NHS
Royal Papworth Hospital
NHS Foundation Trust

Quality and Risk Report Quarter 2 2019/20

July – September 2019

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 2 Report 2019/20

Patient Safety

1.1   Patient Safety Incident Trends and Actions

There were a total of 950 patient incidents reported during Q2 19/20 compared to 935 in the previous quarter and 612 in the same quarter of the previous year. At the time of reporting there are 155 near miss incidents reported and 795 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 all types of incident investigations across the PFI environment. 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).

	18/19 Q2	18/19 Q3	18/19 Q4*	19/20 Q1*	19/20 Q2*	Total
Near Miss	101	108	98	111	155	573
Actual incidents	511	618	607	824	795	3355
Total	612	726	705	935	950	3928

Table 1: Numbers of patient safety incidents reported in 2019/19-19/20 (Data source: DATIX 30/10/19)
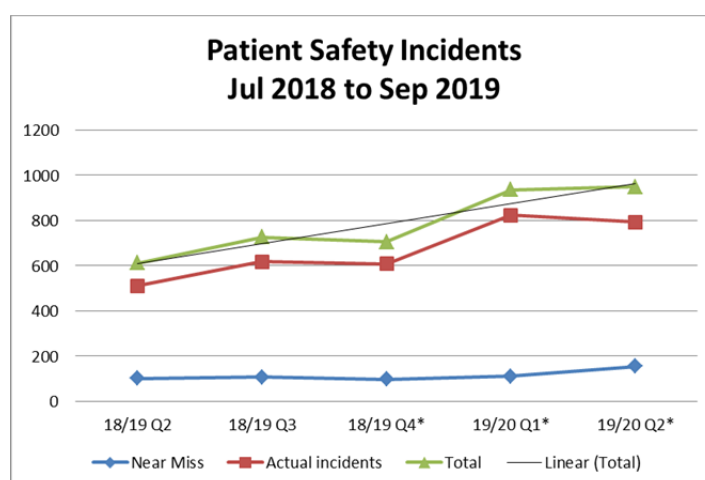
Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 30/10/19)

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=201) and medication incidents (n=97). All are under investigation by the local line managers and reviewed at operational business unit meetings.

Type	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	Total
Accidents	44	52	59	56	43	254
Administration - admission/discharge/transfer	89	151	124	151	201	716
Anaesthetics	5	8	7	2	5	27
Behaviour/Violence Aggression	10	12	8	12	10	52
Blood Plasma Products	28	43	39	33	39	182
Communication/Consent	23	36	33	59	55	206
Data protection	18	25	18	15	18	94
Diagnosis Process/Procedures	42	47	30	103	63	285
Documentation	62	55	57	73	63	310
Environmental Hazards/Issues	6	3	1	11	6	27
Infection Control	12	21	17	13	22	85

Information Technology	18	9	11	15	10	63
Medical Devices	24	30	31	59	80	224
Medication/Medical Gases/Nutrition	90	106	81	92	97	466
Nutritional Feeding (Prescribed Feeds)	3	4	12	4	1	24
Organisational Issues/Staffing	26	23	55	65	67	236
Pressure Ulcers	37	38	41	58	80	254
Radiology	10	6	2	11	8	37
Security incidents	5	3	4	10	11	33
Treatment/Procedures	60	54	76	93	70	353
Total	612	726	706	935	949	3928

Table 2: Numbers of patient safety incidents by Type reported in Q2 2018/19 – Q2 2019/20 (Data source: DATIX 30/10/19)

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 three quarters. This represents a number of incidents which have been investigated as part of SUI-WEB29551- delayed clinical letters. There is an ongoing review of the bookings process which is being mapped by an outside provider in order to ensure the processes are lean and consistent across all departments. No harm to patients has been noted. This issue has been discussed at the QRMG with updates at the Trust Serious Incident Executive Review Panel (SIERP). Incident trend information is provided in the paragraphs below.
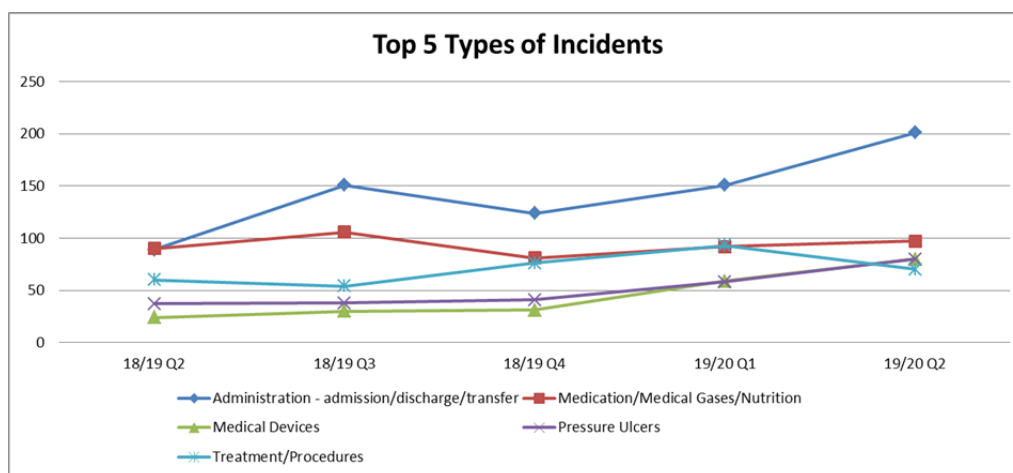
Fig 2: Patient Safety Incidents for Q2 2018/19 – Q2 2019/20 (Data source: DATIX 30/10/19)

INCIDENT TRENDS AND ACTION:

Administration Incidents
For the third quarter, the increase in the number of incidents linked to bookings for general appointments and procedures have been noted by the Executive team. All booking issues are reported per/person to ensure that all errors are being captured for the Administration review project. This review is linked with the change in practice related to the move in to Royal Papworth Hospital single out-patients unit and the use of the Lorenzo computer system. Revised processes and protocols put in place by the local departments.

Treatment and Procedures
During quarter 2, there has been a reduction in treatment and procedure incidents from the last quarter. 95% of the incidents recorded, where graded, have a severity of no/low harm. Of these the most common are categorised as "Treatment and Procedure other". A review of these incidents demonstrates that these include a wide spread of issues not otherwise captured by the NRLS coding system; such as patients experiencing unexpected medical issues, e.g. pneumonia, post discharge, to demonstrate that there were no acts or omissions on the Trust's behalf. Capturing these incidents demonstrates good governance processes.

Pressure Ulcers (PU)

During quarter 2 the Trust initiated the revised national reporting for pressure ulcers; this now includes all category 1 PUs and moisture lesions. The Trust also captures all PUs which were discovered on admission from the community and other acute and external providers. This increase in reporting naturally moved PU in to the top 5 types of incidents. During the quarter 80 PUs incidents were reported which included a mix of externally acquired issues, PUs acquired in house and those that were shown to be medical device related etc. All have been graded as no/low harm. Where necessary, all Trust linked incidents are reported to the NRLS and reviewed at the monthly scrutiny panel.

