

Quality and Risk Report Quarter 3 2020/21

Oct - Dec 2020/21

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 3 Report 2020/21

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Patient Safety

1.1 Patient Safety Incident Trends and Actions

There were a total of 871 patient incidents reported during Q3 20/21 compared to 735 in the previous quarter. This increase demonstrates a return to normal services and levels of reporting as the COVID pandemic eased in July 2020. 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). 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).

Severity	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	Total
Near Miss	125	118	61	114	126	544
Actual Incidents	819	635	397	621	745	3172
Total	944	753	458	735	871	3716

Table 1: Numbers of patient safety incidents reported in 2019/20 (Data source: DATIX 04/02/20)

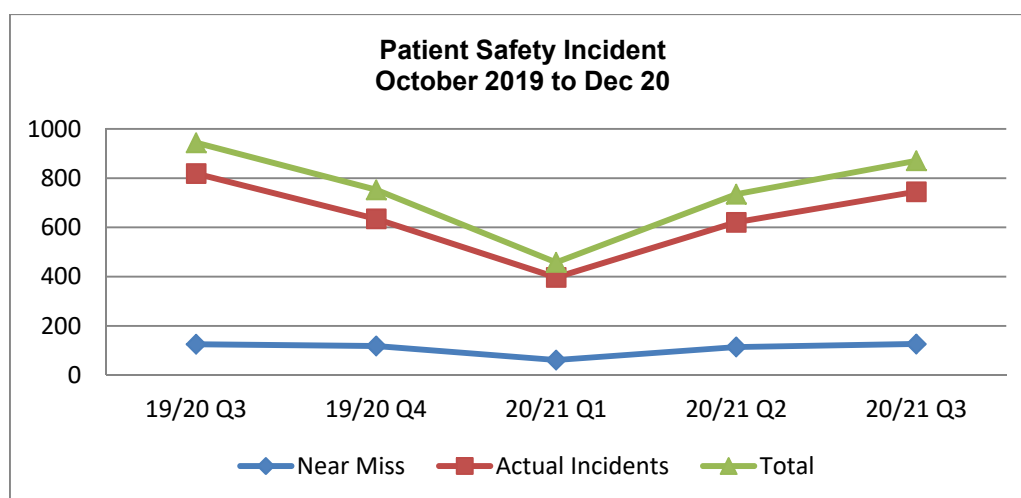


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 04/02/21)

In quarter, table 2 shows the number of patient safety incidents reported by the "Type" the majority of incidents involve administration incidents (18%) and this increase is due to an error related to Lorenzo, the electronic patient record system. All incidents are shared with Digital and the issues have been resolved. The quarters marked with an asterisk (*) include incidents that are still under investigation and some have not yet been graded.

Type	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	Total
Accidents	57	60	32	51	71	271
Administration	147	114	58	93	154	566
Anaesthetics	7	6	4	7	5	29
Behaviour/Violence Aggression	11	12	9	13	10	55
Blood Plasma Products	46	22	21	35	32	156
Communication/Consent	30	27	17	35	45	154
Data protection	15	22	14	19	27	97
Diagnosis Process/Procedures	33	20	34	29	35	151
Documentation	53	54	28	51	57	243
Environmental Hazards/Issues	11	9	4	5	5	34
Infection Control	30	19	14	34	30	127
Information Technology	11	11	3	5	19	49
Medical Devices	64	33	13	39	51	200
Medication/Medical Gases/Nutrition	139	103	58	113	91	504

Nutritional Feeding (Prescribed Feeds)	3	8	2	2	8	23
Organisational Issues/Staffing	88	43	20	38	21	210
Pressure Ulcers	81	81	76	52	92	382
Radiology	11	14	7	6	10	48
Security incidents	8	6	3	13	10	40
Treatment/Procedures	99	89	41	95	98	422
Total	944	753	458	735	871	3761

Table 2: Numbers of patient safety incidents by Type (Data source: DATIX 04/02/21)

