hard going over and above in providing support for patient safety initiative activity to treat as many patients as possible thereby reducing the time patients wait for our services. We have continued to plan the recovery of our services and undertake some transformational programmes of change to support that recovery and the optimisation of our hospital. We have also seen excellence in innovation and working with our system partners supporting winter pressures across our system and maintaining excellent outcomes for our patients. The Hospital has treated 25,144 inpatient / day cases and 112,150 outpatients contacts from across the UK, an increase from 23/24 (23,666 inpatient/day cases and 110,221 outpatient cases). For additional information see section 1.2 Performance Analysis of the Annual Report.

The following section of this report provides a review of our quality performance in 2024/25. We have selected examples from the three domains of quality (clinical safety, patient experience and clinical effectiveness of care). These priorities reflect issues raised by our patients and stakeholders, which also feature highly in the Department of Health and Social Care's agenda. They include information on key priorities for 2024/25 where these are not reported elsewhere.

Pulmonary endarterectomy is included as Royal Papworth is the only centre in the UK to provide this surgery. There is also an update on the Extra Corporeal Membrane Oxygenation (ECMO) service for which Royal Papworth Hospital is one of five centres nationally that provide this service for adults.

Our Quality Vision for 204/25 - in providing excellent care and treatment for every patient, every time

We have continued with embedding our vision of quality improvement and continuous improvement in being our core philosophy and that it is at the heart of every decision that we make. Our expertise, reputation, and network places us in a unique position to lead the way in delivering excellence in care through our cardiothoracic, respiratory and transplant services with outstanding:

- Patient experience and engagement; developing and improving our services for and with the patients who need them.
- Patient safety; with a focus on eliminating avoidable harm to patients.
- Effectiveness of care; using clear, consistent processes and standards to deliver successful treatment assessed by clinical outcome measures and the patient's experience.

From 1st April 2024, commissioning functions of the 59 delegated acute specialised services becomes the responsibility of the Integrated Care Board (ICB). They now have responsibilities through the Joint Commissioning Consortium (JCC) and the Specialised Commissioning Team to continue to work on their behalf with retained specialised services remain NHSE's responsibility.

- Optimise SafeCare Live for daily staffing reviews, staff deployment and utilising professional judgement.
- Arrange refresher training for the new SafeCare Acuity tool to the SNCT for consistency and benchmarking.
- Utilise the SafeCare system for non-ward-based areas such as Theatres which has recently been introduced to capture professional judgements and red flag events.
- Plan to utilise the SafeCare system for Cath Laboratories.
- Continue monthly staffing reviews and Roster key performance indicators (KPI) monitoring.
- Allied Health Professionals and Pharmacy have begun to adopt the use of red flags for their departments to highlight when staffing levels need addressing.

The Safer Staffing Working Group continues in 2024/25 to provide advice and direction to nursing teams in the monitoring of SafeCare and ensuring delivery and evaluation of safer staffing for 'ward to board' assurance.

Visibility and clinical rounds

Regular inclusive visibility rounds, led by the Chief Nursing Office, continued in 2024/25.The themes of rounds were wide ranging (as per the table below) and all staff groups and grades of staff, with many attended by non-executive directors and governors.

Themes of Visibility Inclusive Nursing Rounds	
Medicines Safety	Staff Well Being
Patient Environment	In My Shoes
Quality & safety	15 Steps
Food & Nutrition	Safeguarding
Infection Prevention and Control	Hospital at night

Healthcare Associated Infections

Royal Papworth Hospital places infection control and a high standard of hygiene at the heart of good management and clinical practice. The prevention and control of infection was a key priority at Royal Papworth Hospital throughout 2024/25 and remains part of the Trust's overall risk management strategy. Evolving clinical practice presents new challenges in infection prevention and control, which needs continuous review. The Trust is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and visiting members of the public. In this regard, emphasis is given to the prevention of healthcare-associated infection, the reduction of antibiotic resistance and ensuring excellent levels of cleanliness in the Hospital.

There are a number of important infection prevention and control measures in place to reduce the risk of spread of infection; these include hand hygiene, cleaning, adherence to infection control practices, screening of patients for various organisms and education – all of which were audited continuously in 2024/25 as part of the annual infection prevention and control audit programme, and the compliance figures were monitored through the Infection Control Pre and Peri-operative Care Committee (ICPPC).

MRSA bacteraemia and C. difficile trajectory infection rates

During 2024/25 there were a total of 16 cases of *Clostridiodies difficile (C.diff)*, with 15 of these being within the criteria for inclusion, (positive cases confirmed after 2 days admission or within 28 days of discharge). The number of cases was below the threshold set by

In 2024/25 the trust E.coli rates were recorded as 17.7 cases per 100 000 compared with 119.9 in England, showing that we have a low number of cases in comparison to the national levels which equates to 12 cases of E.coli, 8 cases of Klebsiella and 1 cases of-pseudomonas and the annual audit will be carried during the coming year.

Mycobacterium Abscessus

This is a rare infection which can cause problems for people with specific underlying respiratory conditions or who are immunosuppressed. Following routine testing in 2019, we launched an investigation into some cases of patients acquiring M. abscessus.

We immediately put in place safety measures with regular reviews of their effectiveness. Since implementing these additional and robust water safety measures, alongside continued education for staff and patients, we have significantly reduced the number of M.abscessus cases. In 2024/25, three cases of M. abscessus have been identified related to our water. Enhanced governance and management remain in place with input from external stakeholders i.e. UKHSA, NHSE, CQC.

Influenza (flu)

The Trust continues to be committed to providing a comprehensive flu vaccination programme for all staff. The uptake for "frontline" staff in 2024/25 was 36.5%, and 45.8% for non-clinical staff. Uptake was lower this year but reflects trends seen in the national picture.

In 2024/25, the Trust continued to admit influenza related extracorporeal membrane oxygenation (ECMO) patients into Critical Care. This showed an average of five patients per year relating to flu, needing ECMO support.

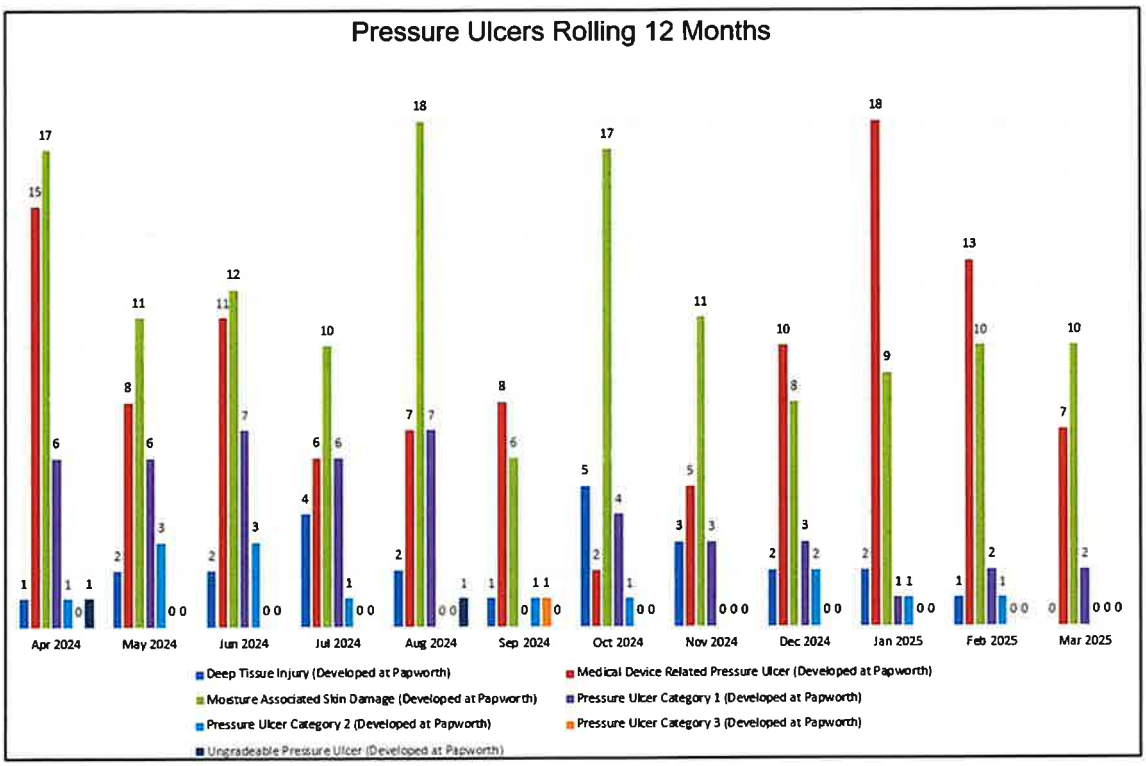
The Trust saw a spike of Influenza A in December with a total of 24 admissions with a positive result across the site. A total of three nosocomial cases were investigated to identify the source and learning shared Trust wide; no outbreaks were identified in 2024/25.

Table of influenza Figures for 2024-25:

	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Total	3	1	0	0	1	0	2	2	24	10	5	8	56
Possible HCA	0	0	0	0	0	0	0	0	3	0	1	0	4
Definite HCA	0	0	0	0	0	0	0	0	0	0	0	0	0

COVID-19

In 2024/25 the Trust continued to respond to COVID-19 cases which saw a continued flow of COVID-19 positive patients admitted. A total of 71 COVID-19 positive cases were confirmed with a spike in July, September and October 2024. None of these patients, however, required critical care support and no patient was admitted into hospital due to COVID-19 infection. There were 10 nosocomial cases in 2024/25 which were fully investigated, and the learning was shared Trust wide.



Of those reported in 2024/25:

- 89 were pressure damage over bony prominences.
- 139 were skin injuries caused by moisture exposure.
- 110 were related to the placement of medical devices.

Of the 338 reported, 14 were category 2 superficial depth pressure ulcers and 25 were deep tissue injuries. There was 1 category 3 pressure ulcer developed in the trust and 0 category 4 pressure ulcers reported.

Whilst there has been a slight increase in overall numbers reported this year, 338 vs 307 for 2023/2024, there has been an increase in deep tissue injuries (no break in skin but suspicion of deeper than superficial damage) from 16 in 2023/24 to 25 in this reporting year. The rise in part was linked to a change in practice where the pillows in the Critical Care Area (CCA) were removed for a period in 2024. This practice was reviewed and altered at the end of Q3, and the incidence in Q4 is more consistent with pre pillow removal. Of note, several patients developing DTIs have been critically unwell with marked instability.

