



Royal Papworth Hospital  
NHS Foundation Trust

# Quality and Risk Report Quarter 1 2019/20

April – June 2019

Assistant Director for Quality and Risk

# Quality and Risk Report

## Quarter 1 Report 2019/20

<b>1.0</b>	<b>Patient Safety</b>	<b>3</b>
1.1	<i>Patient Safety Incident Trends and Actions</i>	
1.2	<i>Severity of Incidents</i>	
1.3	<i>Serious Incidents &amp; Moderate/Severe Harm incidents</i>	
1.4	<i>Requests for feedback on patient safety issues from outside Royal Papworth Hospital</i>	
1.5	<i>VTE Monitoring</i>	
1.6	<i>Inquests</i>	
1.7	<i>Clinical Negligence Litigation</i>	
<b>2.0</b>	<b>Patient Experience</b>	<b>9</b>
2.1	<i>Formal Complaints and Enquiries</i>	
2.2	<i>Actions arising from upheld and partially upheld complaints</i>	
2.3	<i>Local resolution meetings</i>	
2.4	<i>Ombudsman referrals and investigations</i>	
<b>3.0</b>	<b>PALS Report</b>	<b>11</b>
3.1	<i>Patient Carer Experience Group Activities</i>	
3.2	<i>Volunteers</i>	
3.3	<i>Patient Advice and Liaison Service (PALS)</i>	
3.4	<i>Compliments</i>	
3.5	<i>Friends and Family</i>	
3.6	<i>Bereavement Services</i>	
<b>4.0</b>	<b>Risk Management</b>	<b>17</b>
4.1	<i>Staff accidents / incidents</i>	
4.2	<i>RIDDOR</i>	
4.3	<i>Risk register</i>	
4.4	<i>Non clinical claims</i>	
4.5	<i>Safety Alerts</i>	
<b>5.0</b>	<b>Effectiveness of Care</b>	<b>19</b>
5.1	<i>Quality and Safety Measures</i>	
5.2	<i>Clinical Audit</i>	
5.3	<i>Quality Improvement</i>	
	<b>Appendices</b>	<b>22</b>
1	<i>PALS Enquiries - Quarterly data</i>	
2	<i>Quality and Safety Measures – on-going monitoring</i>	
3	<i>Local Clinical Audit Summary</i>	
4	<i>NICE compliance</i>	

## Patient Safety

### 1.1 Patient Safety Incident Trends and Actions

There were a total of 927 patient incidents reported during Q1 19/20 compared to 701 in the previous quarter and 598 in the same quarter of the previous year. At the time of reporting there are 102 near miss incidents reported and 825 actual incidents. The principle reason for the rise in incidents is related to issues arising from new ways of working and the change in the working environment. 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 asterisk (\*) include incidents that are still under investigation and some have not yet been graded. Thus future reports will contain verified figures. Where appropriate these have been reported to Care Quality Commission (CQC) via the National Reporting and Learning System (NRLS).

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	Total
Near Miss	82	101	108	98	102	491
Actual Incidents	516	511	617	603*	825*	3072
Total	598	612	725	701	927	3563

Table 1: Numbers of patient safety incidents reported in 2018/19-19/20 (Data source: DATIX 17/07/19)

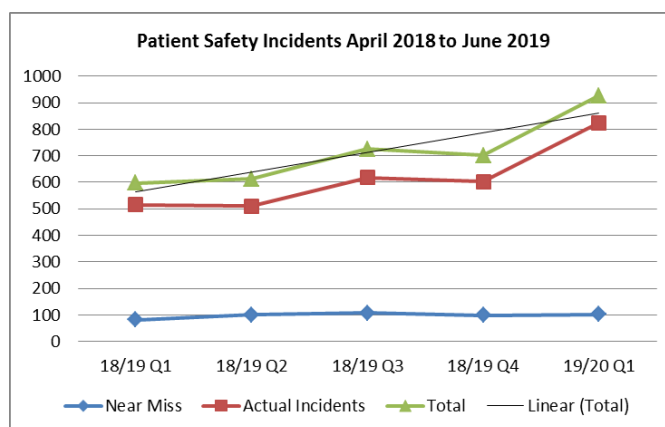


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 17/07/19)

In quarter, table 2 shows the number of patient safety incidents reported by the “Type”, the majority of incidents continue to involve administration/bookings (n=151) and diagnosis/ procedure incidents (n=103). All are under investigation by the local line managers and reviewed at operational business unit meetings.

Type	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	Total
Accidents	61	44	52	59	58	274
Administration - admission/discharge/transfer	88	89	150	122	151	600
Anaesthetics	4	5	8	7	3	27
Behaviour/Violence Aggression	10	10	12	8	13	53
Blood Plasma Products	10	28	43	39	33	153
Communication/Consent	19	23	36	33	56	167
Data protection	19	18	25	17	15	94
Diagnosis Process/Procedures	22	42	47	29	103	243
Documentation	51	62	55	56	72	296
Environmental Hazards/Issues	5	6	3	1	11	26
Infection Control	14	12	21	17	12	76
Information Technology	22	18	9	11	15	75
Medical Devices	30	24	30	31	56	171
Medication/Medical	96	90	106	81	88	461

Gases/Nutrition						
Nutritional Feeding (Prescribed Feeds)	1	3	4	12	4	24
Organisational Issues/Staffing	31	26	23	55	66	201
Pressure Ulcers	39	37	38	41	58	213
Radiology	7	10	6	2	11	36
Security incidents	6	5	3	4	10	28
Treatment/Procedures	63	60	54	76	92	345
Total	598	612	725	701	927	3563

Table 2: Numbers of patient safety incidents by Type reported in Q1 2018/19 – Q1 2019/20 (Data source: DATIX 17/07/19)

The top five types of incidents are depicted below in figure 2 by financial quarter; this demonstrates a rising trend in administration incidents continuing from the last two quarters. This represents a number of incidents which have been investigated as part of SUI-WEB29551- delayed clinical letters. There is an ongoing bookings and secretarial recruitment and training plan, as well as amendments to the methods of working to address this. This issue have been discussed at the QRMG meeting in July 2019. Incident trend information is provided in the paragraphs below.