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

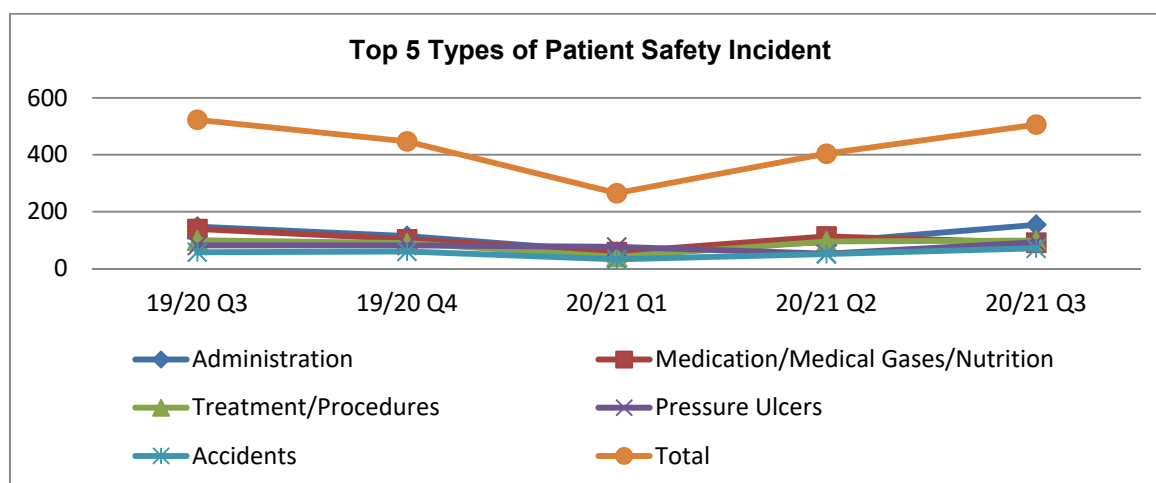


Fig 2: Top 5 Types of Patient Safety Incidents (Data source: DATIX 04/02/21)

INCIDENT TRENDS AND ACTION:

Administration Incidents

During the quarter, the number of incidents linked to the Lorenzo digital issues has increased the number of administration incidents by 61 incidents compared to the previous quarter. This digital issue caused the Mindray equipment to drop the connection with Lorenzo the electronic patient record system due to changes in the booking part of the Lorenzo system. This issue has now been resolved by Digital and the external software provider. This has led to an improvement in learning and capturing this type of incident trend.

Medication

During quarter 3 the Trust noted a slight decrease in medication incidents (n=22). Where the incidents have been graded, 99% have been recorded as near miss, no/low harm, with one being graded as moderate harm. The reports have been from across the hospital, demonstrating a good open reporting culture. Prescribing errors are fed back to medical staff to aid Divisional learning and where the prescriber is still employed by the Trust their mentor feeds back directly to them. This will ensure individuals have an opportunity to reflect and take the learning and receive appropriate support if required.

Treatment and Procedures

Due to a return to post-COVID level of service the numbers of treatment and procedure incident have returned to normal levels of reporting. In addition the trust's open approach to recording and learning incidents involving known surgical complications results in many incident being reviewed with no acts or omissions noted; these reports are then graded as no/low harm. 97% of Treatment and Procedure incidents have been graded as near miss or no/low harm. This also allows the Trust to monitor trends and identify areas for improvement. All incidents considered to warrant discussion are presented at the Serious Incident Executive Review Panel (SIERP) as part of the scrutiny and confirmation of grading. A trend noted this is linked to the TAVI operations and an audit presentation is being given to SIERP in February 2021. Capturing these incidents demonstrates good governance processes and learning from clinical events.

Pressure Ulcers (PU)

During quarter 3 the number of pressure ulcer incidents has increased due to a resurgence of the COVID pandemic. 99% have been reported as low harm with one category 3 pressure ulcer graded as moderate. All skin issues, which include those developed outside the Trust are captured on Datix and shared with Tissue Viability for nurse specialist investigation and learning. The majority of which are reported from Critical Care due to the COVID pandemic.

Accidents

The most common type of accidents continues to be slips/trips and falls; which includes those near misses that are lowered to the floor. During the quarter two patients suffered fractures both related to their medical conditions and mobilising independently. All incidents are reviewed by the Falls Prevention Specialist Nurse with the addition a mini-RCA embedded in the Datix incident form. A proportion of these falls are linked to the need for patients to mobilise independently post-surgery in order to regain their independence and do not seek assistance.