The sustained low rate of category 3 and 4 pressure ulcers can be linked to two initiatives that were undertaken during the year:

- Embedding the Simple Safety for Skin (SSS) campaign into practice. This is an ongoing project that focuses on the prevention, identification, and management of Moisture Associated Skin Damage (MASD) which is a superficial skin injury which if not identified early can lead to deep pressure ulcers development. This project also explains the relatively high number of superficial depth MASDs identified (119) and the low number of deep pressure ulcers, as early identification at the superficial stage enabled clinical areas to put in place further preventive measures.
- The introduction of a Managed Air Mattress trial has seen a significant increase in dynamic mattress availability.

reflecting the effectiveness of the Nimbus mattress series in preventing pressures will be published in the Journal of Wound Care in late 2025. This evidence base is supporting our own practice and is networked out to other hospitals across UK and Ireland through various education meets where our team present our data outcomes.

Conclusion:

- The rate of deep pressure ulcers has increased in 2024/25 in comparison to 2023/2024.
- There is a strong and robust reporting culture in place to record pressure ulcers using a multi-modal monitoring strategy. This was demonstrated in the consistency of reported rates of pressure ulcer formation with those identified during prevalence inspection audits.
- MASD and MDRPU remain a principal challenge in respect to prevention.
- There are challenges in the documentation with the architecture of the Lorenzo EPR systems despite support from our IT team to simplify the relevant forms.
- The appointment of a Wound Care TVN nurse educator (currently 1 day per week) is key for continued staff education in the prevention and management of pressure ulcers.

Surgical Site Infections Report 2024/25

Surgical Site Surveillance at Royal Papworth Hospital (RPH) consists of identifying cardiac surgery patients that develop a surgical wound infection. To be classified as having a surgical site infection (SSI) they must meet the SSI criteria set by the UK Health Security Agency (UKHSA). At Royal Papworth we have historically conducted surveillance just on patients who underwent Coronary Artery Bypass Grafts (CABG) and heart valve surgery. However, as a result of the increased SSI rates reported at RPH, October 2023 saw the commencement of surveillance on additional cardiothoracic surgeries. This includes pulmonary endarterectomy (PTE) surgery (PTE only - excluding in addition to CABG/valve/other); heart, lung or both transplantations and other cardiac surgeries (non-CABG and non-valve). Please note this also does not include surgeries for the implantation of mechanical devices and does not include thoracic surgeries.

At Royal Papworth we report our CABG infection rates to UKHSA quarterly. As of March 2024, we additionally submit our valve and other cardiac surgery rates under the 'non-CABG' category. This reporting category includes all valve surgeries and other surgical procedures on the heart. Transplants, aortic and PTE surgeries are not included in the UKHSA categories for reporting SSIs, so rates of infection in these groups are for internal monitoring only.

As part of UKHSA reporting, SSI patients are grouped in terms of how they are identified:

- Inpatient (during current surgical admission) or readmission due to wound infection
- Other post discharge follow-up e.g., outpatients' clinic/community team
- Or patient reported themselves (self-reported).

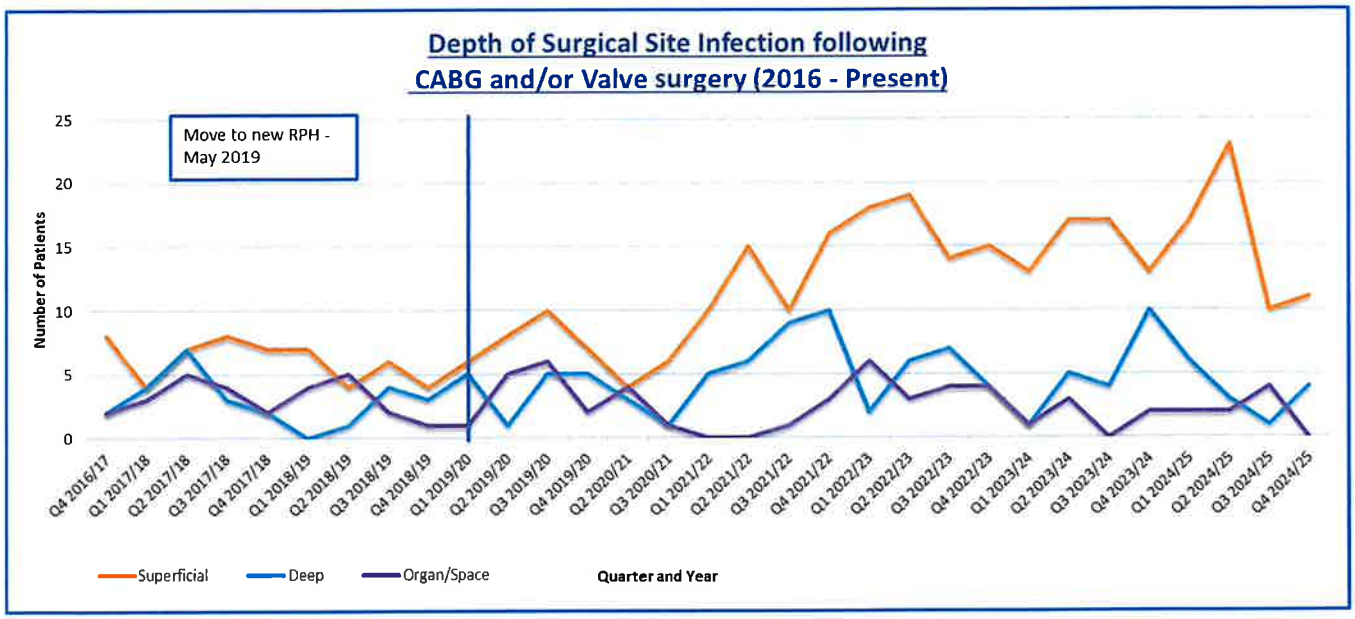
From this data we can compare our hospital rates to all hospitals that submit their SSI rates by gaining a benchmark figure. However, this benchmark figure consists only of those identified as an inpatient/readmission. As per the UKHSA, "the benchmark comprises inpatient and readmission data only, as it is mandatory for all hospitals to use these two detection methods. Not all hospitals have the resources to undertake other forms of post discharge surveillance; hence we currently use inpatient and readmission data only for benchmarking". However, at Royal Papworth we do identify patients via the other methods, so it is still important that these are recorded and taken into consideration for internal monitoring.

PTE, Transplant and Other Cardiac Surgeries

Annual figures for 2024-2025 show for PTE surgery the rate of surgical wound infection is 1.2% (2 infections out of 168 operations).
Annual figures for 2024-2025 for transplant surgery show the rate of surgical wound infection is 2.8% (2 infections out of 71 operations).
There have been no surgical wound infections in 2024-2025 for other cardiac surgeries.

Depth of SSIs

The depth of SSIs in 2024/2025 has remained predominantly superficial. There have been deep and organ space infections throughout the year in CABG and valve surgeries, however, for CABG surgery there has been an overall decrease in all infection depths in comparison to 2023/2024.
In valve surgery there has been a slight increase in organ space infections and superficial infections compared to last year, however deep infections are much reduced.



Surgical Site Infection Stakeholder Group

The SSI Stakeholder Group was first established in 2022 to deliberate over the rise in deep wound infection rates and instruct and monitor actions aimed at reducing SSIs following an increase in infection rates after the move to new Royal Papworth Hospital in May 2019.

An SSI dashboard was developed for oversight and monitoring of SSI rates. A further enhanced SSI governance structure was established with effect from June 2023. This included 5 task and finish groups: Clinical Practice, Communications and Engagement, Staff engagement, Environmental and Decontamination and Patient Scrutiny Review. Existing SSI improvement actions transferred to these groups along with recommendations and opportunities for quality improvement following the peer reviews undertaken by Cambridgeshire & Peterborough Integrated Care System (ICS), NHS England (NHSE) East of England Regional and NHSE National IPC team.

In February 2024, the governance structure was refreshed as a number of improvement actions were completed and embedded and had moved to business-as usual process.

Sepsis audit analysis data
A detailed breakdown of Q1-Q4 data of those suspected to have sepsis and the compliance of completion of the standards from our quarterly audits against the Sepsis 6 bundle is shown below.

Q1	Q2	Q3	Q4
81%	85%	91%	90%

In Q1 and 2 the audit results were below the Trust target of 90%. The reasons were reviewed and identified that, during the first two quarters, 66 patients met the criteria for screening. Of these 55 patients were screened and treated according to the full Sepsis 6 bundle. Of the remaining 11 patients, septic screening bundle was not fully completed. However, all patients received antibiotics and none of the relevant screened patients developed Sepsis. In Quarters 3 and 4, compliance improved with 90/91% of patients having a completed bundle. The patients who did not have a completed bundle had a full screen, treatment and antibiotics but the bundle was not documented completely.

Improvement updates and implemented in 2024/25:

- Awareness raising sessions on completing documentation for clinical staff in all clinical areas.
- Working group has been set up to fully implement (as applicable to our setting) the required changes to NICE guideline (NG51) Suspected sepsis: recognition, diagnosis, and early management (published 2016, updated in March 2024) and to incorporate these changes within our own hospital guidelines (DN598 Management of Sepsis). These guidelines have been updated and are available to all staff on the hospital intranet.
- Review of the current EPR (Lorenzo) to see how the sepsis six bundle template could be potentially modified so that staff can close the bundle if not required on further assessment. The template has been updated, and this has aided a more robust process for auditing of the Sepsis bundle completion and our overarching monitoring of sepsis management.
- An improvement project focusing on review and management of patients with Hospital Acquired Pneumonia. This project is reviewing antimicrobial use, standardising practice across the MDT, including simple measures such as encouraging early mobilisation and optimising pain control post operatively.

Acute Kidney Injury (AKI)

Acute Kidney Injury (AKI) is a sudden decline in kidney function, often resulting from conditions like sepsis or heart attacks. It is common in cardiac surgery and cardiopulmonary bypass with an incidence of 26% (*Maruniak et al., 2024*). While AKI is typically temporary, early detection and prompt treatment are crucial to prevent lasting damage. NICE guidelines (NG148) recommend AKI interventions to improve patient outcomes by ensuring early and effective detection, prevention, and management of this condition. This includes identifying individuals at risk, preventing AKI where possible, and promptly addressing it when it occurs, ultimately reducing complications and improving quality of life. In the UK, acute kidney injury is seen in 13% to 18% of all people admitted to hospital, with older adults being particularly affected (NICE 2024).

- Relaunch of AKI awareness May 2025, with monthly audits done by ward teams and then oversight by MDT through M and M meetings to gain assurance
- AKI audit data will now be presented quarterly, with a formal annual report provided to QRMG for assurance.
- Work with the nexus team to develop pathways for the new EPR and further development of the AKI bundle.

Patient Safety Incidents

There were 3160 patient safety incidents and near misses reported on the Trust's incident management system (Datix) that occurred in the financial year 2024/25. This is within our expected variations for incidents reported in year and 74 more than last year when 3086 were reported. There continues to be a healthy safety culture within the Trust and an understanding of the importance of learning from incidents and the CQC requirements to report all incidents under the Safe Domain.