Medical Devices

During quarter 2 the Trust noted an increase in medical device incidents from 31 in quarter 4 18/19 to 59 in Q1 and 80 in Q2 2019/20. The increase has occurred since moving to the new hospital which appears to be due to the embedding and use of new devices at the new site. 99% of which are graded as no/low harm with one being investigated as a moderate harm; the investigation is underway.

1.2   Severity of Patient Safety Incidents

The increase in the number of near miss to low harm incidents linked with the new building is likely to continue due to the requirement to report all PFI issues e.g. cleaning. It is positive to note that as new processes have settled in Q2 the numbers of no/low incidents have reduced. These high numbers reflect 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 initially reported (n=3) have, on conclusion of investigations, all been downgraded to no/low harm (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.

Severity	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	Total	Q2 % of Total
Near Miss	101	108	98	111	155	573	17%
No harm	380	485	473	668	567	2573	63%
Low harm	119	123	120	142	165	669	18%
Moderate harm	2	6	7	6	3*	24	0%
Severe harm	5	1	1	0	2	9	0%
Death caused by the incident	0	1	0	0	0	1	0%
Death UNRELATED to the incident	5	2	6	1	3	17	0%
Total	612	726	705	928	895	3866	100%

Table 3a – Incidents by Severity (Data source: DATIX 04/11/19)
*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 since at Royal Papworth Hospital Cambridge:

Specialty	19/20 Q1	19/20 Q2	Total
NPH Anaesthetics	1	0	1
NPH Cardiology (Risks)	1	0	1
NPH Cath Labs	0	1	1
NPH Critical Care	2	1	3
NPH CT	1	0	1

NPH Digital	1	0	1
NPH Interventional Cardiology	0	1	1
NPH Radiology	1	0	1
NPH RSSC	1	0	1
NPH Theatres	0	2	2
NPH Transplant	1	0	1
All specialities	0	1	1
Total	9	6	15

Table 3b – Incidents by Severity _ Moderate Harm (Data source: DATIX 04/11/19)
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 Q2 there have been two SI's reported to the CCG - this compare to 4 in Q1. There were three incidents reported as moderate/severe harm requiring investigation. Full Duty of Candour was 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 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 6 requests for investigation / feedback in Q2 19/20.

1.5   VTE Monitoring

The graph below shows the number of VTE events from Q1 2017/18 to Q2 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. We were informed of 3 VTE events in Q2 2019/20 the investigation of which showed 2 with evidence of no acts or omissions in care. 1 incident is still being investigated as an SI given the omission in risk assessment on admission leading to moderate harm of a patient. Additionally there were 31 events in 2017/18 compared to 21 in 2018/19 this represents a significant reduction in reported VTE events.
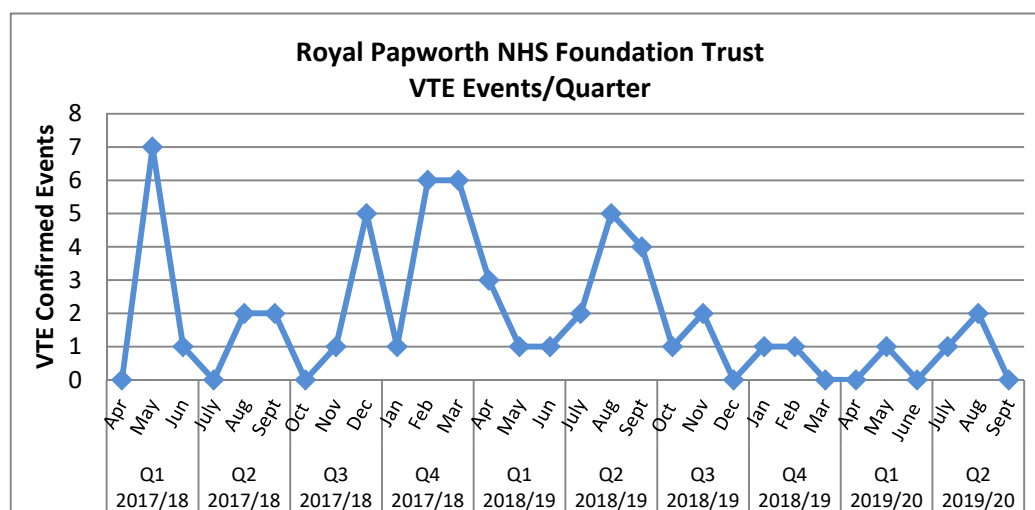
Table 2: Percentage of patients risk assessed for VTE in Q1-Q4 2018/19 & Q1-Q2 2019/20

		% of In-Patients Risk Assessed for VTE (Unify))	Quarterly %
April 2018	**Q1**	94	**94.33%**
May 2018		94	
June 2018		94.33	
July 2018	**Q2**	94.33	**93.44%**
August 2018		94.5	
September 2018		94.24	
October 2018	**Q3**	92.04	**90.56%**
November 2018		92	
December 2018		86.64	
January 2019	**Q4**	86.66	**92.76%**
February 2019		96.66	
March 2019		93.00	
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	

VTE Risk Assessment

VTE risk assessment compliance with 95% continues to be a challenge on a monthly basis. Year to date compliance is 93%, compliance in Q1 was 92% Q2 data is currently being validated. Current compliance is outlined in Oct 19 PIPR below:

At a glance – Externally reported / regulatory standards

1. NHS Improvement Compliance Framework

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Meeting the C.Diff Objective	5	5	1	3	0		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	89.10%	90.73%			Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	86.86%	100.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	40.00%	55.84%	93.3%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	93.27%	92.22%			Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	3	3	3	3	

VTE Omissions Audit

VTE omissions of prescribed doses continues to be audited by deputy chief pharmacist (report enclosed below). Clinical areas should continue to record reason why prescribed doses not given and aim to reduce the not known/unknown reasons. The omissions data has been shared with all directorates to increase local improvements within ward areas.

Omitted Doses - September 2019

Ward	Administered		Home Leave		Not Administered		Not Known		Omitted by Prescriber		Self Administered		Total Number	Total %
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%		
3 North East	158	91.33%		0.00%	8	4.62%	4	2.31%	3	1.73%		0.00%	173	100.00%
3 South East	182	68.94%		0.00%	43	16.29%	25	9.47%	14	5.30%		0.00%	264	100.00%
3 South West	171	68.67%		0.00%	50	20.08%	21	8.43%	7	2.81%		0.00%	249	100.00%
4 North East	11	73.33%		0.00%		0.00%	1	6.67%	1	6.67%	2	13.33%	15	100.00%
4 South East	5	100.00%		0.00%		0.00%		0.00%		0.00%		0.00%	5	100.00%
4 South West	171	94.48%	4	2.21%	5	2.76%	1	0.55%		0.00%		0.00%	181	100.00%
5 North East	338	93.11%		0.00%	12	3.31%	10	2.75%	3	0.83%		0.00%	363	100.00%
5 North West	276	93.24%		0.00%	8	2.70%	10	3.38%	1	0.34%	1	0.34%	296	100.00%
5 South East	222	91.74%		0.00%	11	4.55%	9	3.72%		0.00%		0.00%	242	100.00%
5 South West	306	91.07%		0.00%	13	3.87%	14	4.17%	2	0.60%	1	0.30%	336	100.00%
Grand Total	1840	86.63%	4	0.19%	150	7.06%	95	4.47%	31	1.46%	4	0.19%	2124	100.00%

Reason	Status Not Administered
Clinical Reason	131
Incorrect Route	1
Nil by Mouth	1
Patient Refused	10
Patient Refused Without Capacity	1
Patient Unavailable	3
Wrong Action Selected	2
(blank)	
Grand Total	149

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 administers 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 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. **COMPLETED – Q&R have agreed and support the investment – escalated to Digital team to take forward**

1.7 Clinical Negligence Litigation
In Q2 2019/20 the Trust has received 1 new request for disclosure of records, 1 Letter of Claim, 1 case is settled and 1 case closed.

