



Royal Papworth Hospital
NHS Foundation Trust

Quality and Risk Report Quarter 3 18/19

October – December 2018

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 3 18/19

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Patient Safety

1.1 Patient Safety Incident Trends and Actions

There were a total of 717 patient incidents reported during Q3 18/19 compared to 611 in the previous quarter; an increase to the previous quarter. This continues to demonstrate a healthy safety culture and a willingness of staff to see the benefit of reporting and learning from incident investigations and their link to relevant risks. There were 625 actual incidents occurred and 92 near miss incidents were reported. The overall trend continues to demonstrate a good reporting culture of all types of incidents and “known medical complications”. Examples of near miss incidents relate to medication errors made, but picked up before the patient has taken any medication. The quarters marked with an asterisk (*) include incidents that are still under investigation and some have not yet been graded. Thus future reports will contain verified figures.

Patient Incidents	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2*	18/19 Q3*	Total
Near Miss	72	63	82	102	92	411
Actual Incidents	541	539	514	509	625	2728
Total	613	602	596	611	717	3139

Table 1: Numbers of patient safety incidents reported in 2018-19 (Data source: DATIX 28/01/19)

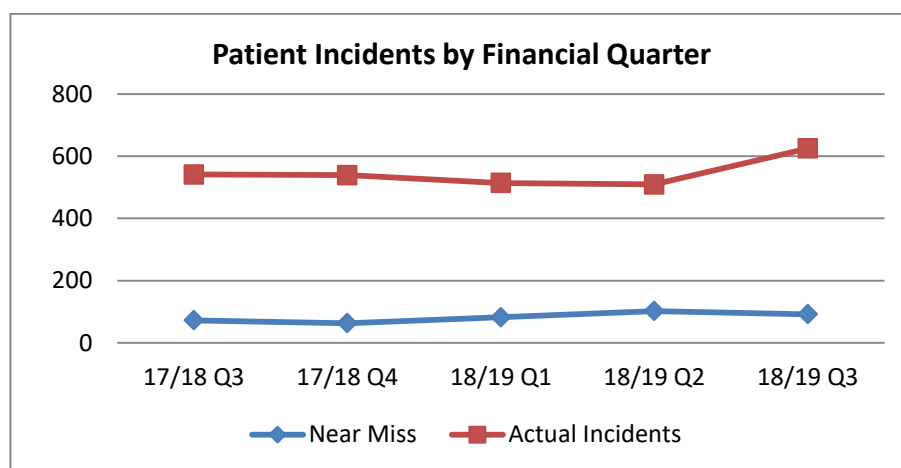


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 28/01/19)

Table 2 shows the number of patient safety incidents reported by the “Type” over the last 12 months. Fig 2 highlights the majority of incidents continue to involve administration/bookings and medication issues. All are under investigation by the local line managers and reviewed at operational business unit meetings.

Type	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	Total
Accidents	65	47	61	44	51	268
Administration - admission/discharge/transfer	78	61	86	87	143	455
Anaesthetics	4	5	4	5	8	26
Behaviour/Violence Aggression	14	8	10	10	12	54
Blood Plasma Products	31	36	10	28	41	146
Communication/Consent	22	28	19	23	37	129
Data protection	12	20	19	17	24	92
Diagnosis Process/Procedures	26	40	22	41	44	173
Documentation	62	53	51	62	51	279
Environmental Hazards/Issues	1	2	5	6	4	18
Fire Incidents	1	0	0	0	0	1
Infection Control	10	14	14	12	20	70

Type	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	Total
Information Technology	18	15	22	18	9	82
Medical Devices	27	30	30	23	29	139
Medication/Medical Gases/Nutrition	81	86	96	90	109	462
Nutritional Feeding (Prescribed Feeds)	3	4	1	3	4	15
Organisational Issues/Staffing	31	23	32	29	25	140
Pressure Ulcers	52	39	39	37	38	205
Radiology	15	8	7	10	6	46
Security incidents	1	2	6	5	3	17
Treatment/Procedures	59	81	62	61	59	322
Total	613	602	596	611	717	3139
<i>(Monthly Totals)</i>	<i>October 18</i>	<i>225</i>	<i>194</i>	<i>205</i>	<i>184</i>	<i>255</i>
	<i>November 18</i>	<i>203</i>	<i>187</i>	<i>188</i>	<i>206</i>	<i>261</i>
	<i>December 18</i>	<i>185</i>	<i>222</i>	<i>202</i>	<i>221</i>	<i>201</i>

Table 2: Numbers of patient safety incidents by Type reported in 2018-19 (Data source: DATIX 28/01/19)

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. Incident trend information is provided in the paragraphs below.