Those graded as near miss, no/low harm over the last 12 months (99%) demonstrate a continuous readiness to report and learn from all types of incidents. The Trust culture ensures staff report incidents to demonstrate an open and fair culture of learning. This process also captures the clinical consideration given to all types of incidents.

The table below displays the number of incidents by severity reported for each year.

Incidents by Severity	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Near Miss	374	308	172	167	105
No harm	1484	1689	1608	1557	1777
Low harm	699	914	1265	1326	1255
Moderate harm	21	24	27	11	16
Severe harm	7	4	2	6	6
Fatal - Death caused by the incident	0	0	2	1	1
Death UNRELATED to the incident (Pre-LFPSE)	13	11	14	18	0
Total	2598	2950	3090	3086	3160

Patient Safety Incidents by Severity (Data source: DATIX 03/04/2025)
Correct at the time of production. Some incidents may be regraded in severity following investigation.

The level of investigation carried out after a patient safety incident is determined by the level of severity, with moderate harm incidents and above being reviewed at the Trust's Serious Incident Executive Review Panel (SIERP). All moderate harm incidents and above have investigations and associated action plans which are managed by the relevant divisions 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 supported by the Clinical Governance and Risk Team.

Open and Transparent / Duty of Candour

Openness when things go wrong is fundamental to the partnership between patients and those who provide their care. There is strong evidence to show that when something goes wrong with healthcare, the patients who are harmed, their relatives or carers want to be given information about what has happened and would like an apology.

incidents, these events need prompt reporting and detailed investigation to understand what went wrong and what actions need to be taken to prevent the incident from happening again.

The Trust has reported No Never Events during 2024/25.

Patient Safety Incident Response Framework (PSIRF)

We Implemented the required changes and successfully went live with the new PSIRF approach in the Trust in January 2024. The new national framework changes how the NHS responds to incidents and how we learn from them. PSIRF is about creating a supportive culture that prioritises safety by avoiding inappropriate blame of individuals and provides the tools to create a culture of learning and improvement. It helps us to look beyond the actions of people and at the systems we work in. It allows us to identify our key safety priorities and take a proactive proportionate approach to patient safety events. The aim being to help organisations to understand how safety is affected by interactions between different sources and why we should avoid taking a 'person-focused' approach where the actions or omissions of people, or 'human error', are stated as the cause of an incident.

The underpinning principles are:

- Improvement is the focus
- Blame restricts insight
- Learning from patient safety incidents is a proactive step towards improvement
- Collaboration is key
- Psychological safety facilitates learning
- Curiosity is powerful

As part of the PSIRF changes all NHS Providers are required to start using the new national system called Learning from Patient Safety Events (LfPSE). We have successfully migrated the new LfPSE template into our Datix system for incident/event reporting and we went live in the Trust on the 19 March 2024. The new LfPSE template captures information on patient safety in healthcare, which automatically uploads into the national system.

Patient Safety Partners

A Patient Safety Partner (PSP) is a volunteer who is actively involved in how we learn from patient safety events. They will help to ensure that the people who use our services are at the heart of our learning and improvement, by contributing to the development of the safety culture and patient safety systems within the organisation. We were delighted to recruit our PSP's and in September 2024 we welcomed our first 3 Patient Safety Partners to the Trust.

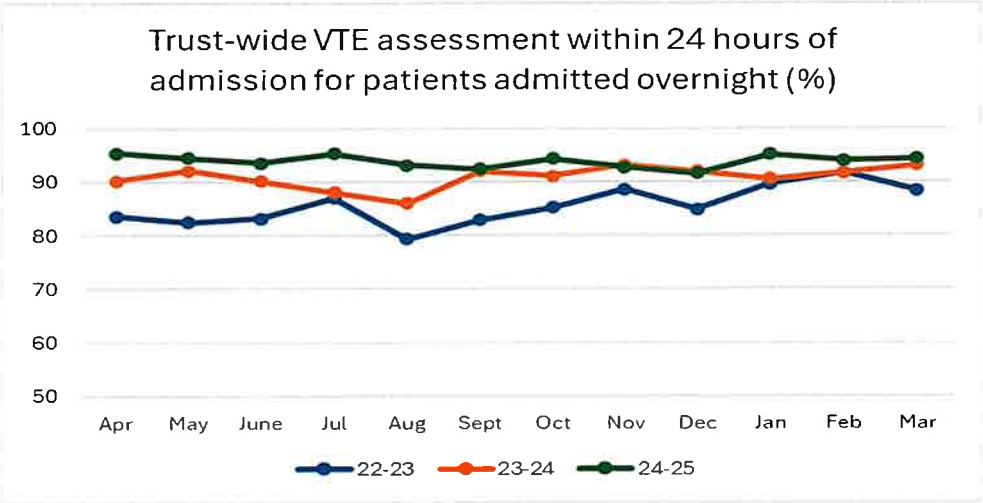
Our Patient Safety Partners have been involved and supported several key areas:

- Supported a patient centred culture and contribute to developing and implementing relevant strategies and policies.
- Provide unbiased support to ensure the perspective of the people who use our services, their carers' and their family members are represented and listened to.
- Provide a balanced view of what it feels like to receive care and substantiate where changes are necessary.
- They have been involved in the Quality Accounts Priorities for 2024/25
- Support the delivery of the Trust Patient Safety Incident Response Framework (PSIRF) Plan
- Be members of the designated Trust quality and improvement groups

In September 2024 a two-day event was held in the Atrium of Royal Papworth showcasing the work being undertaken on Falls Prevention, staff were also able to promote their falls prevention ideas to be taken forward through the Falls Prevention Group.

Prevention of venous thromboembolism (VTE)

Venous Thromboembolism (VTE) Assessment on Admission is mandated by National and Trust Policy for all inpatient admissions. VTE Trust policy utilises national guidance from NICE and the Department of Health as its foundation. The criteria for the VTE Assessment on Admission Monthly audit are the % of patients, who stayed overnight and who had a VTE risk assessment completed within the first 24 hours of their admission. The trend in compliance over the last 3 years can be seen in graph below, (target 95%).



VTE remains an area of particular focus and continues to be monitored through monthly Quality & Risk Management Group and Quality and Risk committee meetings. Improvement work with clinical teams has continues throughout the year to support VTE assessment compliance. These have included medical champion roles with, VTE link nurses and Allied Health Professionals meeting bi-monthly and representation from the resident doctor team and the ALERT team at the oversight meetings.

Digital options for a clinical prompt for outstanding VTE assessments were reviewed and deemed unlikely within the current Electronic Patient Report (EPR) system, however considerations will be taken forward with any new EPR system. The VTE clinical indicator view within the current electronic patient record has been reviewed and optimised to highlight patients in need of VTE risk assessment before the 24-hour target. This has been publicised across the Trust through the 'Message of the Week' communication to clinical teams. VTE assessment reminders have been added to all medical documentation forms across the divisions.

Overall, we show continued improvement in VTE assessment compliance, and this has been sustained over the past six months. Improvement work has been shared at the Thrombosis UK Conference for wider learning. There continues to be no solely hospital attributable thrombosis events, and no harms occurred from incidents reported.

Flow Improvement Programme aims to minimize delays and meet national targets, including discharging all relevant patients by 5:00 pm. The Board emphasized the need for continuous improvement to enhance efficiency and patient satisfaction.

During the June 2024 Trust Board meeting, the patient story highlighted the benefits of an outreach service for individuals with chronic lung infections. Respiratory consultants shared that this initiative was a collaboration between Royal Papworth Hospital (RPH) and North West Anglia NHS Foundation Trust (NWAFT). The outreach aimed to address health inequalities in the Cambridge and Peterborough Integrated Care System (C&P ICS), particularly in the more deprived northern areas. Clinics were held monthly at Hinchingbrooke Hospital (HH) and thrice monthly at Peterborough City Hospital (PCH), offering specialised care, access to advanced tests, intravenous antibiotic services, and RPH inpatient services.

Key successes included a 74-year-old emphysema patient regaining mobility and independence following RPH's intervention and a patient with cystic fibrosis receiving transformative medication treatment after years of undiagnosed symptoms. From October 2022 to October 2023, the outreach clinics reviewed 440 patients, with 57 requiring follow-up care at RPH. Plans to expand included staff training, introducing nebulised treatment facilities at PCH and HH, and extending outreach models to other underserved areas. Discussions addressed barriers to home-delivered antibiotics, capacity constraints, and the importance of knowledge sharing with other hospitals. The board recognized the service's impact while emphasizing the need for collaboration, resource investment, and innovative delivery models to ensure equitable access to high-quality care across the region.

In September 2024, the Trust Board heard the story of a patient experience at Royal Papworth Hospital (RPH). The patient underwent a mitral valve replacement and whilst grateful for the surgeon's skill and care received, there were areas identified for improvement. These were in relation to pain management and prompt recognition of any patient deterioration.

The patients partner emphasized feeling listened to but not truly heard throughout these challenges. The patient called for better recognition of issues and quicker corrective actions. The discussion emphasized learning from such incidents, with board members reflecting on how psychological harms to patients and families should be addressed, even in the absence of physical harm. It was suggested that RPH reconsider how it categorizes and investigates near-miss events and draws lessons from patient experiences to ensure continuous improvement. The board acknowledged the need for meaningful change and expressed gratitude to the patients for their openness in sharing their story.

During the November 2024 Trust Board meeting, the Lead Nurse for Cystic Fibrosis at Royal Papworth Hospital (RPH), shared a patient story highlighting the transition from paediatric to adult care. The story focused on a 17-year-old patient who transitioned to RPH in 2023 after completing her GCSEs. Supported by pre-transition planning at Great Ormond Street, the patient appreciated the independence and involvement in her care decisions during her inpatient stay. Her mother, initially allowed to stay, felt reassured about leaving her daughter in RPH's care. However, long waiting times for referrals to specialist services outside RPH were noted as a downside. The patient and her mother praised the outpatient service for its accessibility and prompt care, particularly by the specialist nurse team. Looking ahead, the patient expressed enthusiasm for virtual clinics to balance work opportunities with healthcare needs. RPH's hybrid clinic model, offering both virtual and face-to-face appointments, was highlighted as a strength. Future plans included adding a dedicated transition section on the website, virtual hospital tours, and exploring podcasts. Discussions covered varying inpatient needs, extending virtual clinics to other Trust areas, and accommodating non-clinical priorities through robust pre-transition planning. The

Dementia Care

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are different causes of dementia with Alzheimer's disease and vascular being the most common.