2. Patient Experience

2.1 Complaints and Enquiries
We have received **21 formal complaints and 13 enquiries** for Q2. This is again an increase in formal complaints from the following quarter (Q1; 18). 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 Q2 can be seen at table 5.
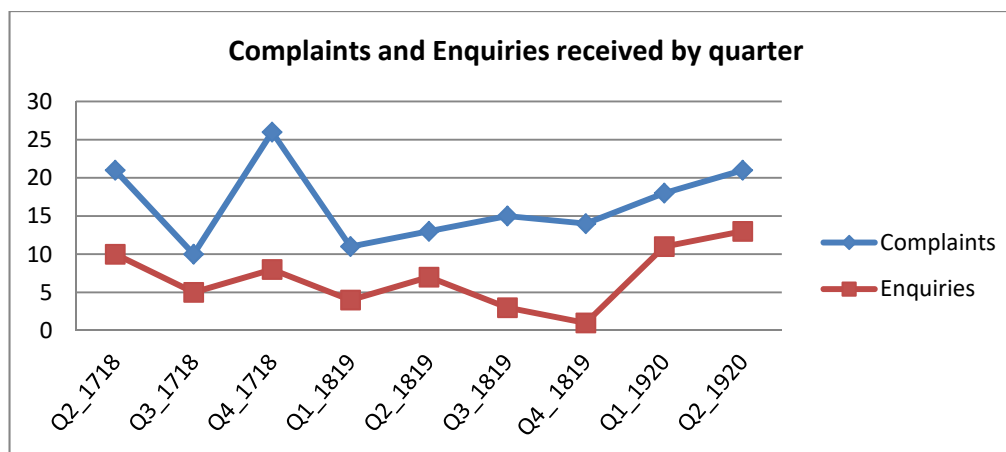
Figure 1 Complaints Vs Enquiries received by quarter (source – Datix 14/10/2019)

*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 Q2 includes two complaints from private patients. Table 2 and Figure 2 show the primary subject of complaints comparing with the previous quarters.

Month	No. formal complaints received in Q2 (July - September 2019)	Upheld/Part Upheld	Enquiries for further information
July	3	1	5
August	6	4	4
September	12	1*	4
	21	6	13

Table 1: Numbers of complaints / Enquiries (source: Datix 14/10/2019)

Communication and information remains the highest category for complaints in Q2. Since Q1 Clinical care is now separated by speciality.

Subject	19/20 Q2	19/20 Q1	18/19 Q4	18/19 Q3	18/19 Q2	18/19 Q1	17/18 Q4	17/18 Q3	17/18 Q2
Clinical Care/Clinical Treatment - General Medicine Group	1	4	1	5	1	1	2	0	2
Clinical Care/Clinical Treatment - Surgical	2	2							
Communication / Information	12	10	6	7	9	6	13	8	14
Delay in Diagnosis / Treatment or Referral	2	0	3	2	2	3	5	0	1
Discharge Arrangements	0	1	0	1	0	0	1	0	1
Environment - Internal	0	1	0	0	0	0	0	0	0
Staff Attitude	0	0	1	0	0	1	1	0	1
Privacy and Dignity	0	0	0	0	0	0	0	0	1
Equipment	0	0	0	0	0	0	1	0	0
Medication Issues	2	0	0	0	0	0	0	0	0
Nursing Care	1	0	0	0	0	0	3	1	1
Parking/Transport	1	0	0	0	0	0	0	1	0
Catering	0	0	0	0	1	0	0	0	0
Total	21	18	11	15	13	11	26	10	21

Table 2: Primary subject of complaints by quarter (source: Datix 14/10/2019)

Directorate and Speciality	19/20 Q2
NPH Cardiac Surgery	3
NPH Cardiology (Risks)	7
NPH Cath Labs	0
NPH Interventional Cardiology	0
NPH Lung Defence	1
NPH Oncology	1
NPH Outpatients	1
NPH PVDU	1
NPH Respiratory Physiology	1
NPH Royal Papworth Private Care	1
NPH RSSC	1
NPH Thoracic Surgery	1

Cardiac Surgery (Old Site)	2
Cardiology (Old Site)	0
General Radiology (Old Site)	0
Private patients (Old Site)	1
Thoracic Surgery (Old Site)	0
Total	21

Table 3: Complaints by Directorate and Speciality (source: Datix 14/10/2019)

Quality Dashboard Monitoring – Q2	
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 Q2 19/20

Date Received	Reference	Service Area	Location	Inpatient/Outpatient	Details	Subject
03/07/2019	Q21920-30En	Cardiology	Cardiology Outpatients	Outpatient	Patient is blind and uses computer with a screen reader, but is unable to read letters and information sent to her from hospital.	Communication
15/07/2019	Q21920-33En	Pathology	Pathology	Inpatient	Enquiry from CUH; patient logged complaint with CUH. Seeking additional information regarding when they contracted Pseudomonas and long term impact	Clinical Treatment
17/07/2019	Q21920-34En	Thoracic	Thoracic Outpatients	Outpatient	Patient is unhappy and concerned that he has yet to receive his sleep study results	Communication
25/07/2019	Q21920-36En	Thoracic	Thoracic Outpatients	Outpatient	Patient has had difficulties in obtaining necessary respiratory equipment and receiving confirmation of follow up appointment	Appointments
31/07/2019	Q21920-37En	Cardiology	Cardiology Outpatients	Outpatients	Patient requires a Appendage Occlusion and is enquring why it is not funded at RPH	Clinical Treatment
06/08/2019	Q21920-38En	Thoracic (Old Site)	RSSC (Old Site)	Outpatient	Patient unhappy with care and treatment provided and feels there has been a delay in his condition being diagnosed	Patient Care
07/08/2019	Q21920-39En	Surgical	NPH 5 South Surgical	Inpatient	Enquiry from MP to CEO regarding cancellation of patient awaiting transfer to RPH for urgent surgery	Clinical Treatment
09/08/2019	Q21920-42En	Cath Labs (Old Site)	Cath Labs (Old Site)	Inpatient	Patient was admitted to PCH 25.3.17 with chest pain. RPH contacted -patient did not meet criteria for PCI. Partner unhappy with wait for bed to become available	Patient Care
21/08/2019	Q21920-44En	Theatres, Critical Care and Anaesthesia (Old Site)	Critical Care (Old Site)	Inpatient	Unhappy with chaplain visit whilst on Critical Care	Patient Care
09/09/2019	Q21920-52En	Cardiology	Cardiology Outpatients	Outpatient	CUH awaiting additional information about procedure patient had in 2018 before commencing with MRI. Son requesting information is sent ASAP as have been waiting several weeks	Communication
16/09/2019	Q21920-56En	Theatres, Critical Care and Anaesthesia (Old Site)	Critical Care (Old Site)	Inpatient	Patient is concerned about incorrect information being documented in his clinical record	Admin/policies/procedures including patient record
18/09/2019	Q21920-58En	Thoracic	Thoracic Outpatients	Outpatients	Patient has not received her follow up outpatient appointment with the CPAP team	Appointments
27/09/2019	Q21920-62En	Surgical	NPH 5 North Surgical	Inpatient	Patient unhappy with the post operative care on the ward and support from physiotherapy	Patient Care

