# Quality and Risk Report Quarter 1 2020/21

April – June 2020/21

**Assistant Director for Quality and Risk**

# Quality and Risk  Report

## Quarter 1 Report 2020/21

**Patient Safety**

**1.1 Patient Safety Incident Trends and Actions**

There were a total of 455 patient incidents reported during Q1 20/21 compared to 750 in the previous quarter. In addition, at the time of reporting there are 60 near miss patient safety incidents reported. The reduction in reporting of incidents will reflect the COVID pandemic which started in March 2020 through to July 2017. Despite this, there has been ongoing reporting of a variety of incidents from across the Trust. It is expected that as the Trust returns to normal operational duties that the incidents will return to previous levels. There is a healthy safety culture within the Trust and an understanding of the importance of learning from incidents and the CQC requirements to report under the Key Lines of Enquire (KLOE). The quarters marked with an asterix (*) include incidents that are still under investigation and some have not yet been graded. Thus future reports will contain verified figures. Where appropriate these have been reported to Care Quality Commission (CQC) via the National Reporting and Learning System (NRLS).

|  | 20/21 Q1* | 19/20 Q4* | 19/20 Q3 | 19/20 Q2 | 19/20 Q1 | Total |
|---|---|---|---|---|---|---|
| Near Miss | 60 | 112 | 125 | 156 | 112 | 565 |
| Actual Incidents | 395 | 638 | 818 | 796 | 824 | 3437 |
| Total | 455 | 750 | 943 | 952 | 936 | 4002 |

Table 1: Numbers of patient safety incidents reported in 2019/20 (Data source: DATIX 29/07/20)
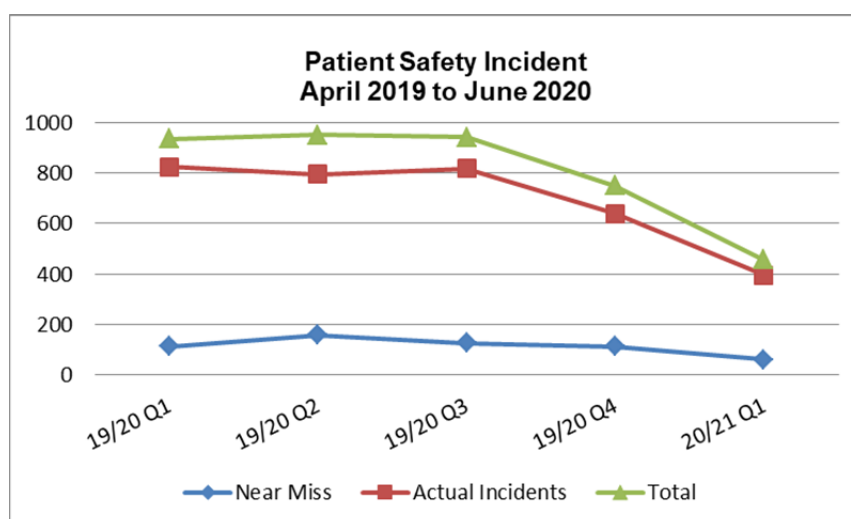


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 29/07/20)

In quarter, table 2 shows the number of patient safety incidents reported by the "Type" the majority of incidents continue to involve administration/bookings (16%). However, there is a reducing trend in administration incidents continuing from the last three quarters. This indicates that the investigation and learning as part of SUI-WEB29551- delayed clinical letters, has taken effect.

| Type | 20/21 Q1* | 19/20 Q4* | 19/20 Q3 | 19/20 Q2 | 19/20 Q1 | Total |
|---|---|---|---|---|---|---|
| Accidents | 32 | 60 | 57 | 43 | 56 | 248 |
| Administration - admission/discharge/transfer | 55 | 113 | 146 | 201 | 151 | 666 |
| Anaesthetics | 4 | 6 | 7 | 5 | 2 | 24 |
| Behaviour/Violence Aggression | 10 | 12 | 11 | 10 | 12 | 55 |
| Blood Plasma Products | 22 | 22 | 46 | 39 | 33 | 162 |
| Communication/Consent | 16 | 27 | 30 | 53 | 59 | 185 |
| Data protection | 14 | 22 | 15 | 19 | 15 | 85 |
| Diagnosis Process/Procedures | 35 | 20 | 33 | 65 | 103 | 256 |
| Documentation | 27 | 53 | 53 | 63 | 73 | 269 |
| Environmental Hazards/Issues | 4 | 9 | 11 | 6 | 11 | 41 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Infection Control | 14 | 19 | 30 | 22 | 13 | 98 |
| Information Technology | 3 | 11 | 11 | 10 | 15 | 50 |
| Medical Devices | 13 | 33 | 64 | 80 | 59 | 249 |
| Medication/Medical Gases/Nutrition | 58 | 102 | 139 | 97 | 92 | 488 |
| Nutritional Feeding (Prescribed Feeds) | 2 | 8 | 3 | 1 | 4 | 18 |
| Organisational Issues/Staffing | 20 | 43 | 88 | 68 | 66 | 285 |
| Pressure Ulcers | 76 | 81 | 81 | 81 | 58 | 377 |
| Radiology | 6 | 14 | 11 | 8 | 11 | 50 |
| Security incidents | 3 | 6 | 8 | 11 | 10 | 38 |
| Treatment/Procedures | 41 | 89 | 99 | 71 | 93 | 393 |
| Total | 455 | 750 | 943 | 953 | 936 | 4037 |

Table 2: Numbers of patient safety incidents by Type reported in Q1 2020/21 (Data source: DATIX 29/07/20)

The top five types of incidents are depicted below in figure 2 by financial quarter; this demonstrates Incident trend information is provided in the paragraphs below.
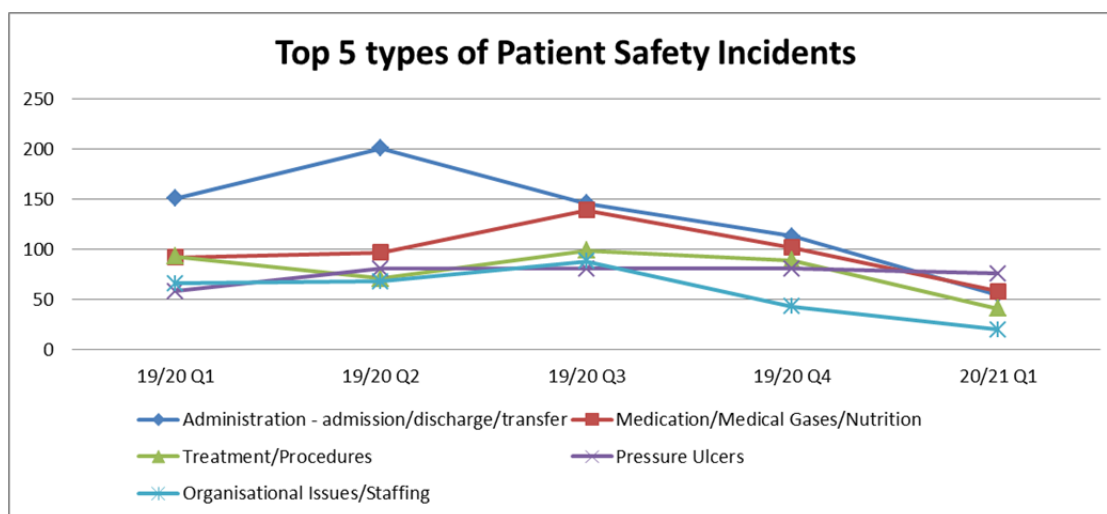


Fig 2: Patient Safety Incidents Q1 2020/21 (Data source: DATIX 29/07/20)

**INCIDENT TRENDS AND ACTION:**

**Administration Incidents**
During the quarter, the number of incidents linked to bookings for general appointments and procedures have continued to reduce further since the peak of reporting in Q2 19/20. All booking issues are reported per/person to ensure that all errors are being captured for the Administration team to review against their new procedures. A general assessment links many of the issues to human error. Background processes to analyse bookings data continues to be developed as new events are reported to assist in the rectifying of human errors. The linked risk continues to be monitored by the senior management.

**Treatment and Procedures**
Due to COVID and the reduced admission rates for elective procedures the number of treatment and procedures reduced. Where the incidents have been graded, 67% (6/9) have a severity of near miss or no/low harm. Two are currently undergoing investigation as moderate harm incidents. Of these the most common are categorised as "Treatment and Procedure other (n=9)". A review of these incidents demonstrates that one required recording as administrative issue rather than Treatment. The Trust awaits the implementation of the national recoding project (DIPSIM) which should provide better choice of coding for the Treatment and Procedure issues that better fit the incidents. Capturing these incidents demonstrates good governance processes and learning from clinical events.

**Medication**

During quarter 1 the Trust noted a decrease in medication incidents, again the effects of COVID has meant that there has been reduced reporting of medication incidents. Where the incidents have been graded, 100% have been recorded as near miss, no/low harm, but have resulted in delays in receiving the treatment. Omissions are reviewed with the staff caring for the patients to ensure that learning is shared amongst the team. All medication incidents are reviewed by the pharmacy leads and reported to the Medications and Therapeutics Committee.

**Pressure Ulcers (PU)**
During quarter 1 the number of pressure ulcer incidents has decreased due to the reduction of routine admissions linked to the pandemic. All COVID related skin issues have been captured within Critical Care electronic patient record or on the Datix incident form and this data is being reviewed by the Tissue Viability Team. As the Trust has emerged from the pandemic routine reporting of all categories of PUs and moisture lesions have recommenced on the Datix incident reporting system in line with the national requirements. The Trust also captures all PUs which are identified on admission linked to other care providers.

**1.2    Severity of Patient Safety Incidents**
The fluctuating number of Q1 incidents graded as near miss to low harm has been affected by the COVID pandemic. Furthermore the actual number of incidents initially reported as moderate harm are often downgraded following investigation and discussion at SIERP were it is confirmed that the Trust has not demonstrated any acts or omissions. These include the unexpected outcomes of treatment and rare, but known complications. 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 Divisional and specialist meetings.

| Severity | 20/21 Q1* | 19/20 Q4* | 19/20 Q3 | 19/20 Q2 | 19/20 Q1 | Total |
|---|---|---|---|---|---|---|
| Near Miss | 60 | 112 | 125 | 156 | 112 | 565 |
| No harm | 221 | 435 | 595 | 619 | 675 | 2545 |
| Low harm | 147 | 183 | 216 | 170 | 143 | 859 |
| Moderate harm | 5 | 1 | 3 | 2 | 5 | 16 |
| Severe harm | 1 | 1 | 1 | 2 | 0 | 5 |
| Death caused by the incident | 0 | 0 | 1 | 0 | 0 | 1 |
| Death UNRELATED to the incident | 1 | 4 | 2 | 3 | 1 | 11 |
| Not yet graded | 20 | 14 | 0 | 0 | 0 | 34 |
| Total | 455 | 750 | 943 | 952 | 936 | 4036 |

Table 3 – Patient Safety Incidents by Severity (Data source: DATIX 29/07/20)
*Correct at the time of production. Some incidents may be downgraded in severity following investigation.