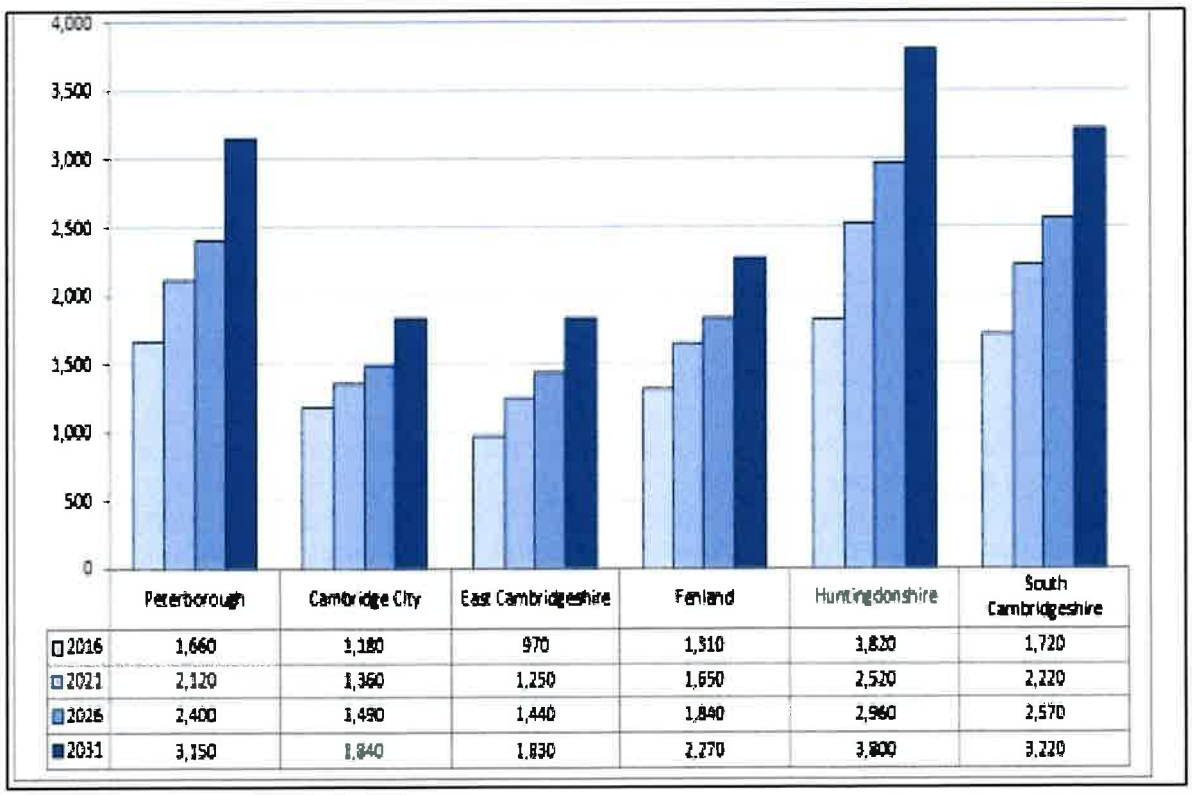
People with dementia can lose interest in their usual activities and may have problems managing their behaviour or emotions. Aspects of their personality may change, and they may lose empathy. A person with dementia may see or hear things that other people do not (hallucinations).

The NICE guidelines for Dementia: assessment, management and support for people living with dementia and their carers state that providing care and support is very complex, because of the number of people living with dementia and the variation in the symptoms each person experiences. Areas that pose challenges for services and practitioners may include coordinating care and support between different services, what support carers need, and how this should be provided, and staff training.

Understanding Dementia Care at Royal Papworth Hospital

There is a rising trend of dementia diagnoses with Cambridgeshire and Peterborough. Data presented below illustrates how within the local population, dementia diagnosis is projected and trending upwards.

Dementia Prevalence in Cambridgeshire and Peterborough



	Peterborough	Cambridge City	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire
2016	1,660	1,180	970	1,310	1,820	1,720
2021	2,120	1,360	1,250	1,650	2,520	2,220
2026	2,400	1,490	1,440	1,840	2,960	2,570
2031	3,150	1,840	1,830	2,270	3,800	3,220

Graph taken from Cambridgeshire and Peterborough All Age Dementia Strategic plan 2018 – 2023. Dementia: Everybody's Business: better outcomes for people living with dementia and their carers

Learning Disabilities and Autism

Learning disability is defined by Mencap as *'a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money which affects someone for their whole life.'*

Autism is defined by the National Autistic Society as *'a lifelong developmental disability which affects how people communicate and interact with the world. More than one in 100 people are on the autism spectrum and there are around 700, 000 autistic adults and children in the UK.'*

Statutory and regulatory requirements

The Equality Act (2010) imposes a duty to make 'reasonable adjustments' for disabled persons. Reasonable adjustments are defined as 'changes to practice and processes which are implemented to prevent any disabled persons from being at a disadvantage, whether by virtue of a physical feature of the premises or a process that places people with a disability at a disadvantage.'

The Health and Care Act (2022) introduced a requirement that all regulated health and social care service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. Furthermore, the Government Mandate (2022-23) to NHS England focused on improving services for people with learning disabilities and on supporting them in the community to reduce reliance on mental health inpatient care.

The Disability Rights Commission have one key goal 'a society where all disabled people can participate fully as equal citizens (2022). People with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable, and therefore unjust and unfair. The health inequalities faced by people with learning disabilities in the UK start early in life, and result to an extent, from barriers they face in accessing timely, appropriate, and effective health care. People with a learning disability are four times more likely to die of something which could have been prevented than the general population according to the Disability Rights Commission, 2022.

The NHS Long Term Plan (2019) pledged that over the next five years, the national learning disability improvement standards will be implemented by all services funded by the NHS to ensure people with learning disabilities and/or autistic people can receive high quality, personalised and safe care when they use the NHS. The plan aims to improve people's health by making sure they receive timely and appropriate health checks, while improving the level of awareness and understanding across the NHS of how best to support them as patients.

Performance against the learning disability improvement standards

The four improvement standards against which NHS Trust performance is measured cover:

1. Respecting and protecting rights.
2. Inclusion and engagement
3. Workforce
4. Specialist learning and disability services

The first three 'universal standards' apply to all NHS Trust providers including Royal Papworth Hospital and the fourth 'specialist standard' applies specifically to Trusts that provide services commissioned exclusively for people with a learning disability and/or autistic people.

- There has been a patient story focus on Learning Disabilities and autism. Patient stories have been captured and shared at the quarterly Safeguarding Committee meetings and the Fundamentals of Care Board.

3.Workforce

The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training that has been developed for staff training and the Government's recommended training for health and social care staff.

Tier 1 of the Oliver McGowan Mandatory Training on Learning Disability and Autism is for people who require general awareness of the support autistic people or people with a learning disability may need.

The goal for Tier 1 compliance is 90% by August 2025. RPH compliance as of February 2025 was 79.66%.

Tier 2 of The Oliver McGowan Mandatory Training provides more detailed learning for those who may need to provide care and support for autistic people or people with a learning disability. This training is being supported by the ICB and RPH have performed a training needs analysis to ensure relevant staff can take up set places for this training once available.

Patient Led Assessments of the Care Environment (PLACE)

All healthcare providers are required to take part in the national Patient-Led Assessment of the Care Environment (PLACE) annual inspections. PLACE is a national self-assessment tool designed to measure standards of:

- Cleanliness,
- Food comprising Organisation Food and Ward Food
- Privacy, Dignity & Wellbeing,
- Building Condition, appearance & maintenance,
- Dementia friendly environment
- Disability friendly environment

The Health & Social Care Information Centre (HSCIC) provide comprehensive guidance on the organisation and conduct of assessments and separate guidance documents for staff assessors and patient assessors. PLACE assessments are carried out by internal and external assessors within inpatient facilities and the surrounding patients assessed environment. Assessors include Governors, Volunteers, Trust members and representatives from the Trust's facilities contractors. Staff areas and clinical treatments are excluded from this assessment.

The following tables demonstrate the Trust performance against the national average. The Trust has scored above the national average in the following areas: cleanliness; food including organisation food and ward food; condition, maintenance and appearance, dementia and disability, demonstrating that the site is of an exceptional standard.

The table on the next page details further the standards and the report comments that were gathered at the time of inspection:

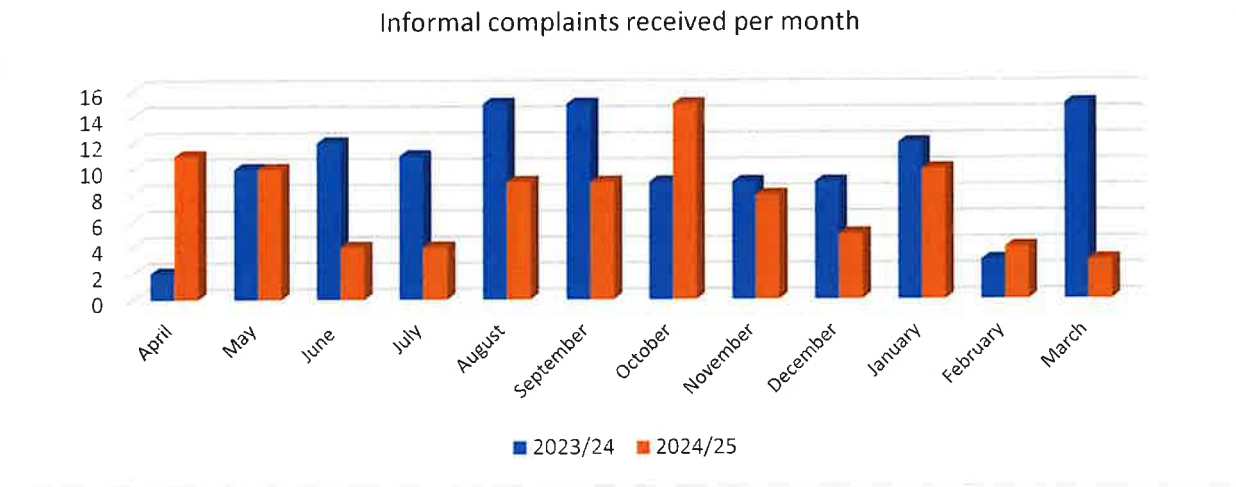
Area	2024 Trust Site Scores	2024 National Average	Comments
Cleanliness	99.84%	98.31%	The Trust's cleaning service OCS are continuing to uphold the levels of site cleanliness and managed to maintain staff numbers throughout the year. The audit results show that cleaning has scored above the national average.
Food (comprising Organisation and Ward Food)	97.51%	95.65%	It is pleasing to see the food score for this year has again seen an increase on previous year which reflects a significant level of work between Trust and OCS teams to ensure patient food quality is of a high level. They have spent time improving the training, education and leadership for the Housekeepers, and the Trust employs a Patient Catering Manager to ensure standards are constantly maintained. The role of the Manager aims to assist with development of our housekeeping staff's skills such as presentation, understanding of allergies and service times to maintain an effective housekeeping relationship, which in turn allows us to deliver a more efficient food service to our patients.
Organisation Food	96.18%	92.17%	
Ward Food	98.26%	91.38%	
Privacy, Dignity & Wellbeing	87.12%	88.22%	This year's score has decreased on previous years and it is slightly below national average. The provision of single ensuite rooms, enhanced patient entertainment systems and a more patient focused care environment has helped the score however further work will be done to review where improvements can be made.
Condition, Appearance & Maintenance	98.91%	96.36%	This is an area that the Trust continues to focus on with our Private Finance Initiative (PFI) partners to ensure we maintain the condition and maintenance of the site, with particular focus placed on the clinical areas. It is essential and remains a priority for the Estates and Facilities team who should be congratulated on this high score demonstrating that we continue to deliver a safe and well-maintained environment for our patients and visitors.
Dementia	88.26%	83.66%	It is particularly pleasing to see that the Trust has improved on our previous years' scores in these areas, for our most vulnerable patients. The trust works with Disability and Dementia-friendly advisors who are able to help us review and improve the environment where opportunities exist.
Disability	92.24%	85.20%	

Summary

Overall, the trust compliance was high and there were a few minor comments that were shared relating to privacy, dignity and wellbeing during the feedback session. Due to regular Patient Environmental rounds, maintenance issues identified during the PLACE audit were successfully captured and completed.

resolution to the concerns raised and this is often resolved with our clinical team being involved or through our Patient Advice & Liaison Service support.

