

Quality and Risk Report Quarter 4 And Annual Report 2018/19

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 4 and Annual Report 2018/19

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Patient Safety

1.1 Patient Safety Incident Trends and Actions

There were a total of 699 patient incidents reported during Q4 18/19 compared to 723 in the previous quarter. There were 607 actual incidents and 92 near miss incidents reported. During the financial year this totalled 2632 patient related incidents; with an overall increasing trend during this time period (figure 1). Where appropriate these have been reported to Care Quality Commission (CQC) via the National Reporting and Learning System (NRLS). This continues to demonstrate a healthy safety culture and a willingness of staff to see the benefit of reporting and learning from incident investigations including those for “known medical complications”. The quarters marked with an asterix (*) include incidents that are still under investigation and some have not yet been graded. Thus future reports will contain verified figures.

	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total for financial year 18/19
Near Miss	63	82	101	105	92	380
Actual Incidents	539	516	511	618*	607*	2252
Total	602	598	612	723	699	2632

Table 1: Numbers of patient safety incidents reported in 2018-19 (Data source: DATIX 26/04/19)

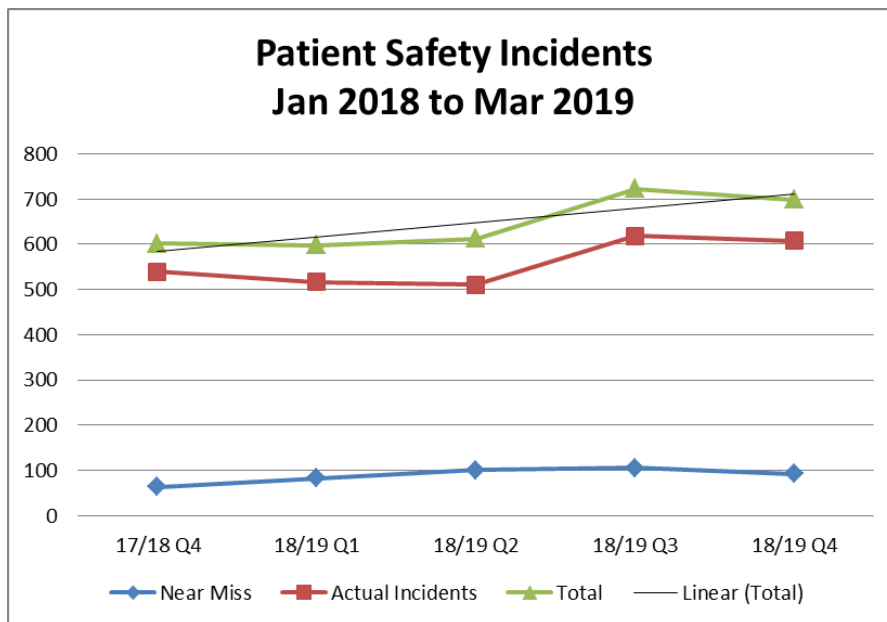


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 26/04/19)

Table 2 shows the number of patient safety incidents reported by the “Type” over the financial year. Fig 2 highlights the majority of incidents continue to involve administration/bookings and medication issues, which is mirrored by the National Reporting and Learning Report published in March 2019. All are under investigation by the local line managers and reviewed at operational business unit meetings.

Type	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total for financial year	% of Total for financial year
Accidents	47	61	44	51	60	263	10%
Administration - admission/discharge/transfer	61	87	89	149	117	503	19%
Anaesthetics	5	4	5	8	7	29	1%
Behaviour/Violence Aggression	8	10	10	12	9	49	2%
Blood Plasma Products	36	10	28	43	39	156	6%
Communication/Consent	28	19	23	36	32	138	5%
Data protection	20	19	18	25	17	99	4%
Diagnosis Process/Procedures	40	22	42	46	29	179	7%
Documentation	53	51	62	55	56	277	11%
Environmental Hazards/Issues	2	5	6	3	1	17	1%
Infection Control	14	14	12	21	17	78	3%
Information Technology	15	22	18	9	11	75	3%
Medical Devices	30	30	24	30	30	144	5%
Medication/Medical Gases/Nutrition	86	96	90	107	80	459	17%
Nutritional Feeding (Prescribed Feeds)	4	1	3	4	12	24	1%
Organisational Issues/Staffing	23	32	26	23	57	161	6%
Pressure Ulcers	39	39	37	38	41	194	7%
Radiology	8	7	10	6	2	33	1%
Security incidents	2	6	5	3	4	20	1%
Treatment/Procedures	81	63	60	54	78	336	13%
Total	602	598	612	723	699	2632	100%

Table 2: Numbers of patient safety incidents by Type reported in 2018-19 (Data source: DATIX 26/04/19)

The top five types of incidents are depicted below in figure 2 by financial quarter; this demonstrates a rising trend in administration incidents during this financial year. The spike in quarter 3 represents a number of incidents which have been investigated as part of SUI-WEB29551- delayed clinical letters. Incident trend information is provided in the paragraphs below.

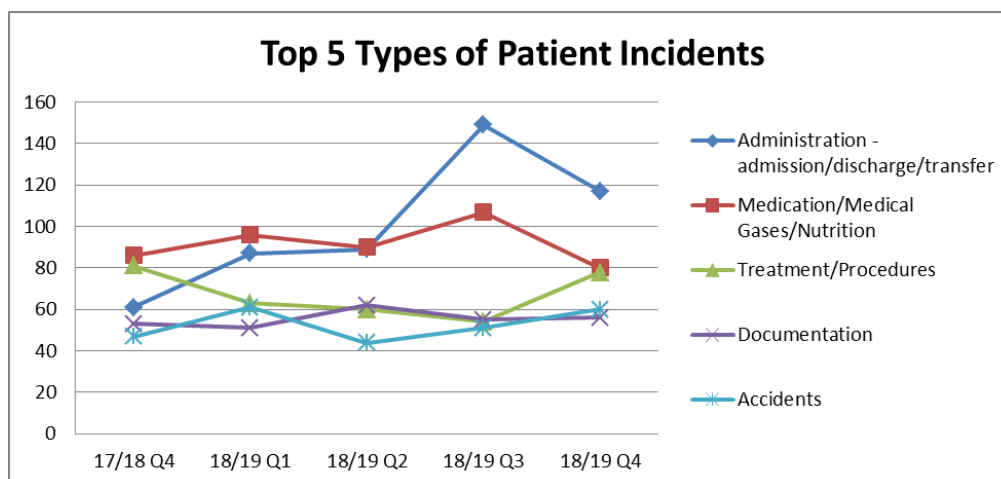


Fig 2: Patient Safety Incidents for 2018-19 (Data source: DATIX 26/04/19)

INCIDENT TRENDS AND ACTION:

Administration/discharge Incidents

During quarter 4, the increase in the number of incidents linked to bookings for general appointments and procedures which have continued to be reported. These continue to be reviewed to ensure that the new bookings processes and staff training are now effective. This review is linked with the change in practice ready for the move in to New Papworth Hospital single out-patients unit.

Treatment and Procedures

During quarter 4, 78 incidents and near misses have been recorded against Treatment and Procedure. 92% of those graded have a severity of near miss, no/low harm and 6% have been graded as moderate/severe harm and are being investigated using RCA techniques. Common themes for incidents included the recording of “unintended haemorrhages” which are collated as part of the critical care morbidity measures. Other procedural incident processes e.g. drain taps not set correctly, are reviewed and practice changed.

Accidents

During quarter 4, 60 incidents (table 3a) have been recorded as Accidents with 100% resulting in near miss, no/low harm incidents. Slips/trips and falls remain a consistent issue across the Trust and most commonly result in patient injuries. Key areas include Mallard and Varrier Jones Wards where patients are mobilising independently following surgery. A question has been added to the incident form to quantify if the fall occurred due to medical or health & safety reasons. Where this question has been completed, there is no evidence of falls relating to health and safety issues. This data will be fed into the falls quality initiative to assist with the research in to the impact of falls in our patients.

Category	Cardiac Day Ward	Cardiology HDU	Cath Labs	CMU - Duchess	CMU - Princess	Critical Care	Cystic Fibrosis	Hemingford	Hugh Fleming	Mallard	Other	Physiotherapy	RSSC	Varrier Jones	Total
Moving and handling	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Other type of accident	0	0	0	0	0	0	0	0	0	2	0	0	1	0	3
Slip, Trip or Fall	1	1	1	4	4	4	1	5	8	10	1	7	5	4	56
Total	1	1	1	4	4	5	1	5	8	12	1	7	6	4	60

Table 3a – Incidents Coded as Accident (Data source: DATIX 03/05/19)

1.2 Severity of Patient Safety Incidents

Of those incidents with a confirmed grading and completed investigation, it is encouraging to note that consistent numbers of patient safety incidents are graded as near miss (15%), no/low harm which over the last 12 months (84%) which demonstrates the willingness to report and learn from all types of incidents (see table 3c). The level of investigation is determined by the severity as detailed in the policy DN070. All moderate harm incidents and above have investigations and associated action plans which are managed by the relevant business unit and monitored by the Quality & Risk Management Group (QRMG). All Serious Incidents (SIs) require a Root Cause Analysis (RCA) and are led by an appointed investigator and monitored by the QRMG. The (*) signifies a discrepancy in the total number of incidents awarded a severity grading and the total amount of patient incidents in quarter; not all incidents have been finally approved and grading confirmed at the time of this report. Lessons learnt are shared across the organisation via the quarterly Lessons Learnt report on the intranet, Grand Round presentations and local dissemination via Business Units and specialist meetings.

Severity	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3*	18/19 Q4*	Total for financial year	% of Total for financial year
Near Miss	63	82	101	107	93	333	15%
No harm	409	399	380	485	442	1706	66%
Low harm	117	106	119	120	116	461	18%
Moderate harm	5	6	2	6	7	21	1%
Severe harm	2	0	5	1	1	7	0%
Death caused by the incident	1	0	0	1	0	1	0%
Death UNRELATED to the incident	5	5	5	2	6	18	1%
Total	602	598	612	722	665	2597	100%

Table 3c – Incidents by Severity (Data source: DATIX 03/05/19) *Incidents still under investigation have not yet been graded Correct at the time of production. Some incidents have been downgraded in severity following investigation.