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

| Divisions | 20/21 Q1 | 19/20 Q4 | 19/20 Q3 | 19/20 Q2 | 19/20 Q1 | Total |
|---|---|---|---|---|---|---|
| NPH Cardiology | 3 | 0 | 2 | 2 | 1 | 8 |
| NPH Nursing | 0 | 0 | 1 | 0 | 0 | 2 |
| NPH Radiology | 0 | 0 | 0 | 0 | 1 | 1 |
| NPH Surgical | 1 | 1 | 2 | 0 | 0 | 4 |
| NPH TCCA | 2 | 1 | 0 | 2 | 2 | 7 |
| NPH Transplant | 0 | 0 | 0 | 0 | 1 | 1 |
| Total | 6 | 2 | 5 | 4 | 5 | 23 |

## 1.3 Patient incidents resulting in Moderate or Severe Harm inclusive of Serious Incidents (SI's)
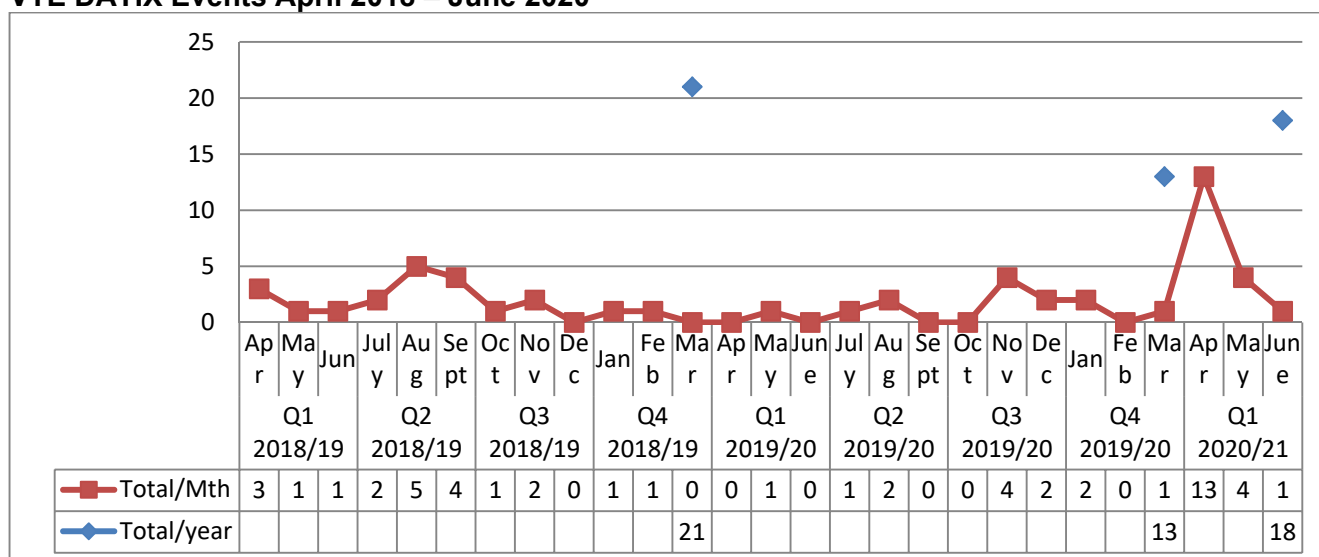
In Q1 there has been no SIs reported to the CCG, this compares to one in Q4. There was one incident reported as moderate/severe harm requiring investigation and this is being managed under the formal complaints process. Full Duty of Candour is undertaken with the patient and/or family for all SI's. A detailed breakdown of contributory factors identified from SI investigation is taken to the Serious Incident Executive Review Panel (SIERP). Human and Patient Factors are recurring themes.

## 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/ learning and feedback is provided to the requesting organisation. The Trust received 7 requests for investigation / feedback in Q1 20/21.

## 1.5    VTE Monitoring
**VTE DATIX Events April 2018 – June 2020**



| | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Q1 2018/19 | | | Q2 2018/19 | | | Q3 2018/19 | | | Q4 2018/19 | | | Q1 2019/20 | | | Q2 2019/20 | | | Q3 2019/20 | | | Q4 2019/20 | | | Q1 2020/21 | | |
| Total/Mth | 3 | 1 | 1 | 2 | 5 | 4 | 1 | 2 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 4 | 2 | 2 | 0 | 1 | 13 | 4 | 1 |
| Total/year | | | | | | | | | | | | 21 | | | | | | | | | | | | 13 | | | 18 |

The graph above shows the number of VTE events from Q1 2017/18 to Q1 2020/21. 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 have been informed of 18 VTE DATIX events in Q1 2020/21 the investigations have all been concluded on DATIX.

Additionally there were 21 DATIX events in 2018/19 and 13 in 2019/20 this represents a significant reduction in reported VTE events. All reported VTE events are discussed at the VTE scrutiny panel. We have had one significant incident within the last financial year (19/20) (SUI-WEB32357) this resulted in moderate harm for the patient.

**VTE during COVID-19 outbreak**
There were 13 reported VTE events in CCA in COVID-19 positive patients during April 2020. The majority of these PE and DVT were acquired in the referring hospital despite standard VTE prophylaxis, and the local hospitals were informed. This is a known complication as part of the coronavirus disease pathway however, all 13 have been reported as DATIX incidents and have had a full RCA completed. These have been discussed at monthly scrutiny panel with nursing, medical and pharmacy input and lessons have been shared with referring organisations and internal RPH staff. I would like to thank Julie Quigley and Steven Blenkiron for their assistance with investigations supporting the Trust during the COVID response working at home.

## VTE DATIX Events April 2020 – March 2021 (COVID-19 Impact)
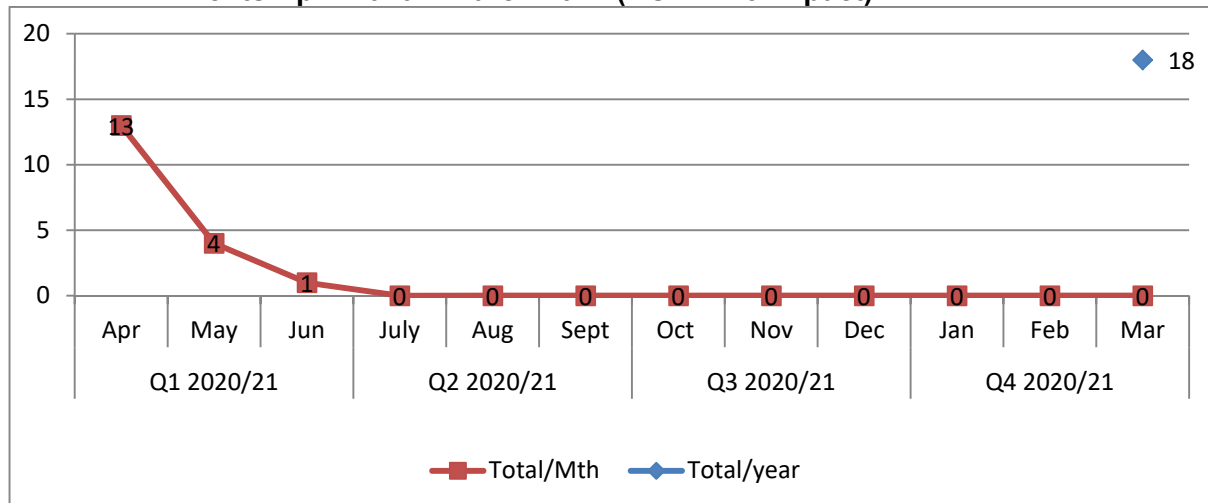


**VTE Risk Assessment**

VTE risk assessment compliance with 95% continued to be a challenge on a monthly basis in 2019/20. However we have worked hard to increase monthly compliance with MDT teams and seen significant sustained improvement in the last 2 quarters. 2020/21 has maintained improved compliance for the 3$^{rd}$ successful quarter. Staff are working hard to ensure VTE risk assessments are completed in a timely manner on admission.

| 2020/21 | | % of In-Patients Risk Assessed for VTE | Quarterly % |
|---|---|---|---|
| April 2020 | Q1 | 100 | 96.63% |
| May 2020 | | 93.3 | |
| June 2020 | | 96.6 | |

There continues to be occasions when no VTE risk assessment is completed during the admission. Ward staff are raising with medical and ANP teams this continues not to be undertaken despite escalation. Over the last 3 months there has been an increase in the number of DATIX reports where this is the case. Clinical divisions have been requested to raise this at divisional governance level in the three divisions via Matrons/HoN's.

| 2019/20 | | % of In-Patients Risk Assessed for VTE | Quarterly % |
|---|---|---|---|
| April 2019 | Q1 | 97.00 | 93.50% |
| May 2019 | | 90.00 | |
| June 2019 | | 93.00 | |
| July 2019 | Q2 | 97.00 | 93.53% |
| August 2019 | | 93.34 | |
| September 2019 | | 90.02 | |
| October 2019 | Q3 | 97.00 | 98.00% |

| | | |
|---|---|---|
| November 2019 | 100.00 | |
| December 2019 | 97.00 | |
| January 2020 **Q4** | 97.00 | **97.00%** |
| February 2020 | 97.00 | |
| March 2020 | 96.66 | |

**VTE Model Hospital Data Comparison (Q3 data only available on Model Hospital)**

Within National comparison data we have moved from the lowest quartile to the upper compliance quartile. This is from the dedication of not only the clinical MDT teams but also the hard work of our link practitioners and nurses supporting clinical areas in increasing our compliance in this important area of patient safety. Q4 data has not been published online and as Trusts are now not completing safety thermometer Q1 data on Model Hospital is not available as a comparison tool. We may need to consider how we can undertake comparisons with other trusts; I aim to discuss this at the next National Nurses and Midwives VTE Network meeting and will feed into QRMG.