Table 5: Enquiries received in Q2 2019/20 (Source Datix 14/10/19)

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 Q2 2019/20

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
Q21920-32F	Delay in follow up following ablation in Jan 2017. No further follow up from 24hr tape 2019	Upheld	To have access plans for follow-up appointments completed by the ward admin team on day of discharge - **October 2019**
			Interim process – for secretaries to run discharge lists every day and to complete access plans for follow-up appointments – COMPLETE
			Access plans to be completed when a clinical decision has not been made or for awaiting test results - **November 2019**
Q21920-40F	Concern with patient confidentiality after attending for outpatient appointment	Partially Upheld	Following a review of clinic appointment letters a sentence will be added about the use of the calling screens and the display of patient names in our outpatient department to ensure all patients are aware of this system before attending the hospital - **October 2019**
Q21920-43F	Patient referred from PCH for repair or replacement valve. Letter sent April - unhappy with delay in being seen	Upheld	Retrain and support the Secretary that made the error with processing the referral - **October 2019**
			Update referral to treatment clock to reflect the earlier receipt date of the referral – COMPLETE
Q21920-46F	Went to appointment at Thetford outreach clinic on two occasions and no one there. Reimbursement for travelling costs requested.	Upheld	Undertake a service review for CPAP services and highlight the main risks at the business meeting including staffing of clinics, contact with outreach clinics and SLAs with outreach areas and City sprint - **End November 2019**
			Review our service pathways to ensure that we are maximising coverage of equipment and optimising our staffing - **End November 2019**
			To discuss and review the booking of outreach clinics and confirm the process with courier service - **End November 2019**
			Recruit into the coordinator post – the CSS coordinator - **End November 2019**

Table 6: Actions arising from investigation of complaints upheld /part upheld in Q2

2.3   Local Resolution Meetings in Q2 - The Trust has not held a local resolution meeting in Q2.

2.4   Ombudsman's Referrals - No New Ombudsman's Investigations notified in Q2 and none outstanding.

3   Patient Advice and Liaison Service Q2 Report 2019/20

3.1 Patient Carer Experience Group (PCEG) Meeting
- The meeting held on the 22nd July 2019 was well attended. The agenda includes a patient story, current issues, updates regarding volunteers, patient representatives on committees, support groups, friends and family survey information and health watch.

3.2 Volunteers
- In Q2 there were 49 active hospital volunteers, supporting the clinics, wards, meetings, proof reading and administration.
- There are currently 39 going through the recruitment process and will start in October and November 2019.

- Our volunteers contributed 1085 hours during this quarter.
- PALS are still liaising with HR/workforce team regarding online mandatory training; we hope to get the new process in place by the end November 2019.
- It has been agreed that a greeter desk can be located at each entrance of the hospital. Funding for desks and chairs is being discussed. We hope to implement this by the end October 2019.
- There has been a problem with ordering and the uniforms are yet to arrive. This has been flagged and PALS continue to chase.

3.3 Patient Advice and Liaison Service (PALS)
- During Q2 2019/20, the PALS Service received **711** enquiries from patients, families and carers. This was a decrease on the number recorded in Q2 2018/19 which was **798**; a decrease of 89.
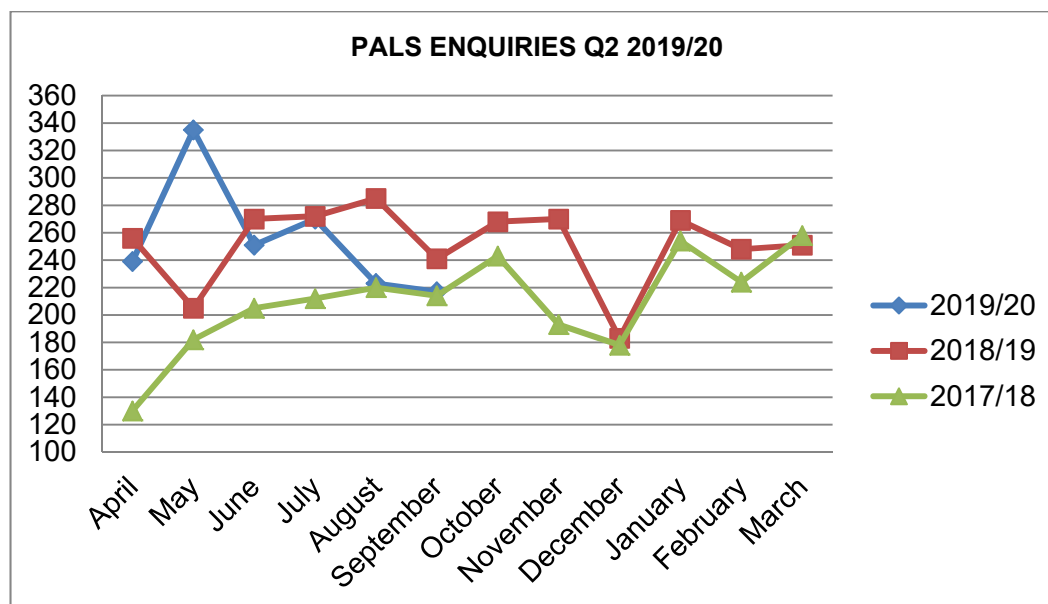
The table below shows how patients, relatives and carers have accessed the PALS Service during Q2:
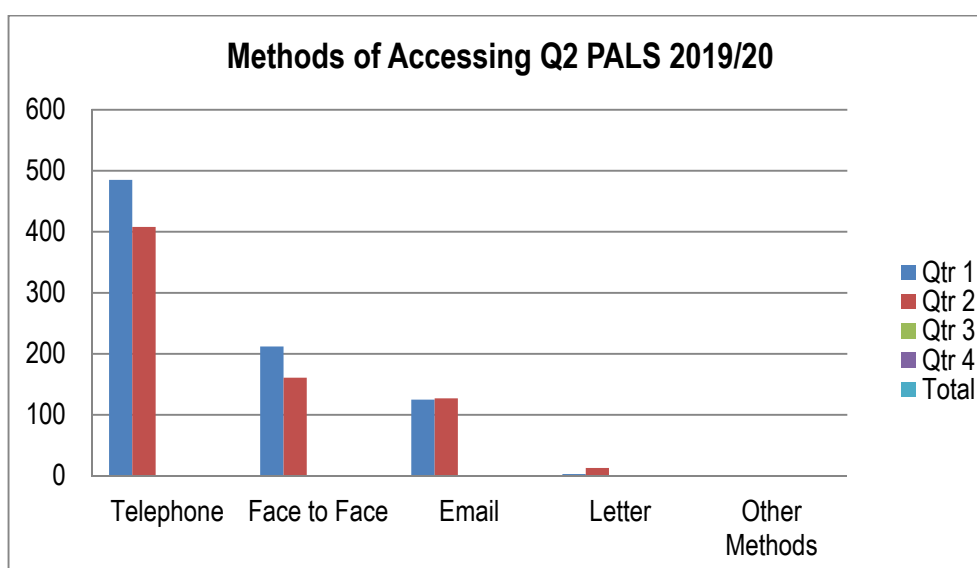
Concerns Raised
The table at Appendix 1 shows the concerns by category for Q2 in 2019/20.