1.2 Severity of Patient Safety Incidents

Q3 incidents graded as near miss to low harm have increased since the COVID pandemic as the services returned for normal operating levels. Furthermore a number of incidents initially reported as moderate harm are downgraded following immediate peer review and discussion at SIERP, where 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	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	Total
Near Miss	125	118	61	114	126	544
No harm	596	445	237	451	482	2211
Low harm	216	183	155	154	208	916
Moderate harm	3	1	4	9	5	22
Severe harm	1	1	0	5	1	8
Death caused by the incident	1	0	0	0	0	1
Death UNRELATED to the incident	2	5	1	2	4	14
Not yet graded	0	0	0	0	45	45
Total	944	753	458	735	871	3761

Table 3 – Patient Safety Incidents by Severity (Data source: DATIX 04/02/21)

Directorate	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	Total
NPH Ambulatory Care	0	0	0	1	0	1
NPH Cardiology	2	0	2	6	2	12
NPH Nursing	1	0	0	0	0	1
NPH Surgical	2	1	0	6	1	10
NPH TCCA	0	1	2	1	3	7
Total	5	2	4	14	6	31

Table 3a – Incidents by Severity _ Moderate Harm (Data source: DATIX 04/02/21)

Correct at the time of production. Some incidents have been downgraded in severity following investigation.

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

In Q3 there has been two SIs reported to the CCG, this compares to six in Q2. There were five incidents reported as moderate/severe harm requiring investigation.

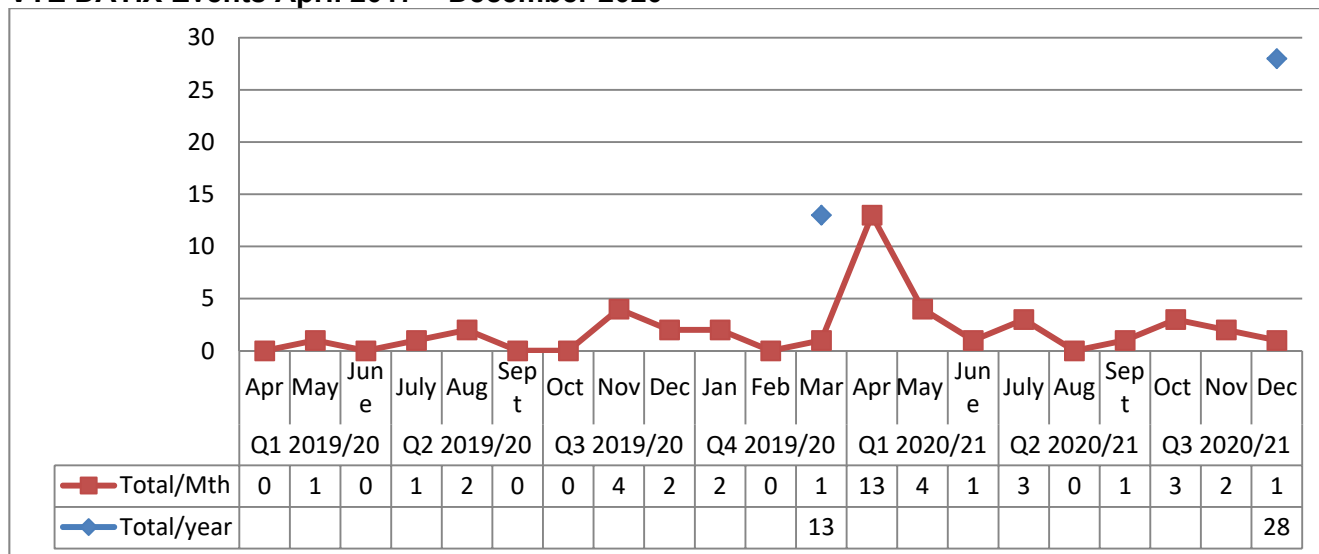
Full Duty of Candour is undertaken for all incidents where there has been associated harm. A detailed breakdown of contributory factors identified from SI investigation is taken to the Serious Incident Executive Review Panel (SIERP). Human and Patient Factors are recurring themes. Actions from investigations are monitored at QRMG for completeness.