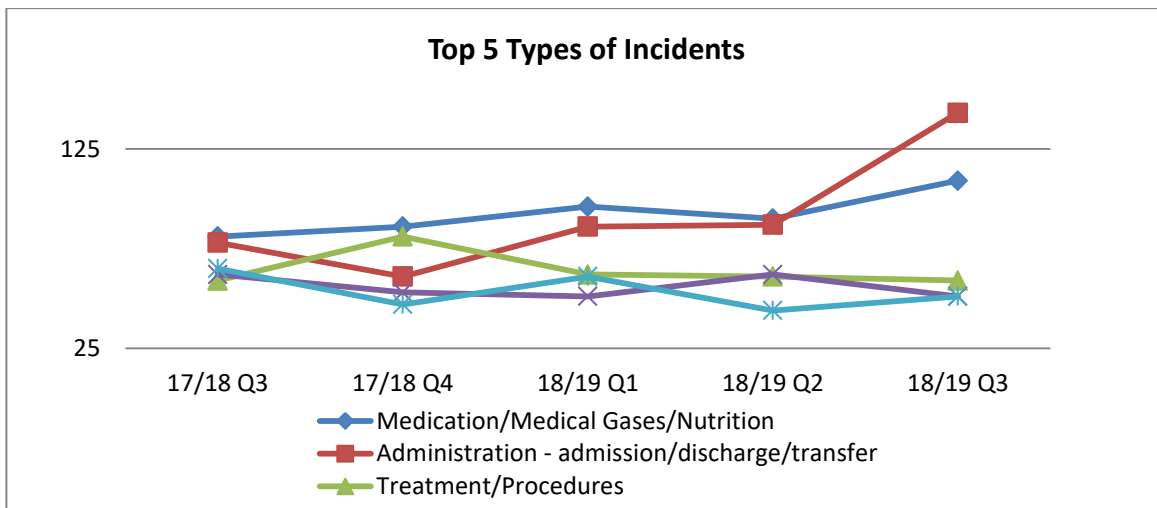


Fig 2: Patient Safety Incidents for 2018-19 (Data source: DATIX 28/01/19)

INCIDENT TRENDS AND ACTION:

Administration/discharge Incidents

During quarter 3, there has been a continued increase in the number of incidents linked to bookings for general appointments and procedures which have affected patients in all directorates. 100% have been graded as no/low harm; however there has been an organisational impact which is under further review. A project is underway to streamline the processes and this includes end user training guidance on the use of the booking systems and processes.

Treatment and Procedures

During quarter 3, 59 incidents and near misses have been recorded against Treatment and Procedure. 87% of those graded have a severity of near miss, no/low harm and 12% have been graded as moderate/severe harm and are being investigated using RCA techniques. Common themes for incidents included issues with CVC lines and unintended injury during clinical procedures are often coded as "other" due to the nature of the complex procedure. Themed reviews of CVC line incidents and femoral access incidents (coded as unintended injuries) are being reviewed and the final report shared at QRMG. A review of incidents coded as "other" that is currently under investigation has been coded more appropriately on conclusion of the investigation.

Accidents

During quarter 3, 51 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, 98% of the falls have been caused by the patient's medical condition, with two being caused from a health & safety issue (i.e. ill-fitting slippers). 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 Outpatients	Cardiac Physiologist	Cath Labs	Critical Care	Cystic Fibrosis Unit	Hemingford	Hospital Internal Facilities	Hugh Fleming	Mallard	Occupational Health	Other	Physiotherapy	RSSC	Theatres	Thoracic Ambulatory Care - Outpatients	Varrier Jones	Total
Collision/Impact with object (not vehicle)	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2
Moving and handling	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	3
Other type of accident	0	0	0	2	0	0	0	0	1	0	0	0	0	1	0	0	4
Slip, Trip or Fall	1	1	0	0	1	3	0	7	15	0	0	2	5	0	1	6	42
Total	1	1	1	2	1	3	1	7	17	1	0	2	6	1	1	6	51

Table 3a – Incidents Coded as Accident (Data source: DATIX 30/01/19)

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 (13%), no/low harm which over the last 12 months (85%) 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 Q3	17/18 Q4	18/19 Q1	18/19 Q2*	18/19 Q3*	Total	% of Total
Near Miss	72	63	82	102	92	411	13%
No harm	420	409	397	371	440	2037	66%
Low harm	111	117	106	117	116	567	18%
Moderate harm	8	5	6	2	9	30	1%
Severe harm	0	2	0	5	1	8	0%
Death caused by the incident	1	1	0	0	1	3	0%
Death UNRELATED to the incident	1	5	5	5	2	18	1%

Total	613	602	596	602	661	3074	100%
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Table 3c – Incidents by Severity (Data source: DATIX 04/02/19) *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 Q3	17/18 Q4	18/19 Q1	18/19 Q2*	18/19 Q3*	Total
Alert Team	1	0	0	0	0	1
Anaesthetics	1	0	0	0	0	1
Cardiac Rhythm Management	0	0	0	1	0	1
Cardiac Surgery	1	0	1	0	1	3
Cardiology	1	3	2	2	1	9
Cath Labs	0	0	1	0	0	1
Critical Care	1	2	0	1	6	10
Cystic Fibrosis Unit	0	1	0	0	0	1
Electrophysiology	0	0	0	0	1	1
General Radiology	0	0	0	1	0	1
Microbiology	1	0	0	0	1	2
Oncology	0	0	0	1	0	1
Theatres	1	1	0	0	1	3
Thoracic Surgery	1	0	2	0	0	3
Transplant Medicine	1	1	0	1	0	3
Total	9	8	6	7	11	41

Table 3d – Incidents by Severity _ Moderate Harm (Data source: DATIX 04/02/19) 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 Q3 there have been 3 SI's reported to the CCG. There were nine incidents reported and confirmed following investigation as Moderate/Severe Harm with a further seven incidents having been reviewed and subsequently downgraded. One involved a patient being admitted to the Lister one day post discharge following a TAVI & PPM; the patient sadly passed away. There are no acts or omissions identified from the Trust internal review. The inquest outcome report is awaited to confirm if the Trust can gain any learning from this incident and potentially downgrade.