Key themes raised from PALS enquiries in Q2 2019/20

Subject (Primary)	Number of enquiries received	Details
Information and Advice	343	This is a decrease of 89 enquiries compared to the same quarter last year (Q2 2018/19) Top three themes: 64 related to contact telephone numbers 57 related to appointments 44 related to information on hospital services
Communications	138	This is a decrease of 14 enquiries compared to the same quarter last year (Q2 2018/19) Top three themes: 41 related to requests for clarification of medical information 18 related to conflicting poor or conflicting information 17 related to phones unanswered
Delay in diagnosis/treatment or referral	41	This is a decrease of 32 enquiries compared to the same quarter last year (Q2 2018/19) Top three themes: 16 related to waiting times for appointments 10 related to delay in diagnosis/treatment 8 related to cancellation of treatment
Parking	42	This is an increase of 8 enquiries compared to the same quarter last year (Q2 2018/19) Top three themes: 23 related to parking charges 9 related to parking directions 6 related to 'other parking issue'
Transport	46	This is an increase of 9 enquiries compared to the same quarter last year (Q2 2018/19) Top three themes: 18 related to travel claims 16 related to local transport information 5 related to NHS transport issues
Medical Records	19	This is a decrease of 8 enquiries compared to the same quarter last year (Q2 2018/19) Top three themes: 11 related to access to medical records 4 related to update medical records 3 related to 'records other'
Environment - Internal	4	This is a decrease of 1 enquiry compared to the same quarter last year (Q2 2018/19) Top theme: 2 related to poor environment
Lack of Privacy and Dignity	1	This is an increase of 1 enquiry compared to the same quarter last year (Q2 2018/19) 1 related to lack of privacy/dignity on ward
Environment - External	9	This is an increase of 9 enquiries compared to the same quarter last year (Q2 2018/19) 9 related to poor environment
Staff Attitude	13	This is an increase of 10 enquiries compared to the same quarter last year (Q2 2018/19) Top three themes: 7 related to uncaring behaviour 4 related to rudeness 2 related to inappropriate manner/behaviour
Equipment Issues	11	This is an increase of 1 enquiry compared to the same quarter last year (Q2 2018/19)

Subject (Primary)	Number of enquiries received	Details
		10 related to lack of/inadequate equipment 1 related to return of equipment
Medication Issues	6	This is an increase of 2 enquiries compared to the same quarter last year (Q2 2018/19) 4 related to prescriptions 1 related to incorrect medication 1 related to pain management
Discharge Arrangements	3	This is a decrease of 2 enquires compared to the same quarter last year (Q2 2018/19) 2 related to lack of arrangements for home after discharge 1 related to wait to transfer to other facility
Clinical Care	1	This is the same as last year (Q2 2018/19) 1 related to dissatisfied with medical care/treatment/diagnosis
Property	21	This is an increase of 16 enquiries compared to the same quarter last year (Q2 2018/19) 21 related to loss/damage of property
Admissions Arrangements	4	This is an increase of 3 enquiries compared to the same quarter last year (Q2 2018/19) 3 related to visiting 1 related to availability of wifi
Catering	7	This is an increase of 4 compared to the same quarter last year (Q2 2018/19) Top three themes: 2 related to poor quality of food 2 related to poor service in restaurant 1 related to food served at incorrect temperature
Patients Charges	2	This is the same as the same quarter last year (Q2 2018/19) 2 related to treatment costs

There were 18 enquiries regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Communication/Information	5
Information/Advice Requests	6
Delay in Discharge/Treatment/Referral	1
Lost Property	2
Parking	1
Patient Charges	2
Staff Attitude	1
Total	**18**

During Q2 no PALS enquiries were escalated to formal complaints. **4** enquiries were signposted to organisations external to the Trust.

3.4 Compliments
There were **2515** Compliments received across the Trust during Q2 2019/20. We also 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 Q2 2019/20:

- A & C Teams
- Catering
- Cardiac Support/Rehab
- Chaplaincy
- Critical Care
- Day Ward
- 3 North & South
- ECMO Team
- Estates
- 4 North & South
- 5 North & South
- ILD
- Occupational Therapy
- Outpatients
- PALS
- Palliative Care
- Physios
- Radiology/Diagnostic
- Social Work
- Surgeons/Consultants

The top themes for compliments for Q2 in 2019/20 were:

- General thank you
- Care/support
- Kindness/compassion/courtesy
- Professional care/team work

Compliment Themes for Q2 2019/20	
Care/Support	113
Professional Care/Team Work	37
Kindness/Compassion/Courtesy	37
General thank you	174
Improved quality of life	1
Friendliness	11
Dedication/Hard work	12
Excellence of treatment	16
Dignity and respect	4
Friends and Family Survey Compliments	2110
Total	**2515**

3.5 Friends and Family Survey:
Feedback from F&F 1st July 2019 – 30th September 2019 from Private In-patients, Day Wards and In-patients

There were 63 detractors although of these only 25 left negative comments, 17 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 2701 promoters and of these 151 left negative comments and 1540 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 (at the old site) are not graded as positive or negative, so are not included in the above.

3.6 Changes made following feedback:

Examples include:

- CF inpatients were being charged the standard rate for parking during their inpatient stay. Following feedback PALS provided a template parking letter that could be completed by the ward staff or by PALS to authorise a £4 per week charge (type D ticket).
- Booking screens repositioned, making it easier for the patients to locate them.
- Changes in menus and improving the standards and speed of the food service on the wards.
- Allocation of WIFI codes to be given to relatives staying at Waterbeach accommodation as standard practice to ensure that they are contactable at all times - some mobile phone coverage is poor.

3.7 Bereavement Services
- Continue 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.
- 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.
- Supported our bereavement care and mortuary team at CUH.