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

Specialty	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total for financial year
All specialities	0	0	0	0	1	1
Cardiac Rhythm Management (Old Site)	0	0	1	0	0	1
Cardiac Surgery (Old Site)	0	1	0	0	0	1
Cardiology (Old Site)	3	2	2	1	2	7
Cath Labs (Old Site)	0	1	0	0	1	2
Critical Care (Old Site)	2	0	1	5	2	8
Cystic Fibrosis Unit (Old Site)	1	0	0	0	0	0
Electrophysiology (Old Site)	0	0	0	1	0	1
General Radiology (Old Site)	0	0	1	0	0	1
Oncology (Old Site)	0	0	1	0	0	1
Theatres (Old Site)	1	0	0	1	1	2
Thoracic Surgery (Old Site)	0	2	0	0	0	2
Transplant Medicine (Old Site)	1	0	1	0	1	2
Total	8	6	7	8	8	29

Table 3d – Incidents by Severity _ Moderate Harm (Data source: DATIX 03/05/19) Correct at the time of production. Some incidents have been downgraded in severity following investigation.

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

In Q4 there have been 5 SI's reported to the CCG. There were three incidents reported and confirmed following investigation as Moderate/Severe Harm with a further seven incidents having been reviewed and subsequently downgraded

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
SIs Reported in Q4 18/19				
SUI-WEB28282	28/01/2019	Delayed Diagnosis of Adrenal Mass	Yes	Closed by CCG – Actions ongoing
SUI-WEB29551	30/01/2019	Delay in sending clinical letters	Yes	Investigation completed
SUI-WEB29720	28/02/2019	Flu outbreak	N/A	Investigation completed
SUI-WEB29910	05/03/2019	Unexpected Death	Yes	Investigation ongoing
SUI-WEB30174	28/3/2019	Misplaced NG tube	Yes	Investigation ongoing

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
Moderate/Severe Reported in Q4 18/19				
WEB29996	09/09/2018	Patient admitted to Queen Elizabeth Hospital, Romford; drug interaction noted leading to acute kidney injury and elevated CK, suggestive of rhabdomyolysis.	Yes	Investigation ongoing
WEB30169	19/11/2018	Liver injury linked to the use of the LUCAS resuscitation device	Yes	Investigation ongoing
WEB30157	15/11/2018	Grade 3 pressure ulcer developed in an ECMO	Yes	Completed

Table 4 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 08/05/2019)

During 2018/19 there were 15 patient safety incidents reported as serious incidents. This compares with 11 in 2017/18. One SI in 2018/19 was classified as a Never Event (miss placed NG tube). The Care Quality Commission (CQC) and NHS Improvement (NHSI) were informed immediately. This is currently still under investigation. Full Duty of Candour was undertaken with the patient and/or family for all SI's. Detailed breakdown of contributory factors identified from SI investigation is taken to the Serious Incident Executive Review Panel (SIERP). Human Factors is a recurring theme.

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

The Trust receives a number of incidents for investigation from outside our Trust. These are shared with the relevant service area for investigation and feedback provided to the requesting organisation. The Trust received 7 requests for investigation / feedback in Q4 18/19.

Date	Requester	Summary details	Response
18/01/2019	Hinchenbrook hospital	Medication - prescription (insulin)	22/01/2019
26/02/2019	NHS Arden and Greater East Midlands Commissioning Support Unit	Pressure Ulcer Category 2 - from Nippy mask	
28/02/2019	West Suffolk Hospital NHS Trust	Requesting endoscopy results	01/03/2019
13/02/2019	Angel Hill Surgery Bury St Edmunds	Incorrect information on e Discharge	29/03/2019 - Letter of apology to GP and patient
26/03/2019	West Suffolk Hospital NHS Trust	Advice given following PRIS Referral	Still under review
26/03/2019	West Norfolk CCG	Delay in diagnosis/ Delay in communicating and acting on MRI results	Response sent 28/03/2019
26/03/2019	Queen Elizabeth Hospital Kings Lynn	Information provided at Transfers of care from CCA	Response sent 04/04/2019

Table 5: Requests for investigation/ feedback from organisations outside of Royal Papworth Hospital

1.5 VTE Monitoring

The graph below shows the number of VTE events from Q1 2017/18 to end of Q4 2018/19. We are advised of these confirmed VTE events by Papworth staff, radiology alerts, patients, GPs or healthcare professionals in the local hospitals. There may be a considerable delay from the date of the VTE diagnosis to when the event is investigated if the information is not received at the time of diagnosis. We were informed of 1 VTE events in Q4 2018/19 a reduction of 90% from 1 year ago.

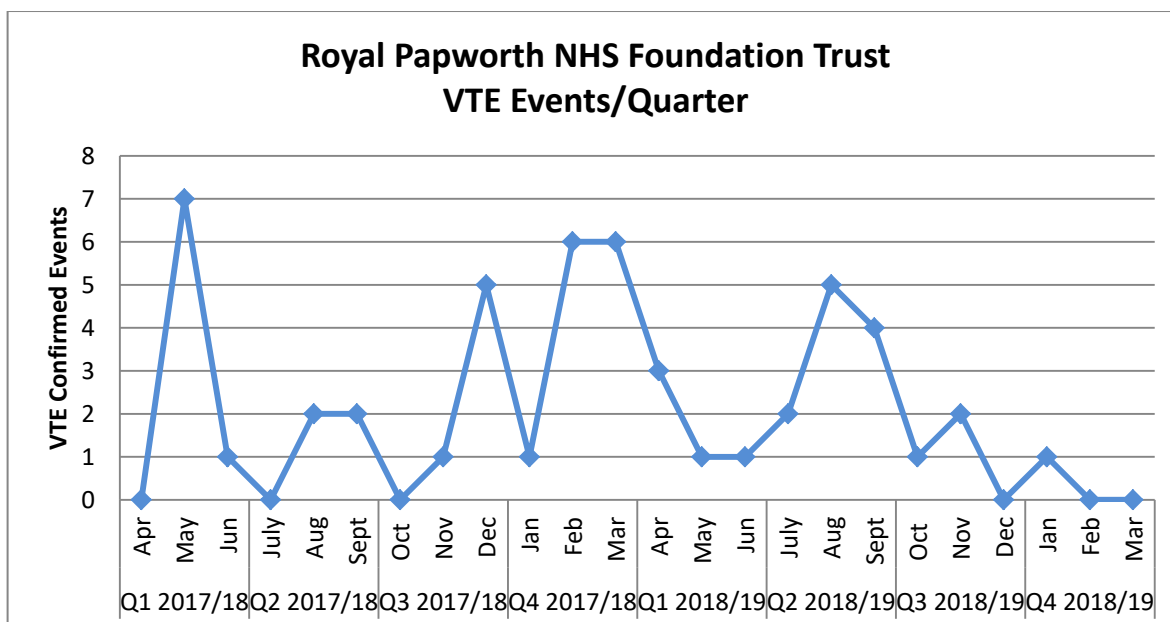


Table 1: Incidence according to speciality

	Total number of VTE events - speciality						Pulmonary embolus				Deep vein thrombosis							
	2017/18		2018/19				2017/18		2018/19		2017/18		2018/19					
	Q3	Q4	Q1	Q2	Q3	Q4	Q3	Q4	Q1	Q2	Q3	Q4	Q3	Q4	Q1	Q2	Q3	Q4
Surgery	2	8	2	4	2	0	2	7	2	2	2	0	0	1	0	2	1	1
Medicine	2	5	3	4	0	0	2	4	3	4	0	0	0	1	0	0	0	0
Other (Tx, VAD, ECMO)	2	0	0	2	0	0	2	0	0	2	0	0	0	0	0	0	0	0

The backlog of 11 historic RCA's is now down to 0 as all have been completed and attached to DATIX reports. Going forward a plan to include the RCA template is being developed with colleagues within the governance department. This will have the advantage of ensuring we have all the key information in one place and we hope to implement this from 1st May 2019.

Table 2: Percentage of patients risk assessed for VTE in Q1-Q4 2017/18 and Q1-Q4 2018/19

		% of In-Patients Risk Assessed for VTE (Unify)	Quarterly %
April 2017	Q1	97.4	
May 2017		97	
June 2017		90	<i>Lorenzo launch</i>
July 2017	Q2	99.2	
August 2017		98.52	
September 2017		97.67	
October 2017	Q3	98.12	
November 2017		91.50	
December 2017		98.12	
January 2018	Q4	94.00	
February 2018		93.97	
March 2018		94.00	
April 2018	Q1	94	94.33%
May 2018		94	
June 2018		94.33	
July 2018	Q2	94.33	93.44%
August 2018		94.5	

September 2018		94.24	
October 2018	Q3	92.04	90.56%
November 2018		92	
December 2018		86.64	
January 2019	Q4	86.66	
February 2019		96.66	92.22%
March 2019		93.33	

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

	No of patient records	% of patients receiving appropriate VTE prophylaxis
April 2017	n = 11	100%
May 2017	n = 16	100%
June 2017	No Audit	<i>Lorenzo launch</i>
July 2017	No Audit	<i>Lorenzo launch</i>
August 2017	n = 10	100%
September 2017	n = 16	100%
October 2017	n = 16	100%
November 2017	n = 23	100%
December 2017	n = 28	100%
January 2018	n = 33	100%
February 2018	n = 28	100%
March 2018	n = 24	100%
April 2018	n = 17	100%
May 2018	n = 19	100%
June 2018	n = 31	100%
July 2018	n= 20	100%
August 2018	n= 35	84%
September 2018	n=30	92%
October 2018	Prevalence audit on hold at present	
November 2018		
December 2018		
January 2019		
February 2019		
March 2019		

Sharing lessons learnt and good practice

All hospital associated VTE events are reported on DATIX. Findings from the RCAs are reported back via email to the Consultant and teams involved in the care of the patient, together with a copy of the RCA report. We recently shared information of our LMWH omissions audit and an anonymised RCA at the National Nurses Midwives Network (NNMN) for VTE in April 2019.