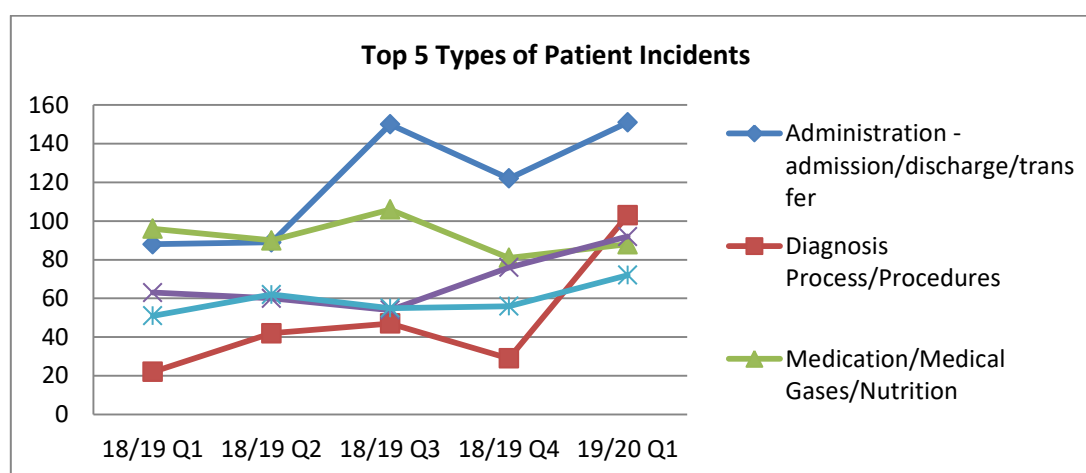


Fig 2: Patient Safety Incidents for Q1 2018/19 – Q1 2019/20 (Data source: DATIX 17/07/19)

## INCIDENT TRENDS AND ACTION:

### Administration Incidents

The increase in the number of incidents linked to bookings for general appointments and procedures have continued to be reported to ensure that all issues were captured for audit and review purposes. The incidents continue to be reviewed to ensure that the new bookings processes and staff training previously put in place are effective. This review is linked with the change in practice related to the move in to Royal Papworth Hospital single out-patients unit.

### Treatment and Procedures

During quarter 1, there has been a steep rise in treatment and procedure incidents from the last quarter. 75 of the 99 incidents (72 at the new site) within the quarter are categorised as “laboratory diagnosis” incidents. This is a newly contracted out service. This service is expected to improve when the new contract at CUH begins. Of the 72 incidents recorded at the new site, two are currently ungraded, 99% graded as near miss/ low or no harm.

### Accidents

During quarter 1, 58 incidents (table 3a) have been recorded as Accidents compared to 59 in the previous quarter. With the exception of 2 ungraded incidents, 100% resulted 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 NPH 3 South (Cardiology) and NPH 5 North (Surgical) 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. There were four incidents resulting from health and safety issues. Three were graded as

no harm and the fourth as a near miss. There were an additional 34 recorded falls where the principle cause was the patients' medical condition. This data will be fed into the falls quality initiative to assist with the research in to the impact of falls in our patients.

Accidents	Total
NPH Ambulatory Care	2
NPH Cardiology	8
NPH Cath Labs	1
NPH Estates	1
NPH Nursing	2
NPH Professional Support Services	2
NPH Radiology	1
NPH Surgical	13
NPH Theatres, Critical Care and Anaesthesia	7
NPH Thoracic	5
Ambulatory Care (from 1.4.2017) (Old Site)	1
Cardiology (Old Site)	2
Professional Support Services (Old Site)	1
Surgery (Old Site)	6
Theatres, Critical Care and Anaesthesia (Old Site)	1
Thoracic (Old Site)	5
<b>Total</b>	<b>58</b>

Table 3a – Incidents Coded as Accident (Data source: DATIX 17/07/19)

## 1.2 Severity of Patient Safety Incidents

There has been a 28 – 52% increase in the number of incidents graded as Near Miss to Low Harm. However this can be attributed to a number of incidents associated with the hospital move and adjusting to the new hospital environment, including new ways of working. Of those incidents with a confirmed grading and completed investigation, it is encouraging to note that there has been a 28% increase in Near Miss incidents compared with the same quarter last year. This reflects good staff and organisational resilience to adverse events which enabled staff to take action to minimise the impact of the incident on the patient's outcome. Furthermore the actual number of moderate harm incidents (n=6) has not increased compared to the same quarter last year. The rise of reported No Harm (52%) and Low Harm (29%) on the same quarter in the previous year 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). 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 and local dissemination via Business Units and specialist meetings.

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4*	19/20 Q1*	Total	% change on same Q last year
Near Miss	82	101	108	98	105	412	28%
No harm	399	380	484	468	608	1940	52%
Low harm	106	119	123	120	137	499	29%
Moderate harm	6	2	6	7	6	21	0%
Severe harm	0	5	1	1	0	7	0%
Death caused by the incident	0	0	1	0	0	1	0%
Death UNRELATED to the incident	5	5	2	6	1	14	-29%
<b>Total</b>	<b>598</b>	<b>612</b>	<b>725</b>	<b>700</b>	<b>857</b>	<b>2894</b>	<b>89%</b>

Table 3c – Incidents by Severity (Data source: DATIX 19/07/19) \*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 specialty:

Specialty	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	Total
NPH Anaesthetics	0	0	0	0	1	1
NPH Cardiology	0	0	0	0	1	1
NPH Critical Care	0	0	0	0	1	1
NPH Critical Care - ECMO Service	0	0	0	0	1	1
NPH CT	0	0	0	0	1	1
NPH Radiology	0	0	0	0	1	1
All specialities	0	0	0	1	0	1
Cardiac Rhythm Management (Old Site)	0	1	0	0	0	1
Cardiac Surgery (Old Site)	1	0	0	0	0	1
Cardiology (Old Site)	2	2	1	2	0	7
Cath Labs (Old Site)	1	0	0	1	0	2
Critical Care (Old Site)	0	1	5	2	0	8
Electrophysiology (Old Site)	0	0	1	0	0	1
General Radiology (Old Site)	0	1	0	0	0	1
Oncology (Old Site)	0	1	0	0	0	1
Theatres (Old Site)	0	0	1	1	0	2
Thoracic Surgery (Old Site)	2	0	0	0	0	2
Transplant Medicine (Old Site)	0	1	0	1	0	2
<b>Total</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>35</b>

Table 3d – Incidents by Severity \_ Moderate Harm (Data source: DATIX 19/07/19)

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 Q1 there have been three SI's reported to the CCG. There were four incidents reported and confirmed following investigation as moderate/severe harm with a further one incident being re-graded as a low harm from an SI. A further six incidents having been reviewed and subsequently re-graded from moderate harm to no/low harm