4. Risk Management

4.1 Non Clinical Accidents/Incidents
During quarter 2 there have been 385 accidents/incidents (including near misses) opposed to 399 in Q1 of 2019/20 reported across the Trust which have involved staff/contractors/organisation or visitors. This represents a sustained increase in reported incidents since moving in to the new hospital; a proportion of which is linked to the requirement to report all contractor incidents e.g. failure of cleaning services. Table 1 shows the incidents by type, the majority continue to relate to Organisational Issues and staffing (18%). Staffing is monitored at Board level and reported in the monthly PIPR. The second most common incidents relate to Administration issues (11%) which link to process across the Trust and are being reviewed as part of the Trust Optimisation project. The majority of these incidents are a result of a change to the administration process and it is expected that they will reduce as staff become accustomed to the new ways of working.

Type	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	% of Total in Q2	Total over 15 months
Accidents	34	30	23	46	30	8%	163
Administration - admission/discharge/transfer	30	53	24	20	42	11%	169
Anaesthetics	3	1	0	1	2	1%	7
Behaviour/Violence Aggression	20	23	9	15	10	3%	77
Blood Plasma Products	1	3	1	6	7	2%	18
Communication/Consent	11	17	10	16	23	6%	77
Data protection	22	11	10	24	18	5%	85
Diagnosis Process/Procedures	3	3	4	7	6	2%	23
Documentation	19	15	10	22	26	7%	92
Environmental Hazards/Issues	26	24	7	22	33	9%	112
Fire Incidents	2	5	1	0	2	1%	10
Infection Control	44	35	29	25	21	5%	154
Information Technology	15	20	5	31	23	6%	94
Medical Devices	26	8	16	28	20	5%	98
Medication/Medical Gases/Nutrition	15	22	35	28	28	7%	128

Nutritional Feeding (Prescribed Feeds)	0	0	1	0	0	0%	1
Organisational Issues/Staffing	47	36	36	86	70	18%	275
Radiology	13	12	4	5	5	1%	39
Security incidents	16	8	9	9	12	3%	54
Treatment/Procedures	5	7	8	8	7	2%	35
Total	352	333	242	399	385	100%	1711

Table 1 – Non-clinical Incidents Reported for 2016/17 (Data source: DATIX 15/10/19)

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

During quarter 2 there have been no new RIDDOR reportable incidents which required reporting to the Health & Safety Executive (HSE).

4.3 Risk Register

During quarter 2 the Trust recorded 72 new risks of all grades from BAU activities across the Trust; this includes the assessment of all safety alerts received by the Trust. Currently there are 590 open risks held on Datix which include a mix of BAF, project and BAU records. Currently there are 140 open risks requiring review; escalation of these risks are noted at QRMG. A central folder has been created which can be accessed by all staff and all non BAF Trust wide risks are located here. All new risks graded 12 and above are shared at QRMG & Q&R in addition to departmental meetings.

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 6 ongoing claims which include one from 2015 where medical evidence of deterioration from the injuries has been presented after 4 years All claims are shared with the local department, QRMG and Health & Safety 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 (Risk Information Management System - Datix).

Throughout quarter 2 2019/20 the Trust has received 24 Safety Alerts and Field Safety Notices. Of these, 14 were formal Safety Alerts raised through the Central Alerting System (CAS), and 10 additional Field Safety Notices raised by manufacturers. Eleven 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.

Central Alerting System Quarter 2 2019/20

Status\Alert Type	MDA	PSA	EFA	DDL	CMO	SDA	EFN	CHT	Total
Assessing Relevance	0	0	0	0	0	0	0	0	0
Action Not Required	6	0	1	1	0	2	0	0	10
Action Required/Ongoing	0	0	0	0	0	0	0	0	0
Action Required/Completed	1	0	0	0	1	0	1	1	4
Total	7	0	1	1	1	2	1	1	14
Breached	0	0	0	0	0	0	0	0	0

TABLE 1

Key for Alert Type: MDA – Medical Device Alert, PSA – Patient Safety Alert, EFA – Department of Health – Estates & Facilities Alert, DDL – Dear Doctor Letter, CMO – Chief Medical Officer, SDA – Supply Distribution Alert, EFN – Estates & Facilities Notification, CHT- Central Alerting Helpdesk Team

5.0   Effectiveness of care

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

5.2   Clinical Audit

National Audits –
No national audits published in Q2

Local audit
The table in appendix 3 illustrates the completed audits for Q2. The number of local audits completed remains consistent with Q1, as the team continues its transition to become the Clinical Audit & Improvement team. The team is currently working with business units to ensure any risk associated with reduced audit activity is managed.

NSF / NICE Guidance received in quarter & progress
A total of 14 NICE guidance documents were disseminated for feedback during Q2.
Please see appendix 4 for a list of applicable guidance and compliance ratings.

NICE Guidance Consultations Q2:
The Trust has not registered as a stakeholder in Q2.

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:

- 98% 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 October 2019
- IHU project meetings ongoing
- Monthly data collection of outcome measures ongoing
    - 1 day MDS to MDT target : increased to 97% for October
    - 10 day med fit to surgery target: increased to 87% for October

- 5 day rescheduling target for cancellations: increased to 100% for October
- Opening of theatre 6 increasing IHU capacity from 12/13 to 14/15
- Tracking of theatre utilisation
- Tracking of unfit / suboptimal workup cancellations
- Recruited into ANP vacancies to support 7 day service
- Frailty work ongoing – signed up to wave 3 with SCFN
- Ongoing work to agree ownership of patients
- Ongoing work – consultant to consultant discussion at MDT
- IHU surgery scheduling
  - Weekly surgical planning meeting
  - Hospital optimisation work
  - Bed Meeting attendance
  - IHU reported on SITREP

Plan to run project until January 2020 then move it to business as usual. Likely sister project such as Frailty, PRIS update will continue.

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.
- Project meeting to be held to decide on new aim

Progress to date
Baseline data collection has taken place – July – mid September. Results will be discussed with ward base QI project team to gain insight into the data then presented at the Alert steering group / project meeting.

Meeting with ward team arranged
Issues highlighted from baseline data around access to data from Mindray, IT and documentation
Deteriorating patient study days ongoing
Work ongoing with rolling out band 2/3 competencies
Work ongoing with safety huddles

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
1 July 2019 – Intentional Rounding meeting – Polly Gunsman, Wayne Hurst & Cheryl Riotto
July – Intentional Rounding teaching delivered to AHPs
July – Volunteers recruited for Intentional Rounding on wards
July – Falls Assessments & Care plans updated

There have been no reported falls on Mallard / 5 North that have caused harm since 4th September 2019.

Intentional Rounding:
May 2019 – Intentional Rounding forms implemented Trust wide.
PDSA cycle completed in June 2019 showed TW daily compliance of 45%, with an average of 11/24 intentional rounding visits per patient, per day.
October 2019, CPAC approved updated policy with more instructive details about Intentional Rounding.

Falls Risk Assessments:

TW Audit of completed Falls Risk documentation – Audit completed September 2019. 100% (20/20) Falls Risk Assessments were completed on Lorenzo.

Re-Audit of the use of bed rails:
Re-Audit completed September 2019. 20% (4/20) bedrail assessments were completed on Lorenzo. October 2019, CPAC approved updated policy with more instructive details about bed rails.