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 4 requests for investigation / feedback in Q3 18/19.

1.5 VTE Monitoring

The graph below shows the number of VTE events from Q3 2017/18 to end of Q3 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 2 VTE events in Q3 2018/19 a reduction of 75% from 1 year ago.

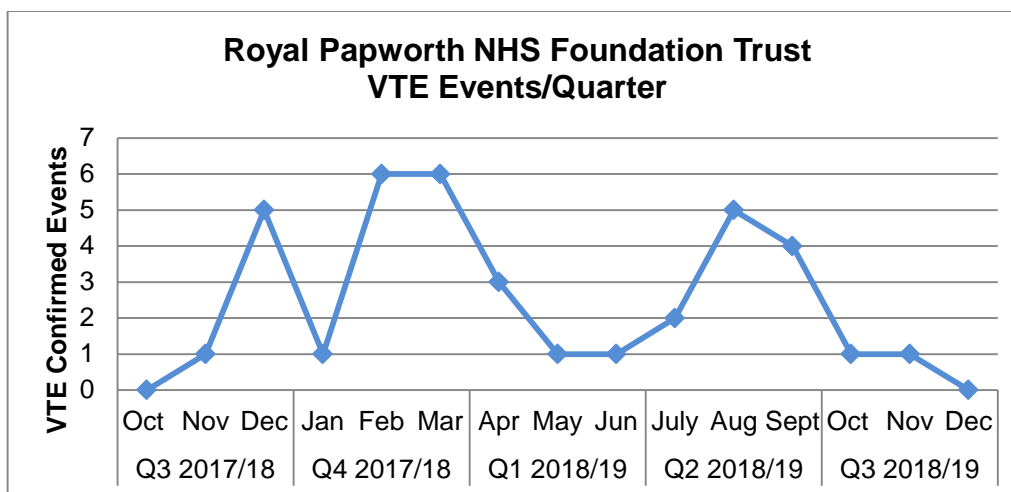


Table 1: Incidence according to specialty

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

Of the 2 VTE events that were reported in Q3 these have had RCA and DATIX completed, 1 further event was found to be community acquired and therefore was not subject to RCA. The backlog of 11 historic RCA's is now down to 2 outstanding in CCA. The deadline to complete these by CCA is 08/02/2019.

Table 2: Percentage of patients risk assessed for VTE in 2017/18 and Q1-Q3 2018/19

	% of In-Patients Risk Assessed for VTE (Unify)	Quarterly %
April 2017	97.4	
May 2017	97	
June 2017	90	<i>Lorenzo launch</i>
July 2017	99.2	
August 2017	98.52	
September 2017	97.67	
October 2017	98.12	
November 2017	91.50	
December 2017	98.12	
January 2018	94.00	
February 2018	93.97	
March 2018	94.00	
April 2018	94	
May 2018	94	
June 2018	94.33	
July 2018	94.33	
August 2018	94.5	
September 2018	94.24	
October 2018	92	
November 2018	92	
December 2018	87	

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

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

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. Future work includes updating DATIX to contain the RCA within the system to prevent a further word document being produced and circulated.

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. This will be monitored through QRMG and shared with Q&R.

1.6 Inquests

The Trust assisted the Coroner with 15 Inquests/investigations in Q3 18/19. This was a significant increase from previous quarters as the Coroner's Services tried to hear or conclude outstanding case from 2017/18. Any learning points identified at Inquest are discussed at QRMG in quarter. There are 29 inquests/investigations pending – which includes 8 out of area.

Learning from Schedule 5s (prevention of future deaths)

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

1.7 Clinical Negligence Litigation

In Q3 2018/19 the Trust has received 3 new requests for disclosure of records. 1 case was closed by NHSR as no response to Letter of Response denying all allegations and 1 case has been closed by the Trust under prolonged silence.

2. Patient Experience

2.1 Complaints and Enquiries

We have received **15 formal complaints and 3 enquiries** for Q3. This is an increase in formal complaints from Q2 (13).

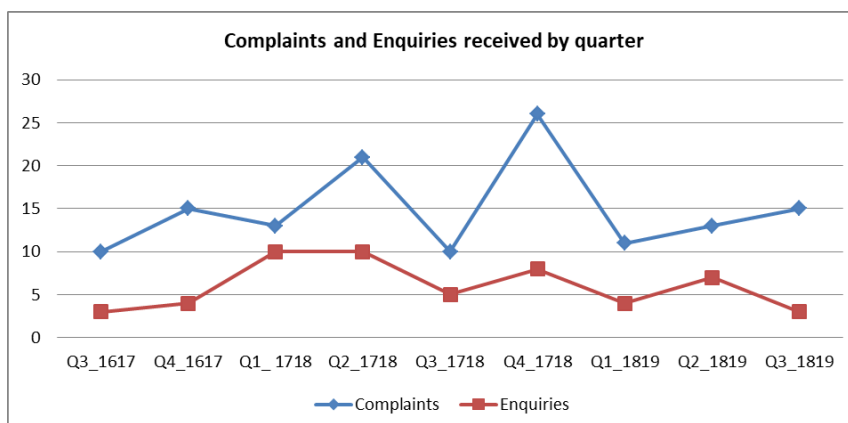


Figure 1 Complaints Vs Enquiries received by quarter (source – Datix 16/01/2019)