VTE Action Plan

Following a recent review of VTE and falling compliance against 95% target of VTE risk assessment on admission a local action plan is in place. This involves key staff within the organisation to affect change and optimisation of Lorenzo to capture data for audit. NHS improvement are also monitoring compliance and discussing with the medical director and chief nurse the improvement of risk assessment on admission. This will be monitored through QRMG and shared with Q&R.

VTE Pharmacological Prophylaxis Omissions Audit February 2019 (summary)

Following a further monthly VTE omissions audit of pharmacological prophylaxis data suggests there has been no further improvement within recording reasons for omission of a prescribed dose of Tinzaparin or Enoxaparin. The summary is below and the full slide set of data was made available to QRMG for April 2019 meeting.

Enoxaparin		February 2019	Tinzaparin	
102		Prescribed	1752	
67	66%	Given	1363	78%
0	0%	Self-Administered	6	0.3%
3	3%	Not given (valid reason)	98	5.5%
0	0%	Omitted (valid reason)	17	0.9%
32	31%	Not known (no reason)	268	15%

Urgent Action for ALL directorates

ACTION 1

Please ensure 100% of patients have a VTE risk assessment on admission and reviewed when the clinical condition of the patient changes in line with NICE Guidance NG89 and our Trust VTE policy DN500.

ACTION 2

Please remind prescribers and nursing staff administrators to record reason for omitted VTE pharmacological prophylaxis on drug chart to ensure we are capturing Tinzaparin/Enoxaparin omissions where there is a valid clinical reason for omission.

Action for QRMG

ACTION 1

Continue to scrutinise information pertaining to VTE risk assessment, monitor omissions audit and VTE events.

ACTION 2

Escalate VTE concerns onto Q&R as subcommittee of the Trust board to ensure ward to board information sharing.

1.6 Inquests

The Trust assisted the Coroner with 2 Inquests/investigations in Q4 18/19. Any learning points identified at Inquest are discussed at QRMG in quarter. There are 32 inquests/investigations pending – which includes 8 out of area.

Reference	Specialty	Cause of death	Trust SI / Investigation	Coroner's Conclusion
INQ1819-02	Cardiac Surgery	1a. Cardiac failure 1b. Ischaemic myocardial injury 1c. Aortic valve disease and coronary atherosclerosis (operated on)		Medical Misadventure
INQ1819-23	Transplant Surgery	1a Cardio Respiratory Arrest Community acquired cavitating pneumonia II Bilateral lung Transplant, R sided pneumonectomy		Natural causes

Table 1: Inquest heard in Q4 18/19

During 2018/19 the Trust gave evidence at 19 Inquests; the coroner's conclusions have been reviewed and there are no trends. The majority of conclusions are that the patient died from a rare but recognised complication of operation/procedure. A breakdown by specialty is provided in table 2. Following investigation, review of the medical notes and statements, the Coroner has discontinued 6 additional cases without the need for a full Inquest hearing. HM Coroner has held 11 Pre-Inquest Review hearings which the Trust has attended which is a significant increase compared to the previous year. The purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest.

Specialty	Total
Cardiac Surgery	8
Cardiology (Intervention)	1
Cardiology (Pacemaker)	1
Cardiology (TAVI)	1
PTE	1
Thoracic Medicine (ILD)	1
Thoracic Surgery	1
Transplant	5
Grand Total	19

Table 2: Specialty of inquests heard in 2018/19

Learning from Schedule 5s (prevention of future deaths)

The prevention of future death reports are published on the Courts and Tribunals judiciary website. In 2018/19 these reports in relation to clinical care and in patient deaths were reviewed. Any relevant reports or themes are forwarded to the relevant clinical leads and presented at the Quality Risk and Management Group for further dissemination and learning. The Trust has not received any prevention of future death reports in relation to Papworth Inquests.

1.7 Clinical Negligence Litigation

In Q4 2018/19 the Trust has received 2 new requests for disclosure of records and 3 letters of Claim. Table 1 shows new claims activity in Q4.

Claims Activity Q4		
Q41819-09CL	Patients care referred from DGH in 2017. Underwent CT and referred to the Nephrology Department - cause for condition not found. In 2018 patient underwent open heart surgery - advised likely he had been suffering from pericarditis for some time. Concerned significant delay in diagnosis.	Records disclosure request
Q41819-10CL	Patient underwent Elective mitral valve repair on 11.02.2015 - Allegations of negligence (circumflex compromised by a stitch associated with mitral valve sewing ring)	Records disclosure request Previously investigated as a formal complaint Q41718-83F – Not Upheld
Q41819-11CL	Alleged failure to institute warfarin therapy post PTE and Mechanical MVR Failure to discharge patient with clear prompt instruction to the local team re anticoagulation Cause of Death: 1a Cardiogenic shock 1b Prosthetic mitral valve thrombosis	Disclosure of records request in Jan 2017 - not notified to Clinical Governance as letter states no litigation intended against Trust Consultant Surgeon meeting with Trust solicitors in April 2019
Q31819-08CL	Failure to diagnose pheochromocytoma in 2010	Letter of Claim Previously investigated as a serious incident SUI-WEB28282 Trust has agreed early settlement with NHSR

Table 1: Claims Activity Q4 18/19

Quarterly NHSLA Dashboard data

Figure 1 shows the number of claims reported to the NHSLA by quarter and the speciality. Table 2 shows the total number of Claims currently open with the NHSLA at the end of Q4 2018/19 is 14.

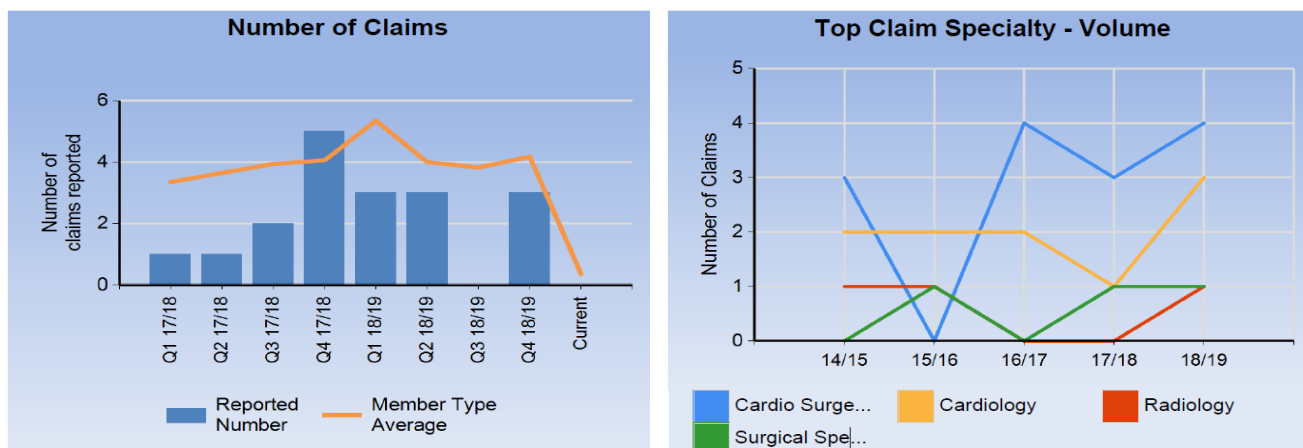


Fig 1: Number of claims reported and claim speciality by year (source – NHSLA 15/04/2019)

Claim Ref	Member Ref	Incident Date	Claim Status	
M13CT006/010	Q41112-10CL	03/02/2011	Periodical Payments	Open
M14CT006/011	Q31415-10CL	05/10/2012	Defence	Open
M14CT006/014	Q31617-14CL	28/01/2014	Proceedings Issued / Served	Open
M15CT006/005	Q21516/05CL	06/09/2013	Letter of Response - Admission	Open
M15CT006/007	Q31516-10CL	18/02/2015	Authority To negotiate and/or Offer Made	Open
M15CT006/009	Q31617-15CL	23/11/2012	Defence	Open
M16CT006/002	Q21617-10CL	09/04/2014	Defence	Open
M16CT006/005	Q11617-03CL	19/02/2016	Proceedings Issued / Served	Open
M16CT006/007	Q31617-13CL	12/02/2016	Letter of Claim Received	Open
M16CT006/008	Q41819-11CL	09/02/2016	Letter of Claim Received	Open
M17CT006/003	Q21718-07CL	27/10/2015	Authority To negotiate and/or Offer Made	Open
M17CT006/004	Q41718-15CL	26/05/2015	Proceedings Issued / Served	Open
M17CT006/006	Q41718-18CL	04/10/2017	Letter of Response - Admission	Open
M18CT006/004	Q31819-08CL	11/01/2010	Letter of Response - Admission	Open

Table 2 Number of Claims currently open with the NHSLA at the end of Q4 2018/19 (source – NHSLA 15/04/2019)

Total Claims Activity 2018/9	
Records Disclosure Requests	8
Letter of Claim Received	9
Claims Settled	6
Closed - No Further Action	7

Table 3: Total Claims activity in 20018/19 - Details of the above have been reported in the relevant quarters

2. Patient Experience

2.1 Complaints and Enquiries

We have received **14 formal complaints and 1 enquiry** for Q4. This is a decrease in formal complaints from Q3 (15).

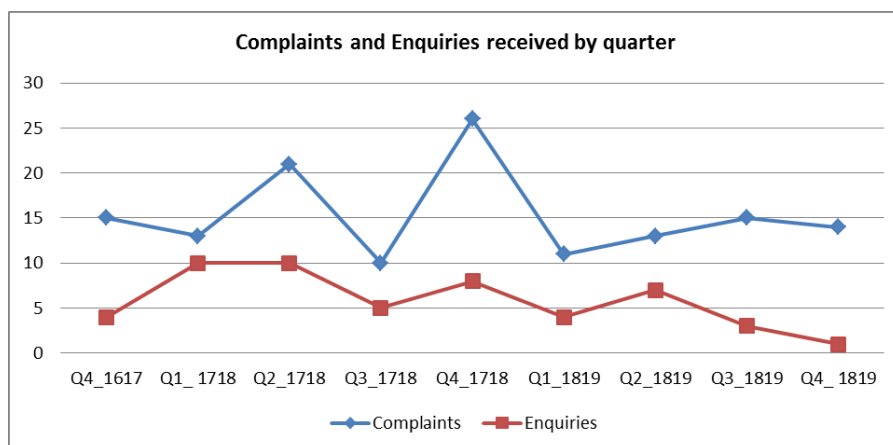


Figure 1 Complaints Vs Enquiries received by quarter (source – Datix 11/04/2019)

*Not all complaints have been fully investigated at the time of this report therefore table 1 shows number of complaints upheld at the time of report. Table 2 and Figure 2 show the primary subject of complaints comparing with the previous quarters.