📅 **Q3 2019/20**

| Trust value | Quartile 3 | Peer median | Quartile 3 | National median |
|---|---|---|---|---|
| 🟩 **96.91%** | | 🟩 **96.89%** | | ⬛ **96.14%** |

96.91% is in quartile 3 - Mid-High 25% [amber / green]

View interactive chart ⊙
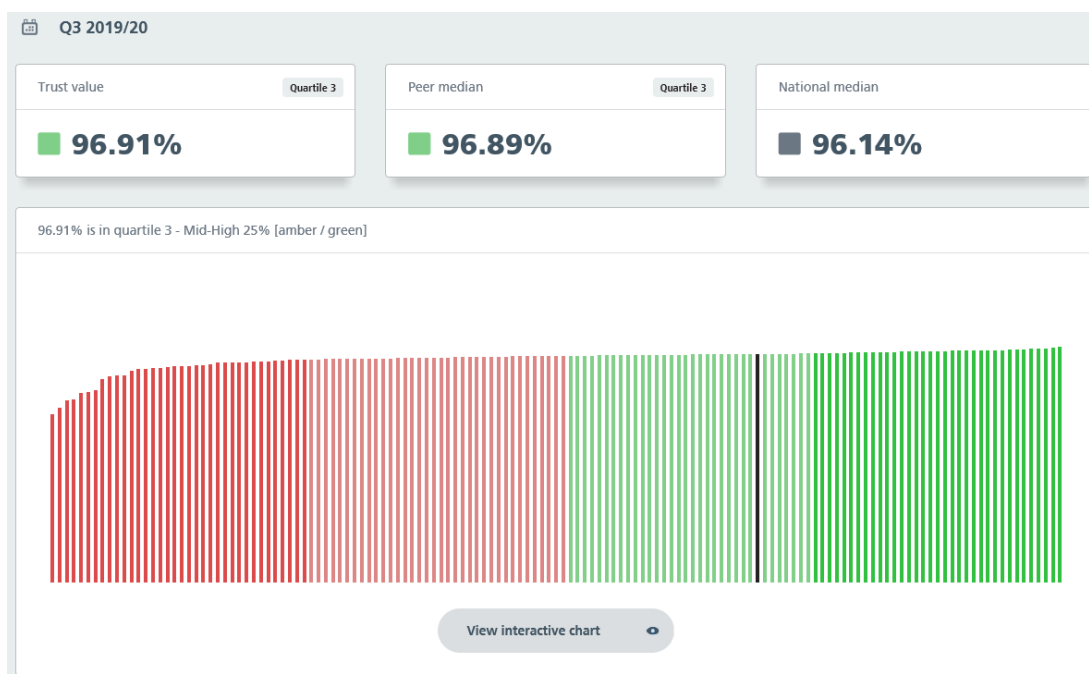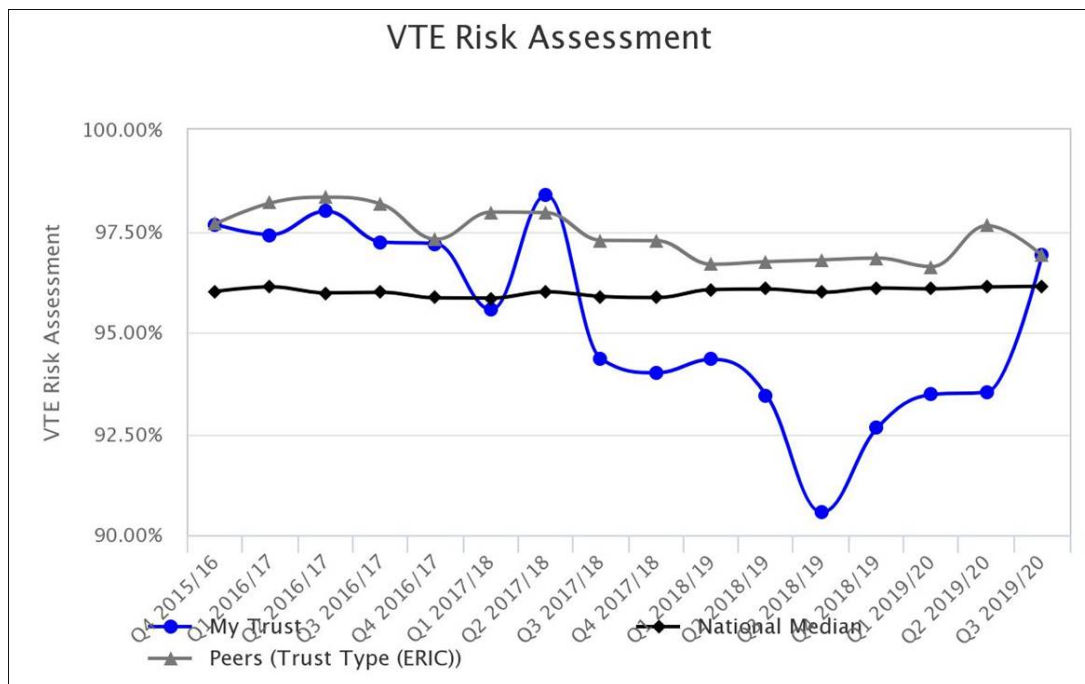
**VTE Action Plan**
- VTE actions continue to be progressed, still awaiting confirmation from DXC (Lorenzo) when the mandatory VTE form will be added to all patients for whom a drug chart is commenced. This been chased with Digital team and awaiting DXC next update this might be 6-8 months away.
- The Metavision CIS system is being updated to capture at least daily VTE risk assessments as per NICE guidance.
- Matrons/HoN's to raise at all three divisional governance meetings the importance of completing VTE risk assessment on admission for all patients.

## 1.6    Inquests

During Q1 Inquest hearings were paused during the COVID pandemic. There is a plan to re commence hearings via web links from Q2. One Inquest was closed in Q1 following receipt of statements. No Papworth representative was required to attend.

The Trust has been notified about 9 new Inquests and statements have been requested. In addition we are assisting the Coroner with 6 Inquest Investigations. The Trust assisted the Coroner with 2 Pre Inquest Hearings in Q1 which the Trust has attended. The purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest.  Any learning points identified at Inquest are discussed at QRMG in quarter. The number of cases currently with the Trust under the Inquest process is 51.

**Learning from Schedule 5s (prevention of future deaths)**
The prevention of future death reports are published on the Courts and Tribunals judiciary website. 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 Royal Papworth Hospital Inquests in Q1.

## 1.7 Clinical Negligence Litigation

In Q1 2020/21 the Trust has received 5 new requests for disclosure of records, 2 Letters of Claim. 2 cases were settled and one case was discontinued by the claimant. activity in Q1.

Total number of Claims currently open with the NHSR at the end of Q1 2020/21 is 18

)

## 2. Patient Experience

### 2.1 Complaints and Enquiries

On 31 March 2020 NHS England and NHS Improvement approved a 'system-wide pause' of the NHS complaints process to allow all health care providers to concentrate their efforts on front-line duties and responsiveness to COVID-19. At Royal Papworth Hospital we continued to operate as usual regarding the management of formal complaints but we extended our response time from 25 working days to 40 working days to allow our teams more time to investigate and respond to formal complaints.

We have received **8 formal complaints and 6 enquiries** for Q1. This is a reduction in the number of formal complaints received in the previous quarter (Q4; 17). 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.
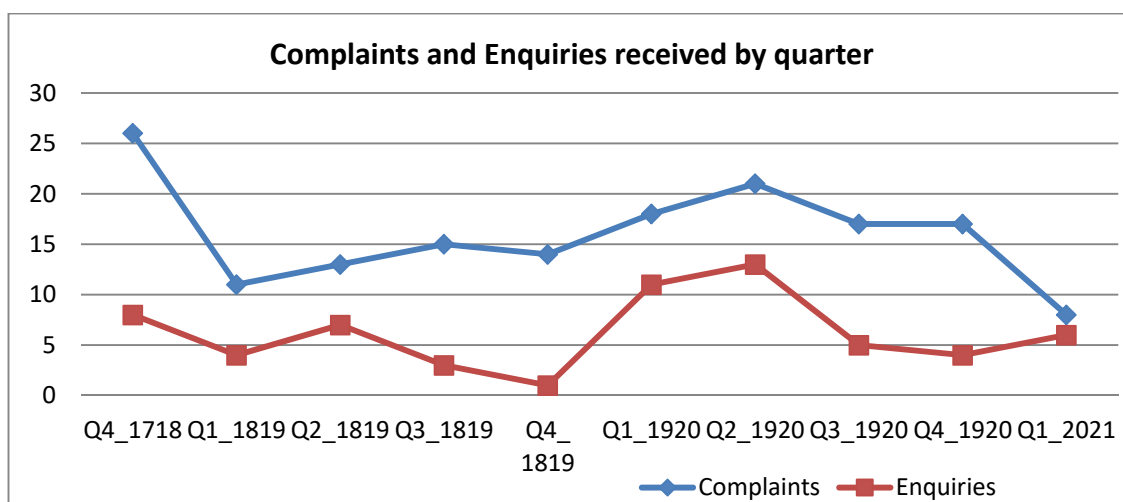


*Figure 1: Complaints vs Enquiries received by quarter (source – Datix 24/07/2020)*

*\*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 and one enquiry from a private patient\*.*

| Month | No. formal complaints received in Q1 (April - June 2020) | Upheld/Part Upheld | Enquiries for further information |
|-------|-----------------------------------------------------------|--------------------|----------------------------------|
| April | 3 | 0 | 0 |
| May | 1 | 0 | 3* |
| June | 4 | 1 | 3* |
| Total | 8 | 1 | 6 |

*Table 1: Numbers of complaints / Enquiries (source: Datix 24/07/2020)*

In Q1 we have seen a reduction in the number of formal complaints received and therefore have seen a reduction in the number of complaints across all subject areas. Of the complaints received in Q1 a majority were relating to clinical care, communication and facilities. Table 2 and Figure 2 show the primary subject of complaints comparing with the previous quarters. Since Q1 2019/2020 clinical care has been separated by speciality.

| Subject | 20/21 Q1 | 19/20 Q4 | 19/20 Q3 | 19/20 Q2 | 19/20 Q1 |
|---------|----------|----------|----------|----------|----------|
| Clinical Care/Clinical Treatment - General Medicine Group | 4 | 7 | 7 | 1 | 4 |
| Clinical Care/Clinical Treatment - Surgical | 0 | 2 | 3 | 2 | 2 |
| Communication / Information | 2 | 2 | 3 | 12 | 10 |

| | | | | | |
|---|---|---|---|---|---|
| Delay in Diagnosis / Treatment or Referral | 0 | 1 | 4 | 2 | 0 |
| Discharge Arrangements | 0 | 0 | 0 | 0 | 1 |
| Appointments | 0 | 3 | 0 | 0 | 0 |
| Environment - Internal | 0 | 2 | 0 | 0 | 1 |
| Privacy, Dignity and Wellbeing | 0 | 1 | 0 | 0 | 0 |
| Medication Issues | 0 | 0 | 0 | 2 | 0 |
| Nursing Care | 0 | 0 | 0 | 1 | 0 |
| Parking/Transport/Facilities | 2 | 0 | 0 | 1 | 0 |
| **Total** | **8** | **18** | **17** | **21** | **18** |