The graph below shows informal complaint by month over the last 2 years.

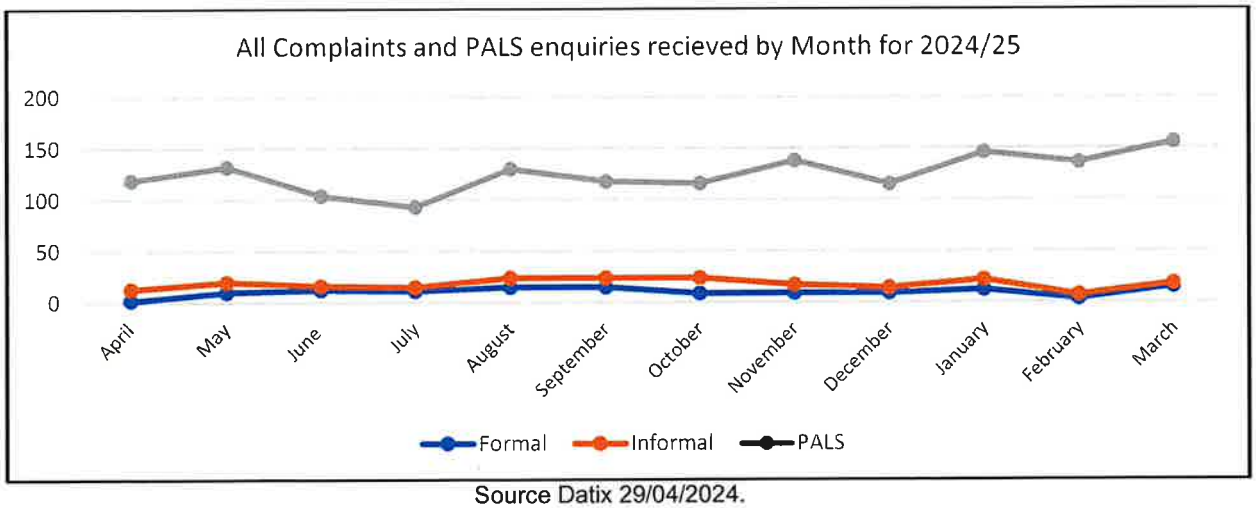


Source Datix 29/04/2024.

Formal Complaints

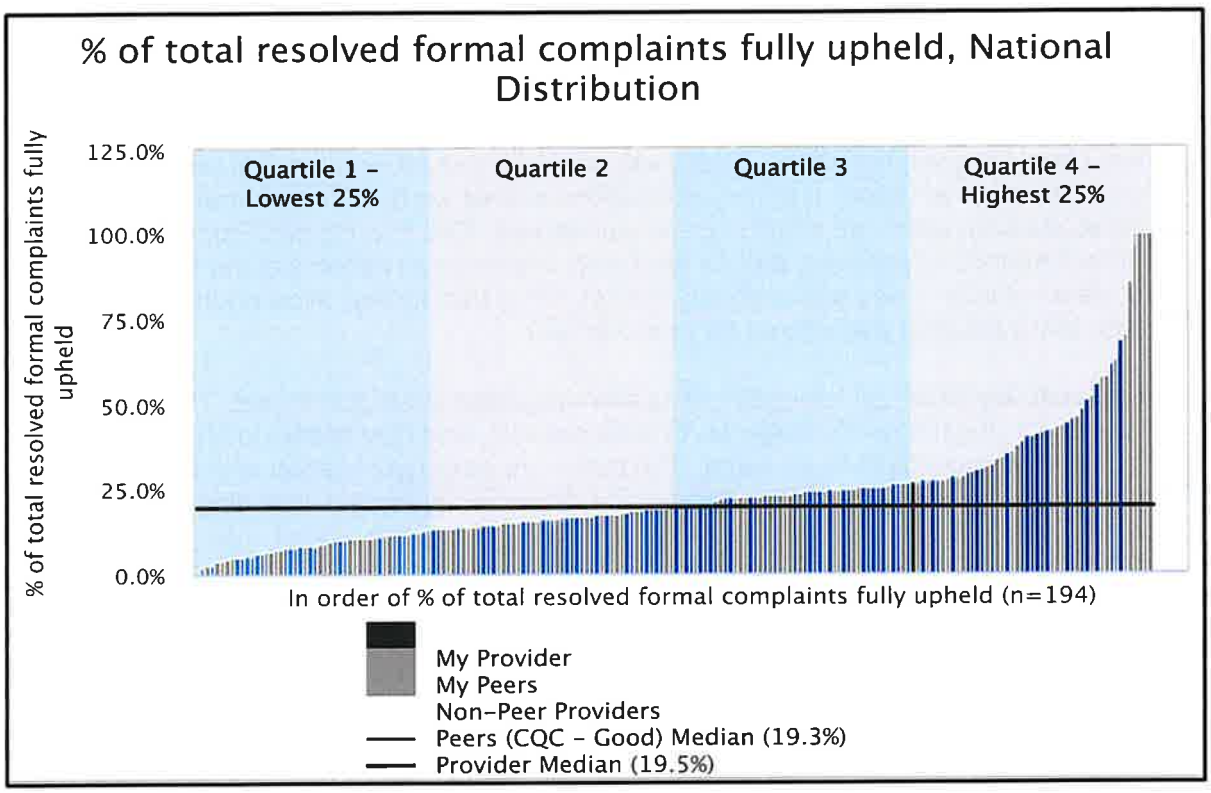
Every year the trust must make a statement under the NHS Health & Social care Act 2009 about how many complaints it has received, their subject, the issues they raise, whether or not they were well founded, and any actions taken. During the year we received 57 complaints in the period 2024/25. This compares to 52 complaints in the previous year 2023/24.

The graph below shows All Complaints (Informal and formal) and Pals enquires received per month 2024/25.



Source Datix 29/04/2024.

Royal Papworth Hospital takes all complaints very seriously and we encourage feedback from our service users to enable us to maintain continuous improvement. All formal complaints received are subject to a full investigation, and throughout the year service improvements have been made as a result of analysing and responding to complaints.



Learning from Complaints

Actions are taken over the year and should demonstrate a clear connection from the concern raised to the change the organisation has made. Below are some of the quality improvements to our services we have made from the actions agreed and implemented from the complaint received in year:

You said...	We did...
Patient was unaware all nicotine products, including patches and gum, are a contraindication to transplant so delayed treatment	New electronic transplant referral system now in place. Trust policies on heart & lung transplant have been updated to include vaping.
Patient was not provided with a sick note following admission	Staff have been reminded of the new forms on the electronic medical record system
Patient's belongings not returned to patient for some time	Review of paperwork and safe storage and return of patient property
Autistic patient preferences not fully shared with all staff involved in their care	Matrons to oversight all patients with autism or learning disability and ensure reasonable adjustments are in place. Tier 1 Oliver McGowan training

Examples of Compliment Feedback received in 2024/25:

- A note to say a big thank you for your skill, professionalism but most of all your kindness. It made me always feel in safe hands.
- I want to thank the physios, who showed great patience in getting me moving again.
- Thank you all, especially PALS team always very supportive towards patients, families and staff at RPH.
- Thank you so much to the surgical team that took such care of me when I put my life in your hands. I will be forever grateful.
- I specifically want to mention the anaesthetists because I was very nervous about the general anaesthetic, but they made me feel completely safe and reassured.
- It's been a year since my transplant and leaving you in critical care. I will never forget the kindness and care you showed me during my long stay, everyone will be in my heart forever.
- Thank you all you have done for me. You are appreciated. Just wanted to say thank you for going above and beyond just being nurses/doctors. You complete your jobs with the utmost care which makes the difference.

Valuing Volunteers

The contribution of the Volunteers to Royal Papworth hospital is invaluable. Their involvement brings such a positive influence on both our patients and staff experience ensuring we continue to focus on the very best in patient care as a Trust.

Our volunteer policy demonstrates the Trust's commitment to the development of a volunteer service that improves patient experience by making a difference to service delivery or by being an advocate for positive change. That promotes and gives opportunities for people to volunteer and develops partnership and networking with national, charitable and third sector organisations including volunteer support groups.

Through the valuable support of the charity team, this year has seen funding secured to allow continued employment of a volunteer's co-ordinator. In addition to supporting the PALS team, this has allowed a dedicated member of staff to focus on what has been a significant recruitment drive over the last year and beyond. The number in the team means that the hours volunteered each month is now achieving on par with pre-pandemic levels.

Our volunteers support a range of roles across the Trust such as Ward Visiting, Meet and Greet, Chaplaincy Support, Research Ambassador, Pharmacy Support, Reading Panel, Charity Ambassador, and being part of our Quality Peer Review Assurance process on our wards. New roles have this year been introduced, specifically targeting areas that are seeking support. This includes working with the Treating Tobacco Dependency Programme, as well as an aimed focus on assisting the wards with the patient FFT survey participation.

The Trust values the support that Pets as Therapy (PAT) dogs can provide and acknowledges the beneficial effect for our patients, service users and employees as well as the volunteers and their pets visiting the organisation. Visits by specially trained pets to a healthcare setting have been shown to have a beneficial outcome to the emotional, physical and social wellbeing of patients and employees. PAT dogs provide additional social interaction for the patient which will help to reduce anxiety, stress and improve the overall mental wellbeing of the patient. We are in the final stage of onboarding of volunteers and their dogs, and we go live PAT dog visits in May 2025.