	No. formal complaints received in Q4 (Jan - March)	Upheld / part upheld	Enquiries for further information
Jan	7	6	1
Feb	1	1	0
March	6	1*	0
	14	8	1

Table 1: Numbers of complaints / Enquiries (source: Datix 15/04/2019)

Communication and information remains the highest category for complaints in Q4 although there has been a slight reduction on Q3 and Q2.

	Q41819	Q31819	Q2 1819	Q1 1819	Q41718	Q31718	Q2 1718	Q1 1718	Q41617
Staff attitude	1	0	0	1	1	0	1	0	4
Clinical Care	1	5	1	1	2	0	2	4	3
Nursing Care	0	0	0	0	3	1	1	0	2
Communication/Information	6	7	9	6	13	8	14	6	2
Delay in Diagnosis / treatment	3	2	2	3	5	0	1	3	3
Catering	0	0	1	0	0	0	0	0	0
Transport	0	0	0	0	0	1	0	0	0
Patient Charges	0	0	0	0	0	0	0	0	0
Discharge	0	1	0	0	1	0	1	0	0
Environment	0	0	0	0	0	0	0	0	1
Privacy and Dignity	0	0	0	0	0	0	1	0	0
Equipment	0	0	0	0	1	0	0	0	0
Totals:	11	15	13	11	26	10	21	13	15

Table 2 Primary subject of complaints by quarter (source: Datix 15/04/2019)

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
Ambulatory Care (from 1.4.2017)	1	3	3	1	8
Cardiology	4	3	6	2	15
Radiology	1	0	1	1	3
Research & Development	0	0	1	0	1
Surgery	2	1	3	5	11
Thoracic	3	5	1	3	12
Transplant	0	1	0	2	3
Total	11	13	15	14	53

Table 3 Complaints by Directorate and Speciality (Source Datix 15/04/2019)

Quality Dashboard Monitoring – Q4	
Number of complaints responded to within agreed timeframe with complainant	100% **
Number of PSHO referrals in quarter	0
Number of PSHO referrals returned upheld with recommendations and action plans	0

Table 4 Quality Dashboard monitoring

** 100% of complaints responded to at the time of reporting within timescales agreed

2.2 All upheld or part upheld complaints receive a full explanation and an appropriate apology.

Identified actions arising from complaints upheld or partially upheld in Q4 18/19

Trust ref	Summary of Complaint	Outcome	Action(s) identified – <i>Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion</i>
Q41819-51F	Wife and Daughter concerned and feel father is not fully informed of risks involved with surgery. Wish to be involved re major decisions re feeding - placement of NG or PEG	Upheld	Review and re-iterate the importance of ensuring there is good communication and prompt escalation throughout the multi-disciplinary team - COMPLETED
			Meeting offered to patient and family as part of complaint process to discuss the complaint at face to face meeting with the Consultant if patient and family have further concerns around clinical care, or wish to discuss father's case in more detail - COMPLETED
			Investigate claim of lost property - COMPLETED
Q41819-52F	Patient complained that RDA manoeuvred his arm causing damage and pain to his shoulder during chest x-ray	Upheld	Revising moving and handling training instructions to RDA's to refresh their knowledge and skills in order to safely move and assist patients - COMPLETED
Q41819-53F	Patient unhappy with their experience at out-patient appointment at a community outreach clinic and the subsequent clinic letter from clinician.	Part Upheld	Additional systems in place to minimise the disruption future software upgrades may have on our IT systems. These include singular and multi component package installations during pre-testing on a larger number of test PC's and a controlled staggered staged deployments - COMPLETED
Q41819-54F	Daughter raised questions regarding late fathers care and treatment whilst an inpatient.	Part Upheld	Review and met with relevant team members involved to ensure all families are given the appropriate support and pertinent information following the death of a relative - COMPLETED
Q41819-56F	Daughter unhappy regarding the stress and distress caused as a result of her mother's procedure being cancelled at the last minute	Part Upheld	Ensure patient information explaining about the cancellation procedure at Royal Papworth Hospital are present on each ward and distributed to patients when they have a procedure cancelled - COMPLETED
Q41819-59F	Unhappy with communication and patient experience regarding transfer of specialist care for severe obstructive sleep apnoea	Part Upheld	Review and reiterate to team members to ensure all communication is timely and accurate. To ensure all patients are given the correct information regarding appointments in a timely manner - COMPLETED
Q41819-60F	Concerns around wife's care relating to the medication prescribed and interaction with some members of the nursing staff on the ward prior to discharge.	Part Upheld	Review and reiterate the importance of ensuring there is good communication between members of the multi-disciplinary team, patients and their families – COMPLETED

Trust ref	Summary of Complaint	Outcome	Action(s) identified – <i>Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion</i>
Q41819-61F	Patient takes 5mg dexamphetamine daily at home, admitted for heart valve procedure. Give 25mg dexamphetamine in error	Upheld	Medication error discussed with relevant staff for their learning and reflection - ONGOING Staff who administered the medication has been asked to write a reflective account of the incident and will be discussed at the next departmental meeting – ONGOING
Q41819-64F	Father has life limiting illness. Daughter is unhappy with length of time her father has had to wait before receiving treatment. Feels care has been unorganised and unprofessional.	Upheld	Increase in staffing, close monitoring of all bookings, additional training for new staff and a new telephone system with call monitoring has been implemented to improve bookings of appointments and follow ups - COMPLETED

Table 5: Actions arising from investigation of complaints upheld /part upheld in Q4

2.3 Local Resolution Meetings in Q4 - The Trust has not held a local resolution meeting in Q4

2.4 Ombudsman's Referrals

No New Ombudsman's Investigations and none outstanding.

2.5 Annual Complaints Data

In 2018/19 Royal Papworth Hospital received 54 formal complaints from patients. Of the 54 complaints reported (24 inpatient and 30 outpatient complaints) 53 were relating to NHS provided services with 1 complaint relating to private patient services at Royal Papworth Hospital. The overall numbers of complaints received has decreased on the numbers received during the previous year when 70 complaints were received (23% decrease).

Where a patient/ family member wish to escalate their concerns in a more formal way but do not wish to register their concern as a formal complaint, we log these concerns as "Enquiries". Investigation of the issues raised follows the same robust process as a formal complaint and a written response, including any actions identified as a result of raising their concern, is provided. The Trust received 12 enquiries in 2018/19.

All formal complaints received have been subject to a full investigation, and throughout the year service improvements have been made as a result of analysing and responding to complaints. Not all complaints are upheld following investigation and the table below shows the number of complaints received per 1,000 patients and of those, the numbers upheld or part upheld. Figure below shows the trend of formal complaints and enquiries received by quarter.

	Number of Patient episodes (Includes In Patients, Out patients and excluding private patients)	Number of complaints received (excluding private patients)	Complaints received per 1000 patient episodes	Complaints upheld/ Part upheld
Q1 17/18	27,390	13	0.5	6
Q2 17/18	29,016	21	0.7	12
Q3 17/18	31,009	10	0.3	8
Q4 17/18	31,368	26	0.8	20
Total 17/18	118,783	70	0.6	46
Private Patients Only (In-patients and Out Patients)				
Total 17/18	4,844	4	0.8	3
Q1 18/19	31259	11	0.4	8
Q2 18/19	30361	13	0.4	8
Q3 18/19	30505	15	0.5	14

	Number of Patient episodes (Includes In Patients, Out patients and excluding private patients)	Number of complaints received (excluding private patients)	Complaints received per 1000 patient episodes	Complaints upheld/ Part upheld
Q4 18/19	31733	14	0.4	9*
Total 18/19	123,858	54	0.4	39
Private Patients Only (In-patients and Out Patients)				
Total 18/19	4,651	1	0.2	1

Number of complaints reported and upheld per 1,000 patient episodes

* Some of the complaints received in Q4 18/19 were not resolved at the time of reporting - Data source DATIX™ as at 11/04/2019.

Out of the 70 complaints received in 2018/19 **70%** were upheld or partly upheld following investigation* (2017/18: 61%). Communication / Information and Delay in Diagnosis/ Treatment or Referral categories are the highest reason for complaints. There has been a significant reduction in the number of complaints relating to communication. A comparison of complaints raised by primary subject by year is shown below.