*Table 2: Primary subject of complaints by quarter (source: Datix 24/07/2020)*

Figure 2;
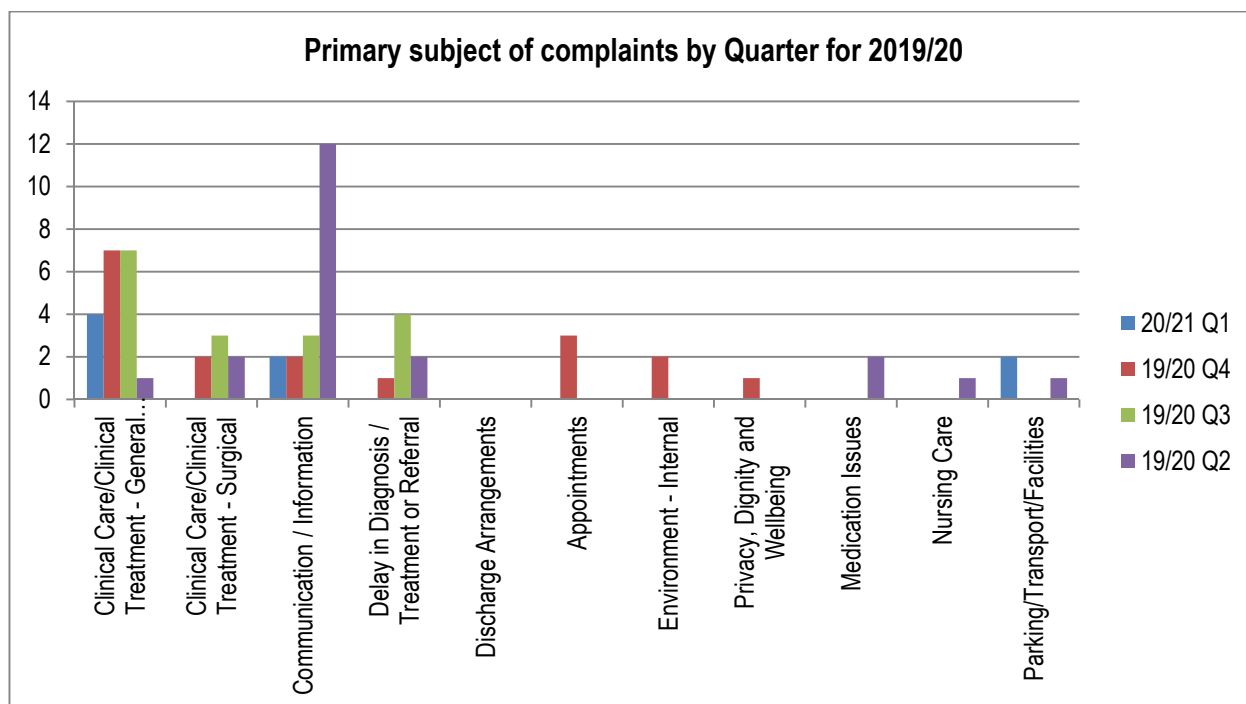


| Directorate and Speciality | 20/21 Q1 | 19/20 Q4 | 19/20 Q3 | 19/20 Q2 | 19/20 Q1 |
|---|---|---|---|---|---|
| NPH Cardiac Surgery | 0 | 2 | 3 | 3 | 0 |
| NPH Cardiology (Risks) | 2 | 0 | 8 | 7 | 4 |
| NPH Cath Labs | 0 | 0 | 0 | 0 | 1 |
| NPH Critical Care | 1 | 2 | 1 | 0 | 0 |
| NPH Interventional Cardiology | 0 | 0 | 0 | 0 | 1 |
| NPH Lung Defence | 1 | 0 | 0 | 1 | 1 |
| NPH Oncology | 0 | 1 | 0 | 1 | 0 |
| NPH Outpatients | 1 | 4 | 0 | 1 | 0 |
| NPH PVDU | 0 | 1 | 0 | 1 | 0 |
| NPH Respiratory Physiology | 0 | 0 | 1 | 1 | 0 |
| NPH Royal Papworth Private Care | 1 | 1 | 1 | 1 | 1 |
| NPH RSSC | 1 | 3 | 2 | 1 | 1 |
| NPH Thoracic Surgery | 0 | 0 | 0 | 1 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| NPH Surgical/Transplant | 0 | 2 | 0 | 0 | 0 |
| Cardiac Surgery (Old Site) | 0 | 0 | 0 | 2 | 2 |
| Cardiology (Old Site) | 0 | 1 | 1 | 0 | 5 |
| Oncology (Old Site) | 0 | 1 | 0 | 0 | 1 |
| Private patients (Old Site) | 0 | 0 | 0 | 1 | 0 |
| Other | 1 | 0 | 0 | 0 | 0 |
| **Total** | **8** | **18** | **17** | **21** | **18** |

*Table 3: Complaints by Directorate and Speciality (source: Datix 24/07/2020)*

| 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)*

The response time reported in Table 4 reflects the extended timeframe agreed in March 2020 in response to the COVID-19 pandemic.

**Enquiries received in Q1 20/21**

| Date Received | Reference | Location | Inpatient/ Outpatient | Description | Subject |
|---|---|---|---|---|---|
| 08/05/2020 | Q12021-05En | General Medicine | Outpatient | EoE Ambulance Service raised a concern regarding an incident involving an ECMO ambulance from RPH. | Transport |
| 20/05/2020 | Q12021-06En (Private Patient) | Surgical | Inpatient | Family unhappy with aspects of Private Patient care and communication. | Patient Care |
| 27/05/2020 | Q12021-07En | Surgical | Inpatient | AVR and CABG x 2 in June 2019. Leg wound not healed after 11 months, requesting a review. | Clinical Treatment |
| 18/06/2020 | Q12021-10En | Transplant | Inpatient | Patient is seeking to appeal an IFR decision regarding exceptional funding for high cost medication. | Clinical Treatment |
| 19/06/2020 | Q12021-11En | Surgical Services | Inpatient | Family have raised a number of concerns relating to communication, consent and care provided following PM report. | Patient Care |
| 19/06/2020 | Q12021-12En | Cardiology | Inpatient | Patient's son seeking clarification of care required whilst he was being treated at RPH. | Patient Care |

*Table 5: Enquiries received in Q1 2020/21 (source: Datix 24/07/2020)*

**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 20/21

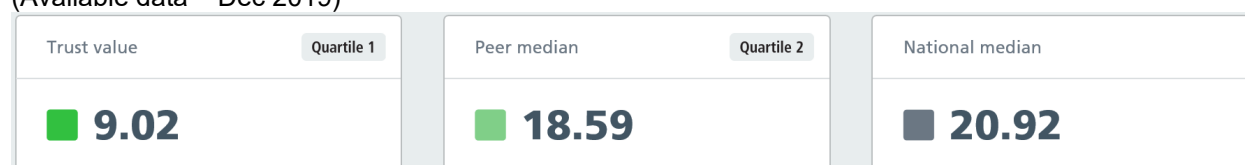| Trust Reference | Summary of Complaint | Outcome | Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion |
|---|---|---|---|
| **Q12021-09F** | Daughter has raised concerns regarding her father's care and treatment when he was admitted for TAVI. | Partially Upheld | Apology given, no further actions identified. Patient experience shared with clinical team and at directorate meeting. |

*Table 6: 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.
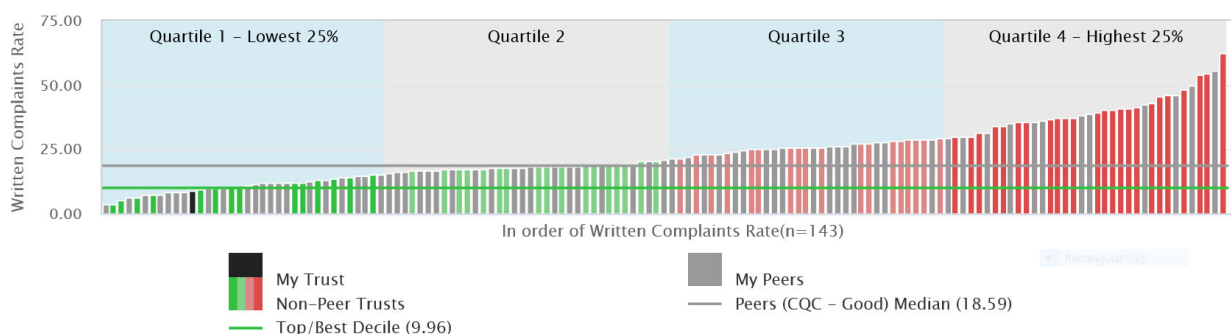
**2.5 National Benchmarking- Model Hospital**
(Available data – Dec 2019)

| Trust value | Quartile 1 | Peer median | Quartile 2 | National median |
|---|---|---|---|---|
| 🟩 **9.02** | | 🟩 **18.59** | | ⬛ **20.92** |



**Written Complaints Rate , National Distribution**        ☰ Options

**3     Patient Advice and Liaison Service Q1 Report 2020/21**

**3.1 Patient Carer Experience Group (PCEG) Meeting**
- Due to COVID-19, there have not been any meetings in Q1.

**3.2 Volunteers**
- Prior to the COVID-19 PALS had 70 volunteers who supported our hospital teams on a regular basis, unfortunately due to COVID-19 all of our existing volunteers have had to stand down due to personal/family or medical reasons.
- Throughout COVID-19 the hospital has still required the support of volunteers, albeit in different roles to previously.
- The recruitment, application and induction process has been reviewed and adapted to meet the needs of the current situation.
- We currently have 7 volunteers supporting the hospital in HR, Charity, PPE, Pharmacy and Family Liaison.
- Two of the volunteers have expressed their interest in continuing to volunteer at the Hospital once the current situation has ended.
- There are 12 non COVID-19 volunteers going through the recruitment process – on hold at the moment.