PALS Enquiries Quarterly Report

Subjects/Sub-Subjects	2018/19				2019/20	
	Q1	Q2	Q3	Q4	Q1	Q2
Verbal or Physical Abuse	**1**	**0**	**1**	**0**	**0**	**0**
Verbal Abuse by Patient	1	0	1	0	0	0
Admission Arrangements	**1**	**1**	**1**	**0**	**1**	**4**
Availability for Wi-Fi	1	1	1	0	0	1
Visiting Hours	0	0	0	0	1	3
Staff Attitude	**2**	**3**	**5**	**16**	**3**	**13**
Inappropriate manner/behaviour	0	0	1	3	1	2
Rudeness	1	0	3	1	1	4
Uncaring behaviour	1	3	1	12	1	7
Clinical Care	**1**	**10**	**2**	**2**	**1**	**1**
Disagreement with treatment/outcome/diagnosis	0	5	1	0	0	0
Inappropriate treatment given	0	1	0	0	0	0
Poor recovery after discharge	0	4	1	0	0	0
Dissatisfied with medical care/treatment/diagnosis	1	0	0	2	1	1
Infection Control Issues	**0**	**0**	**0**	**1**	**0**	**0**
Infection/Infection Control query	0	0	0	1	0	0
Lack of Cleanliness (Hygiene)	0	0	0	0	0	0
Nursing Care	**1**	**1**	**3**	**4**	**1**	**0**
Dissatisfied with Personal Care Provided	0	0	0	1	0	0
Dissatisfied with nursing care/treatment	1	1	3	3	1	0
Catering	**0**	**3**	**0**	**1**	**4**	**7**
Food served at incorrect temperature	0	1	0	0	1	1
Inadequate portion size	0	0	0	0	0	1
Lack of availability of food	0	2	0	1	0	1
Lack of adequate choice of food	0	0	0	0	1	0
Poor service in restaurant	0	0	0	0	0	2
Poor Quality Food	0	0	0	0	2	2
Patient charges	**0**	**0**	**0**	**3**	**2**	**2**
Eligibility Criteria	0	0	0	0	0	0
Treatment Costs	0	0	0	3	2	2
Communication	**129**	**152**	**116**	**110**	**158**	**138**
Breach of Confidentiality	0	2	3	3	3	0
Clarification of Medical Information	47	32	48	47	46	41
Consent Issues	0	0	0	0	0	0
Diagnosis Query	0	0	0	0	1	1
Incorrect Information provided	2	5	0	1	0	7
Lack of Information for other Professional	0	5	4	3	1	4
Lack of Information for Patients	24	15	5	7	16	14
Lack of Information for Relatives	7	6	0	3	4	2
Lack of Sensitivity in Communication	1	1	2	1	0	2
Other communication issues	4	5	4	2	8	2
Poor or Conflicting information	5	4	1	5	8	18

Subjects/Sub-Subjects	2018/19				2019/20	
	Q1	Q2	Q3	Q4	Q1	Q2
Translation & Interpretation Services	1	3	2	4	6	1
Phones unanswered	21	54	15	20	29	17
Contact phone number	12	16	16	4	26	12
No response to phone messages	4	1	3	3	3	2
Answerphone incorrect	0	1	0	0	0	0
Booking Office	0	1	13	4	6	14
Compliments	1	1	0	3	1	1
Delay in diagnosis/treatment or referral	**46**	**73**	**47**	**68**	**74**	**41**
Cancellation of treatment	5	3	5	7	5	8
Clinical waiting times	0	3	2	2	6	2
Delay in diagnosis/treatment	9	35	9	22	17	10
Delay in referral	1	4	5	4	3	0
Failure to book treatment/appointment	0	0	0	1	0	1
Waiting time for admission to ward	0	0	0	1	0	0
Waiting time for appointment	20	21	21	23	31	16
Waiting time for operation/procedure	11	7	5	8	12	4
Lack of privacy and dignity	**0**	**0**	**0**	**1**	**0**	**1**
Lack of privacy/dignity on ward	0	0	0	1	0	1
Lack of privacy when relating information	0	0	0	0	0	0
Discharge Arrangements	**4**	**5**	**6**	**0**	**4**	**3**
Delay in discharge	1	3	0	0	0	0
Dissatisfaction with discharge to another hospital	1	1	0	0	0	0
Lack of arrangements for home after discharge	2	1	6	0	4	2
Wait to transfer to other facility	0	0	0	0	0	1
Equipment Issues	**9**	**5**	**12**	**6**	**10**	**11**
Delays in replacing equipment	0	0	0	0	0	0
Lack of/Inadequate equipment	9	4	9	6	10	10
Return of Equipment	0	1	3	0	0	1
Information/Advice Requests	**427**	**432**	**444**	**475**	**408**	**343**
Accommodation	15	15	9	6	35	37
Appointments	60	59	64	62	60	57
Advice on Medication	11	7	4	4	3	10
Advice on Equipment	5	15	16	15	15	32
Benefits	4	2	1	0	7	3
Information on Hospital Services	39	39	36	32	36	44
Off Site Directions	2	2	2	1	16	18
On site directions	211	171	220	201	104	29
Other information request	8	6	2	6	2	0
Telephone contact number	34	50	35	81	71	64
Requests for information on volunteering	14	17	5	20	19	9
Bereavement Process	6	15	12	14	6	4
Complaints Procedure	3	1	8	6	8	8
E-Mail Address	5	16	23	14	12	18
Referral Information	7	9	5	11	14	3
Sick Note	0	1	0	0	0	0

Subjects/Sub-Subjects	2018/19				2019/20	
	Q1	Q2	Q3	Q4	Q1	Q2
Signposting to other NHS organisation	2	1	1	0	0	2
Signposting to other organisation	1	6	1	0	0	2
Phones unanswered	0	0	0	2	0	17
Environment - Internal	**7**	**5**	**0**	**1**	**9**	**4**
Cleanliness Toilet	3	2	0	0	0	0
Cleanliness of ward	1	0	0	0	0	0
Inadequate facilities for disability	0	0	0	0	1	1
Maintenance	3	0	0	0	3	0
Noise	0	0	0	0	0	0
Poor Environment - Internal	0	2	0	0	4	2
Temperature in ward too hot/cold	0	0	0	0	0	0
Hostel Accommodation	0	0	0	1	0	0
Health and Safety	0	0	0	0	0	1
Lack of resource	0	1	0	0	1	0
Environment - External	**0**	**0**	**0**	**0**	**0**	**9**
Poor environment	0	0	0	0	0	9
Medication issues	**6**	**4**	**7**	**5**	**11**	**6**
Incorrect medication	0	1	0	1	0	1
Failure to provide medication	2	0	1	2	3	0
Prescriptions	4	3	5	2	8	4
Pain management	0	0	1	0	0	1
Parking	**41**	**34**	**30**	**48**	**60**	**42**
Disabled access	14	2	8	19	8	4
Other Parking Issue	5	13	2	5	14	6
Parking Charges	14	18	20	22	38	23
Parking Directions	8	1	0	2	0	9
Lost Property	**12**	**5**	**6**	**6**	**10**	**21**
Loss/Damage of property	12	5	6	6	10	21
Medical Records	**11**	**27**	**12**	**13**	**10**	**19**
Incorrect information in health record	0	1	1	0	0	1
Records Other	3	6	1	1	0	3
Request for access to medical records	7	15	8	9	8	11
Request to update to records	1	5	2	3	2	4
Training	**1**	**0**	**1**	**0**	**0**	**0**
Request for training placement	1	0	1	0	0	0
Transport Issues	**32**	**37**	**28**	**19**	**59**	**46**
Hospital contract transport	3	0	3	2	4	2
Local transport information	21	9	10	2	35	16
NHS transport Issues	7	8	9	10	10	5
Other Transport issue	0	17	4	2	3	5
Travel Claims	1	4	2	3	7	18
Total Number of Enquiries:	**731**	**798**	**721**	**773**	**825**	**711**