Complaints received by primary subject	2018/19	2017/18	2016/17	2015/15	2014/15
Admission arrangements	0	0	0	0	1
Staff attitude	1	2	5	4	4
Clinical Care	12	8	17	21	20
Nursing Care	0	5	4	6	2
Catering	1	0	1	0	1
Patient charges	0	0	1	0	1
Communication/Information	28*	41	18	20	8
Delay in diagnosis/treatment or referral	10	9	6	4	6
Discharge Arrangements	1	2	2	2	0
Equipment Issues	0	1	1	0	0
Privacy and Dignity	0	1	0	0	0
Environment - Internal	0	0	1	0	0
Medication issues	1	0	0	2	0
Transport Issues	0	1	1	2	0
Totals	53	70	57	61	43

Complaints by primary subject (Data source DATIX™ as at 15/04/2019)

*1 complaint under communication related to PP

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
Ambulatory Care (from 1.4.2017)	1	3	3	1	8
Cardiology	4	3	6	2	15
Radiology	1	0	1	1	3
Research & Development (inc Library)	0	0	1	0	1
Surgery	2	1	3	5	11
Thoracic	3	5	1	3	12
Transplant	0	1	0	2	3
Total	11	13	15	14	53

Complaints by quarter by specialty (source Datix 15/04/2019)

Selection of actions taken as a result of upheld and part upheld complaints – 2018/19
The Thoracic Surgery Patient Information booklet has been reviewed; in particular, the section on the risk of persistent pain following thoracotomy.
We have reviewed the training for the Booking team to ensure the process for scanning referrals onto the system is understood and that they seek advice if the request is not explicit or clear prior to entering onto the system
We have improved the handover of patients between surgeons undergoing thoracic surgery to identify any issues over work up prior to patient being admitted and ensure continuity of safe care.
We have added a section in patient letters explaining the possibility of cancellation of surgery in advance or on the day of surgery to better meet our patient expectation and experience.
We have ensured that patient information explaining the cancellation procedure at Royal Papworth Hospital is present on each ward and distributed to patients when there procedures are cancelled, to facilitate open and transparent communication
We have introduced a process whereby the Consultant surgeon provides follow up via telephone with their patients when they are unable to attend the ward to discuss cancellation of procedure on the day of surgery. This will enable reassurance to be given and any questions or concern to be addressed
We have improved our menu section available to patients and introduced a New process for delivery of restaurant meals for ward patients.
Two new housekeepers have been trained to work on CFU to achieve the standard required regarding support with patient meals.
We have shared the learning from complaints to improve the standard of documentation and communication
We have introduced the requirement for member of the medical team or Advanced Nurse Practitioner (ANP) to write the discharge summary for complex surgical patients. This will ensure that accurate and sufficient information is available for the GP or others healthcare provider.
Where transplants patients are admitted to local hospitals, we have introduced a weekly telephone contact for updates. This will; ensure we continue to support and communicate with patients and relatives appropriately. This has been added to the weekly Nursing allocation.
Where a long terms patient does not attend an out-patient appointment, the clinic co-ordinator will contact them to ascertain why they haven't attended.

All Complaints are detailed in the Quarterly Quality and Risk report available on our public website and reviewed at the relevant Business Units and speciality groups for shared learning. Further information is available in our quarterly Quality and Safety Reports which are on our web site at: <https://royalpapworth.nhs.uk/our-hospital/information-we-publish/clinical-governance>

3. Patient Advice and Liaison Service Annual Report 2018/19

3.1 Patient Carer Experience Group Activities

It was agreed by the Patient and Carer Panel (PCEP) and the Patient Experience Group (PEG) members that the two groups will merge as of April 2018. The Meetings are now chaired by Ivan Graham (Deputy Chief Nurse). The meetings are quarterly and the Terms of Reference have been agreed.

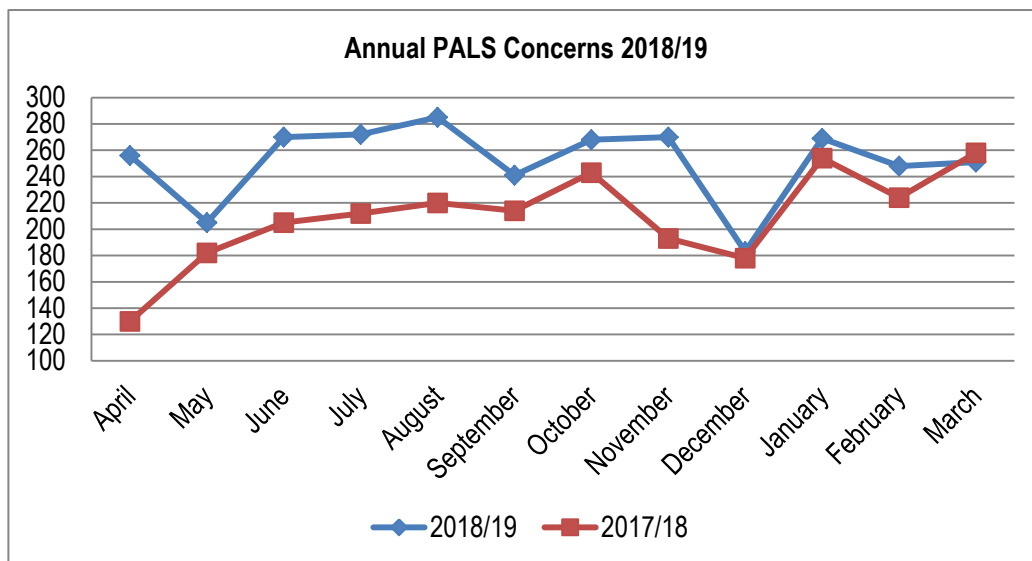
3.2 Volunteers

A huge piece of work has been undertaken to prepare for the move to the new hospital. There are 50 volunteers that have already been placed. The PALS team have worked collaboratively with various teams and groups to create a volunteers strategy, handbook, role profiles and agree a uniform for the volunteers. Meetings have taken place with teams around the hospital, to finalise their volunteer requirements. Communications have been ongoing with the teams and the volunteers throughout this process.

3.3 Patient Advice and Liaison Service (PALS)

During 2018/19, the PALS Service received **3023** enquiries from patients, families and carers. This was an increase of **509** enquiries on the number recorded in 2017/18, which was **2514**.

As can be seen below from the number of enquiries by month, August 2018 was the highest month in the year, with 285 enquiries. This was an increase on the same month in 2017, when the number of enquiries handled was 220.



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

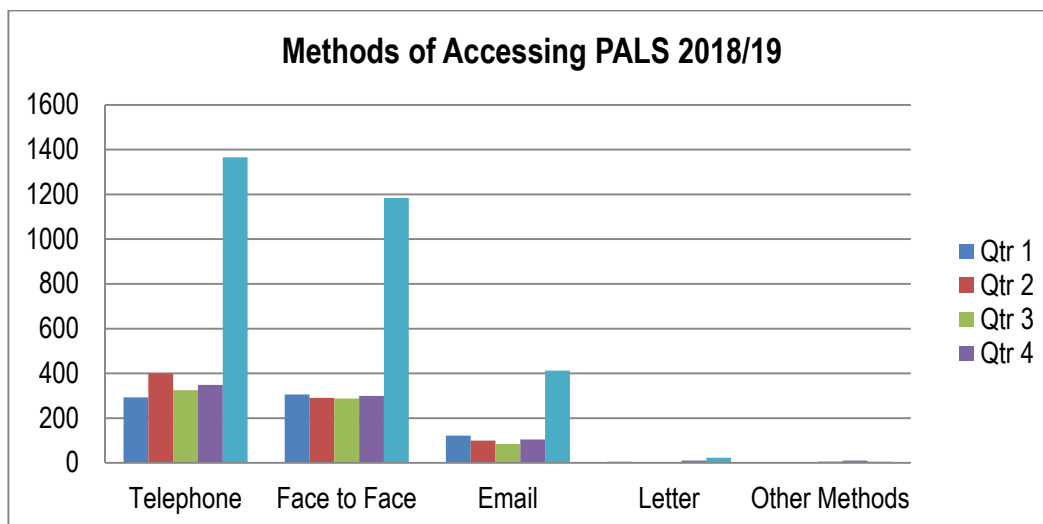


Fig 2: Method of accessing PALS 2018/19

A monthly spot check was carried out by a volunteer and showed that the PALS and Quality of Service information leaflets were both available in patient areas.

Concerns Raised

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

Key Themes raised from PALS enquiries in 2018/19:

Subject (Primary)	Number of enquiries received	Details
Information and Advice	1770	Compared to 2017/18, this is an increase of 156. Top themes: 45% related to on-site directions. 14% related to appointments. 9% related to contact telephone numbers.

Subject (Primary)	Number of enquiries received	Details
Communications	508	Compared to 2017/18, this is an increase of 122. Top themes: 34% related to requests for clarification of medical information. 22% related to phones unanswered 10% related to lack of information for patients
Delay in diagnosis/treatment or referral	234	Compared to 2017/18, this is an increase of 143. Top themes: 36% related to waiting time for appointment 32% related to delay in diagnosis/treatment. 13% related to waiting time for operation/procedure
Transport	116	Compared to 2017/18, this is an increase of 5. Top themes: 36% were requests for information on local transport including buses and train timetables and contact details for local taxi services. 29% related to NHS transport issues. 20% related to 'other' transport issues.
Parking	153	Compared to 2017/18, this is an increase of 24. Top themes: 48% related to parking charges. 28% related to disabled access.
Medical Records	64	Compared to 2017/18, this is an increase of 41. Top themes: 61% related to request for access to medical records. 17% related to request to update medical records.
Training	2	Compared to 2017/18, this is a decrease of 5. 100% related to requests for training placements at the hospital.
Patient Charges	3	Compared to 2017/18, this is a decrease of 3. 100% related to requests for information regarding treatment costs.
Clinical Care	15	Compared to 2017/18, this is a decrease of 1. Top theme: 40% related to disagreement with treatment/outcome.
Admissions Arrangements	3	Compared to 2017/18, this is a decrease of 3. 100% related to the availability of Wi-Fi on the wards and in the restaurant.
Equipment Issues	32	Compared to 2017/18, this is an increase of 13. Top theme: 87% related to lack of/inadequate equipment in various areas.
Medication Issues	22	Compared to 2017/18, this is an increase of 7. Top theme: 64% related to prescriptions.
Property	29	Compared to 2017/18, this is an increase of 7. 100% related to lost/damage property.
Staff Attitude	27	Compared to 2017/18, this is an increase of 6. Top themes: 63% related to uncaring behaviour. 19% related to rudeness. All enquires relate to various specialities and were dealt with, no outstanding concerns.
Catering	4	This has stayed the same as 2017/18. Top themes: 3 related to lack of availability of food. 1 related to food served at incorrect temperature.
Environment -	13	Compared to 2017/18, this is a decrease of 3.

Subject (Primary)	Number of enquiries received	Details
Internal		Top theme: 39% related to cleanliness of toilets.
Discharge Arrangements	15	Compared to 2017/18, this is an increase of 4. Top theme: 60% related lack of arrangements for home after discharge.
Nursing Care	9	Compared to 2017/18, this is a decrease of 5. Top theme: 89% related to dissatisfied with nursing care/treatment.
Infection Control Issues in Clinical and Nursing Care	1	This has stayed the same as 2017/18. 100% related to infection control query.
Lack of privacy and dignity	1	Compared to 2017/18, this is a decrease of 1. 100% related to lack of privacy/dignity on ward.
Verbal/Physical Abuse	2	Compared to 2017/18, this is an increase of 2. 100% related to verbal abuse by a patient.