**Volunteer Hours Q1 2020/21**



| | Apr-20 | May-20 | Jun-20 |
|---|---|---|---|
| ■ Hours | 263 | 355 | 281 |
| ■ Quarter total | | | 899 |
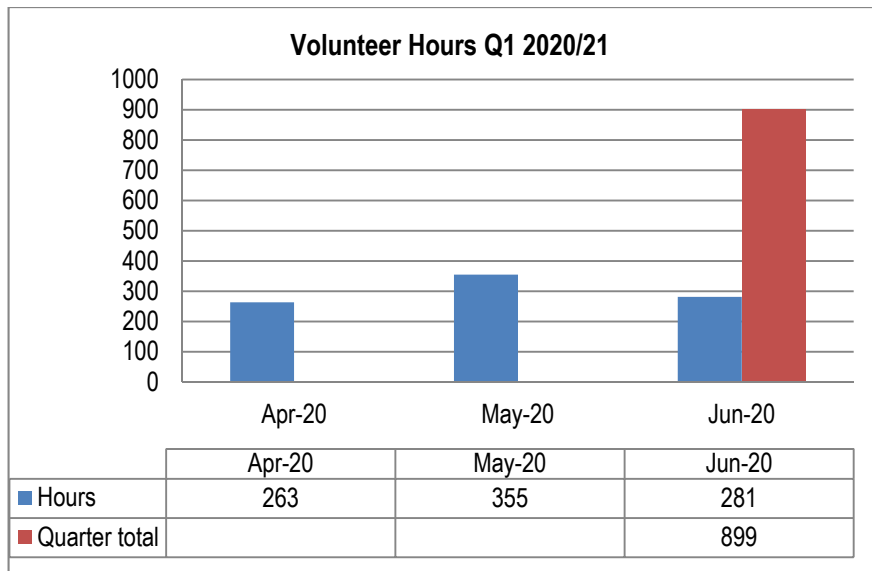
### 3.3 Patient Advice and Liaison Service (PALS)

- During Q1 2020/21, the PALS Service received **656** enquiries from patients, families and carers. This was a decrease of **169** on the number recorded in Q1 2019/20.
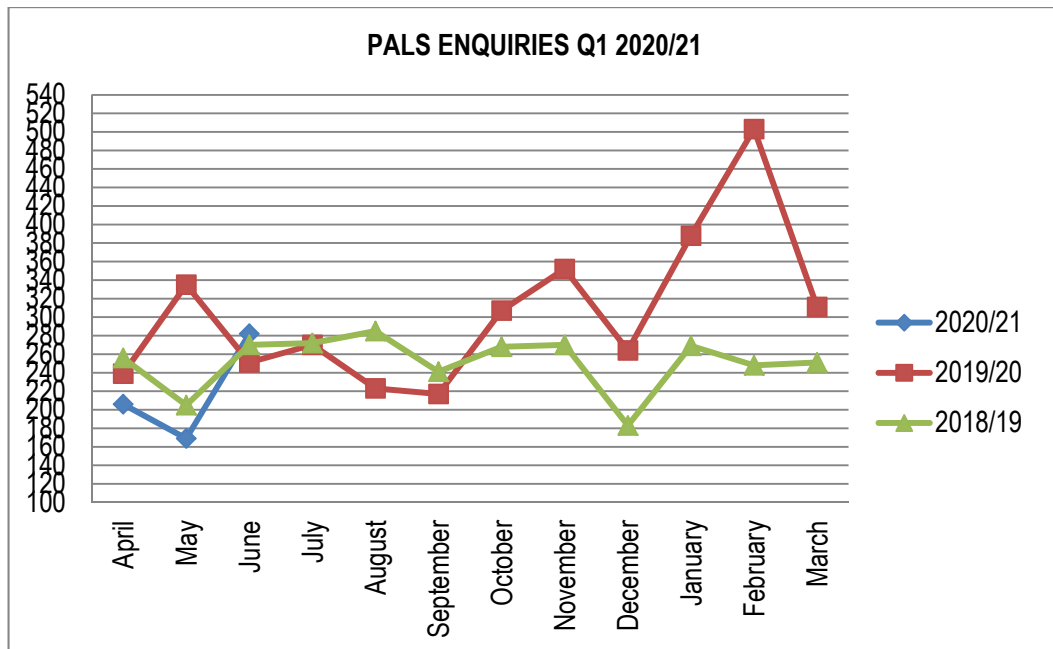


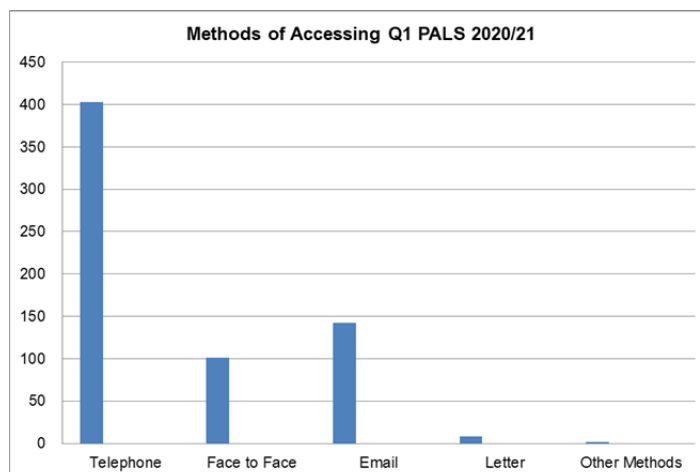The table below shows how patients, relatives and carers have accessed the PALS Service during Q1:

**Concerns Raised**

The table at Appendix 1 shows the concerns by category for Q1 in 2020/21.

Key themes raised from PALS enquiries in Q1 2020/2021.

| Subject (Primary) | Number of enquiries received | Details |
|---|---|---|
| Information and Advice | 442 | This is an decrease of 34 enquiries compared to the same quarter last year (Q1 2019/20)<br>Top three themes:<br>86 related to COVID-19 advice<br>75 related to telephone contact number<br>46 related to bereavement process |
| Communications | 72 | This is a decrease of 86 enquiries compared to the same quarter last year (Q1 2019/20)<br>Top three themes:<br>49 related to requests for clarification of medical information<br>7 related to contact phone numbers<br>3 related to poor or conflicting information |
| Delay in diagnosis/treatment or referral | 5 | This is a decrease of 69 enquiries compared to the same quarter last year (Q1 2019/20)<br>Top three themes:<br>3 related to delay in diagnosis/treatment<br>1 related to cancellation of treatment<br>1 related to waiting time for appointment |
| Parking | 11 | This is a decrease of 49 enquiries compared to the same quarter last year (Q1 2019/20)<br>Themes:<br>8 related to parking letter<br>1 related to parking charges<br>1 related to disabled access<br>1 related to parking issue 'other' |
| Transport | 3 | This is a decrease of 56 enquiries compared to the same quarter last year (Q1 2019/20)<br>Themes:<br>2 related to travel claims<br>1 related to hospital contract transport |
| Medical Records | 19 | This is an increase of 9 enquiries compared to the same quarter last year (Q1 2019/20)<br>Themes:<br>17 related to access to medical records<br>2 related to update medical records |
| Environment - Internal | 4 | This is decrease of 6 enquiries compared to the same quarter last year (Q1 2019/20)<br>Themes:<br>2 related to poor environment – internal<br>1 related to health and safety<br>1 related to lack of resources |
| Environment - External | 2 | This is an increase of 2 enquiries compared to the same quarter last year (Q1 2019/20)<br>Themes:<br>1 related to poor environment<br>1 related to signage |
| Nursing Care | 1 | This is the same last year (Q1 2019/20)<br>1 related to dissatisfied with personal care |
| Staff Attitude | 2 | This is a decrease of 1 enquiry compared to the same quarter last year (Q1 2019/20)<br>1 related to inappropriate manner/behaviour |

| Subject (Primary) | Number of enquiries received | Details |
|---|---|---|
| | | 1 related to uncaring behaviour |
| Equipment Issues | 0 | This is a decrease of 10 enquiries compared to the same quarter last year (Q1 2019/20) |
| Medication Issues | 3 | This is a decrease of 8 enquiries compared to the same quarter last year (Q1 2019/20)<br>3 related to prescriptions |
| Discharge Arrangements | 10 | This is an increase of 6 enquiries compared to the same quarter last year (Q1 2019/20)<br>Themes:<br>8 related to lack of arrangements for home after discharge<br>1 related to delay in discharge<br>1 related to wait to transfer to other facility |
| Clinical Care | 1 | This is the same as the same quarter last year (Q1 2019/20)<br>1 related to dissatisfied with treatment/diagnosis/outcome |
| Property | 76 | This is an increase of 66 enquiries compared to the same quarter last year (Q1 2019/20)<br>Top three themes:<br>54 related to loss/damage of property<br>11 related to valuables<br>7 related to deceased patient property |
| Admissions Arrangements | 1 | This is the same as the same quarter last year (Q1 2019/20)<br>1 related to property/clothes required for admission |
| Catering | 1 | This is a decrease of 2 compared to the same quarter last year (Q1 2019/20)<br>1 related to lack of adequate choice of food |
| Patients Charges | 0 | This is a decrease of 2 compared to the same quarter last year (Q1 2019/20) |
| Infection Control Issue | 5 | This an increase of 5 enquiries compared to the same quarter last year (Q1 2019/20)<br>5 related to infection control query |

There were 3 enquiries regarding private patients. The table below shows the breakdown by subject.

| Subject | No. PALS Enquiries |
|---|---|
| Clarification of medical information | 1 |
| Information on hospital services | 1 |
| Telephone contact number | 1 |
| **Total** | **3** |

During Q1 no PALS enquiries were escalated to formal complaints. **2** enquiries were signposted to organisations external to the Trust.

**3.4 Compliments**
There were 723 compliments received by PALS from across the Trust during Q1 2020/21, this is a decrease of 562 on the same time last year (Q1 2019/20). Compliments are received verbally, letters, thank you cards, e-mails, suggestion cards and Friends and Family Surveys and via the CEO.

The top themes for compliments for Q1 in 2020/21 were:
- General thank you/dedication/hard work
- Care/Support
- Professional/Care/Team work

**Compliments Themes Q1 2020/2021**



| | Care/ Support | Professional Care/ Team Work | Kindness/ Compassion / Courtesy/ Friendliness | General thank you/ Dedication/ Hardwork | Excellence of treatment/ Improved quality of life | Dignity and respect | Friends and Family Survey Compliment | Total |
|---|---|---|---|---|---|---|---|---|
| Q1 | 39 | 23 | 21 | 121 | 21 | 1 | 360 | 586 |
| Q2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Q3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Q4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 39 | 23 | 21 | 121 | 21 | 1 | 360 | 586 |
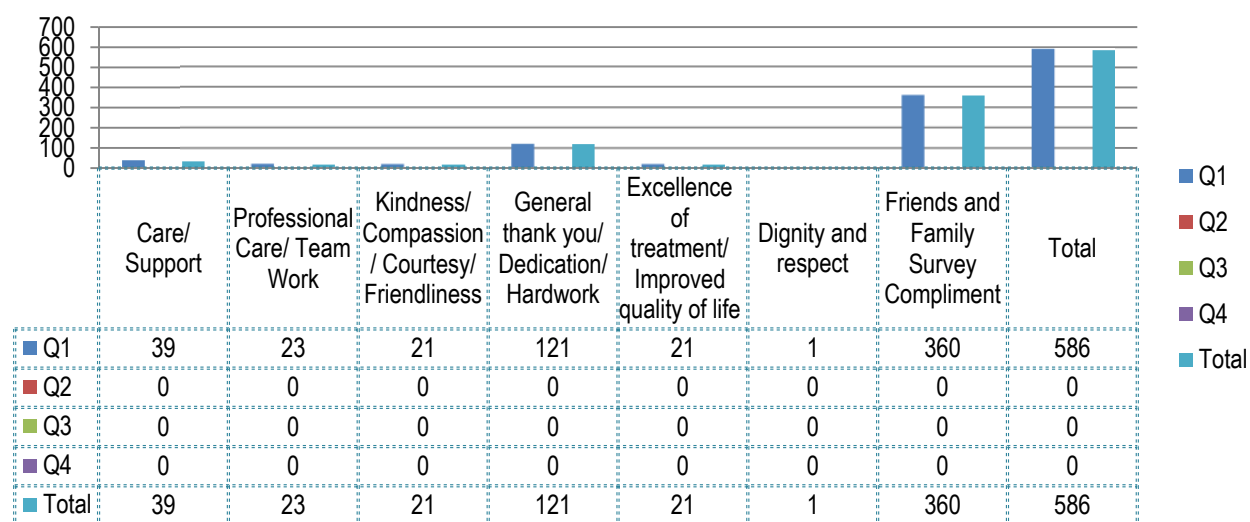
Examples of feedback taken from 'Thank you cards':