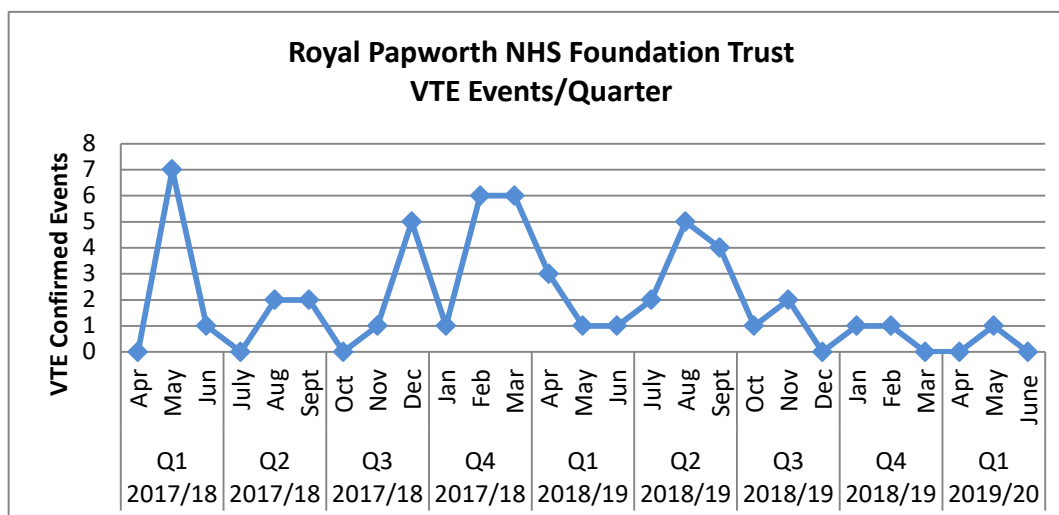
During quarter 1 2019/20 there were 3 patient safety incidents reported as serious incidents. This compares with 5 in quarter 4 2018/19. Full Duty of Candour was undertaken with the patient and/or family for all SI's with the exception of the security incident as it was determined the patient and their family had not suffered harm as a result of the incident. A 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 4 requests for investigation / feedback in Q1 19/20.

### 1.5 VTE Monitoring

The graph below shows the number of VTE events from Q1 2017/18 to Q1 2019/20. We are advised of these confirmed VTE events by Royal 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 event in Q1 2019/20 the investigation of which showed evidence of no acts or omissions in care. Additionally there were 31 events in 2017/18 compared to 21 in 2018/19 this represents a significant reduction in reported VTE events.



There are no backlogs of RCA's or DATIX investigations. There is ongoing work to include the RCA template 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 01<sup>st</sup> September 2019. In addition Eamonn Gorman is working on making VTE a mandatory assessment when completing a drug chart on Lorenzo. There is a cost implication and Eamonn is currently awaiting costings from Lorenzo team.

**Table 2: Percentage of patients risk assessed for VTE in Q1-Q4 2017/18, Q1-Q4 2018/19 & Q1 2019/20**

		% of In-Patients Risk Assessed for VTE (Unify)	Quarterly %
<b>Q1 2017/18</b>			
April 2017		97.4	
May 2017		97	
June 2017		90	<i>Lorenzo launch</i>
<b>Q2 2017/18</b>			
July 2017		99.2	
August 2017		98.52	
September 2017		97.67	
<b>Q3 2017/18</b>			
October 2017		98.12	
November 2017		91.50	
December 2017		98.12	
<b>Q4 2017/18</b>			
January 2018		94.00	
February 2018		93.97	
March 2018		94.00	
<b>Q1 2018/19</b>			
April 2018		94	<b>94.33%</b>
May 2018		94	
June 2018		94.33	
<b>Q2 2018/19</b>			
July 2018		94.33	<b>93.44%</b>
August 2018		94.5	
September 2018		94.24	
<b>Q3 2018/19</b>			
October 2018		92.04	<b>90.56%</b>
November 2018		92	
December 2018		86.64	
<b>Q4 2018/19</b>			
January 2019		86.66	<b>92.76%</b>
February 2019		96.66	
March 2019		93.00	
<b>Q1 2019/20</b>			
April 2019		97.00	<b>93.50%</b>
May 2019		90.00	
June 2019		93.00	

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

	No of patient records	% of patients receiving appropriate VTE prophylaxis
April 2017 <b>Q1</b>	n = 11	100%
May 2017	n = 16	100%
June 2017	No Audit	<i>Lorenzo launch</i>
July 2017 <b>Q2</b>	No Audit	<i>Lorenzo launch</i>
August 2017	n = 10	100%
September 2017	n = 16	100%
October 2017 <b>Q3</b>	n = 16	100%
November 2017	n = 23	100%
December 2017	n = 28	100%
January 2018 <b>Q4</b>	n = 33	100%
February 2018	n = 28	100%
March 2018	n = 24	100%
April 2018 <b>Q1</b>	n = 17	100%
May 2018	n = 19	100%
June 2018	n = 31	100%
July 2018 <b>Q2</b>	n= 20	100%
August 2018	n= 35	84%
September 2018	n=30	92%
October 2018 <b>Q3</b>	Prevalence audit on hold October – March Safety thermometer continued and low incidence of VTE	
November 2018		
December 2018		
January 2019 <b>Q4</b>		
February 2019		
March 2019		
April 2019 <b>Q1</b>	n = 39	98%
	All areas completed returns - reminder sent to Ward sisters/Matrons/VTE Links	
May 2019	n= 10	100%
	Low volume of returns – reminder sent to Ward sisters/Matrons/VTE Links	
June 2019	n= 10	100%
	Low volume of returns – reminder sent to Ward sisters/Matrons/VTE Links	

**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 chemical prophylaxis on drug chart to ensure we are capturing Tinzaparin/Enoxaparin omissions where there is a valid clinical reason for omission.

**ACTION 3**

Please ensure a monthly response of 10 patients per in-patient area is completed on the VTE prevalence audit on formic database at the following link:

<http://papsvrformic/webforms/WebForm.aspx?ID=63BE373C89ED46DB8D17686EC5DCC4E9>

**Action for QRMG****ACTION 1**

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

**ACTION 2**

Support the recommendation to have a mandatory requirement for VTE risk assessment on Lorenzo. Escalate to Q&R for appropriate funding to be directed to ensure increased compliance on VTE risk assessment to 95% NHS Improvement standard.

**1.6 Inquests**

The Trust assisted the Coroner with 4 Inquests/investigations in Q1 201/19. Any learning points identified at Inquest are discussed at QRMG in quarter. One Pre Inquest Hearing was held in



Q1 and 3 cases were closed at the Coroner’s Investigation stage. There are 28 inquests/investigations pending – which includes 5 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 and reviewed each month. 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 in Q1.

### 1.7 Clinical Negligence Litigation

In Q1 2019/20 the Trust has received 1 new request for disclosure of records, 1 Letter of Claim and 1 notification of intention to claim.

## 2. Patient Experience

### 2.1 Complaints and Enquiries

We have received **18 formal complaints and 11 enquiries** for Q1. This is an increase in formal complaints from Q4 (14). Enquiries are where the complaint requires an investigation and written response, but the complainant has expressly stated they **do not** wish to make a formal complaint. Enquiries that can be responded to more informally are passed to the PALS team for action. A breakdown of enquiries received in Q1 can be seen at table 5.