The PALS team continue to work closely with our ward clerks, medical examiners, medical examiner officers and in addition the mortuary team (based at Cambridge University Hospital). As of November 2024, there was a creation of a hybrid role and the "PALS Advisor" is now the "Bereavement and PALS Advisor". This has increased the collaboration between the PALS team and the medical examiner's office, allowing for smoother working on RPH bereavement cases. Whilst still in its infancy, this way of working has shown positive early indications.

Below are some statistics and information based on PALS and their involvement with Bereavement in 2024/25:

- 194 patients passed away at RPH (81 referrals were made to the coroner).
- In this period the team contacted 149 families via the Bereavement follow-up process. Each family of a hospital bereavement is sent a letter between 6-8 weeks after the date of bereavement offering them an opportunity to discuss their loved-one's care and death with the medical team. This offers the chance to understand their loved one's medical journey, often providing them with better understanding and providing the opportunity to have any questions they have answered by the care team involved. This can be a hugely important part of the grieving process and helps the families at such a difficult time. During this period, the PALS team co-ordinated and attended 40 such meetings.

A listening organisation - What our patients say about us - The National inpatient survey 2023/24.

- Royal Papworth Hospital has been named as one of the top NHS Trusts in the country for inpatient care.
- The annual CQC survey looks at the experiences of people who stayed at least one night in hospital. It asked patients for their views on all aspects of their care such as the hospital environment, communication with staff, involvement in decisions and being treated with dignity and respect.
- We are one of a small number of hospitals to be named in the top band. This is based on the proportion of patients who responded positively, compared to the national average.
- It is the fifth consecutive year we have been named in the top category. On average, patients rated the overall experience as 9.2 out of 10.
- Maura Screaton, Chief Nurse said: "We are delighted to see more excellent results in the CQC Adult Inpatient Survey.
- "Maintaining these high levels and ranking is testament to the outstanding care you, our staff, provide as teams each day, working tirelessly and constantly showcasing our values of excellence, compassion and collaboration to provide the very best patient experience."
- "I am very proud of your work and dedication - thank you all."
- At the time of writing this report the Trust was awaiting the publication of the 2024/25 National Inpatient survey results.

Patient Support Groups

There are a number of national and local patient support groups that are available to our patients and families. These include:

The **Papworth Pulmonary Fibrosis Support Group** was established to provide information, support and the opportunity for people living with pulmonary fibrosis, their family and friends in welcoming and social surroundings. They meet every two months and are an opportunity to learn more about this condition and the services available, as

3.3 Clinical effectiveness of care domain

CQC preparedness and Internal reviews.

During 2023-24 the Trust carried out peer reviews of the fundamental standards to ensure a programme of a continuous self- assessment providing assurance of safe and effective patient care. These reviews celebrated areas of excellent practice as well as identifying areas for improvement. Progress against recommendations were monitored by the Fundamentals of Care Board until the completion of these improvements in 2024/25.

We have now introduced a Quality Accreditation (QA) programme which will aim to provide a robust evidence of quality assurance and quality improvement activities, alongside monitoring of clinical effectiveness of any improvements identified. The aim of the Quality Accreditation Programme is that they will assess the fundamental standards and provide assurance of compliance with regulatory standards. They are reflected in the well led domain to evidence commitment to quality improvement and assurance.

As part of this programme of work the Trust has also revised its approach to self-assessment against the CQC Fundamental Standards in 24/25. The fundamental standards are the standards below which our care must never fail so these are an integral part of our internal monitoring process. The Trust is piloting a two-step approach: through Divisional self-assessments against the CQC's single assessment framework, and a new peer review approach using a quality accreditation assessment tool against the standards assessed by a multi-disciplinary team and patient safety partner.

An initial pilot of the Quality Accreditation Assessment was undertaken in March 25 within the Cardiology Wards. Cardiology was commended for the quality of care observed and their positive enthusiasm to participating in the pilot approach to Ward to Board assurance of the Fundamental Standards (regulations 8 to 20).

Overall, the assessment team were impressed with the ward MDT team who were extremely welcoming to the assessors and fully engaged with the assessment activities on the day. The cohesiveness of the whole ward team and the leadership behaviours observed were excellent examples of the Trust values in practice and are to be celebrated.

The next steps are that throughout 2025/2026, we will continue to embed the Quality Accreditation programme, and the lessons learnt from the initial pilot will lead to locally led improvement plan development in Cardiology. The Accreditation Scoring matrix will be developed further to allow for stretch targets before we continue to roll out the programme to all other areas in the Trust.

The Board of Directors have had 2 development sessions on the new CQC single assessment framework in 2024.

Royal Papworth Hospital has an excellent working relationship with the CQC Relationship Manager with regular partnership meetings. Additional queries and requests are attended to as needed.

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

CQC is the enforcing authority for IR(ME)R in England. Its powers of enforcement for IR(ME)R derive from the Health and Safety at Work etc. Act 1974 ('HSWA'). The last IR(ME)R inspection was in November 2022. All recommendations made as a result on this inspection were implemented to support future compliance with the regulations and signed off by the Fundamentals of Care Board in September 2023. Greater level of robustness

Royal Papworth Hospital leads in Transplant Survival Rates

Royal Papworth Hospital (RPH) continues to be one of the UK's top-performing hospitals for heart and lung transplants, according to a report published by NHS Blood and Transplant (NHSBT) in September 2024.

According to NHSBT's Annual Report on Cardiothoracic Organ Transplantation, RPH performed more cardiothoracic transplants in 2023/24 than any other hospital in the UK. It also had the lowest decline rate for donor organs, meaning that RPH accepts a higher proportion of organs offered for transplantation than any other UK centre.

The data within the report showed that:

- RPH patients have a shorter waiting time for a heart or lung transplant than in any other UK cardiothoracic transplant centre.
- The median waiting time for a routine heart transplant is 185 days compared to national median waiting time of 867 days.
- The median waiting time for a routine lung transplant is 267 days compared to national median waiting time of 530 days.

The report demonstrates that survival after heart transplantation is excellent at RPH and long-term survival rates are the best in the UK.

- The national 90-day survival after adult donor after brain death (DBD) heart transplantation is 92.0% and ranged from 86.6% to 95.8% between centres and the result for RPH is 94.4%.
- The national 1-year survival is 87.7% and ranged from 79.2% to 91.6% between centres, and the RPH rate is 91.6%.
- The national 5-year survival is 74% and ranged from 67.2% to 78.3% between centres and the RPH rate is 78.3%.

For lung transplantation results are equally impressive showing that:

- The national 90-day survival rate after adult lung transplantation is 88.7% and ranged from 84.8% to 92.1% between centres, and the RPH rate is RPH 92.1%.
- The national 1-year survival is 80.7% and ranged from 76.6% to 86.4% between centres, and the RPH rate is 81.7%.
- The national 5-year survival was 56.2% and ranged from 45.3% to 67.6% between centres, and the RPH rate is 54.7%.

Further information can be found about the report and the Trust results and Source data at https://www.odt.nhs.uk/statistics-and-reports/organ-specific-reports/, and Organ specific reports which provide statistics about organ donors, organ offers and declines, transplant waiting lists, transplant activity and survival rates after transplantation to relevant healthcare professionals and public and patient groups can be found at www.odt.nhs.uk

Respiratory Extra Corporeal Membrane Oxygenation (ECMO)

Royal Papworth Hospital is one of eight centres in England and Scotland that provide the highly specialised Respiratory Extra-Corporeal Membrane Oxygenation (ECMO) Service, including specialised advice and retrieval of patients from referring hospitals.

ECMO supports patients with severe potentially reversible respiratory failure by oxygenating the blood through an artificial lung machine. The extracorporeal life support is used to replace the function of failing lungs, usually due to severe inflammation or infection. ECMO is used to support patient groups with potentially reversible respiratory failure such as Acute

Whilst difficult to compare due to the multiple conditions treated and the absence of risk stratification, survival rates are in keeping with international figures. This is remarkable in patients who were referred because of their high likelihood of death.

Summary of activity for ECMO for adult patients with severe respiratory failure at Royal Papworth Hospital since December 2018 - March 2025

Year	Referrals	Accepted	Supported with ECMO	ECMO bed days	Survival to discharge* (ECMO)	Survival to discharge* (all accepted)	30 day survival (ECMO)	30 day survival (all accepted)
Dec 2018/19	201	54	54	959	76%	76%	76%	76%
2019/20	192	42	42	707	71%	69%	69%	69%
2020/21	1012	106	104	4063	63%	64%	62%	63%
2021/22	507	46	45	2162	62%	63%	62%	63%
2022/23	241	37	35	717	69%	69%	68%	68%
2022/23	241	37	36	861	68.75%	70.6%	62.5%	64.7%
2023/24	289	35	35	1133	74.3%	74.3%	71.4%	71.4%
2024/25	226	45	43	1001	75.7% **	76.9% **	71.9%***	73.5%***

Outcomes in the above table do not include these patients:
*Discharge from Royal Papworth, **one patient who remains on ECMO, ***five patients who have not reached 30 days survival at time of data submission.

Five patients out of 43 accepted were transferred by RPH team on ECMO to Barts Hospital due to lack of capacity at the time of acceptance at RPH.

Pulmonary Endarterectomy

Pulmonary Hypertension (PH) is a rare lung disorder in which the arteries that carry blood from the right side of the heart to the lungs become narrowed, making it difficult for blood to flow. As a result, the blood pressure in these arteries rises far above normal levels. It is a serious disease that leads to right heart failure and premature death.

Chronic Thromboembolic Pulmonary Hypertension (CTEPH) is one type of PH and is important to recognise as it is the type of PH that is most treatable. The disease begins with blood clots, usually from the deep veins of the legs or pelvis moving in the circulation and lodging in the pulmonary arteries (this is known as a pulmonary embolism). In most people these blood clots dissolve and cause no further problems. In a small proportion of people, the blood clots partially dissolve or do not dissolve at all and leave a permanent blockage/scarring in the pulmonary arteries leading to CTEPH.

There are now three treatments for CTEPH, and all are available at RPH – (a) licensed drug therapy for inoperable patients, (b) balloon pulmonary angioplasty for inoperable patients and, (c) the guideline recommended treatment, the Pulmonary Endarterectomy (PEA) surgery. The PEA operation removes the inner lining of the pulmonary arteries to clear the obstructions and reduce the pulmonary artery pressure back to normal levels. This procedure allows recovery of the right side of the heart with a dramatic improvement in symptoms and prognosis for the patient.

New lung transplant technique saving lives

We are the only UK hospital doing ex-vivo lung perfusion (EVLP)

In July 24, in a UK first, our transplant team performed our first EVLP using a new machine. The XPS, made by Swedish company XVIVO, allows our team to transplant lungs that may otherwise have been unusable.