*'Please accept all my humble thanks for your outstanding care during my short stay. I am forever in debt to you all'*

*'Thank you to all the team for getting me through my ordeal and on the road to recovery. Your patience, consideration thoughtfulness and kindness are second to none. Bless you all, you deserve the thanks of a grateful nation, keep up the good work'*

*'I have recovered very quickly and I am sure that is due to the excellent teamwork that took place when I had my procedure, so thank you everyone'*

*'I would like to say a big thank you, to everyone involved for the care that given to me while I was in Papworth hospital. The treatment I was given was exemplary, professional and has left me with a feeling of trust and faith'*

**3.5 Friends and Family Surveys collected during Q1 (2020/21)**

| Area | Number Collected and Scanned |
|---|---|
| Outpatient | 44 |
| Private patients | 13 |
| Inpatient (now includes Day Ward) | 488 |
| **Total** | **545** |

**3.6 Bereavement Services**
- 61 patients passed away in Q1 (2020/21) this is an increase of 24 compared to the same quarter last year (2019/20).
- PALS continued to provide 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.
- Continued 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.
- Supported our Bereavement Care and Mortuary team at CUH with chasing outstanding paperwork and completion of the bereavement process.

**3.7 Bereavement Follow Up Service**
- We implemented the bereavement follow up service the 1st April 2020.
- During Q1 we have contacted 33 NOK and 7 families have taken up the offer of this service.

- All responses have been via email and or telephone calls. We are limiting face to face meetings because of the COVID Pandemic.
- The main concerns relate to lack of communication and understanding what actually happened to their loved one, leading up to them passing away.
- The families were all very grateful for the care and treatment given to their loved one and appreciated receiving a follow up letter, giving them the opportunity to ask questions and communicate any feedback or concerns that they had.
- All 7 contacts have been resolved and closed without the need to escalate any concerns

## 4. Risk Management
### 4.1 Non Clinical Accidents/Incidents

During quarter 1 there have been 223 accidents/incidents (including near misses) which have involved staff/contractors/organisation or visitors. A drop compared to the previous quarters (n=365) which coincided with the beginning of the COVID pandemic. The quarter's totals have fluctuated with an average of 364 incidents per quarter. This represents a decrease in reported incidents. During this period the most common type of incident have linked to Infection Control (16%); a proportion of which captures issues with PPE, new COVID procedures and unnecessary use of PPE in the wake of the COVID pandemic. Infection Control incidents are shared with the Infection Control Team for review and where necessary copied to the external contractors to enable them to learning from changes to the COVID related procedural changes. Table 1 shows the incidents by type. Other types of commonly recorded incidents include Accidents (11%), this includes a number of issues related to the continuous use of surgical facial masks across the Trust when not in COVID-secure areas. The incident details and types of surgical face masks are being collated are reported to the Medicines and Healthcare Regulatory Agency for further external investigation. (see section 4.2 – RIDDOR incidents).

| Type | 20/21 Q1 | 19/20 Q4 | 19/20 Q3 | 19/20 Q2 | 19/20 Q1 | Total |
|---|---|---|---|---|---|---|
| Accidents | 25 | 21 | 29 | 29 | 46 | 150 |
| Administration - admission/discharge/transfer | 11 | 33 | 48 | 43 | 20 | 155 |
| Anaesthetics | 0 | 0 | 2 | 2 | 1 | 5 |
| Behaviour/Violence Aggression | 19 | 12 | 15 | 10 | 15 | 71 |
| Blood Plasma Products | 6 | 9 | 7 | 7 | 6 | 35 |
| Communication/Consent | 9 | 9 | 10 | 22 | 16 | 66 |
| Data protection | 16 | 14 | 18 | 19 | 24 | 91 |
| Diagnosis Process/Procedures | 2 | 4 | 5 | 6 | 7 | 24 |
| Documentation | 3 | 13 | 15 | 25 | 22 | 78 |
| Environmental Hazards/Issues | 10 | 19 | 47 | 35 | 24 | 135 |
| Fire Incidents | 0 | 8 | 2 | 2 | 0 | 12 |
| Infection Control | 35 | 44 | 29 | 22 | 25 | 155 |
| Information Technology | 13 | 10 | 17 | 23 | 31 | 94 |
| Medical Devices | 14 | 12 | 25 | 20 | 28 | 99 |
| Medication/Medical Gases/Nutrition | 18 | 28 | 27 | 26 | 28 | 127 |
| Nutritional Feeding (Prescribed) | 0 | 0 | 1 | 0 | 0 | 1 |
| Organisational Issues/Staffing | 19 | 108 | 125 | 69 | 85 | 406 |
| Pressure Ulcers | 8 | 1 | 2 | 0 | 0 | 11 |
| Radiology | 2 | 1 | 5 | 5 | 5 | 18 |
| Security incidents | 6 | 14 | 9 | 13 | 9 | 51 |
| Treatment/Procedures | 7 | 5 | 10 | 8 | 8 | 38 |
| Total | 223 | 365 | 448 | 386 | 400 | 1822 |

Table 1 – Non-clinical Incidents Reported for 2019/20 (Data source: DATIX 03/08/20)

**4.2 Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)**
During quarter 1 there have been three new RIDDOR reportable incidents which required reporting to the Health & Safety Executive (HSE).

**4.3 Risk Register**
There are currently a total of 644 open project, BAF and business risks; with a proportion linking directly to the management of the COVID pandemic.  This demonstrates that the Trust is actively updating their risks and checking them for relevance in the new hospital environment.  Of which 136 are overdue compared with 203 at the end of quarter 4 (Data source 28/7/2020).  A monthly reminder is sent for both overdue corporate extreme risks and overdue action plans to the handlers. It is the responsibility of the Directorates to update all risks and to report those 12 and above in their monthly reports; escalation of these risks are noted at QRMG. All new risks graded 12 and above are shared at QRMG & Q&R in addition to departmental meetings. A review of the process is being discussed with the Director of Finance and the Trust Secretary as the Trust aims to towards using its' risk registers to drive business operations. 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. A review of the general health and safety risks is underway to ensure that overall aspects of legislation are being complied with.  This review will highlight actions for the financial year.

**4.4 Non-clinical claims**
There are no new claims brought against the Trust during Q1.  One claim related to manual handling activities has been closed (WEB24864). Currently there are 4 ongoing claims. All claims are shared with the local department and Root Cause Analysis reports requested at the time of the incident.

**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 (Risk Information Management System - Datix).

Throughout quarter 1 2020/21 the Trust has received 47 formal Safety Alerts and Field Safety Notices, raised by manufacturers; of which 26 have been relevant to the Trust. The majority have related to the COVID preparations.  These figures do not account for medication safety alerts which are managed by the pharmacy team or Estates/Security alerts managed by Estates. All 26 alerts have been actioned and are monitored at QRMG in line with the individual safety alert requirements. The Trust is fully compliant with national guidelines in Q1.


**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**
No national audits have been published in Q1 2020/21. The team in Q1 has prepared a number of annual data submissions for FY19/20, as the trust maintains its subscription and participation in a number of national audit programmes. The trust is also contributing data to a number of Covid-19 specific collections.

**Local audit**
Audit activity remains at a similar level in Q1 20/21 to Q4 19/20, despite regular business processes being adversely affected by the Covid-19 response. A summary of completed activity can be found in Appendix 3. The team continues to develop its internal audit project monitoring and project tracking processes. Once this work is complete, the clinical divisions will be approached to review and confirm their FY20/21 audit plans.

A current focus is moving to a "digital first" friends and family patient satisfaction questionnaire. The tools and systems developed for this programme will enable improvement opportunities across all of the teams work streams, as well as improved tools to support any future clinical audit and quality improvement activity within the trust.

Other high priority work streams include engagement with the specialist nursing teams (Infection Prevention and Control, Diabetes, Tissue Viability) to ensure adequate monitoring of core patient safety metrics.

**NSF / NICE Guidance received in quarter & progress**
A total of 13 NICE guidance documents were disseminated for feedback during Q1.
Please see appendix 4 for a list of applicable guidance and compliance ratings.

**5.3 Quality Improvement**
The Trust identified 3 key priority projects for Quality Improvement in 2019/20 which is aligned with the Quality Account priorities.

- In House Urgent Pathway (IHU)
- Deteriorating Patients
- Patient Falls

These projects have now been closed and the processes and monitoring developed under these projects are now embedded in business as usual.

Work on developing the forward priorities has resumed at the end of Q1 following a short break over the Covid-19 period. The team has used this period to focus on improving the teams systems and processes, aiming to deliver a more reliable and sustainable service that has the capacity to deliver the QI work stream long term.

The team is also in the process of resuming the QI Masterclass Programme, working with EAHSN on how to deliver this training course safely in the current Covid-19 climate. This programme is essential to upskilling the clinical audit team with the training skills required to deliver a QI training faculty. The programme will also be developing QI champions within a number of services, with projects within each service being set up as an opportunity for the QI champions to learn and practice the IHI Model for Improvement methodology. It is anticipated this programme will resume from October 2020.