*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 Q3 (Oct - Dec)	Upheld / part upheld	Enquiries for further information
Oct	4	3	2
Nov	7	7	1
Dec	4	2*	0
	15	12	3

Table 1: Numbers of complaints / Enquiries (source: Datix 17/01/2019)

Communication and information remains the highest category for complaints in Q3 although there has been a slight reduction on Q2. There has been a slight increase in complaints about clinical care in Q3

	Q31819	Q2 1819	Q1 1819	Q41718	Q31718	Q2 1718	Q1 1718	Q41617	Q31617
Staff attitude	0	0	1	1	0	1	0	4	0
Clinical Care	5	1	1	2	0	2	4	3	1
Nursing Care	0	0	0	3	1	1	0	2	0
Communication/Information	7	9	6	13	8	14	6	2	6
Delay in Diagnosis / treatment	2	2	3	5	0	1	3	3	1
Catering	0	1	0	0	0	0	0	0	1
Transport	0	0	0	0	1	0	0	0	0
Patient Charges	0	0	0	0	0	0	0	0	0
Discharge	1	0	0	1	0	1	0	0	0
Environment	0	0	0	0	0	0	0	1	0
Privacy and Dignity	0	0	0	0	0	1	0	0	0
Equipment	0	0	0	1	0	0	0	0	1
Totals:	15	13	11	26	10	21	13	15	10

Table 2 Primary subject of complaints by quarter (source: Datix 17/01/2019)

Directorate	Subspecialty	Number
Surgery	Thoracic	1
	Cardiac	2
Cardiology	Cardiac Physiology	1
	Intervention	1
	Cardiac Rhythm Management	2
	GUCH	1
Ambulatory care	TAVI	1
	Transplant OP	2
	Thoracic OP	1
Radiology	MRI	1
R&D	R&D	1
Thoracic Medicines	CFU	1
Total		15

Table 4 Complaints by Directorate and Speciality (Source Datix 17/01/2019)

Quality Dashboard Monitoring – Q3	
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 3 Quality Dashboard monitoring

2.2 Actions arising from complaints upheld or partially upheld in Q3 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>
Q31819-33F R&D	Incorrect diagnosis sent in error as part of Research trial letter	Upheld	Apology Given All notes to be reviewed by the clinic Consultant prior to patients being approached to join the trial - COMPLETED
Q31819-38F Thoracic Medicine	CF patient admitted for bronchoscopy - patient became aware during the procedure	Upheld	Apology and explanation given Patient referred for psychological support - COMPLETED Patient experience shared with staff – COMPLETED
Q31819-39F Transplant GUCH Service	Patient dissatisfied with Communication following MRI scan and outpatient / MRI appointment experience	Upheld	Allergy status on Lorenzo to be updated - COMPLETED Consultant to write to GP confirming the date of the MRI scan and detailing the allergy - COMPLETED Alert team to be reminded to ensure all interactions with patients are documented in detail on Lorenzo - COMPLETED
Q31819-40F Cardiac Surgery	Cancelled Operation	Upheld	Review and update cancellation process with clinical teams, nursing and administration staff Ensure patient information explaining about the cancellation procedure at Royal Papworth Hospital are present on each ward and distributed to patients when cancelled - COMPLETED Highlight priorities of patients to senior team when reviewing cancellations in particular any complex social/ family circumstances – COMPLETED – Process in place Surgeons to 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 allow patients to address any clinical concerns they may have around their situation – Ongoing
Q31819-42F Cardiac Surgery	Concerns raised regarding Mothers discharge	Part Upheld	Improve Critical Care to Ward handover Member of the medical team or Advanced Nurse Practitioner (ANP) to write discharge summary for complex surgical patients - COMPLETED Therapy teams to ensure that relatives are contacted if they are identified as being part of the discharge plan

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>
Q31819-45F Thoracic Surgery	Patient had operation cancelled then advised unable to have procedure done at Papworth	Upheld	Rearrange date for surgery and agree with patient
			To work closer with the clinical and commissioning team to ensure clarity of contracted services - Ongoing
			Closer scrutiny of the waiting list to ensure only those services we are commissioned for are added – Ongoing
Q31819-46F Transplant	Bereaved family unhappy with communication from Charity office and lack of communication from Transplant team	Upheld	Where patients are admitted to local hospitals, contact is to be made weekly for updates. This has been added to the weekly Nursing allocation - COMPLETED
			Where a patient does not attend an out-patient appointment, the clinic co-ordinator will contact them to ascertain why they haven't attended - COMPLETED
			New process commenced in transplant to contact bereaved family following becoming aware of patient deceased - COMPLETED
Q31819-48F Cath lab/ Cardiology	Poor experience during pacemaker insertion - Previous PALS Enquiry. Delay in response to concerns raised	Upheld	Tracking system in place to monitor results from 24/48/72 hour tapes and appropriate response from Cardiology Consultant - COMPLETED
			Alert on patient file with regard to procedures (eg blood tests, blood pressure etc) carried out on right hand side only - COMPLETED
			All Cardiology PALS enquiries to include Cardiology Matrons in communication to avoid delay in response - COMPLETED
			Share patient experience anonymously with Cardiology medical and nursing team for shared learning - COMPLETED

Table 4: Actions arising from investigation of complaints upheld /part upheld in Q3

2.3 Local Resolution Meetings in Q3 - The Trust has not held a local resolution meeting in Q3

2.4 Ombudsman's Referrals

No New Ombudsman's Investigations and none outstanding.