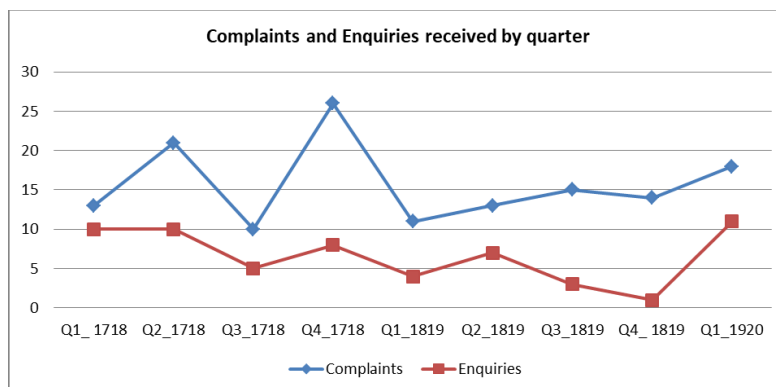


Figure 1 Complaints Vs Enquiries received by quarter (source – Datix 11/07/2019)

\*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. The total number of complaints/enquiries reported in Q1 includes one complaint from a private patient. Table 2 and Figure 2 show the primary subject of complaints comparing with the previous quarters.

	No. formal complaints received in Q1 (April - June)	Upheld / part upheld	Enquiries for further information
April	7	5	2
May	5	3	2
June	6	1*	7
	<b>18</b>	<b>9</b>	<b>11</b>

Table 1: Numbers of complaints / Enquiries (source: Datix 11/07/2019)

Communication and information remains the highest category for complaints in Q1. Clinical care is now separated by speciality from Q1.

	19/20 Q1	18/19 Q4	18/19 Q3	18/19 Q2	18/19 Q1	17/18 Q4	17/18 Q3	17/18 Q2	17/18 Q1
Clinical Care/Clinical Treatment - General Medicine Group	4	1	5	1	1	2	0	2	4
Clinical Care/Clinical Treatment - Surgical	2								
Communication / Information	10	6	7	9	6	13	8	14	6
Discharge Arrangements	1	0	1	0	0	1	0	1	0
Delay in Diagnosis / Treatment	0	3	2	2	3	5	0	1	3
Environment - Internal	1	0	0	0	0	0	0	0	0
Staff Attitude	0	1	0	0	1	1	0	1	0
Privacy and Dignity	0	0	0	0	0	0	0	1	0
Equipment	0	0	0	0	0	1	0	0	0
Nursing Care	0	0	0	0	0	3	1	1	0
Catering	0		0	1	0	0	0	0	0
Transport	0	0	0	0	0	0	1	0	0
Total	18	11	15	13	11	26	10	21	13

Table 2 Primary subject of complaints by quarter (source: Datix 11/07/2019)

	19/20 Q1
NPH Cardiology	4
NPH Cath Labs	1
NPH Interventional Cardiology	1
NPH Lung Defence	1
NPH Royal Papworth Private Care	1
NPH RSSC	1
Cardiac Surgery (Old Site)	2
Cardiology (Old Site)	5
General Radiology (Old Site)	1
Thoracic Surgery (Old Site)	1
Total	18

Table 3 Complaints by Directorate and Speciality (Source Datix 15/07/2019)

Quality Dashboard Monitoring – Q1	
Number of complaints responded to within agreed timeframe with complainant	100% **
Number of PSHO referrals in quarter	0
Number of PHSO 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)

## Enquiries received in Q1 19/20

Date received	Reference	Service area		I/O Patient	Details	
03/04/2019	Q11920-02En	Transplant	Transplant Outpatients	Outpatient	Requested to provide feedback to another Trust why patient is no longer suitable for a heart transplant.	Patient Care
08/04/2019	Q11920-03En	Cardiology	Cardiology Outpatient	Outpatient	Patient underwent imaging in July 2018 - Information not passed to GP until Jan2019 six months after being dictated. Delay in receiving results.	Patient Care
08/05/2019	Q11920-13En	Thoracic Services	Respiratory Med ILD	Outpatient	Patient unhappy - advised not suitable for lung transplant	Patient Care/ Treatment and decision making
15/05/2019	Q11920-14En	Critical Care	Critical Care	Inpatient	Husband has raised questions and requested clarification of medical information regarding late wife	Patient care
05/06/2019	Q11920-18En	Cardiology	4th Floor/South	Inpatient	Patient unhappy with experience whilst an inpatient, provided feedback regarding his experiences	Facilities
14/06/2019	Q11920-21En	Cardiology	Cardiac Physiology	Outpatient	Patient unhappy with another member of staff coming into the room during an ECHO to discuss unrelated matter	Values and Behaviours
14/06/2019	Q11920-22En	Surgical Services	5th Floor/North	Inpatient	Patient unhappy with transfer process following his procedure. His wife was unable to locate him for three hours after his procedure	Communications
25/06/2019	Q11920-25En	Cardiology	Cardiology Outpatient	Outpatient	Enquiry from MP requesting clarification of funding for hole in the heart operation	Admin/policies/ procedures including patient record
25/06/2019	Q11920-26En	Cardiology	Cardiology Outpatient	Outpatient	Enquiry received from MP re patient unhappy being asked to complete Residency Form	Admin/policies/ procedures including patient record
25/06/2019	Q11920-27En	Transplant	Old Site	Inpatient	Enquiry from MP - behalf of husband (wife deceased July 2010) - requested clarification re medication given to patient	Patient Care
20/06/2019	Q11920-29En	Critical Care	Critical Care	Inpatient	Email recd from wife of deceased patient with questions relating to his care and treatment whilst he was on CCA	Patient care

Table 5 – Enquiries received in Q1 2019/20 (Source Datix 10/07/2019)

**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 Q1 2019/20

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>
Q11920-07F	Patient transferred to DGH post thoracic surgery. Raised concerns about lack of communication handover and lack of available hand gel on VJ ward	Partially Upheld	The environmental ward assistant has been made responsible for checking the hand sanitisers throughout the ward to ensure they are full and working at all times – <b>August 2019</b>
Q11920-12F	Unhappy with communication and information provided re appointments	Partially Upheld	A Standard Operating Procedure (SOP) has been created for all staff to follow and this is awaiting approval at the next Executive Access meeting to ensure the correct process is followed – <b>August 2019</b>

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>
Q11920-15F	Wife and Daughter unhappy with communication received from the Trust regarding deceased relative	Partially Upheld	Cardiology matron will be discussing the importance of adherence to policies and procedure at the next department meeting – <b>August 2019</b>
Q11920-16F	Unhappy with outpatient experience i.e. waiting times at appointment /info re bus	Upheld	Communications team to review information booklet and amend as necessary - <b>October 2019</b>
			Joint clinics for Lung Defence/Immunology to be started from October 2019 – <b>October 2019</b>
			Cheque for £10 to be sent to Mr Armstrong to cover unforeseen taxi costs – <b>July 2019</b>

Table 5: Actions arising from investigation of complaints upheld /part upheld in Q1

**2.3 Local Resolution Meetings in Q1** - The Trust has not held a local resolution meeting in Q1

**2.4 Ombudsman's Referrals** - No New Ombudsman's Investigations notified in Q1 and none outstanding.

### **3.0 Patient Advice and Liaison Service Q1 Report 2019/20**

#### **Patient Carer Experience Group (PCEG) Meeting**

This group meets quarterly and is chaired by the Deputy Chief Nurse.

The group is attended by staff, patients, carers and representatives from external organisations.

The agenda is varied and covers a wide range of topics. There is also a patient story presented at each meeting.