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 5 requests for investigation / feedback in Q3 20/21.

1.5 VTE Monitoring

VTE DATIX Events April 2017 – December 2020

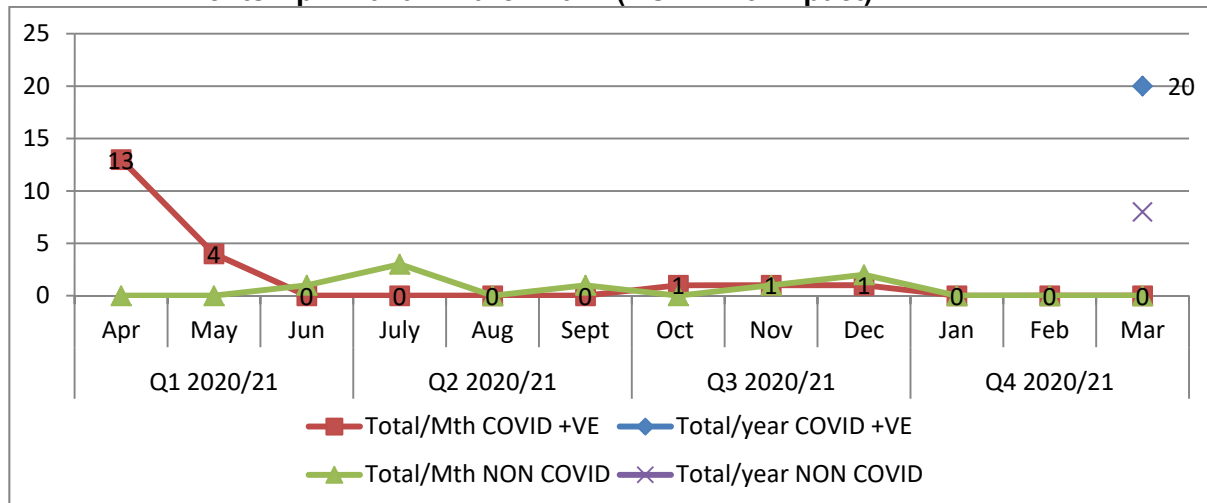


The graph above shows the number of VTE events from Q1 2019/20 to Q3 2020/21. We are advised of these confirmed VTE events by Royal Papworth staff, radiology alerts, patients, GPs or healthcare professionals in the local hospitals. There may be a considerable delay from the date of the VTE diagnosis to when the event is investigated if the information is not received at the time of diagnosis. We have been informed of 6 VTE DATIX events in Q3 2020/21 the investigations have all been concluded on DATIX all were recorded as low/no harm/near miss incidents. The last moderate harm reported in relation to VTE was 20/08/2019.

VTE during COVID-19 outbreak

There was 13 reported VTE events in CCA in COVID-19 positive patients during April 2020 and 4 in May 2020. This is a known complication as part of the coronavirus disease pathway however, all 17 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. As we approach a 2nd surge in COVID-19 admissions we will continue to monitor VTE events and report for COVID+VE patients. In Q3 there have been 3 VTE events for COVID-19 positive patients taking the total to 20 since the beginning of the pandemic, there has also been a further increase in January 2021 from recent radiology reporting +5. The remaining 8 are non COVID taking the in-year total to 28 VTE events. Comparable to 2019/20 data excluding COVID cases we continue to have low cases of VTE events.

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 4 quarters. 2020/21 has maintained improved compliance for the 4th 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	
July 2020 Q2	96.6	95.54%
August 2020	90	
September 2020	100	
October 2020 Q3	96.6	96.66%
November 2020	96.6	
December 2020	96.6	
January 2021 Q4		
February 2021		
March 2021		

Recent Moderate Harm (WEB37731) relating to AES use and heel grade 3 pressure damage

Initial findings noted the use of AES and the lack of documentation and information on inspection of heels. There was lack of awareness of the risk assessment linked to the treatment plan and staff were unfamiliar with the process for recording information where a patient declines treatment/care.

Rob Gannon and Wayne Hurst are investigating this incident jointly, the moderate harm report will be shared with the VTE scrutiny group and QRMG on completion.

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.