3. Patient Advice and Liaison Service Q3 Report 2018/19

3.1 Patient Carer Experience Group (PCEG) - Meeting January 21st 2019

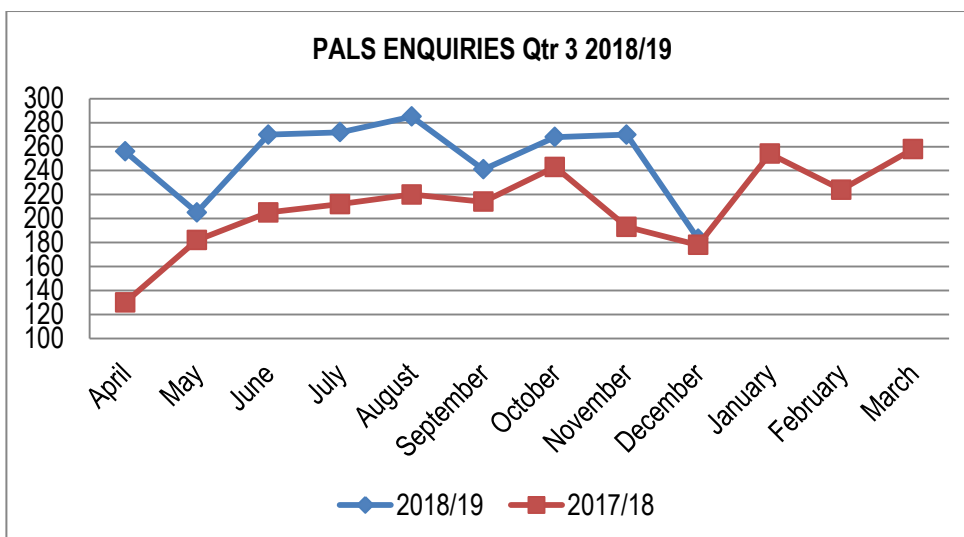
- Meeting chaired by Ivan Graham (Deputy Chief Nurse)
- Topics for discussion – Terms of Reference for the group, Volunteer Handbook, updates from Support Groups, Patient Story, Friends and Family monthly report, Learning Disability Strategy and rapid NSTEMI Patient Experience Evaluation.

3.2 Volunteers

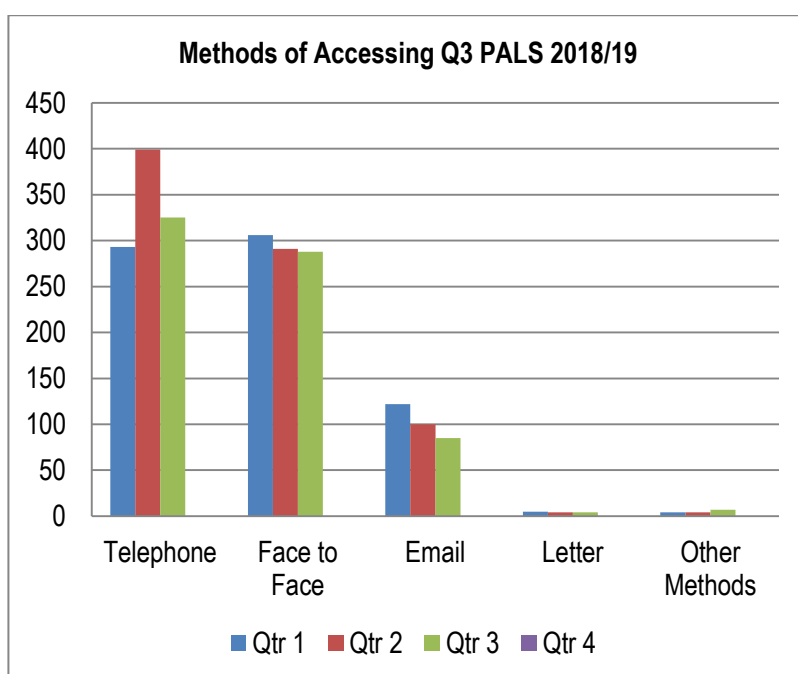
- In Q3 there were 72 active hospital volunteers.
- There are 16 volunteers going through the recruitment process to work at the new hospital.
- PALS have started allocating volunteers to departments and wards at the new hospital.
- PALS have started planning recruitment for volunteers; we estimate that we need to recruit a further 20 – PALS are working with the communications team to achieve this, through social media, public events and word of mouth.

3.3 Patient Advice and Liaison Service (PALS)

During Q3 2018/19, the PALS Service received **721** enquiries from patients, families and carers. This was an increase on the number recorded in Q3 2017/18 which was **614**.



The table below shows how patients, relatives and carers have accessed the PALS Service during Q3:



A monthly check is carried out by a volunteer to make sure that the PALS and Quality of Service information leaflets are both available in all patient areas.