The next meeting will take place Monday 22<sup>nd</sup> July 2019 2pm-4pm.

#### **Volunteers**

In Q1 there were 56 active hospital volunteers, supporting the clinics, wards, meetings, proof reading and administration.

During the transition to the new hospital our volunteers supported many teams with various tasks including cleaning, packing, bed making, wayfinding and lots of other valuable tasks.

Volunteer hours – since our move to the new hospital volunteers are required to sign in and out as part of our new process. During May (including the transition) volunteers contributed over 500 hours and in June they contributed nearly 300 hours.

Since arriving at the new hospital PALS have ensured that our volunteers have ID badges, swipe cards, parking permits and access to lockers.

Volunteers' induction was facilitated by the PALS team and there were 25 attendees. This covered CPR basic training, fire training and an overview of e-learning.

PALS have worked with the HR and Workforce teams to provide the necessary information for setting the volunteers up to enable them to complete the online mandatory training. The HR and Workforce teams are still processing this information.

PALS are currently processing 38 applications for potential new volunteers.

Following feedback from departments regarding numbers of volunteers required, it has prompted us to contact all wards and departments and request that they review their volunteer arrangements. Once this information has been confirmed allocation of volunteers will be reviewed. The website is being updated with information regarding volunteering opportunities and this information will include role profiles and handbook.

Intentional Rounding - supporting the Falls Prevention Specialist Nurse with the help of volunteers.

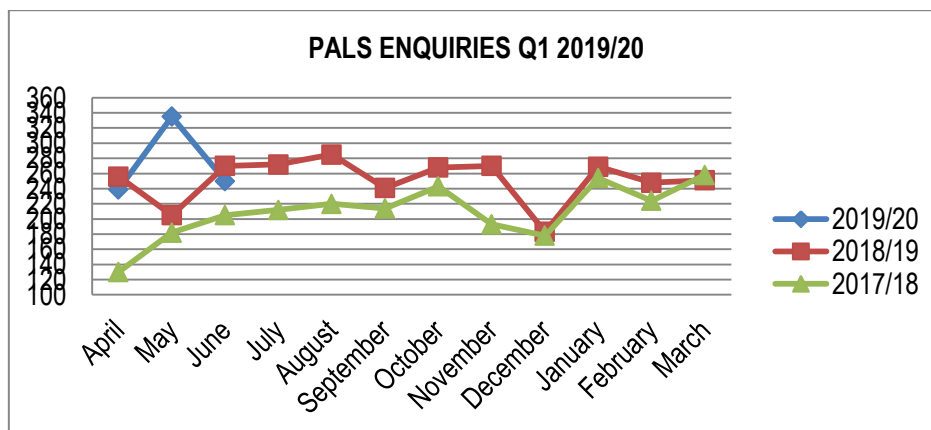
Dementia Friends Training – collating names of volunteers that are interested in supporting this - training will then be organised.

PALS continue to work with the Helpforce initiative; this has been a very positive experience.

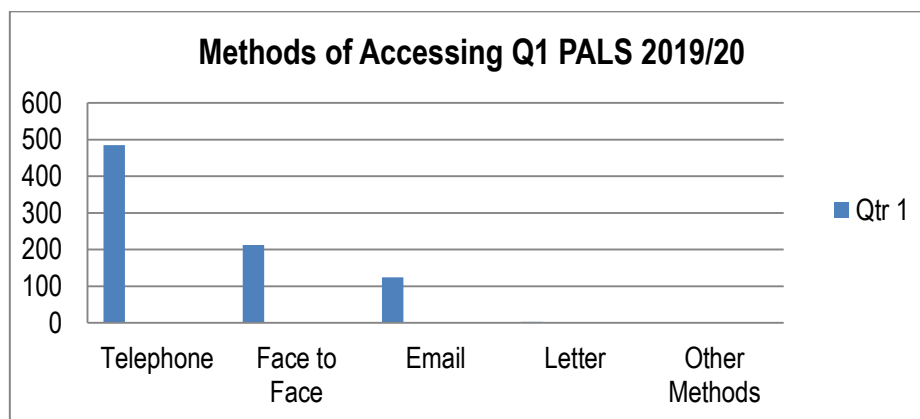
#### **Patient Advice and Liaison Service (PALS)**

During Q1 2019/20, the PALS Service received **825** enquiries from patients, families and carers. This was an increase on the number recorded in Q1 2018/19 which was **731**; this is an increase of 94. The graph below shows the PALS activity over a three year period. Each year shows a significant increase on the previous year.

Together with the rest of the hospital PALS have continued to provide a full and accessible service to our patients, families and staff throughout this time. During this time we have developed and implemented new processes and ways of working for the new hospital. We have provided support and reassurance to many, who have felt anxious and apprehensive regarding the move. Since the move PALS have received and shared feedback on the new hospital and the wider campus to the relevant teams.



The table below shows how patients, relatives and carers have accessed the PALS Service during Q1:



### Concerns Raised

The table at Appendix 1 shows the concerns by category for Q1 in 2019/20. Key themes raised from PALS enquiries in Q1 2019/20

Subject (Primary)	Number of enquiries received	Details
Information and Advice	408	This is a decrease of 19 enquiries compared to the same quarter last year (Q1 2018/19) Top three themes: 104 related to on-site directions 71 related to contact telephone numbers 60 related to appointments
Communications	158	This is an increase of 29 enquiries compared to the same quarter

Subject (Primary)	Number of enquiries received	Details
		last year (Q1 2018/19) Top three themes: 46 related to requests for clarification of medical information 29 related to phones unanswered 26 related to contact phone number
Delay in diagnosis/treatment or referral	74	This is an increase of 28 enquiries compared to the same quarter last year (Q1 2018/19) Top three themes: 31 related to waiting times for appointments 17 related to delay in diagnosis/treatment 12 related to waiting time for operation/procedure
Parking	60	This is an increase of 19 enquiries compared to the same quarter last year (Q1 2018/19) Top three themes: 38 related to parking charges 14 related to parking issue 'other' 8 related disabled access
Transport	59	This is an increase of 27 enquiries compared to the same quarter last year (Q1 2018/19) Top three themes: 35 related to local transport information 10 related to NHS transport issues 4 related to hospital contract transport
Medical Records	10	This is a decrease of 1 enquiry compared to the same quarter last year (Q1 2018/19) 8 related to access to medical records 2 related to update medical records
Nursing Care	1	This is the same as last year (Q1 2018/19) 1 related to dissatisfied with nursing care/treatment
Environment - Internal	9	This is an increase of 2 enquiries compared to the same quarter last year (Q1 2018/19) 4 related to poor environment 3 related to maintenance 1 related to lack of resource 1 related to lack of facilities for disability
Staff Attitude	3	This is a decrease of 1 enquiry compared to the same quarter last year (Q1 2018/19) 1 related to uncaring behaviour 1 related to rudeness 1 related to inappropriate manner/behaviour
Equipment Issues	10	This is an increase of 1 enquiry compared to the same quarter last year (Q1 2018/19) 10 related to lack of/inadequate equipment
Medication Issues	11	This is an increase of 5 enquiries compared to the same quarter last year (Q1 2018/19) 8 related to prescriptions 3 related to failure to provide medication
Discharge Arrangements	4	This is the same as last year (Q1 2018/19) 4 related to lack of arrangements for home after discharge
Clinical Care	1	This is the same as last year (Q1 2018/19) 1 related to dissatisfied with medical care/treatment/diagnosis
Property	10	This is a decrease of 2 enquiries compared to the same quarter last year (Q1 2018/19) 10 related to loss/damage of property