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 2

Title	Quarterly report: Quarter 2 (July-Sept 2019)
	INFECTION CONTROL
The safe handling and disposal of sharps compliance report	**Findings:** Overall this re-audit on the safe handling and disposal of Sharps continues to show positive results with four of thirteen standards remaining at 100% since the last audit in 2018, and seven of the thirteen standards showing compliance above 95%. There were six standards that showed compliance of less than 95%. However, three of these (standards 4, 7 and 10) were actions from the last audit in 2018 and now show an increase in compliance. **Recommendations/Actions:** Ward Managers to educate staff. Katy Rintoul emailed all ward managers with results and actions required.
	PATHOLOGY
A re-audit looking at the consistency and appropriateness of Clinical Microbiology results validation.	**Findings:** There is unwarranted variation in which antimicrobial susceptibilities are released and this can be explained by the subjectivity of the validation process. Overall we failed to meet the standard again and this could be because: - Failure to review updated reporting room standard operating procedure - Lack of change in established practice **Recommendations/Actions:** - To distribute the reporting room SOP and for all individuals involved to get familiar with it. - A re-audit of the validation process to see whether performance has improved in a year's time.
	HOSPITAL WIDE
CONSENT AUDIT	**Findings:** This audit continues to produce very positive overall results with only a few areas that require improvement **Issues identified** Patients not always printing their name or dating the form (Cardiology and Transplant) CJD question not always completed (Thoracic Medicine, Radiology and Cardiology) Lack of confirmation of consent on admission if patient consented prior to admission (Thoracic Surgery) **Recommendations/Actions** The findings of the audit should be disseminated at all relevant business unit meetings with areas for improvement highlighted for each specialty. A reminder of the areas of concern in the Consent policy DN306 should be reiterated at the directorate meetings and a request for the audit results and policy reminder to be disseminated to other members of the team.
	PHARMACY

Service Evaluation Fungal Sendaways - RPH	**Findings:** 89 specimens with the test codes 'FUNGAL ID' and 'Fungal ID and susceptibilities' analysed over a 16 month period 01 Jan 2018 to 31 March 2019. Specimen types: 37 sputum, 21 BALs, 15 fluid/tissue/valve, 6 blood cultures, 5 sternal swabs, 2 line tips, 2 throat swabs and 1 urine culture. **Recommendations/Actions** To feedback results of evaluation to CMPHL To review current fungal media and culture conditions for respiratory samples as described in BSOP111ecommendations/Actions
Service Evaluation Pre-Admission clinic medication review	**Findings:** The response rate was approximately 30%. Of the 34 respondents, 30 (88.2%; 95% CI 77.4% to 99.1%) strongly agreed that the pharmacist made it clear whether they needed to stop taking any medicines before surgery and if so, the date. The remaining 4 respondents agreed with this statement. 100% of respondents either said they felt confident about when to stop their medicines before surgery or this was not applicable. 22 respondents rated the consultation as 'Extremely useful' (64.7%; 95% CI 48.6% to 80.8%). The remainder answered 'very useful' or 'somewhat useful'. **Recommendations/Actions** The results of the questionnaire were positive; however, the poor response rate reduces validity. Providing a stamped addressed envelope might have improved this. Patients who had waiting time or strong views might have been more likely to participate. Response rate was similar across clinic dates and pharmacists. The service should be re-evaluated aiming for a better response rate. Furthermore, the impact on rates on medication errors should be investigated
SURGERY	
Redo Mitral Valve Surgery Audit	Completed. To be presented at SCTS Annual meeting Report not yet sent
Lung volume reduction surgery	In our contemporary LVRS series overall death rates are lower than in the NETT study. There is also a statistically significant overall improvement in lung function and patient quality of life measured by a difference of means. MDT selection and staged unilateral VATS LVRS with intensive peri-operative management in an experienced centre is safe and effective. Enhanced recovery involving Thoracic ANPs and Physiotherapy teams are key for a quick and satisfactory progression of the LVRS patient.
CARDIOLOGY	
PFO/ASD closure pre-discharge echo and echo follow up service	Report not yet sent
TAVI Registry	Q2 19/20. being presented at next M&M meeting

The full reports are available through the Clinical Audit Department.

NEWLY PUBLISHED NICE GUIDANCE AND QUALITY STANDARDS

14 NICE Guidance published and disseminated to Papworth Hospital NHS Trust during Quarter 2 of 2019/2020, awaiting confirmation from leads regarding relevance and compliance.

No	Name	Month Published	Compliance status
NG115	Chronic obstructive pulmonary disease in over 16s: diagnosis and management	Jul-19	Compliant
NG61	End of life care for infants, children and young people with life-limiting conditions: planning and management	Jul-19	Compliant
CG173	Neuropathic pain in adults: pharmacological management in non-specialist settings	Jul-19	TBC
QS15	Patient experience in adult NHS services	Jul-19	Compliant
MTG43	PICO negative pressure wound dressings for closed surgical incisions	Aug-19	Non compliant with no actions
NG89	Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism	Aug-19	TBC
NG28	Type 2 diabetes in adults: management	Aug-19	Partially compliant with actions
NG138	Pneumonia (community-acquired): antimicrobial prescribing	Sep-19	TBC
NG139	Pneumonia (hospital-acquired): antimicrobial prescribing	Sep-19	TBC
NG141	Cellulitis and erysipelas: antimicrobial prescribing	Sep-19	TBC
TA599	Sodium zirconium cyclosilicate for treating hyperkalaemia	Sep-19	Non-compliant with actions
MTG25	The 3M Tegaderm CHG IV securement dressing for central venous and arterial catheter insertion sites	Sep-19	TBC
CG191	Pneumonia in adults: diagnosis and management	Sep-19	TBC
QS17	Lung cancer in adults	Sep-19	TBC

No Quality Standard or Guidance updates in Q2.

A re-audit of NICE Guidance compliance against procedure is to be undertaken in Q3 19/20

Monitoring of NICE guidance and quality standards is undertaken by the Clinical Audit Co-ordinators via;
- Regular one to one meetings with NICE guidance leads
- Tabled at relevant management and steering group meetings
- Follow up via email and phone
- If necessary, escalation to directorate managers via the Quality and Risk Management Group