Concerns Raised

The table at Appendix 1 shows the concerns by category for Q3 in 2018/19. Key Themes raised from PALS enquiries in Q3 2018/19

Subject (Primary)	Number of enquiries received	Details
Information and Advice	444	This is an increase of 68 enquiries compared to the same quarter last year (Q3 2017/18) Top themes: 220 related to on-site directions 64 related to appointments 36 related to information on hospital services
Communications	116	This is a decrease of 26 enquiries compared to the same quarter last year (Q3 2017/18) Top themes:

Subject (Primary)	Number of enquiries received	Details
		48 related to clarification of medical information 16 related to contact numbers 15 related to phones unanswered
Delay in diagnosis/treatment or referral	47	This is a decrease of 27 enquiries compared to the same quarter last year (Q3 2017/18) Top themes: 21 related to waiting times for appointments 9 related to delay in diagnosis/treatment 5 related to waiting time for referral
Parking	30	This is a decrease of 29 enquiries compared to the same quarter last year (Q3 2017/18) 20 related to parking charges 8 related to disabled access 2 related to other
Transport	28	This is a decrease of 2 enquiries compared to the same quarter last year (Q3 2017/18) Top themes: 10 related to local transport information 9 related to NHS transport issues 4 related to other
Medical Records	12	This is an increase and increase of 9 enquiries compared to the same quarter last year (Q3 2017/18) Top themes: 8 related to access to medical records 2 related to 'update medical records'
Nursing Care	3	This is an increase of 1 enquiry compared to the same quarter last year (Q3 2017/18) 3 related to dissatisfied with nursing care/treatment
Staff Attitude	5	This is an increase of 2 enquiries compared to the same quarter last year (Q3 2017/18) 3 related to rudeness 1 related to inappropriate manner/behaviour 1 related to uncaring behaviour
Equipment Issues	12	This is an increase of 8 enquiries compared to the same quarter last year (Q3 2017/18) 9 related to lack of/inadequate equipment 3 related to return of equipment
Medication Issues	7	This is an increase of 3 enquiries compared to the same quarter last year (Q3 2017/18) 5 related to prescriptions 1 related to failure to provide medication 1 related to pain management
Discharge Arrangements	6	This is an increase of 4 enquiries compared to the same quarter last year (Q3 17/18) 6 related to lack of arrangements for home after discharge
Clinical Care	2	This is a decrease of 3 enquiries (Q3 2017/18) 1 related to disagreement with treatment/outcome/diagnosis 1 related to poor recovery after discharge
Property	6	This is a decrease of 1 enquiry compared to the same quarter last year (Q3 2017/18) 6 related to loss/damage of property
Admissions Arrangements	1	This is an increase of 1 enquiry compared to last year (Q3 2017/18) 1 related to availability of WIFI

There were 8 enquiries regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Information/Advice Requests	4
Delay in Diagnosis/Treatment or Referral	3
Communication and information	1
Total	8

During Q3 5 PALS enquiry was escalated to formal complaints. 2 enquiries were signposted to organisations external to the Trust.

3.4 Compliments

There were **2504** Compliments received across the Trust during Q3 2018/19. This is a significant increase on previous quarters, as we now include the positive comments from the Friends and Family Surveys that are completed by our patients.

Compliments are received – verbally, letters, thank you cards, e-mails, suggestion cards and Friends and Family Surveys.

Below are the key areas praised:

Cardiothoracic Surgeons	Cardiac Day Ward	Cardiac Outpatients
Hugh Fleming	CEO	Cardiac Support
Hemingford Ward	VARRIER Jones Ward	TCCA
PALS	ISS Catering	Princess Ward
Transplant	CF Unit	

The top three themes for compliments for Q3 in 2018/19 were:

- General Thank You
- Care/Support
- Kindness/Compassion/Courtesy
-

Compliments Themes	Q1	Q2	Q3	Total
Care/Support	49	89	82	220
Professional Care/Team Work	16	12	30	58
Kindness/Compassion/Courtesy	41	16	40	97
General thank you	160	108	146	414
Improved quality of life	6	0	7	13
Friendliness	16	20	9	45
Dedication/Hard work-	23	12	6	41
Excellence of treatment	3	10	5	18
Dignity and respect	0	5	1	6
Friends and Family Survey Compliments	0	1796	2178	3974
Total	314	2068	2492	4886

3.5 Friends and Family Survey:

Private patients, Day Wards and In-patients

There were 46 detractors although of these only 11 left negative comments, 8 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 2029 promoters and of these 51 left negative comments and 1102 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 now 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 Q3 there were **43** hospital deaths in which the PALS team supported the families during the bereavement process. As part of this process the PALS team will register the death of the patient on behalf of the next of kin who are unable to return to Cambridgeshire to undertake this process themselves. During Q3 PALS registered **8** deaths on behalf of families.

In Q3 the PALS team attended and supported families at:

- **2** next of kin viewings at the mortuary.
- **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 **22** of these during Q3.

4. Risk Management

4.1 Non Clinical Accidents/Incidents

During quarter 3 there have been 328 accidents/incidents (including near misses) reported across the Trust which have involved staff/contractors/organisation or visitors. Incidents marked (*) are still undergoing investigation. Table 1 shows the types of incidents by category, the majority continue to relate to Organisational Issues (12% over past 12 months). The second most common incidents relating to organisational issues are administration of bookings and appointments these are having a considerable impact on the Trust's ability to achieve its financial and waiting targets.