- Matrons/HoN's to raise at all three divisional governance meetings the importance of completing VTE risk assessment on admission for all patients.
- WH/RG to share moderate harm report with VTE scrutiny panel/QRMG and ward teams.

1.6 Inquests

Four inquests were heard in Q3, two required Trust representation and a summary is provided in table 1. One coroner's investigation was closed in Q3 following receipt of statements (table 2).

The Trust has been notified about 15 new Inquests/Investigations in Q3 and statements have been requested. The Trust assisted the Coroner with 3 Pre Inquest Hearings in Q3 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 67.

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 Q3.

1.7 Clinical Negligence Litigation

In Q3 2020/21 the Trust has received 4 new requests for disclosure of records, 1 Letter of Claim.

2. Patient Experience

2.1 Complaints and Enquiries

During the response to the COVID-19 pandemic we continued to operate as usual regarding the management of formal complaints but extended our response times from 25 to 40 working days in April 2020. From 1 August 2020, we endeavoured to respond to all complaints within the normal 25 working day timeframe. We have received 6 formal complaints (including 1 complaint relating to Royal Papworth Private Care) and no enquiries for Q3. This is a decrease in the number of formal complaints received in the previous quarter (Q2; 10). 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.

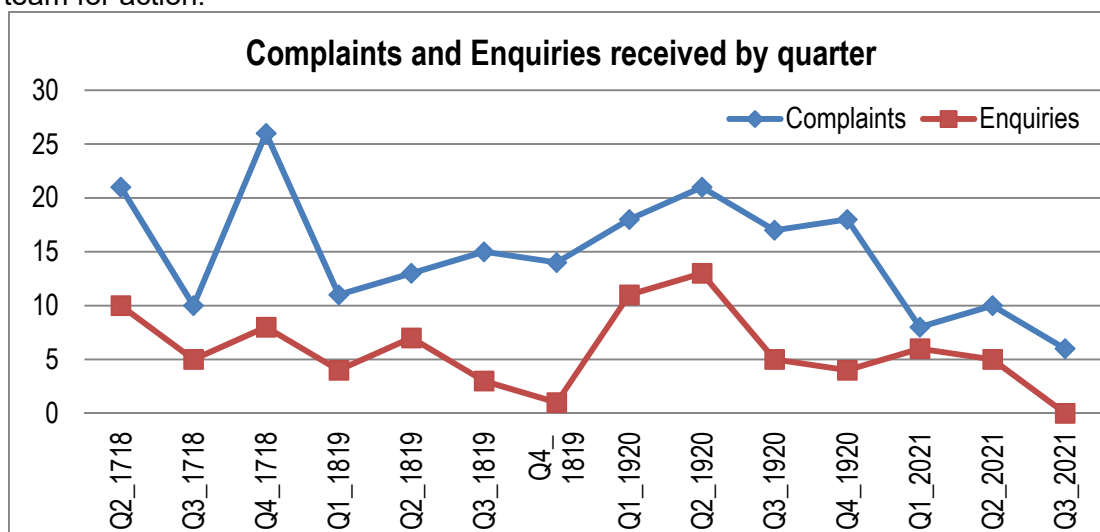


Figure 1: Complaints vs Enquiries received by quarter (source – Datix 01/02/2021)

*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.

Month	No. formal complaints received in Q3 (October - December 2020)	Upheld/Part Upheld	Enquiries for further information
October	2	0	0
November	2	1	0
December	2	1	0
Total	6	2	0