Subject (Primary)	Number of enquiries received	Details
Admissions Arrangements	1	This is the same as last year (Q1 2018/19) 1 related to visiting hours
Catering	4	This is an increase of 4 compared to the same quarter last year (Q1 2018/19) 2 related to poor quality of food 1 related to lack of adequate choice 1 related to food served at incorrect temperature
Patients Charges	2	This is an increase of 2 compared to the same quarter last year (Q1 2018/19) 2 related to treatment costs

There were 11 enquiries regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Information/Advice Requests	7
Delay in Discharge/Treatment/Referral	2
Patient Charges	2
<b>Total</b>	<b>11</b>

During Q1 3 PALS enquiries were escalated to formal complaints. 3 enquiries were signposted to organisations external to the Trust.

### 3.4 Compliments

There were **1285** Compliments received across the Trust during Q1 2019/20. We include the positive comments taken 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 and via the CEO.

#### Areas Praised in Q1 2019/20:

A & C Teams  
Catering  
Cardiothoracic Surgeons  
Cardiac Support  
Critical Care  
Day Ward  
CMU – 4 South  
Estates  
Hugh Fleming and Hemingford – 3 South  
Mallard – 5 North  
Palliative Care  
RSSC – 3 North  
Social Work  
Surgeons/Consultants  
Varrier Jones – 4 North and 5

The top three themes for compliments for Q4 in 2019/20 were:

General thank you  
Care/Support  
Friendliness

<b>Compliment Themes for Q1 2019/20</b>	
Care/Support	50
Professional Care/Team Work	17
Kindness/Compassion/Courtesy	15
General thank you	89
Improved quality of life	2
Friendliness	26
Dedication/Hard work	4
Excellence of treatment	7
Dignity and respect	2
Friends and Family Survey Compliments	1186
<b>Total</b>	<b>1398</b>

### **Friends and Family Survey:**

Feedback from F&F 1<sup>st</sup> April 2019 – 30<sup>th</sup> June 2019 from Private In-patients, Day Wards and In-patients

There were 20 detractors although of these only 4 left negative comments, 7 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 759 promoters and of these 25 left negative comments and 459 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.

### **Bereavement Services**

The implementation of the new process has had, as expected, some teething problems. Much time and support has been provided by the PALS team to ensure that all the teams involved with the bereavement care process have been supported and our bereaved families have not been affected by the change in process. It has, at times, been a challenge and the PALS team have provided reassurance and support to the medical teams and the wider hospital staff. The PALS team have also built up strong communications and a good working relationship with our Bereavement Care, Mortuary and Chaplaincy teams at CUH, working collaboratively to achieve the expectations of our families.

Provided all clinical areas with the relevant and up to date paperwork for when a patient dies.



Supported, facilitated and provided information to all medical staff regarding the online coroner's portal and the process on how to log in and use the service.

Continue to work with the Medical Staffing team to ensure that we are provided with starter and leaver lists, so that the portal is managed and maintained with accurate information. This will guarantee that all relevant doctors have access.

We have worked with the Communications team to update the intranet with an easy to use link and guidance regarding the online referral portal. Finalised the new process with all parties involved and circulated this to all of our teams. We have worked with the new ward clerk team leader in Critical Care to support the development of their process checklist.

## **4. Risk Management**

### **4.1 Non Clinical Accidents/Incidents**

During quarter 1 there have been 392 accidents/incidents (including near misses) opposed to 242 in Q4 of 2018/19 reported across the Trust which have involved staff/contractors/organisation or visitors. This represents a 39% increase in reported incidents. Table 1 shows the incidents by type, the majority continue to relate to Organisational Issues and staffing (23%). Staffing is monitored at Board level and reported in the monthly PIPR. The second most common incidents relate to accidents (11%). Apart from the three RIDDOR reportable incidents (see section 4.2) the remaining incidents have been graded low/no harm or near miss. The majority of these incidents are a result of a change to the physical working environment and it is expected that they will reduce as staff become accustomed to the new environment.

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	% of total in Q1	Total over 16 months
Accidents	27	34	30	23	45	11%	159
Administration - admission/discharge/transfer	21	30	53	24	19	5%	147
Anaesthetics	5	3	1	0	1	0%	10
Behaviour/Violence Aggression	11	20	23	9	16	4%	79
Blood Plasma Products	1	1	3	1	6	2%	12
Communication/Consent	8	11	17	10	16	4%	62
Data protection	19	22	11	10	22	6%	84
Diagnosis Process/Procedures	4	3	3	4	3	1%	17
Documentation	25	19	15	10	21	5%	90
Environmental Hazards/Issues	18	26	24	7	22	6%	97
Fire Incidents	1	2	5	1	0	0%	9
Infection Control	22	44	35	29	23	6%	153
Information Technology	14	15	20	5	31	8%	85
Medical Devices	28	26	8	16	26	7%	104
Medication/Medical Gases/Nutrition	19	15	22	35	29	7%	120
Nutritional Feeding (Prescribed Feeds)	0	0	0	1	0	0%	1
Organisational Issues/Staffing	29	47	36	36	90	23%	238
Radiology	6	13	12	4	5	1%	40
Security incidents	11	16	8	9	9	2%	53
Treatment/Procedures	3	5	7	8	8	2%	31
<b>Total</b>	<b>272</b>	<b>352</b>	<b>333</b>	<b>242</b>	<b>392</b>	<b>100%</b>	<b>1591</b>

Table 1 – Non-clinical Incidents Reported for 2016/17 (Data source: DATIX 04/07/19)

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

During quarter 1 three staff incidents have required to be reported to the HSE under RIDDOR regulations. All incidents involved members of staff and were a result of physical changes in the working environment including falls and collisions with doors & walls. The members of staff have

been referred to Occupational Health/their GP. Root cause analysis investigations is being undertaken.