Type	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2*	18/19 Q3*	Total	% of Total
Accidents	23	23	27	34	30	137	9%
Administration - admission/discharge/transfer	22	16	21	30	53	142	10%
Anaesthetics	0	0	5	3	2	10	1%
Behaviour/Violence Aggression	16	18	11	21	23	89	6%
Blood Plasma Products	7	6	1	1	3	18	1%
Communication/Consent	8	8	8	10	17	51	4%
Data protection	18	12	19	22	11	82	6%
Diagnosis Process/Procedures	6	8	4	3	3	24	2%

Type	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2*	18/19 Q3*	Total	% of Total
Documentation	13	22	25	19	13	92	6%
Environmental Hazards/Issues	15	14	18	26	24	97	7%
Fire Incidents	3	1	1	2	4	11	1%
Infection Control	24	22	22	44	36	148	10%
Information Technology	20	16	14	15	20	85	6%
Medical Devices	22	10	28	26	7	93	6%
Medication/Medical Gases/Nutrition	13	11	19	14	21	78	5%
Organisational Issues/Staffing	30	29	29	47	34	169	12%
Pressure Ulcers	2	1	0	0	0	3	0%
Radiology	4	3	6	13	12	38	3%
Security incidents	10	15	11	17	8	61	4%
Treatment/Procedures	11	3	3	5	7	29	2%
Total	267	238	272	352	328	1457	100%

Table 1 – Non-clinical Incidents Reported for 2016/17 (Data source: DATIX 24/01/19)

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

During quarter 3 two incidents have required to be reported to the HSE under RIDDOR regulations. The first incident (WEB28702) involved a member of staff being grabbed by a delirious patient in critical care, resulting musculoskeletal injuries. The Second incident (WEB29213) involved a member of staff carrying out a manual handling task, which was heavier than anticipated, resulting in musculoskeletal injury. Both members of staff have been referred to Occupational Health and root cause analysis investigations completed.

Sub-category	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	Total
Behaviour/Violence by patient to staff – physical	0	0	0	0	1	1
Collision with fixtures/fittings/equipment	0	1	0	0	0	1
Moving & handling - inanimate loads	0	1	0	0	1	2
Moving & handling - patients	0	0	0	1	0	1
Slip/trip/fall - mobilising independently	0	0	0	1	0	1
Slip/trip/fall – bathing/showering	0	1	0	0	0	1
Slip/trip/fall – while standing/sitting	1	0	0	0	0	1
Total	1	3	0	2	2	8

Table 2 – RIDDOR Incidents Reported for 2016/17 (Data source: DATIX 24/01/19)

4.3 Risk Register

During quarter 3 the Trust continued to develop the use of the Datix Risk Management software to collate business as usual and project risks and manage the Board Assurance Framework (BAF). Further work on the development of the BAF reporting to Q&R and the Board is ongoing in conjunction with the Trust Secretary. It is encouraging to note that the use of the BAF and BAF tracker have been proven to be a useful tool and a summary is included in the PIPR monthly report.

Currently there are 729 open risks held on Datix which include a mix of BAF, project and BAU records. This number will reduce dramatically on moving in to the new hospital. These are openly communicated across the Trust with new high BAU risks being reported to QRMG and other relevant committees. Monthly reports are produced for the Executive team to enable strategic planning in line with the departmental Corporate Risk Registers. Corporate and Board level risks are presented to the Trust Audit Committee.

4.4 Non-clinical claims

There are two ongoing claims, one relating to a member of staff claiming musculoskeletal injury from manual handling activities and a second relating to a slip/trip/fall over a box, remains with NHS Resolution until the 3 year claim period is up in January 2019. Both were originally reported under RIDDOR. All claims are shared with the local department and Quality & Risk Committee.

4.5 Safety Alerts

Throughout quarter 3 the Trust received 18 safety notices of these 6 were Field Safety Notices (FSN's) and 12 Safety Alerts. These alerts include those brought to our attention by the Central Alerting System and manufactures and other third parties. Of the 18 alerts received 13 were relevant to Royal Papworth Hospital activities. The number of relevant Safety Alerts (12) is one less than the previous quarter.

This quarter has seen a rise in national safety alerts focusing on infection control and human factors such as safer identification of anonymous emergency patients. Further examination shows that national alerts are being steered towards ensuring Trusts are following other national and standardised guidance to ensure smoother working between Trusts and health care services. There is also a growing trend toward actions plans requiring senior clinical oversight with longer terms being granted (between six and 9 months) to implement meaningful local policy and organisational change, rather than the traditional short term procedural changes historically seen. The data recorded below relates to the data reported publicly through the Central Alert System.

Central Alerting System Quarter 3 2018/19

Status\Alert Type	MDA	PSA	EFA	EFN	DH	SDA	NHSI	CHT	Total
Assessing Relevance	0	0	0	0	0	0	0	0	0
Action Not Required	3	1	0	0	0	1	0	0	5
Action Required/Completed	2	0	1	0	0	1	0	0	4
Action Required/Ongoing	0	2	1	0	0	0	0	0	3
Breached	0	0	0	0	0	0	0	0	0

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

5.0 Effectiveness of care

5.1 Quality and Safety Measures

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

5.2 Clinical Audit National Audits

National Adult Cardiac Surgery Audit – The Trust has received their final copy of the report. This 3 year report displays the outcomes for adult cardiac surgery between 01/04/2015 and 31/03/2018. During this period the Trust operated on higher risk patients compared to the national average with a higher than national average in-hospital survival rate.