**Appendix 1**
**PALS Enquiries Quarterly Report**

| Subjects/Sub-Subjects | 2019/20 | | | | 2020/21 |
| --- | --- | --- | --- | --- | --- |
| | Q1 | Q2 | Q3 | Q4 | Q1 |
| **Verbal or Physical Abuse** | **0** | **0** | **0** | **0** | **0** |
| Verbal Abuse by Patient | 0 | 0 | 0 | 0 | 0 |
| **Admission Arrangements** | **1** | **4** | **5** | **3** | **1** |
| Availability for Wi-Fi | 0 | 1 | 0 | 0 | 0 |
| Property/Clothes required for admission | 0 | 0 | 2 | 0 | 1 |
| Visiting Hours | 1 | 3 | 3 | 3 | 0 |
| **Staff Attitude** | **3** | **13** | **7** | **3** | **2** |
| Inappropriate manner/behaviour | 1 | 2 | 0 | 1 | 1 |
| Rudeness | 1 | 4 | 4 | 2 | 0 |
| Uncaring behaviour | 1 | 7 | 3 | 0 | 1 |
| **Clinical Care** | **1** | **1** | **2** | **2** | **1** |
| Dissatisfied with treatment/outcome/diagnosis | 0 | 0 | 0 | 0 | 1 |
| Inappropriate treatment given | 0 | 0 | 0 | 0 | 0 |
| Poor recovery after discharge | 0 | 0 | 0 | 0 | 0 |
| Dissatisfied with medical care/treatment/diagnosis | 1 | 1 | 2 | 2 | 0 |
| **Infection Control Issues** | **0** | **0** | **0** | **1** | **5** |
| Infection/Infection Control query | 0 | 0 | 0 | 1 | 5 |
| Lack of Cleanliness (Hygiene) | 0 | 0 | 0 | 0 | 0 |
| **Nursing Care** | **1** | **0** | **2** | **0** | **1** |
| Dissatisfied with Personal Care Provided | 0 | 0 | 1 | 0 | 1 |
| Dissatisfied with nursing care/treatment | 1 | 0 | 1 | 0 | 0 |
| **Catering** | **4** | **7** | **6** | **3** | **1** |
| Food served at incorrect temperature | 1 | 1 | 0 | 0 | 0 |
| Inadequate portion size | 0 | 1 | 0 | 1 | 0 |
| Lack of availability of food | 0 | 1 | 0 | 0 | 0 |
| Lack of adequate choice of food | 1 | 0 | 2 | 0 | 1 |
| Poor service in restaurant | 0 | 2 | 2 | 1 | 0 |
| Poor Quality Food | 2 | 2 | 2 | 1 | 0 |
| **Patient charges** | **2** | **2** | **2** | **0** | **0** |
| Eligibility Criteria | 0 | 0 | 0 | 0 | 0 |
| Other charges | 0 | 0 | 1 | 0 | 0 |
| Request for payment incorrect | 0 | 0 | 1 | 0 | 0 |
| Treatment Costs | 2 | 2 | 0 | 0 | 0 |
| **Communication** | **158** | **138** | **154** | **109** | **72** |
| Breach of Confidentiality | 3 | 0 | 2 | 0 | 0 |
| Clarification of Medical Information | 46 | 41 | 46 | 55 | 49 |
| Consent Issues | 0 | 0 | 0 | 0 | 1 |
| Diagnosis Query | 1 | 1 | 2 | 0 | 0 |
| Freedom of information requests | 0 | 0 | 1 | 0 | 0 |
| Incorrect Information provided | 0 | 7 | 3 | 3 | 0 |
| Information for patients | 0 | 0 | 1 | 4 | 1 |

| Subjects/Sub-Subjects | 2019/20 | | | | 2020/21 |
| --- | --- | --- | --- | --- | --- |
| | Q1 | Q2 | Q3 | Q4 | Q1 |
| Information for visitors | 0 | 0 | 0 | 0 | 1 |
| Lack of Information for other Professional | 1 | 4 | 1 | 3 | 0 |
| Lack of Information for Patients | 16 | 14 | 20 | 14 | 1 |
| Lack of Information for Relatives | 4 | 2 | 4 | 4 | 0 |
| Lack of Sensitivity in Communication | 0 | 2 | 0 | 0 | 1 |
| Other communication issues | 8 | 2 | 4 | 0 | 3 |
| Poor or Conflicting information | 8 | 18 | 12 | 2 | 3 |
| Translation & Interpretation Services | 6 | 1 | 3 | 2 | 2 |
| Phones unanswered | 29 | 17 | 26 | 2 | 1 |
| Contact phone number | 26 | 12 | 21 | 11 | 7 |
| No response to phone messages | 3 | 2 | 0 | 0 | 0 |
| Answerphone incorrect | 0 | 0 | 0 | 0 | 0 |
| Booking Office | 6 | 14 | 5 | 3 | 0 |
| Compliments | 1 | 1 | 0 | 0 | 0 |
| Residency form | 0 | 0 | 3 | 4 | 2 |
| **Delay in diagnosis/treatment or referral** | **74** | **41** | **72** | **35** | **5** |
| Cancellation of treatment | 5 | 8 | 7 | 8 | 1 |
| Clinical waiting times | 6 | 2 | 1 | 0 | 0 |
| Delay in diagnosis/treatment | 17 | 10 | 19 | 2 | 3 |
| Delay in referral | 3 | 0 | 4 | 2 | 0 |
| Failure to book treatment/appointment | 0 | 1 | 0 | 1 | 0 |
| Waiting time for admission to ward | 0 | 0 | 0 | 1 | 0 |
| Waiting time for appointment | 31 | 16 | 30 | 13 | 1 |
| Waiting time for operation/procedure | 12 | 4 | 11 | 8 | 0 |
| **Lack of privacy and dignity** | **0** | **1** | **0** | **1** | **0** |
| Lack of privacy/dignity on ward | 0 | 1 | 0 | 1 | 0 |
| Lack of privacy when relaying information | 0 | 0 | 0 | 0 | 0 |
| **Discharge Arrangements** | **4** | **3** | **6** | **8** | **10** |
| Delay in discharge | 0 | 0 | 1 | 0 | 1 |
| Dissatisfaction with discharge to another hospital | 0 | 0 | 0 | 3 | 0 |
| Lack of arrangements for home after discharge | 4 | 2 | 3 | 2 | 8 |
| Wait to transfer to other facility | 0 | 1 | 2 | 3 | 1 |
| **Equipment Issues** | **10** | **11** | **12** | **2** | **0** |
| Delays in replacing equipment | 0 | 0 | 0 | 0 | 0 |
| Lack of/Inadequate equipment | 10 | 10 | 8 | 0 | 0 |
| Return of Equipment | 0 | 1 | 2 | 0 | 0 |
| CPAP Machines | 0 | 0 | 2 | 2 | 0 |
| **Information/Advice Requests** | **408** | **343** | **447** | **719** | **441** |
| Accommodation | 35 | 37 | 69 | 34 | 4 |
| Appointments | 60 | 57 | 50 | 110 | 24 |
| Advice on Medication | 3 | 10 | 5 | 6 | 7 |
| Advice on Equipment | 15 | 32 | 42 | 61 | 19 |
| Benefits | 7 | 3 | 4 | 9 | 0 |
| Bereavement process | 6 | 4 | 12 | 15 | 46 |

| Subjects/Sub-Subjects | 2019/20 | | | | 2020/21 |
| --- | --- | --- | --- | --- | --- |
| | Q1 | Q2 | Q3 | Q4 | Q1 |
| Bereavement follow up | 0 | 0 | 0 | 0 | 8 |
| Charity donation | 0 | 0 | 0 | 0 | 1 |
| Costa coffee | 0 | 0 | 0 | 0 | 1 |
| Coroners Information | 0 | 0 | 0 | 4 | 4 |
| COVID-19 Advice | 0 | 0 | 0 | 7 | 86 |
| Hospital Stamp | 0 | 0 | 0 | 103 | 20 |
| Insurance letter | 0 | 0 | 0 | 4 | 2 |
| Location of patient | 0 | 0 | 0 | 48 | 8 |
| Need to use stairs | 0 | 0 | 0 | 12 | 1 |
| Information on Hospital Services | 36 | 44 | 16 | 24 | 9 |
| Off Site Directions | 16 | 18 | 13 | 20 | 6 |
| On site directions | 104 | 29 | 110 | 51 | 23 |
| OCS | 0 | 0 | 0 | 1 | 1 |
| Other (information request) | 2 | 0 | 7 | 4 | 16 |
| Phone charger | 0 | 0 | 0 | 1 | 0 |
| Telephone contact number | 71 | 64 | 60 | 119 | 75 |
| Requests for information on volunteering | 19 | 9 | 11 | 15 | 23 |
| Complaints Procedure | 8 | 8 | 22 | 31 | 14 |
| E-mail Address | 12 | 18 | 11 | 14 | 31 |
| Referral Information | 14 | 3 | 14 | 22 | 9 |
| Sick Note | 0 | 0 | 0 | 0 | 2 |
| Signposting to other NHS organisation | 0 | 2 | 1 | 1 | 0 |
| Signposting to other organisation | 0 | 2 | 0 | 2 | 1 |
| Support using lift | 0 | 0 | 0 | 1 | 0 |
| Phones unanswered | 0 | 17 | 0 | 0 | 0 |
| **Environment - Internal** | **9** | **4** | **6** | **2** | **3** |
| Cleanliness Toilet | 0 | 0 | 0 | 0 | 0 |
| Cleanliness of ward | 0 | 0 | 0 | 0 | 0 |
| Inadequate facilities for disability | 1 | 1 | 1 | 0 | 0 |
| Maintenance | 3 | 0 | 0 | 0 | 0 |
| Poor Environment - Internal | 4 | 2 | 5 | 2 | 1 |
| Temperature on ward too hot/cold | 0 | 0 | 0 | 0 | 0 |
| Health and Safety | 0 | 1 | 0 | 0 | 1 |
| Lack of resource | 1 | 0 | 0 | 0 | 1 |
| **Environment - External** | **0** | **9** | **10** | **1** | **2** |
| Poor environment | 0 | 9 | 10 | 1 | 1 |
| Signage | 0 | 0 | 0 | 0 | 1 |
| **Medication issues** | **11** | **6** | **1** | **3** | **3** |
| Incorrect medication | 0 | 1 | 0 | 1 | 0 |
| Failure to provide medication | 3 | 0 | 0 | 0 | 0 |
| Prescriptions | 8 | 4 | 1 | 2 | 3 |
| Pain management | 0 | 1 | 0 | 0 | 0 |
| **Parking** | **60** | **42** | **70** | **210** | **11** |
| Disabled access | 8 | 4 | 4 | 9 | 1 |

| Subjects/Sub-Subjects | 2019/20 | | | | 2020/21 |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Q1 |
| Other Parking Issue | 14 | 6 | 9 | 7 | 1 |
| Parking Charges | 38 | 23 | 28 | 25 | 1 |
| Parking Directions | 0 | 9 | 1 | 4 | 0 |
| Parking Letter | 0 | 0 | 28 | 154 | 8 |
| Parking fine | 0 | 0 | 0 | 8 | 0 |
| **Property** | **10** | **21** | **22** | **16** | **76** |
| Deceased patient property | 0 | 0 | 0 | 0 | 7 |
| Clothing | 0 | 0 | 0 | 0 | 1 |
| Loss/Damage of property | 10 | 21 | 22 | 16 | 54 |
| Property store room | 0 | 0 | 0 | 0 | 3 |
| Valuables | 0 | 0 | 0 | 0 | 11 |
| **Medical Records** | **10** | **19** | **26** | **45** | **19** |
| Incorrect information in health record | 0 | 1 | 0 | 0 | 0 |
| Records Other | 0 | 3 | 3 | 4 | 0 |
| Request for access to medical records | 8 | 11 | 20 | 33 | 17 |
| Request to update to records | 2 | 4 | 3 | 8 | 2 |
| **Training** | **0** | **0** | **0** | **0** | **0** |
| Request for training placement | 0 | 0 | 0 | 0 | 0 |
| **Transport Issues** | **59** | **46** | **73** | **39** | **3** |
| Hospital contract transport | 4 | 2 | 13 | 3 | 1 |
| Local transport information | 35 | 16 | 30 | 19 | 0 |
| NHS transport Issues | 10 | 5 | 5 | 1 | 0 |
| 'Other' Transport issue | 3 | 5 | 3 | 1 | 0 |
| Travel Claims | 7 | 18 | 22 | 15 | 2 |
| **Total Number of Enquiries:** | **825** | **711** | **923** | **1202** | **656** |