Donated lungs are brought back to Royal Papworth in ice, then mounted onto the machine and 'reconditioned' outside the body. The machine has now been used eight times, resulting in seven transplants.

A Northamptonshire patient was the first to receive a lung transplant using this new machine. The Surgical Lead for Transplant said: "I am so proud of the whole team for their motivation and energy with using this new machine. I want to thank everyone who has been involved in caring for our patients so far, right across the surgical pathway."

The Transplant Consultant at Royal Papworth Hospital and Chair of the National Cardiothoracic Advisory Group (Lungs), said: "Ex vivo lung perfusion (EVLP) allows us to ensure the delivery of high-quality organs to patients on the waiting list. We are delighted to be able to offer this opportunity to these very ill patients in need of lung transplantation."

Improving respiratory care for motor neurone disease (MND) patients

The RSSC team currently cares for 278 motor neurone disease (MND) patients and receives 100 new referrals each year.

MND is life-shortening and there is no cure. Although the disease will progress, non-invasive ventilation (NIV) can extend life and help to improve quality of life and sleep. Typically, NIV is started during an overnight stay in hospital but our research team in RSSC is looking at whether establishing NIV therapy at home, supported by telemonitoring, can improve respiratory care for patients. It could also save time, cost and stress associated with coming into hospital.

Thanks to £210,000 of funding from the MND Association, 12 patients have now been recruited to the trial. Sixty patients will be recruited in total over the next couple of years.

Freedom to Speak Up

The Trust continues to be instrumental in driving several developments which directly or indirectly enhance the value of speaking up, as envisioned by the recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015). Several initiatives across the year have been undertaken to support the Trust in becoming an open and transparent place to work and which enable staff to speak up safely and with confidence that their matters are taken seriously, ensuring that we can continue to provide safe and effective care.

Masterclass provisions were added to the Trust's line management programme with the aims to enable middle and senior leaders to understand the scope and responsibilities more fully in supporting a speak up culture. It is pleasing to update that speaking up continues to maintain an established leadership structure which supports speaking up, building on the work developed by the Freedom to Speak Up Guardian (FTSUG) and the Trust's leadership

National Guardian Office (NGO) reporting

The quarterly reports to the NGO provide sufficient overview to enable the Trust to report that progress is being maintained on its work in making speaking up business as usual. Triangulation of incident reporting has correlated with NHS survey outcomes where confidence in speaking up continues to be strong, of further note is that most staff reporting to the FTSUG indicated a positive score for speaking up again if there was need to so. Also pleasing to report was that all Trust quarter and annual reports were submitted to the NGO on time. All submitted Trust reports for this period have contributed to the development of the NGO annual report to parliament in January 2025 by the Parliamentary Under Secretary of State for Mental Health and Women's Health.

Trust FTSUG reporting and speaking up initiatives

The Trust, like other NHS providers, celebrated 'Speak Up Month' in October 2024. This year's theme was Listen Up which focused on the power of listening and the important part listening plays in encouraging people to speak up. This, we anticipate, through the continued or additional actions listed, will help to break down barriers and enhance listening towards actions to improve.

The Trust confirms an uplift of incidents from previous year. The FTSUG reported 137 incidents in 2023/24 but has reported 156 incidents to the national office in 2024/25, representing an increase of 19 incidents. Of further interest, the Trust has experienced an increasing number of staff indicating they would speak up again or likely to. Of the 156 incidents, 89 indicated they would or are likely to speak up again (76 in 2023/24). For comparison, national NHS survey results suggest workers have a reducing confidence in speaking up, believing that speaking up does not result in demonstrable positive changes.

Strategies in supporting staff through wellbeing initiatives continued to be available, with enhanced opportunities for staff to access timetabled speak up drop ins alongside conventional methods. In 2024/25, another initiative was launched to support staff develop a better understanding of microaggression and incivility-based behaviours. Launched on the back of NHS Staff Survey and Workforce Race Equality Standard (WRES)/ Workforce Disability Equality Standard (WDES) outcomes, resulting workshop evaluations suggested attendees found these to be effective in defining such behaviours and increasing their confidence in either developing strategies in responding or in reporting through the Trust's range of policy processes.

Other initiatives in 2024/25 have included continued investment in mental health first aid training and the commissioning of a second and third cohort of Transformational Reciprocal Mentoring.

The FTSUG office has also maintained action on the eight principles as identified within the National Guardian Office reflection tool. Developed and agreed with both the Trust's Executive Director for Workforce and Organisational Development and the designated Non-Executive Director from November 2022 to November 2024, work has commenced in reviewing this whilst the Trust awaits guidance from the National Guardian Office.

The FTSUG has enjoyed the provision of a set of part-time hours of administrative support in undertaking their duties, responsibilities, and tasks of the role. It is anticipated that this will continue into 2025/26. This was coupled with a case to extend the working capacity of the FTSUG from a dual split post towards full hours. This was achieved in July 2024 which resulted in the FTSUG increasing their working hours to full time.

Compassionate and Collective Leadership programme

To ensure we are able to continue to provide outstanding Safe, Effective, Caring, Responsive, Well Led care, we are committed as one of our the key aims of our five-year strategy to be able to improve our staff experience and to ensure staff feel supported and motivated to provide excellent patient care. The underpinning Workforce Strategy describes the six areas of focus in order to deliver our strategic objectives. A key area of focus over the last year has been on developing and embedding the Trust Board's vision for inclusive leadership.

Our vision is to embed *"An inclusive culture and leadership in which our values are truly embedded into the fabric of the organisation: where everyone can feel valued, safe, and respected for their individual contribution, and which enables high quality, continually improving, safe, and compassionate care."* This has been based on our Trust Values and behaviour framework:

Compassion

Recognises and responds to the needs of patients and colleagues

Excellence

Makes a difference with each small improvement and by being open to new ways of working

Collaboration

We achieve more together

Research tells us that inclusive and compassionate leadership helps create a psychologically safe workplace where staff are more likely to listen and support each other, resulting in higher quality care and therefore better patient outcomes. As part of the work over the last year we have developed a Leadership Behaviour Framework which describes the types of behaviour that leaders will be expected to demonstrate. We launched the vision for inclusive leadership and the behaviour framework at an all-day leadership event and then ran a number of masterclass sessions at which we shared and discussed the new leadership behaviour framework.

Royal Papworth Staff Awards and Long Service Awards

In October 2024 we held our annual Long Service Awards in the Heart and Lung Research Institute (HLRI), next to our hospital. The event recognises and gives thanks to long-serving members of staff who have worked at our hospital for either 15, 20, 25, 30, 35 or 40 years. This year, we had two nurses who each celebrated a remarkable 40 years of unbroken service to Royal Papworth.

Then in December 2024 we once again held our annual Staff Awards at Homerton College in Cambridge. Hosted by former BBC Look East presenter Stewart White, 45 finalists were recognised across 15 award categories aligned to our values or ongoing initiatives such as quality improvement, leadership and environmental sustainability. The evening was a chance to say a big 'thank you' our talented and committed staff members and onsite partners, who work so hard to provide an excellent experience for our patients and their families. The event was generously sponsored by a number of companies, as well as Royal Papworth Charity

Annex 1: What others say about us

Healthwatch Cambridgeshire and Peterborough

Royal Papworth NHS Foundation Trust Quality Account 2024/2025

Healthwatch Cambridgeshire and Peterborough is pleased to have the opportunity to comment on the draft Trust's Quality Account. We value our positive relationship with the Trust and appreciate its consistent responsiveness to our feedback.

We commend Royal Papworth Hospital NHS Foundation Trust for its transparency and ongoing commitment to learning from patient experience. It was a pleasure to meet the Chair this year, and we value the ongoing involvement of our Project Manager on the Trust's Patient and Public Involvement (PPI) Group. This partnership ensures that patient voices are consistently heard at strategic levels.

We welcome the Trust's focus on reducing referral to treatment times and tackling health inequalities, both priorities that reflect what people have been telling us and have been identified as two of our five local Healthwatch priorities. Referral delays remain a common concern raised with us. We support the Trust's work to reduce harm for those waiting, including efforts to strengthen clinical harm reviews and pilot digital validation of waiting lists. These actions respond directly to public calls for clearer communication and better support during long waits.

We also recognise the Trust's progress in addressing health inequalities, particularly through establishing a dedicated Health Inequalities Panel. Our own engagement highlights barriers faced by underserved communities, and we welcome the Trust's plans to review referral patterns and make services more inclusive.

To strengthen collaboration, we have introduced a new system of providing the Trust with periodic feedback reports based on patient experiences starting April 2025.
These reports focus on all feedback received. Additionally, we invite the Royal Papworth Trust to share our Referral to Treatment feedback form with patients, enabling us to independently gather insights and share findings with the Trust to inform improvement:
Share your experience of referrals from Adult Social Care, GP, Community Clinic, Hospital to any other service providing your treatment | Healthwatch Cambridgeshire

We appreciate the Trust's openness and alignment with public concerns and look forward to continued partnership in ensuring care is compassionate, equitable, and effective.

07 May 2025

Cambridgeshire & Peterborough Integrated Care Board

Stakeholder Feedback – RPH Quality Account 2024/25

Cambridgeshire and Peterborough Integrated Care Board (the ICB) has reviewed the Quality Account produced by Royal Papworth Hospital Trust (RPH) for 2024/25.

Royal Papworth Hospital continues to deliver specialist cardiothoracic and respiratory services, jointly commissioned between the ICB and NHS England's specialist commissioning team.

The report presents a clear and transparent account of the quality priorities and risks managed over the reporting period. It effectively outlines the risks that were held, the improvements implemented, and the outcomes achieved, demonstrating a strong commitment to accountability and continuous improvement. Throughout the report, the current risks have been identified with plans to address these moving forwards.

For each of the priority areas, the Trust has articulated well-defined objectives, described the improvement initiatives undertaken, and detailed the measures used to assess impact. The clarity and structure of these sections are commendable, with a strong focus on measurable outcomes and learning.

The Trust highlights multiple achievements throughout the document in relation to patient outcomes and the culture of the organisation. For example, achievement of targets for: "prompt and appropriate switching of antimicrobials from intravenous to oral" and "a 10% reduction in the use of watch/reserve antibiotics."

The performance table indicates that four out of seven indicators were not met year to date, with the other three either met or nearly met, benchmarking data would help provide a complete reflection of the Trusts position. However, the improvement work throughout the year has led to improvements in these metrics, for example the 62-day consultant upgrade metric. This section could be expanded to include a narrative on the challenges faced and mitigations implemented to showcase the ongoing work in these areas.

Looking ahead, the focus on reviewing waiting lists and reducing harm for those waiting is welcomed and highly relevant. It would be helpful for the provider to share a quarterly update with the ICB, as there is likely to be valuable learning that can be shared across the wider system to support collective improvement.