NCEPOD Highs and Lows – A review of patients who had diabetes and underwent a surgical procedure. Royal Papworth Hospital submitted data for this review and the national report was published in December 2018. The recommendations have been discussed at QRMG and the Trust is currently establishing the most appropriate multidisciplinary forum for action.

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.

NSF / NICE Guidance received in quarter & progress

A total of 43 NICE guidance documents were published during October, November, December 2018 13 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

Aim: By 1st October 2019 100% of patients who are referred into IHU Pathway will be assessed appropriately at MDT and have a waiting time of 7 days or less between MDT and surgery.

This large scale quality improvement project involves a number of admin, nursing and nursing staff across cardiology and surgery. Accurate baseline data is still being agreed within the team. Interrogation of current IHU spreadsheet is ongoing to ensure accuracy of baseline data. Regular meetings are being held with the clinical lead and core team to progress the 11 key actions identified.

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.

Baseline data has been completed and change ideas are progressing through first PDSA cycles
Change ideas in progress:

- Clear competency assessment for observations for bands 2 – 7
- Mandatory training for junior doctors
- Understanding the importance of fluid balance charts
- Increase use of SBAR
- Escalation guidelines reviewed and agreed
- Hospital at night escalation agreed and safety huddles

Patient Falls

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

Change ideas in progress:

- Falls Link Nurse role re-established
- Patient and family falls information reviewed and refreshed
- Mini RCA tool was developed and added to Datix for falls investigation to promote a better understanding of the causes of falls and provide better intelligence for monitoring of actions
- A falls education package was designed and delivered
- Falls Policy had been updated against NICE Guidance and released just prior to initiation of the falls project

Change ideas planned:

- To review and improve pre-admission falls information and assessment for falls
- Focus on improving handover from critical care in relation to patient s with delirium
- Introduce multidisciplinary Intentional Rounding
- Revisit the impact of medication on falls

Red to Green

This project has been implemented and the lead has been offered the support of the temporary quality improvement coach to understand if we can use quality improvement methodologies to demonstrate and improvement in the patient journey and experience.

PALS Enquiries Quarterly Report

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

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

	2017/18				2018/19		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Benefits	3	0	5	2	4	2	1
Employment Opportunities	0	0	0	0	0	0	0
Information on Hospital Services	65	46	35	20	39	39	36
Left Luggage	0	0	0	0	0	0	0
Nursing/Residential Care	0	0	0	0	0	0	0
Off Site Directions	5	5	12	8	2	2	2
On site directions	136	203	176	235	211	171	220
Other information request	62	50	19	13	8	6	2
Telephone contact number	0	30	51	94	34	50	35
Requests for information on volunteering	3	8	12	0	14	17	5
Bereavement Process	0	0	4	2	6	15	12
Complaints Procedure	0	0	2	3	3	1	8
E-Mail Address	0	0	1	5	5	16	23
Referral Information	0	0	3	5	7	9	5
Sick Note	0	0	1	0	0	1	0
Signposting to other NHS organisation	0	0	0	3	2	1	1
Signposting to other organisation	0	0	0	0	1	6	1
Environment - Internal	3	2	5	6	7	5	0
Cleanliness Toilet	1	0	2	3	3	2	0
Cleanliness of ward	0	0	0	0	1	0	0
Inadequate facilities for disability	0	0	0	0	0	0	0
Maintenance	0	1	3	2	3	0	0
Noise	0	0	0	0	0	0	0
Poor Environment - Internal	0	1	0	0	0	2	0
Temperature in ward too hot/cold	0	0	0	0	0	0	0
Hostel Accommodation	1	0	0	0	0	0	0
Health and Safety	1	0	0	0	0	0	0
Lack of resource	0	0	0	1	0	1	0
Medication issues	3	2	4	6	6	4	7
Incorrect medication	1	0	0	2	0	1	0
Failure to provide medication	0	1	3	0	2	0	1
Prescriptions	2	1	1	3	4	3	5
Pain management	0	0	0	1	0	0	1
Parking	24	23	59	23	41	34	30
Disabled access	4	2	9	7	14	2	8
Other Parking Issue	1	3	19	5	5	13	2
Parking Charges	13	16	24	4	14	18	20
Parking Directions	6	2	7	7	8	1	0
Lost Property	3	7	7	5	12	5	6
Loss/Damage of property	1	7	7	5	12	5	6
Lost Property	2	0	0	0	0	0	0
Damage to Property	0	0	0	0	0	0	0
Medical Records	4	6	3	10	11	27	12
Incorrect information in health record	0	0	0	0	0	1	1

	2017/18				2018/19		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Information not fully documented	0	0	0	0	0	0	0
Records Other	0	1	0	1	3	6	1
Request for access to medical records	2	5	3	6	7	15	8
Request to update to records	2	0	0	3	1	5	2
Training	3	1	2	1	1	0	1
Request for training placement	3	1	2	1	1	0	1
Training Other	0	0	0	0	0	0	0
Transport Issues	27	30	30	24	32	37	28
Hospital contract transport	0	1	0	0	3	0	3
Local transport information	3	8	6	20	21	9	10
NHS transport Issues	16	19	20	3	7	8	9
Other Transport issue	5	2	4	1	0	17	4
Travel Claims	3	0	0	0	1	4	2
Totals:	517	646	615	736	731	798	721