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	Total
Collision/Impact with object (not vehicle)	1	0	0	1	2	3
Inappropriate behaviour by a Pt to staff	0	0	1	0	0	1
Moving and handling	1	1	1	2	0	4
Slip, Trip or Fall	1	1	0	0	1	2
<b>Total</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>10</b>

Table 2 – RIDDOR Incidents Reported for Q1 2018/19 (Data source: DATIX 04/07/19)

### 4.3 Risk Register

During quarter 1 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 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 583 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 has reduced from 720 because many previous risks related to aging estates in the old hospital environment. These have now been closed. Currently there are 128 Risks requiring review. Due to organisational changes new risk holders are being identified for some risks. The new risk holders will then take over the management of these risks. These are openly communicated across the Trust with new high BAU risks being reported to QRMG, Q&R and other relevant committees. A central folder has been created which can be accessed by all staff and all non BAF Trust wide risks are located here. The remaining non BAF risks are shared at business unit and team meetings within the relevant locality. 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 4 ongoing claims and one closed. Two relating to members of staff claiming musculoskeletal injury from manual handling activities and two relating to slip/trip/falls. The open claims remain with NHS Resolution until the 3 year claim period is reached. All new claims are shared with the local department and Quality & Risk Committee.

### 4.5 Safety Alerts

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. Currently the safety alert “Reducing the risk of oxygen tubing being connected to medical air outlets” (ID1881) is in the process of being audited for compliance. Throughout quarter 1 2018/19 the Trust has received 21 Safety Alerts and Field Safety Notices. Of these, 11 were formal Safety Alerts raised through the Central Alerting System (CAS), and 10 additional Field Safety Notices raised by manufacturers. Nine of the CAS Safety Alerts were not relevant to the Trust and did not require any action. Table 1 represents the data reported publicly through the CAS. At the close of the financial quarter all externally reported deadlines were met as they fell due and all CAS alerts were acknowledged within two working days.

#### Central Alerting System Quarter 1 2019/20

Status\Alert Type	MDA	PSA	EFA	DDL	CMO	SDA	Total
Assessing Relevance	0	0	0	0	0	0	0
Action Not Required	6	1	0	0	1	0	8
Action Required/Ongoing	0	0	0	0	0	1	1
Action Required/Completed	0	0	0	0	1	1	2
<b>Total</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>11</b>
Breached	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, DDL – Dear Doctor Letter, CMO – Chief Medical Officer, SDA – Supply Distribution Alert

## **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 –**

#### **British Association for Cardiovascular Prevention and Rehabilitation/National Audit of Cardiac Rehabilitation (NACR)**

Royal Papworth Cardiac Rehabilitation Team continues to meet all 7 minimum standards (certified) and maintain their accreditation status. This includes that all priority groups of patients are being seen, MI/PCI and CABG are seen in a timely manner from referral to start/wait time, duration of the programme and assessments. Our performance is above the national average in these areas.

#### **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 has produced updated management plans for 2019/20 and has sent them to Directorate meetings and Clinical Audit leads.

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

A total of 53 NICE guidance documents were published during Q4.

10 that were deemed applicable have been disseminated to the relevant leads for review.

Please see appendix 4 for a list of applicable guidance and compliance ratings.

#### **NICE Guidance Consultations Q1:**

The Trust has not registered as a stakeholder in Q1.

### **5.3 Quality Improvement**

The Trust has identified 3 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 (IHU)**

Aim for 2019/20:

100% of patients who are on an IHU pathway will be assessed at MDT within 1 day once compliant with the Minimum Data Set (MDS) requirements

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

#### **Project update June 2019**

2019/20 Trust Wide Quality and Risk Report  
Q1 Report PUBLIC

IHU project meetings ongoing  
Monthly data collection of outcome measures ongoing  
PRIS modifications to ensure minimum dataset (MDS) requirements  
Regional meeting arranged to discuss MDS  
Frailty / geriatric assessment group set up with SCFN to implement frailty scoring in RPH IHU patients  
Twice weekly AHP presence at bed meetings  
Daily monitoring of IHU spreadsheet, referrals and waiting times  
Improvement of data collection and validation of IHU spreadsheet  
Standards for IHU referrals, MDT, Surgical and Cardiology written and implemented

### **Deteriorating Patient**

Aim: For 100% of patients on 5 North ward with a NEWS score of 5 or more will receive the correct actions according to RPH escalation guidelines by 2020.

Progress to date

Meeting with core group (Alert/ CPR steering group) held 12<sup>th</sup> June to agree change of aim to reflect new hospital wards and change to NEWS 2  
Meeting arranged with Anne-Marie and Gill (5 North) to discuss project  
Data unavailable from VitalPAC between January and May 2019 – to restart project using Mindray data from June 2019  
NEWS 2 and Mindray introduction COMPLETE  
Training:  
Deteriorating patient study day successfully rolled out to Band 4/5/6 Nursing staff. Evaluation feedback positive.  
Band 2/3 competencies written and introduced by education team  
To complete a spot check audit of band 2/3 knowledge  
SBAR added to study day  
Safety huddles introduced. Day vs night audit and Safety huddle audit complete. To re-audit July 2019.

### **Patient Falls**

Aim: To reduce falls by 10% per 1000 bed days by April 2020 for Cardiac Surgery patients on 5 North (previously Mallard).

Progress Update

5th March 2019 – Falls QI Update meeting held with Core group.  
1 July 2019 – Intentional Rounding meeting – Polly Gunsman, Wayne Hurst & Cheryl Riotto  
11th July 2019 – Falls catch up meeting arranged Hazel Yates and Polly Gunsman

**There have been no reported falls on Mallard / 5 North that have caused harm since 20<sup>th</sup> February 2019.**

Intentional Rounding:

Intentional Rounding forms have been rolled out Trust Wide (TW).  
TW PDSA on Intentional Rounding compliance is in progress.  
Feedback has been gathered and the Intentional Rounding form has been evolving according to staff requirements.  
Falls Prevention Lead is in the process of delivering training to the AHP's on Intentional Rounding.  
Falls Prevention Lead will be giving the wards an algorithm to explain how to decide whether or not to do Intentional Rounding hourly, 2 hourly or 4 hourly. Overnight patients will continue to have hourly Intentional Rounding.

Patient Safety Week:

There will be a focus on falls, arrangements in progress.

Completed Actions from Falls QI meeting

Datix now includes sub-category – lowered to floor/Near miss.

TW Audit of completed documentation – Falls Risk Assessments 95%, Bed rails risk assessments 38%, Falls Care Plans 5%