There were 22 enquiries regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Waiting time for Appointment	2
Patient Charges	3
Telephone Contact Number	5
Appointments	1
Bookings	1
Lack of Information for Relatives	2
On-site Directions	1
Phones Unanswered	1
Delay in Diagnosis/Treatment	2
Inadequate Equipment	3
Information on Hospital Services	1
Total	22

During the year 14 PALS enquiries were escalated to formal complaints. 8 enquiries were signposted to organisations external to the Trust.

3.4 Compliments

There were **6809** compliments received across the Trust during 2018/19. This was an increase on the previous year (2017/18) when there were **1472**. The significant increase on last year is because we now include positive comments from the Friends and Family Surveys. Compliments take a variety of forms – verbal, letters, thank you cards, e-mails, Friends and Family and suggestion cards.

Areas Praised:

All Staff	PALS Service
Cardiac Day Ward	Princess Ward
Cardiac Teams	Professional Support Services (OT Physiotherapy,
Theatres and Critical Care Ward	Social Work)
Cystic Fibrosis Ward	Mallard Ward

Varrier Jones Ward
 Duchess and Baron Wards
 Hemingford Ward
 Higginson Ward
 Housekeeping on wards
 Hugh Fleming Ward
 Via CEO
 Diagnostic
 Friends and Family Surveys

Surgeons
 RSSC
 Thoracic Day Ward
 Thoracic Clinics (including Lung Defence)
 Transplant Team
 Training
 Palliative Care
 ISS

The compliments were analysed for key themes and the top three themes for the year were:

- Care/Support
- Professional Care/Team Work
- General Thank You

Examples of the compliments in the top three themes were made available in the quarterly PALS reports.

Compliments Themes	Q1	Q2	Q3	Q4	Total
Care/Support	49	89	82	71	291
Professional Care/Team Work	16	12	30	26	84
Kindness/Compassion/Courtesy	41	16	40	32	129
General thank you	160	108	146	311	725
Improved quality of life	6	0	7	6	19
Friendliness	16	20	9	4	49
Dedication/Hard work-	23	12	6	10	51
Excellence of treatment	3	10	6	8	27
Dignity and respect	0	5	1	2	8
Friends and Family Survey Compliments	0	1796	2178	1452	5426
Total	314	2068	2505	1922	6809

3.5 Friends and Family

Annual feedback from F&F 1st April 2018 – 31st March 2019 from Private In-patients, Day Wards and In-patients

There were 177 detractors although of these only 32 left negative comments, 45 left positive comments and the remainder either didn't comment or left a neutral / mixed comment. Detractors are determined by the amount of patients who answer the question 'How likely is it that you would recommend this service to friends and family?' with 'Neither'; 'Unlikely' or 'Extremely Unlikely'.

There were 7906 promoters and of these 203 left negative comments and 4187 left positive comments and, as before, the remainder either didn't comment or left a neutral / mixed comment. Promoters are determined by the amount of patients who answer the question 'How likely is it that you would recommend this service to friends and family?' with 'Likely' or 'Extremely Likely'.

The 'Comments' are taken from a different part of the form, where the patients can leave feedback, which we then grade as positive or negative. These comments are then used when collating compliments from around the hospital.

Note: The comments sections on the questionnaires from CF ward and CF Day cases are not graded as positive or negative, so are not included in the above.

3.6 Bereavement Services

The Patient Advice and Liaison Service team are also responsible for providing the bereavement service function to families when a patient dies whilst in Trust care. During 2018/19 there were **163** hospital deaths. As part of this process the PALS team will register the death of the patient on behalf of the next of kin who are unable to return to Cambridgeshire to undertake this process themselves. This includes the arrangements for payments for the certificates to be made to the hospital by the family. During 2018/19 PALS registered **37** deaths on behalf of families. This process takes approximately 1½ hours per registration (including travelling time to the Registrar's Office)

PALS team also attended and supported families at:

12 next of kin viewings at the mortuary

7 meetings between the family and consultants and hospital staff following a death

3 meetings to discuss and complete documentation for hospital post mortem examination and tissue consent

1 hospital arranged funeral

PALS also facilitated the completion of cremation paperwork by the appropriate doctor and organised the delivery of the fees for this work direct to doctors. There were 80 of these during 2018/19.

3.7 Procedures and Documentation

During 2018/19 the PALS team, with support, developed the following:

- Volunteer Handbook
- Volunteer Strategy
- Volunteer Role Profiles for all areas
- Completed a review of all the volunteer administration documents
- Reviewed all PALS SOP'S in preparation for the new hospital
- Worked in partnership with the CUH bereavement care team to develop a new process for the RPH bereavement service. The service will transfer to the CUH bereavement care team, when we move to the new hospital

3.8 PALS Service

The PALS Service was without a PALS Administrator for a period of 7 months during 2018/19

A new PALS Advisor joined the team in June 2018

A new PALS Administrator joined the team in October 2018

4. Risk Management

4.1 Non Clinical Accidents/Incidents

During quarter 4 there have been 241 accidents/incidents (including near misses) reported across the Trust which have involved staff/contractors/organisation or visitors. Incidents marked (*) are still undergoing investigation. Table 1 shows the types of incidents by type, the majority continue to relate to Organisational Issues (12% over the past 12 months). The second most common incidents related to infection control issues e.g. needlestick and splash injuries. All of these issues have been reviewed by Occupational Health and a summary shared at the Health & Safety Committee. The Trust has a sharps strategy and individual action plans are in place in relevant departments.

Type	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total for financial year	% of Total for financial year
Accidents	23	27	34	30	23	114	10%
Administration - admission/discharge/transfer	16	21	30	53	25	129	11%
Anaesthetics	0	5	3	1	0	9	1%
Behaviour/Violence Aggression	18	11	20	23	10	64	5%
Blood Plasma Products	6	1	1	3	1	6	1%
Communication/Consent	8	8	11	17	9	45	4%
Data protection	12	19	22	11	9	61	5%
Diagnosis Process/Procedures	8	4	3	3	4	14	1%
Documentation	22	25	19	15	9	68	6%
Environmental Hazards/Issues	14	18	26	25	7	76	6%
Fire Incidents	1	1	2	4	1	8	1%
Infection Control	22	22	44	35	29	130	11%
Information Technology	16	14	15	20	5	54	5%
Medical Devices	10	28	26	8	16	78	7%
Medication/Medical Gases/Nutrition	11	19	15	22	35	91	8%
Nutritional Feeding (Prescribed Feeds)	0	0	0	0	1	1	0%
Organisational Issues/Staffing	29	29	47	36	36	148	12%
Pressure Ulcers	1	0	0	0	0	0	0%
Radiology	3	6	13	12	4	35	3%
Security incidents	15	11	16	8	9	44	4%
Treatment/Procedures	3	3	5	7	8	23	2%
Total	238	272	352	333	241	1198	100%

Table 1 – Non-clinical Incidents Reported for 2016/17 (Data source: DATIX 26/04/19)

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

During quarter 4 three staff incidents have required to be reported to the HSE under RIDDOR regulations. Two incidents (WEB29668, WEB29515) involved members of staff suffering from musculoskeletal injury when carrying moving and handling activities, the third (WEB29634) was linked to a trip incident. The members of staff have been referred to Occupational Health/their GP and root cause analysis investigations completed.

Category	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total for financial year	% of Total for financial year
Collision/Impact with object (not vehicle)	1	0	0	0	1	1	14%
Inappropriate behaviour by a Pt to staff	0	0	0	1	0	1	14%
Moving and handling	1	0	1	1	2	4	57%
Slip, Trip or Fall	1	0	1	0	0	1	14%
Total	3	0	2	2	3	7	100%

Table 2 – RIDDOR Incidents Reported for 2016/17 (Data source: DATIX 26/04/19)

4.3 Risk Register

During quarter 4 the Trust continued to develop the use of the Datix Risk Management software to collate business as usual risks and manage the Board Assurance Framework (BAF). The database is now used to risk assess the effects of all safety alerts reported to the Trust (see Safety Alerts section). During the financial year further work on the development of the BAF reporting to Q&R and the Board has been undertaken in conjunction with the Trust Secretary. The BAF and BAF tracker data is used widely across the Trust in association with departmental risk registers and summarised in the Trust PIPR monthly report. Currently there are 720 open risks held on Datix which include a mix of BAF, project and BAU records for the current site and New Papworth Hospital. This number will reduce dramatically when the risks for the current site are closed. These are openly communicated across the Trust with new high BAU risks being reported to QRMG, Q&R and other relevant committees.

All departments have access to their risk register information via the Datix Risk Management dashboards. Corporate and Board level risks are presented to the Trust Audit Committee.

4.4 Non-clinical claims

There are four ongoing claims, one relating to a member of staff claiming musculoskeletal injury from manual handling activities, two relating to slip/trip/falls over boxes/goods, and a fourth from an employee at a visiting trust linked to a leg injury from a collision with a piece of work equipment. These remain with NHS Resolution until the 3 year claim period is up. All claims are shared with the local department and Quality & Risk Committee.

4.5 Safety Alerts

This is the first full quarter where the Trust has followed the new internal centralised safety alert management system. Under this system all alerts are raised on Datix as the central risk information management system (RIMS). The Safety Alert information is monitored monthly by the QRMG and at local Business Unit Meetings. Alerts are then stored for historical reference within the RIMS. Going forward this system will be used as an audit tool to reassess risks as changes to the internal and external environment are identified. The risks are then delegated by the team to specialists for assessment and management. MHRA Drug Alerts are not monitored here as they are received and monitored by the Pharmacy department.

Throughout quarter 4 2018/19 the Trust has received 30 Safety Alerts and Field Safety Notices. Of these, 24 were formal Safety Alerts raised through the Central Alerting System (CAS), and 7 additional Field Safety Notices were raised by manufacturers. 17 of the CAS Safety Alerts were not relevant to the Trust and did not require the Trust to take any action. TABLE 1 represents the data reported publicly through the CAS. At the close of the financial year all externally reported deadlines were met as they fell due and all CAS alerts were acknowledged within two working days.