Currently the Trusts theatre data is not currently pulling through to the national reporting, which was highlighted at the Regional Acute Planned Care Taskforce, this should be a focus for the Trust in the coming year.

Following transfer to the Patient Safety Incident Response Framework (PSIRF) the Trust has started to embed the new processes, using a variety of patient safety investigating tools to identify learning. Further training has been provided to support staff across the whole organisation to understand and support the new way of working. The Trust PSIRF plan for the coming year has been agreed by the ICB and the ICB are looking forward to supporting the Trust along this journey.

The Infection Prevention and Control Sections reflect the challenges the Trust faced, and they have made significant progress throughout the year to reduce surgical site infections which is commended.

Specialised Commissioning – East of England

The Trust has worked hard and collaboratively to share and meet their objectives and continue to be transparent in their progress and challenges.

The quarterly Quality meetings with the Trust and ICBs highlight progress and the monitoring key parameters of performance and provide a robust assurance process.

The Quality team within Specialised Commissioning support the proposed objectives and would like to thank RPH Quality colleagues and particularly the Chief Nurse for their ongoing openness and collaboration

Acute Specialised Commissioning – Direct Commissioning
NHS England – East of England Region

03 June 2025

Patient and Public Involvement Committee (PPI) Committee

Quality Account received. Nothing more to add.

09 June 2025

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Dr Jag Ahluwalia

Chairman

Date: 25 June 2025

Eilish Midlane

Chief Executive

Date: 25 June 2025

Accountability
Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: /www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitution Measures).

[1] Cancer referral to treatment period start date is the date the acute provider receives an urgent (two week wait priority) referral for suspected cancer from a GP and treatment start date is the date first definitive treatment commences if the patient is subsequently diagnosed. For further detail refer to technical guidance at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131880

CCA	The Critical Care Area is an area of the hospital where patients are admitted if they require intensive therapy or care.
CKD	Chronic Kidney Disease is a long-term condition where the kidneys do not work as well as they should.
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary.
Clostridium difficile (Clostridioides difficile; C. difficile, or C. diff)	Clostridium difficile are bacteria that are present naturally in the gut of around two-thirds of children and 3% of adults. C. difficile does not cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of 'good' bacteria in the gut. When this happens, C. difficile bacteria can multiply and produce toxins (poisons), which cause illness such as diarrhoea and fever. There are ceiling targets to measure the number of C. difficile infections which occur in hospital.
Coding	An internationally agreed system of analysing clinical notes and assigning clinical classification codes
Commissioning for Quality Innovation (CQUIN)	A payment framework that enables commissioners to reward excellence by linking a proportion of the Trust's income to the achievement of national and local quality improvement goals.
CPAC	Clinical Professional Advisory Committee
CPAP Hub	The Continuous Positive Airway Pressure (CPAP) Hub provides centralized care for CPAP patients, including starters and follow-up appointments. CPAP is a non-invasive form of ventilation, using a machine which gently blows air into the throat. It consists of a mask worn during sleep which is designed to fit snugly over the nose and sometimes mouth. It is connected to a small, quiet machine which gently blows air into the throat, stopping it from flopping shut, as occurs in obstructive sleep apnoea (OSA). CPAP is a very effective treatment for OSA. It improves sleepiness and snoring and prevents any further damage to your health which OSA may be causing.
CPD	Continuous Professional Development
CPE	Carbapenemase-producing enterobacterales (bacteria that has become very resistant to antibiotics)
CRF	Cancer Research Facility

ERIC	Estates Returns Information Collection is a mandatory collection for all NHS trusts
EVLP	Ex-Vivo Lung Perfusion is a technique that allows donor lungs to be assessed outside the body before transplantation. The lungs are placed inside a sterile environment and connected to an EVLP pump and a ventilator.
F	
F&N Group	Food and Nutrition Group
FFT	The Friends and Family Test asks patients to rate their experience of NHS services
Foundation Trust (FT)	NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They still provide and develop healthcare according to core NHS principles - free care, based on need and not the ability to pay. Royal Papworth Hospital became a Foundation Trust on 1 July 2004.
FTSUG	Freedom to Speak Up Guardians provide an additional route to support staff to speak up, encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon.
G	
Governors	Foundation trusts have a Council of Governors. For Royal Papworth the Council consists of 18 Public Governors elected by public members, seven Staff Governors elected by the staff membership and four Governors nominated by associated organisations.
H	
Health and Social Care Information Centre	The Health and Social Care Information Centre is a data, information and technology resource for the health and care system.
HQIP	Healthcare Quality Improvement Partnership (HQIP)
I	
ICNARC	Intensive Care National Audit and Research Centre is an independent, scientific, not-for-profit organisation, established in 1994 whose mission is to improve the quality of critical care through audit, research and data services conducted with, and in the interests of, patients and those who care for them.
ICPPCC	Infection Control & Pre- and Peri-Operative Care Committee
IHU	In-house Urgent – this system (IHU) is to ensure the timely and safe transfer for those patients who require urgent intervention (patients who are unable to go home before intervention) for either surgical or medical treatment or for advice on patient management.

MND	Motor neurone disease
Model Hospital	The Model Health System is a data-driven improvement tool that supports health and care systems to improve patient outcomes and population health. It provides benchmarked insights across the quality of care, productivity and organisational culture to identify opportunities for improvement.

N

National clinical audit	A clinical audit that engages healthcare professionals across England and Wales in the systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care. The priorities for national audits are set centrally by the Department of Health and Social Care. All NHS trusts are expected to participate in the national audit programme.
NCAAG	National Clinical Audit Advisory Group
NCAPOP	National Clinical Audit and Patient Outcomes Programme
National Institute for Health and Care Excellence (NICE)	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health http://www.nice.org.uk/
National Institute for Health Research (NIHR)	The National Institute for Health Research (NIHR) is a UK government body that coordinates and funds research for the National Health Service It supports individuals, facilities and research projects, in order to help deliver government responsibilities in public health and personal social services. It does not fund clinical services.
National Institute for Health Research (NIHR) Portfolio research	The National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio is a database of high-quality clinical research studies that are eligible for support from the NIHR Clinical Research Network in England.
	1.0
NCEPOD	National Confidential Enquiry into Patient Outcome and Deaths. NCEPOD is independent of Government bodies and the professional associations and its aim is to assist in maintaining and improving standards of healthcare for the benefit of the public.
Never events	Never events are serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been implemented. Trusts are required to report if a never event does occur.
NEXUS	This is the name given to the project defining the RPH's next electronic patient record system.
Newsbites	This is an internal weekly newsletter.
NEWS2	National Early Warning Score (version 2) – a nationally used early warning score designed to help detect and respond to clinical deterioration in adult patients.

	the hospital serves, to ensure patients' and carers' views are heard at every stage of organisational development and quality improvement.
PDSA	This is a quality improvement approach which focuses on 4 stages: plan, do, study, and act
PEA (formally PTE)	Pulmonary Thromboendarterectomy or Pulmonary Endarterectomy.
Percutaneous coronary intervention (PCI)	The term percutaneous coronary intervention (sometimes called angioplasty or stenting) describes a range of procedures that treat narrowing or blockages in coronary arteries supplying blood to the heart.
Primary percutaneous coronary intervention (PPCI)	As above, but the procedure is urgent and the patient is admitted to hospital by ambulance as an emergency.
PET Scan	A Positron Emission Tomography scan is a test that uses a small amount of radiation to scan inside your body. It's used to diagnose and plan treatment for conditions such as cancer.
PHE	Public Health England was replaced by UK Health Security Agency
PIL	Patient Information Leaflet
PIPR	The Papworth Integrated Performance Report (PIPR) is designed to provide the Trust Board of Directors and its Committees with a balanced summary of the Trust's performance within all key areas of operation on a monthly basis. To achieve this, the Trust has identified the Board level Key Performance Indicators ("KPIs") within each category, which are considered to drive the overall performance of the Trust, which are contained within this report with performance assessed over time. The report highlights key areas of improvement or concern, enabling the Trust Board and its Committees to identify those areas that require the most consideration. As such, this report is not designed to replace the need for more detailed reporting on key areas of performance, and therefore detailed reporting will be provided to the Board to accompany the PIPR where requested by the Board or where there is a significant performance challenge or concern.
PLACE	Patient-led assessments of the care environment (PLACE) is the system for assessing the quality of the hospital environment, which replaced Patient Environment Action Team (PEAT) inspections from April 2013.
Pressure ulcer (PU)	A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.
PSIRF	Patient Safety Incident Response Framework (PSIRF), which has replaced the Serious Incident Framework. Implemented into the Trust from 2024.
PSP	A Patient Safety Partner (PSP) is a volunteer who is actively involved in how we learn from patient safety events. They will help to ensure that the people who use our services are at the heart of our learning and improvement by contributing to the development of the safety culture and patient safety systems.

	are appropriately reviewed and the level of investigation commissioned in line with Patient Safety Incident Response Framework (PSIRF) and the Revised Never Event Policy and Framework (2018).
SNCT	Safer Nursing Care Tool is a NICE-endorsed evidence-based tool
SSI	Surgical Site Infection
SSS	Simple Safety for Skin
SSKIN	The Surface, Skin Inspection, Keep Moving, Incontinence/Moisture, and Nutrition (SSKIN) bundle is a five-step tool to help monitor skin concerns and reduce the risks of developing a pressure ulcer
T	
TAH	Total Artificial Heart
TAMG	Thymoma-associated myasthenia gravis. Myasthenia gravis (MG) is an autoimmune disorder that causes muscle weakness and fatigue, and it's often associated with thymoma, a tumor of the thymus gland.
TAVI	Transcatheter Aortic Valve Implantation (TAVI) is a minimally invasive procedure used to replace a narrow or damaged aortic valve without the need for open-heart surgery. It involves inserting a new valve through a catheter, usually via a blood vessel in the leg, and guiding it into the heart to replace the old valve.
TOE	Transoesophageal Echocardiography is an ultrasound test that provides detailed images of the heart by inserting a probe down the oesophagus
TVN	Tissue Viability Nurse
T1DM	Type 1 Diabetes Mellitus
U	
UKHSA	UK Health Security Agency is an executive agency, sponsored by the Department of Health and Social Care to prevent, prepare for and respond to infectious diseases, and environmental hazards.
V	
VPD HLRI	Victor Philip Dahdaleh Heart and Lung Research Institute
VTE	Venous thromboembolism (VTE) is the term used to describe a blood clot that can either be a deep vein thrombus (DVT), which usually occurs in the deep veins of the lower limbs, or a blood clot in the lung known as a pulmonary embolus (PE). There is a national indicator to monitor the number of patients who have been risk assessed for VTE on admission to hospital.