## PALS Enquiries Quarterly Report

	2018/19				2019/20
	Q1	Q2	Q3	Q4	Q1
<b>Verbal or Physical Abuse</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Verbal Abuse by Patient	1	0	1	0	0
<b>Admission Arrangements</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>
Availability for Wi-Fi	1	1	1	0	0
Property/clothes required for admission	0	0	0	0	0
Visiting Hours	0	0	0	0	1
<b>Staff Attitude</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>16</b>	<b>3</b>
Inappropriate manner/behaviour	0	0	1	3	1
Rudeness	1	0	3	1	1
Uncaring behaviour	1	3	1	12	1
<b>Clinical Care</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>2</b>	<b>1</b>
Disagreement with treatment/outcome/diagnosis	0	5	1	0	0
Inadequate/insufficient care provided	0	0	0	0	0
Inappropriate treatment given	0	1	0	0	0
Poor recovery after discharge	0	4	1	0	0
Pressure Sore	0	0	0	0	0
Clinical Error	0	0	0	0	0
Dissatisfied with medical care/treatment/diagnosis	1	0	0	2	1
<b>Infection Control Issues</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
Infection/Infection Control query	0	0	0	1	0
Lack of Cleanliness (Hygiene)	0	0	0	0	0
<b>Nursing Care</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>1</b>
Dissatisfied with Personal Care Provided	0	0	0	1	0
Dissatisfied with nursing care/treatment	1	1	3	3	1
<b>Catering</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>4</b>
Food served at incorrect temperature	0	1	0	0	1
Inadequate Facilities	0	0	0	0	0
Inadequate portion size	0	0	0	0	0
Lack of availability of food	0	2	0	1	0
Lack of adequate choice of food	0	0	0	0	1
Poor service in restaurant	0	0	0	0	0
Poor Quality Food	0	0	0	0	2
<b>Patient charges</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>
Eligibility Criteria	0	0	0	0	0
Hostel Services Costs	0	0	0	0	0
Other Charges	0	0	0	0	0
Treatment Costs	0	0	0	3	2
<b>Communication</b>	<b>129</b>	<b>152</b>	<b>116</b>	<b>110</b>	<b>158</b>
Breach of Confidentiality	0	2	3	3	3
Clarification of Medical Information	47	32	48	47	46

	2018/19				2019/20
	Q1	Q2	Q3	Q4	Q1
Consent Issues	0	0	0	0	0
Diagnosis Query	0	0	0	0	1
Freedom of Information Requests	0	0	0	0	0
Incorrect Information provided	2	5	0	1	0
Lack of Information for other Professional	0	5	4	3	1
Lack of Information for Patients	24	15	5	7	16
Lack of Information for Relatives	7	6	0	3	4
Lack of Sensitivity in Communication	1	1	2	1	0
Other communication issues	4	5	4	2	8
Poor or Conflicting information	5	4	1	5	8
Translation & Interpretation Services	1	3	2	4	6
Phones unanswered	21	54	15	20	29
Contact phone number	12	16	16	4	26
No response to phone messages	4	1	3	3	3
Answerphone incorrect	0	1	0	0	0
Booking Office	0	1	13	4	6
Compliments	1	1	0	3	1
Data Protection Requests	0	0	0	0	0
<b>Delay in diagnosis/treatment or referral</b>	<b>46</b>	<b>73</b>	<b>47</b>	<b>68</b>	<b>74</b>
Cancellation of treatment	5	3	5	7	5
Clinical waiting times	0	3	2	2	6
Delay in diagnosis/treatment	9	35	9	22	17
Delay in referral	1	4	5	4	3
Failure to book treatment/appointment	0	0	0	1	0
Waiting time for admission to ward	0	0	0	1	0
Waiting time for appointment	20	21	21	23	31
Waiting time for operation/procedure	11	7	5	8	12
<b>Lack of privacy and dignity</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
Lack of privacy/dignity on ward	0	0	0	1	0
Lack of privacy when relating information	0	0	0	0	0
<b>Discharge Arrangements</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>0</b>	<b>4</b>
Delay in discharge	1	3	0	0	0
Dissatisfaction with discharge to another hospital	1	1	0	0	0
Lack of arrangements for home after discharge	2	1	6	0	4
Wait to transfer to other facility	0	0	0	0	0
<b>Equipment Issues</b>	<b>9</b>	<b>5</b>	<b>12</b>	<b>6</b>	<b>10</b>
Delays in replacing equipment	0	0	0	0	0
Lack of/Inadequate equipment	9	4	9	6	10
Return of Equipment	0	1	3	0	0
<b>Information/Advice Requests</b>	<b>427</b>	<b>432</b>	<b>444</b>	<b>475</b>	<b>408</b>
Accommodation	15	15	9	6	35
Appointments	60	59	64	62	60
Advice on Medication	11	7	4	4	3
Advice on Equipment	5	15	16	15	15

	2018/19				2019/20
	Q1	Q2	Q3	Q4	Q1
Benefits	4	2	1	0	7
Employment Opportunities	0	0	0	0	0
Information on Hospital Services	39	39	36	32	36
Left Luggage	0	0	0	0	0
Nursing/Residential Care	0	0	0	0	0
Off Site Directions	2	2	2	1	16
On site directions	211	171	220	201	104
Other information request	8	6	2	6	2
Telephone contact number	34	50	35	81	71
Requests for information on volunteering	14	17	5	20	19
Bereavement Process	6	15	12	14	6
Complaints Procedure	3	1	8	6	8
E-Mail Address	5	16	23	14	12
Referral Information	7	9	5	11	14
Sick Note	0	1	0	0	0
Signposting to other NHS organisation	2	1	1	0	0
Signposting to other organisation	1	6	1	0	0
Phones unanswered	0	0	0	2	0
<b>Environment - Internal</b>	<b>7</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>9</b>
Cleanliness Toilet	3	2	0	0	0
Cleanliness of ward	1	0	0	0	0
Inadequate facilities for disability	0	0	0	0	1
Maintenance	3	0	0	0	3
Noise	0	0	0	0	0
Poor Environment - Internal	0	2	0	0	4
Temperature in ward too hot/cold	0	0	0	0	0
Hostel Accommodation	0	0	0	1	0
Health and Safety	0	0	0	0	0
Lack of resource	0	1	0	0	1
<b>Medication issues</b>	<b>6</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>11</b>
Incorrect medication	0	1	0	1	0
Failure to provide medication	2	0	1	2	3
Prescriptions	4	3	5	2	8
Pain management	0	0	1	0	0
<b>Parking</b>	<b>41</b>	<b>34</b>	<b>30</b>	<b>48</b>	<b>60</b>
Disabled access	14	2	8	19	8
Other Parking Issue	5	13	2	5	14
Parking Charges	14	18	20	22	38
Parking Directions	8	1	0	2	0
<b>Lost Property</b>	<b>12</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>10</b>
Loss/Damage of property	12	5	6	6	10
Lost Property	0	0	0	0	0
<b>Medical Records</b>	<b>11</b>	<b>27</b>	<b>12</b>	<b>13</b>	<b>10</b>
Incorrect information in health record	0	1	1	0	0



	2018/19				2019/20
	Q1	Q2	Q3	Q4	Q1
Information not fully documented	0	0	0	0	0
Records Other	3	6	1	1	0
Request for access to medical records	7	15	8	9	8
Request to update to records	1	5	2	3	2
<b>Training</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Request for training placement	1	0	1	0	0
Training Other	0	0	0	0	0
<b>Transport Issues</b>	<b>32</b>	<b>37</b>	<b>28</b>	<b>19</b>	<b>59</b>
Hospital contract transport	3	0	3	2	4
Local transport information	21	9	10	2	35
NHS transport Issues	7	8	9	10	10
Other Transport issue	0	17	4	2	3
Travel Claims	1	4	2	3	7
Totals:	<b>731</b>	<b>798</b>	<b>721</b>	<b>773</b>	<b>825</b>