**Please note that within each enquiry there could be multiple subjects and sub-subjects**

**Local Clinical Audit Summary**
The table below illustrates the completed clinical audit & effectiveness projects for quarter 1

| Title | Quarterly report: Quarter 1 (April - June 2020) | | |
|---|---|---|---|
| **INFECTION CONTROL** | | | |

| Q1 Commodes | **Findings:** | | |
|---|---|---|---|
| | **5 North** | 15/18 | 83% |
| | **5 South** | 18/18 | 100% |
| | **4 North East** | 8/9 | 89% |
| | **4 South West** | 7/9 | 78% |
| | **4 South East** | 0/0 | N/A |
| | **3 North East** | 9/9 | 100% |
| | **3 South** | 13/15 | 87% |
| | **CCA** | 0/0 | N/A |

**Recommendations/Actions:**
Following approval by the ICPP Committee on 04/04/19, if a ward scores under 75% in two consecutive audits, then the area will be informed and a further spot check will be performed before the next audit. All areas were 75% or above compliant for Q4 so no further spot checks to be carried out for Q1.

| Q1 Raised Toilet Seats | **Findings:** | | |
|---|---|---|---|
| | **5 North** | 33/39 | 85% |
| | **5 South** | 19/21 | 90% |
| | **4 North East** | 0/0 | N/A |
| | **4 South West** | 8/12 | 67% |
| | **4 South East** | 2/3 | 67% |
| | **3 North East** | 0/0 | N/A |
| | **3 South** | 20/21 | 95% |

**Recommendations/Actions**
Raised toilet seats not marked as clean or stored correctly – 4 SW, 4 SE – Ward managers have been informed and requested to familiarise staff with cleaning policy DN11 section 6

| MICROBIOLOGY | |
|---|---|
| *Procalcitonin (PCT) guided-antibiotic therapy in COVID-19 patients for those with suspected superadded bacterial infection* | **Findings:**<br>After the introduction of the PCT algorithm the number of patients off antibiotics (with a PCT <0.5ng/mL) increased from 9% to 40%. This is an increase in compliance with the testing protocol of 31%.<br><br>**Recommendations/Actions**<br>1) To review the antibiotic algorithm with regards to the usefulness of PCT<br>2) To perform a cost benefit analysis of PCT in ITU<br><br>Action Plan if we are to continue PCT testing:<br>1)To recommend to ITU that PCT is requested only on day 1 and day 5<br>2) If PCT to be requested outside of these parameters, this should be a consultant led decision.<br>3)To re-audit in 1-2 weeks including the frequency of requesting of PCT |
| **Service evaluation – Reporting of susceptibilities on Enterobacterales** | **Findings**<br>Antibiotic susceptibility results for 31 consecutive Enterobacterales isolates reported from 13/5/20 to 22/5/20 were reviewed.  At the point of validation of results, it is usually assumed that the results are technically validated (i.e. zone sizes are read with correct inoculum density), and E tests for MICs are requested for isolates which fall under the ATU for confirmation. With current practice, additional MICs were requested on 6/31 (19%) of all isolates. Reasons for not requesting for further work on isolates with zone sizes falling within ATU include availability of other antibiotic agents, superficial sample (which may not need treatment) and confirmation of ESBL status.<br><br>Ranges for resistance based on EUCAST susceptibilities for Enterobacterales are zones <17mm to Tazocin or <22mm to Ciprofloxacin respectively. All isolates with zone sizes falling within the ATU range for Tazocin (17-19mm) and Ciprofloxacin (22-24mm) were reported as resistant.  However, in the ATU range, the recommendation is also to perform an MIC determination or to downgrade the susceptibility category (as in this case), but a comment should be included and the isolates saved for further testing. Other options for dealing with the ATU include reporting the results as uncertain with comment or omitting the result altogether.<br><br>**Recommendations/Actions**<br>- Can an electronic solution be devised at the bench to make this process more streamlined? Eg Enterobacterales from sterile sites with no AmpC or ESBL detection and zone sizes fall within ATU, may have MICs automatically requested at bench level (similar to PE algorithm). Otherwise TATs may be affected in a fifth of our Gram negative isolates.<br><br>- Need to raise awareness of ATUs with microbiologists – perhaps ranges within ATUs can be reported as "I" as recommended by EUCAST to highlight this uncertainty at the point of validation, as the usual comment on every sample results in ' fatigue', when actually, more consideration has to be given to these isolates falling within the ATU. This impacts on 29% of isolates tested against Tazocin.<br><br>- Furthermore, reporting an isolate as "R" to Tazocin may be a more cautious approach, but this will lead to increasing use of -alternatives (e.g. Meropenem) which is counterintuitive for antimicrobial stewardship. |
| **PHARMACY** | |

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| **TTO Checklist: QI project to reduve medical prescription errors for pts after cardiothoracic surgery.** | **Findings:**<br>About 2600 medication orders were analysed during the study period, with a prescribing error in 1.4% (95% confidence interval (CI) 1.3 to 1.5) before the introduction of the checklist. After the introduction of the checklist, there was a reduction in prescribing error to 1.2% (95% confidence interval (CI) 1.1 to 12).<br>**Recommendations/Actions**<br><ul><li>Two tables were designed and included in the induction booklet of all Junior Doctors starting a Cardiothoracic rotation from November 2019 to April 2020.</li><li>This two tables were a checklist based on current guidelines containing the mandatory drugs that cardiothoracic post operative patients must take at home according to the type of surgery they had.</li><li>The checklist was distributed mainly to Junior doctors prescribing in a cardiothoracic ward setting. Two specialist pharmacists where involved in the supervision of the checklist and started to record the amount of prescription errors noticed from the introduction to the checklist, to the end of April 2020.</li></ul> |
| | **PSS** |
| **Gastrostomy NPSA Compliance Annual Audit Report 2019-2020** | **Findings:**<br>From the results we had 16 gastrostomy insertions over past 10 months; which were 11 PEXACT and 5 Freka PEGs (15 French). The majority of patients were based on RSSC (3NE) (11 patients), with 2 patients from Cystic Fibrosis Unit (4SE) and 3 transplant patients. It should have been in total 17 gastrostomy insertions however one insertion was unsuccessful and therefor excluded.<br><br>Of our cohort, only 1/16 gastrostomy insertions were emergency. This is similar from the previous year where 1/9 of the gastrostomy insertions were emergency and an improvement from previous years seen. Ideally we would prefer less emergency insertions, as this would have less of an impact on dietetic department time and patient length of stay. Due to being a specialised hospital, the patients our staff look after tend to be clinically quite complex. Therefore it is not always possible to plan further ahead. Unplanned tube placement prior to admission can delay discharge as there are training and setup requirements that cannot be anticipated or quickly actioned, which has a financial implication for the hospital.<br><br>**Recommendations/Actions**<br><ul><li>Dietetic team will ensure that dietitian involved with a gastrostomy insertion, completes the electronic audit form fully so that no questions remain unanswered.</li><li>Ward and/or relevant dietitians to ensure gastrostomy insertion pathway is started and completed - so relevant ward dietitian to ensure their ward staff knows to complete this. Will discuss in next dietetic department.</li><li>Promote to all wards the need to ensure discharge planning section of gastrostomy ICP is completed before discharge</li><li>Need to look at if ALERT sticker information previously used in paper based notes, as part of the current online gastrostomy insertion care pathway (Under Procedure tab on Lorenzo) is sufficient to meet the NPSA alert specification. Will bring this up for discussion in Dietetic department meeting.</li><li>Data collections will continue, completed by the dietetic department, with the next annual report due January2021</li><li>This report will be circulated to dietetic department, nutrition link nurses, matrons, wards mentioned in this audit as well as Royal Papworth hospital surgeons kindly providing insertions of these gastrostomies. Also sent to Audit department</li><li>New Formic form will be created and date on formic form updated.</li></ul> |

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| | • Consider speaking with Lorenzo team to see if it's possible to add Gastrostomy ICP on nursing tab and IP progress note. This would make Gastrostomy ICP more visible at all ends and hopefully documentation will be done as required. |

## Appendix 3
### *NEWLY PUBLISHED NICE GUIDANCE AND QUALITY STANDARDS*

13 NICE Guidance published and disseminated to Papworth Hospital NHS Trust during Quarter 1 of 2020/2021, awaiting confirmation from leads regarding relevance and compliance.

| Title | Reference number | Published/ Updated | Compliant |
|---|---|---|---|
| Tests to help assess risk of acute kidney injury for people being <br> considered for critical care admission (ARCHITECT and Alinity i Urine <br> NGAL assays, BioPorto NGAL test and NephroCheck test) | DG39 | June 2020 | TBC |
| Sepsis | QS161 | June 2020 | TBC |
| Intravascular lithotripsy for calcified coronary arteries during percutaneous coronary intervention | IPG673 | June 2020 | Compliant |
| Fremanezumab for preventing migraine | TA631 | June 2020 | TBC |
| COVID-19 rapid guideline: managing symptoms (including at the end <br> of life) in the community | NG163 | April 2020 | TBC |
| COVID-19 rapid guideline: interstitial lung disease | NG177 | May 2020 | TBC |
| COVID-19 rapid guideline: dermatological conditions treated with <br> drugs affecting the immune response | NG169 | April 2020 | TBC |
| COVID-19 rapid guideline: delivery of systemic anticancer treatments | NG161 | April 2020 | TBC |
| COVID-19 rapid guideline: cystic fibrosis | NG170 | April 2020 | TBC |
| COVID-19 rapid guideline: critical care in adults | NG159 | April 2020 | TBC |
| COVID-19 rapid guideline: acute myocardial injury | NG171 | April 2020 | Compliant |
| COVID-19 rapid evidence summary: angiotensin-converting enzyme <br> inhibitors (ACEIs) or angiotensin receptor blockers (ARBs) in people <br> with or at risk of COVID-19 | ES24 | May 2020 | Compliant |
| COVID 19 rapid evidence summary: Remdesivir for treating hospitalised patients with suspected or confirmed COVID-19 | ES27 | June 2020 | TBC |