Central Alerting System Quarter 4 2018/19

Status\Alert Type	MDA	PSA	EFA	DDL	Total
Assessing Relevance	0	0	0	0	0
Action Not Required	15	1	1	0	17
Action Required/Ongoing	0	0	0	1	1
Action Required/Completed	3	2	1	0	6
Total	18	3	2	1	24
Breached	0	0	0	0	0

TABLE 1

Key for Alert Type: MDA – Medical Device Alert, PSA – Patient Safety Alert, EFA – Department of Health – Estates & Facilities Alert, DDL – Dear Doctor Letter

Table 2 represents the Safety Alert information publically reported through the CAS for the financial year. Throughout the financial year the Trust has received 118 Safety Alerts and Field Safety Notices. Of these 86 were received through the CAS. Of those, 58 did not require any action or were not relevant to the Trust. The progress of Safety Alerts relevant to the Trust is monitored by the QRMG. All have been responded to with the external timeframe on the CAS website.

Central Alerting System End of Year Review 2018/19

Status\Alert Type	MDA	PSA	EFA	EFN	DH	DDL	CMO	Total
Assessing Relevance	0	0	0	0	0	0	0	0
Action Not Required	40	2	5	11	0	0	0	58
Action Required/Ongoing	0	3	1	0	0	0	0	4
Action Required/Completed	8	4	4	0	0	3	5	19
Total Alerts	48	9	10	11	0	3	5	86
Total Breached	0	0	0	0	0	0	0	0

TABLE 2

Key for Alert Type: MDA – Medical Device Alert, PSA – Patient Safety Alert, EFA – Department of Health – Estates & Facilities Alert, EFN – Department of Health – Estates & Facilities Notification, CMO - Chief Medical Officer

5.0 Effectiveness of care

5.1 Quality and Safety Measures

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

5.2 Clinical Audit National Audits

Cardiac Rhythm Management – 3 year results and report sent to Clinical Lead for further validation, date of publication not yet confirmed.

Local audit

The table in appendix 3 illustrates the completed projects for this quarter; there has been a reduction in completed local clinical audits as the clinical audit and effectiveness team transition to the quality improvement team, to ensure the necessary support and facilitation for the QI project leads. The Clinical Audit/Quality Department is currently requesting updates from clinical leads for end of year progress against the Clinical Audit Plan 2018/19.

NSF / NICE Guidance received in quarter & progress

A total of 44 NICE guidance documents were published during Q4. 11 that were deemed applicable have been disseminated to the relevant leads for review. Please see appendix for a list of applicable guidance and compliance ratings.

NICE Guidance Consultations Q1:

The Trust has not registered as a stakeholder in Q1.

Clinical Audit Training

The audit department is currently in the process of creating a new in-house training package that will not only offer audit process training but also incorporate quality improvement strategies.

Hospital Wide Quality Improvement & Clinical Audit Meetings

The outcome and learning from clinical audits is now part of the Grand Round for each directorate.

5.3 Quality Improvement

The Trust has identified 4 key priority projects for Quality Improvement which is aligned with the Quality Account priorities. An update on the progress to date is provided below:

In House Urgent Pathway

The In House Urgent quality improvement project was launched on 18th September 2018, the project lead recruited and core team formed. Baseline data has been collected from June – October 2018. Monthly monitoring of IHU pathway, scheduling and cancellations is in place

Aim for 2019/20:

100% of patients who are referred into the IHU pathway will be assessed appropriately at MDT
98% of patients on IHU pathway will have their surgery within 10 days (start date = when fit for surgery)

98% of all cancelled surgery will be rescheduled within 5 days

Goals for 2019/20

- Develop pathway standards for referral, MDT, Cardiology and Surgery
- Agree ownership of IHU patients between Cardiology, Surgery and ANP
- ANP to attend twice weekly bed meeting
- To engage with central bookings team to ensure accurate and equitable allocation of IHU capacity
- Daily monitoring of IHU spreadsheet, referrals and waiting times for IHU surgical slots
- Operational Manager to assist with the scheduling and rescheduling of IHU patients

- Theatre Manager to assist in the allocation of IHU patients and procedure for rescheduling within 5 days
- Review IHU pathway staffing requirement
- Review the IHU / elective surgical waiting lists
- Update the PRIS Referral Form / System

Deteriorating Patient

Aim: For 100% of patients on Varrier Jones ward with a MEWS of 4 or more (or 3 in one or more parameter) will receive the correct actions according to escalation guidelines by 2020.

Progress to date

- Baseline data collected from July – November 2018. Monthly monitoring of compliance with escalation guidelines using data from Vital PAC and Lorenzo in place
- First spot check audit of fluid balance / urine output underway
- The use of SBAR as a communication tool is now included in managing the deteriorating patient at study days
- Safety Huddles have been introduced and the first audit of the safety huddles underway
- Implementation of deteriorating patient study days, which has now been extended to band 5/6 nursing staff.
- Feedback and learning from previous serious incidents within training
- Production of DN749 (hospital at night) completed
- NEWS2 online training available on education intranet site

Patient Falls

Aim: To reduce falls by 10% per 1000 bed days by April 2019 for Cardiac Surgery patients on Mallard ward.

As a result of the small steps for change implemented and studied; the average number of falls on Mallard ward has reduced by 35% compared with the same period in 2017/18. Measures implemented:

- Providing staff training
- Reinvigorating the falls link Nurse role
- Supporting falls link nurses to deliver on the ward teaching and falls prevention work
- Implementation of a new approach to multidisciplinary intentional rounding
- Introduce a patient information leaflet on falls prevention
- Launch the updated Falls Policy

Red to Green

It has been decided that this project will form business as usual and will not be carried forward as a quality improvement project.

Appendix 1
PALS Enquiries Annual Report 2018-19

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Verbal or Physical Abuse	0	1	0	0	1	0	1	0
Verbal Abuse by Patient	0	1	0	0	1	0	1	0
Admission Arrangements	1	0	0	4	1	1	1	0
Availability for Wi-Fi	1	0	0	2	1	1	1	0
Property/clothes required for admission	0	0	0	0	0	0	0	0
Visiting Hours	0	0	0	2	0	0	0	0
Staff Attitude	4	8	3	6	2	3	5	16
Inappropriate manner/behaviour	1	4	2	1	0	0	1	3
Rudeness	0	2	0	1	1	0	3	1
Uncaring behaviour	3	2	1	4	1	3	1	12
Clinical Care	1	5	5	5	1	10	2	2
Disagreement with treatment/outcome/diagnosis	0	4	4	0	0	5	1	0
Inadequate/insufficient care provided	0	0	0	0	0	0	0	0
Inappropriate treatment given	0	1	1	0	0	1	0	0
Poor recovery after discharge	1	0	0	0	0	4	1	0
Pressure Sore	0	0	0	0	0	0	0	0
Clinical Error	0	0	0	1	0	0	0	0
Dissatisfied with medical care/treatment/diagnosis	0	0	0	4	1	0	0	2
Infection Control Issues	0	0	1	0	0	0	0	1
Infection/Infection Control query	0	0	1	0	0	0	0	1
Lack of Cleanliness (Hygiene)	0	0	0	0	0	0	0	0
Nursing Care	0	1	2	11	1	1	3	4
Dissatisfied with Personal Care Provided	0	0	0	2	0	0	0	1
Dissatisfied with nursing care/treatment	0	1	2	9	1	1	3	3
Catering	0	2	0	2	0	3	0	1
Food served at incorrect temperature	0	0	0	0	0	1	0	0
Inadequate Facilities	0	0	0	0	0	0	0	0
Inadequate portion size	0	0	0	0	0	0	0	0
Lack of availability of food	0	0	0	0	0	2	0	1
Lack of adequate choice of food	0	0	0	2	0	0	0	0
Poor service in restaurant	0	1	0	0	0	0	0	0
Poor Quality Food	0	1	0	0	0	0	0	0
Patient charges	2	1	2	1	0	0	0	3
Eligibility Criteria	0	0	2	0	0	0	0	0
Hostel Services Costs	0	0	0	0	0	0	0	0
Other Charges	1	0	0	0	0	0	0	0
Treatment Costs	1	1	0	1	0	0	0	3
Communication	82	111	90	103	129	152	116	110
Breach of Confidentiality	3	0	0	0	0	2	3	3
Clarification of Medical Information	51	44	44	36	47	32	48	47
Consent Issues	0	0	0	1	0	0	0	0

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Diagnosis Query	0	0	0	1	0	0	0	0
Freedom of Information Requests	1	0	1	0	0	0	0	0
Incorrect Information provided	5	7	1	5	2	5	0	1
Lack of Information for other Professional	2	0	1	2	0	5	4	3
Lack of Information for Patients	8	13	4	15	24	15	5	7
Lack of Information for Relatives	0	2	2	6	7	6	0	3
Lack of Sensitivity in Communication	1	1	3	1	1	1	2	1
Other communication issues	8	21	1	1	4	5	4	2
Poor or Conflicting information	2	2	4	3	5	4	1	5
Translation & Interpretation Services	1	5	7	7	1	3	2	4
Phones unanswered	0	4	2	7	21	54	15	20
Contact phone number	0	11	10	4	12	16	16	4
No response to phone messages	0	2	1	4	4	1	3	3
Answerphone incorrect	0	0	1	2	0	1	0	0
Booking Office	0	0	6	2	0	1	13	4
Compliments	0	0	1	3	1	1	0	3
Data Protection Requests	0	0	1	0	0	0	0	0
Delay in diagnosis/treatment or referral	12	28	20	31	46	73	47	68
Cancellation of treatment	0	1	2	3	5	3	5	7
Clinical waiting times	0	0	0	0	0	3	2	2
Delay in diagnosis/treatment	2	9	5	3	9	35	9	22
Delay in referral	1	2	1	2	1	4	5	4
Failure to book treatment/appointment	0	1	0	1	0	0	0	1
Waiting time for admission to ward	9	0	0	0	0	0	0	1
Waiting time for appointment	0	6	7	10	20	21	21	23
Waiting time for operation/procedure	0	9	5	12	11	7	5	8
Lack of privacy and dignity	1	1	0	0	0	0	0	1
Lack of privacy/dignity on ward	1	1	0	0	0	0	0	1
Lack of privacy when relating information	0	0	0	0	0	0	0	0
Discharge Arrangements	2	4	2	3	4	5	6	0
Delay in discharge	2	2	0	1	1	3	0	0
Dissatisfaction with discharge to another hospital	0	0	0	1	1	1	0	0
Lack of arrangements for home after discharge	0	2	2	1	2	1	6	0
Wait to transfer to other facility	0	0	0	0	0	0	0	0
Equipment Issues	2	7	4	6	9	5	12	6
Delays in replacing equipment	1	0	0	0	0	0	0	0
Lack of/Inadequate equipment	1	7	4	6	9	4	9	6
Return of Equipment	0	0	0	0	0	1	3	0
Information/Advice Requests	343	406	376	489	427	432	444	
Accommodation	8	6	16	14	15	15	9	6
Appointments	51	58	37	75	60	59	64	62
Advice on Medication	0	0	0	0	11	7	4	4
Advice on Equipment	0	0	0	0	5	15	16	15
Benefits	3	0	5	2	4	2	1	0

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Employment Opportunities	0	0	0	0	0	0	0	0
Information on Hospital Services	65	46	35	20	39	39	36	32
Left Luggage	0	0	0	0	0	0	0	0
Nursing/Residential Care	0	0	0	0	0	0	0	0
Off Site Directions	5	5	12	8	2	2	2	1
On site directions	136	203	176	235	211	171	220	201
Other information request	62	50	19	13	8	6	2	6
Telephone contact number	0	30	51	94	34	50	35	81
Requests for information on volunteering	3	8	12	0	14	17	5	20
Bereavement Process	0	0	4	2	6	15	12	14
Complaints Procedure	0	0	2	3	3	1	8	6
E-Mail Address	0	0	1	5	5	16	23	14
Referral Information	0	0	3	5	7	9	5	11
Sick Note	0	0	1	0	0	1	0	0
Signposting to other NHS organisation	0	0	0	3	2	1	1	0
Signposting to other organisation	0	0	0	0	1	6	1	0
Phones unanswered	0	0	0	0	0	0	0	2
Environment - Internal	3	2	5	6	7	5	0	1
Cleanliness Toilet	1	0	2	3	3	2	0	0
Cleanliness of ward	0	0	0	0	1	0	0	0
Inadequate facilities for disability	0	0	0	0	0	0	0	0
Maintenance	0	1	3	2	3	0	0	0
Noise	0	0	0	0	0	0	0	0
Poor Environment - Internal	0	1	0	0	0	2	0	0
Temperature in ward too hot/cold	0	0	0	0	0	0	0	0
Hostel Accommodation	1	0	0	0	0	0	0	1
Health and Safety	1	0	0	0	0	0	0	0
Lack of resource	0	0	0	1	0	1	0	0
Medication issues	3	2	4	6	6	4	7	5
Incorrect medication	1	0	0	2	0	1	0	1
Failure to provide medication	0	1	3	0	2	0	1	2
Prescriptions	2	1	1	3	4	3	5	2
Pain management	0	0	0	1	0	0	1	0
Parking	24	23	59	23	41	34	30	48
Disabled access	4	2	9	7	14	2	8	19
Other Parking Issue	1	3	19	5	5	13	2	5
Parking Charges	13	16	24	4	14	18	20	22
Parking Directions	6	2	7	7	8	1	0	2
Lost Property	3	7	7	5	12	5	6	6
Loss/Damage of property	1	7	7	5	12	5	6	6
Lost Property	2	0	0	0	0	0	0	0
Medical Records	4	6	3	10	11	27	12	13
Incorrect information in health record	0	0	0	0	0	1	1	0
Information not fully documented	0	0	0	0	0	0	0	0

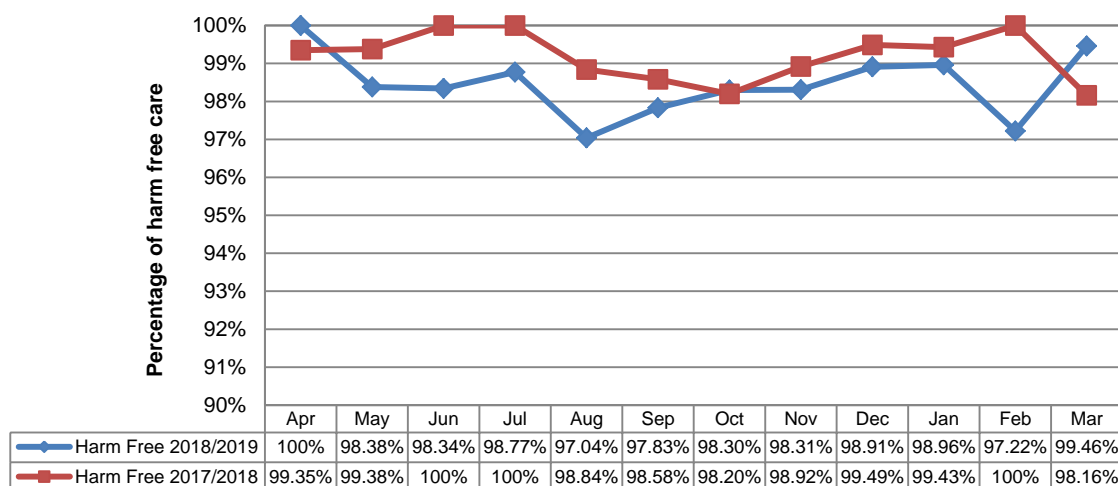
	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Records Other	0	1	0	1	3	6	1	1
Request for access to medical records	2	5	3	6	7	15	8	9
Request to update to records	2	0	0	3	1	5	2	3
Training	3	1	2	1	1	0	1	0
Request for training placement	3	1	2	1	1	0	1	0
Training Other	0	0	0	0	0	0	0	0
Transport Issues	27	30	30	24	32	37	28	19
Hospital contract transport	0	1	0	0	3	0	3	2
Local transport information	3	8	6	20	21	9	10	2
NHS transport Issues	16	19	20	3	7	8	9	10
Other Transport issue	5	2	4	1	0	17	4	2
Travel Claims	3	0	0	0	1	4	2	3
Totals:	517	646	615	736	731	798	721	773

Quality and Safety Measures – ongoing monitoring

Patient Safety Thermometer

A Safety Thermometer Survey is a snapshot survey of the four harms (pressure ulcers, falls, catheter related urinary tract infections and VTE) for all the patients in a ward on a particular day. Papworth's results are presented in the graph below:

Safety Thermometer - All Wards
April 2017 to March 2019 rolling year comparison



Mortality monitoring

The Summary Hospital-level Mortality Indicator (SHMI) is not applicable to Papworth Hospital, therefore crude mortality is monitored and the quarterly figure compared to the rolling average is presented below.

Specialty	Discharge	Number of deaths	Quarter 4 mortality
Cardiac Surgery	517	13	2.51%
Cardiology (inc PPCI)	2129	20	0.94%
Cystic Fibrosis	133	4	3.01%
ECMO (CCM)	17	2	11.76%
Lung Defence	288	4	1.39%
Oncology	262	0	0.00%
PTE	36	0	0.00%
PVDU	376	0	0.00%
Respiratory Medicine (inc ILD)	153	1	0.65%
RSSC	1532	1	0.07%
Thoracic Surgery	199	0	0.00%
Transplant	147	4	2.72%
TRUST	5741	49	0.85%

*Hospital coding data

All deaths are discussed in further detail at the specialty M&M meetings

Local Clinical Audit

The table below illustrates the completed clinical audit & effectiveness projects for quarter 4

Title	Quarterly report: Quarter 4 (Jan - Mar 2019)
	INFECTION CONTROL
Q4 Commode Audit	<p>Findings: CMU and RSSC have shown a rise in compliance. CDW, Hemingford and VJ remained the same as last quarter. TDW, Mallard and HF have shown a decline in compliance. The area that shows a decline in compliance was on 'all parts of the commode are clean and free from soiling'.</p> <p>Recommendations/Actions The IC committee will be asked at ICPPC meeting 04/04/19 'if a ward shows a decline over two quarters, the ward will be notified and an additional spot check will be performed before the next audit.'</p>
Q4 Raised Toilet Seats Audit	<p>Findings: CMU, Hemingford, have remained at 100%. HF and VJ have had a rise in compliance. Mallard and RSSC are showing a decline since the last audit.</p> <p>Recommendations/Actions The IC committee will be asked at ICPPC meeting 04/04/19 'if a ward shows a decline over two quarters, the ward will be notified and an additional spot check will be performed before the next audit. Mallard ward has been emailed and requested to familiarise staff with cleaning policy.'</p>

The full reports are available through the Clinical Audit Department.

NEWLY PUBLISHED GUIDANCE AND QUALITY STANDARDS

11 NICE Guidance published and disseminated to Papworth Hospital NHS Trust during Quarter 4 of 2018/2019, awaiting confirmation from leads regarding relevance and compliance.

No	Name	Month Published	Compliance status
MTG40	Mepilex Border Heel and Sacrum dressings for preventing pressure ulcers	Jan-19	TBC
MTG42	UrigoStart for treating diabetic foot ulcers and leg ulcers	Jan-19	TBC
NG118	Renal and ureteric stones: assessment and management	Jan-19	TBC
NG119	Cerebral palsy in adults	Jan-19	Compliant
QS179	Child abuse and neglect	Feb-19	TBC
QS181	Air pollution: outdoor air quality and health	Feb-19	TBC
NG122	Lung cancer: diagnosis and management	Mar-19	TBC
TA565	Benralizumab for treating severe eosinophilic asthma	Mar-19	TBC
TA571	Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib	Mar-19	TBC
QS17	Lung cancer in adults	Mar-19	TBC
CG103	Delirium: prevention, diagnosis and management	Mar-19	TBC

No Quality standard or guidance updates in Q4

Update to guidance disseminated to the Trust prior to Q4 18/19

An audit of NICE Guidance compliance against procedure is to be undertaken in Q1 19/20

Monitoring of NICE guidance and quality standards is undertaken by the Clinical Audit Co-ordinators via;

- Regular one to one meetings with NICE guidance leads
- Tabled at relevant management and steering group meetings
- Follow up via email and phone
- If necessary, escalation to directorate managers via the Quality and Risk Management Group