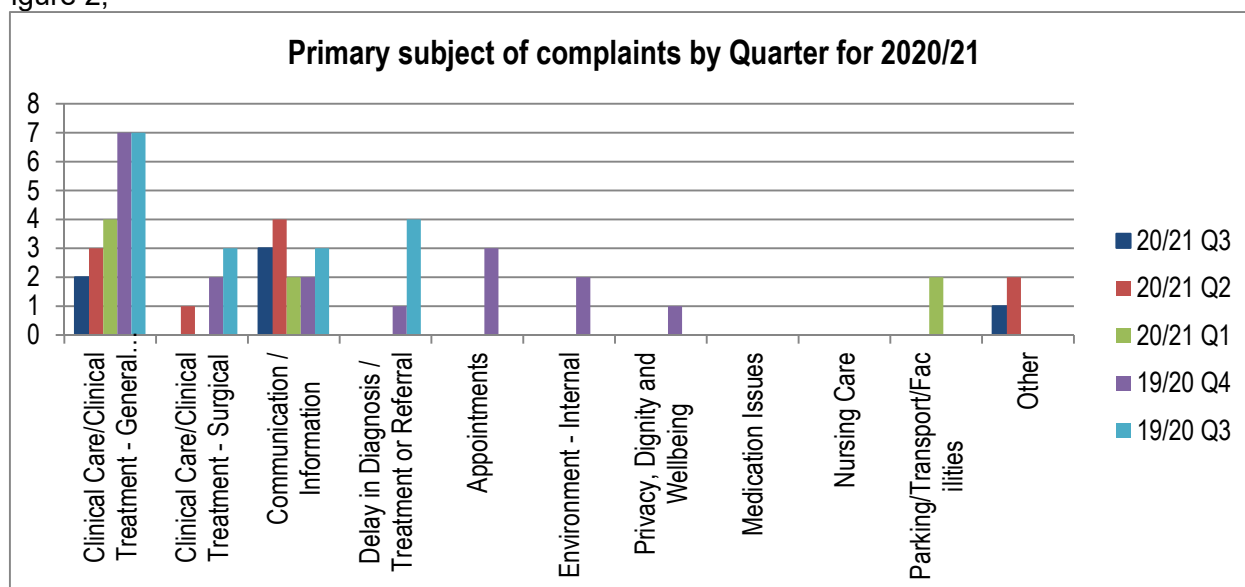
Table 1: Numbers of complaints / Enquiries (source: Datix 01/02/2021)

In Q3 we have seen a slight decrease in the number of formal complaints received and therefore have seen a decrease in the number of complaints across all subject areas. The complaints received in Q3 were relating to clinical care and communication. Table 2 and Figure 2 show the primary subject of complaints compared with the previous quarters. Since Q1 2019/2020 clinical care has been separated by speciality.

Subject	20/21 Q3	20/21 Q2	20/21 Q1	19/20 Q4	19/20 Q3
Clinical Care/Clinical Treatment - General Medicine Group	2	3	4	7	7
Clinical Care/Clinical Treatment - Surgical	0	1	0	2	3
Communication / Information	3	4	2	2	3
Delay in Diagnosis / Treatment or Referral	0	0	0	1	4
Appointments	0	0	0	3	0
Environment - Internal	0	0	0	2	0
Privacy, Dignity and Wellbeing	0	0	0	1	0
Medication Issues	0	0	0	0	0
Nursing Care	0	0	0	0	0
Parking/Transport/Facilities	0	0	2	0	0
Other	1	2	0	0	0
Total	6	10	8	18	17

Table 2: Primary subject of complaints by quarter (source: Datix 01/02/2021)

Figure 2;



Directorate and Speciality	20/21 Q3	20/21 Q2	20/21 Q1	19/20 Q4	19/20 Q3
NPH Cardiac Surgery	1	0	0	2	3
NPH Cardiology (Risks)	1	1	2	0	8
NPH Cath Labs	0	0	0	0	0
NPH Critical Care	1	2	1	2	1
NPH Interventional Cardiology	0	0	0	0	0
NPH Lung Defence	0	1	1	0	0
NPH Oncology	0	0	0	1	0
NPH Outpatients	1	3	1	4	0
NPH PVDU	1	0	0	1	0
NPH Respiratory Physiology	0	0	0	0	1
NPH Royal Papworth Private Care	1	0	1	1	1
NPH RSSC	0	0	1	3	2
NPH Thoracic Surgery	0	0	0	0	0
NPH Surgical/Transplant	0	3	0	2	0
Cardiac Surgery (Old Site)	0	0	0	0	0
Cardiology (Old Site)	0	0	0	1	1
Oncology (Old Site)	0	0	0	1	0
Private patients (Old Site)	0	0	0	0	0
Other	0	0	1	0	0
Total	6	10	8	18	17

Table 3: Complaints by Directorate and Speciality by quarter (source: Datix 01/02/2021)

Quality Dashboard Monitoring – Q3	
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 Q3 20/21 - There were no informal enquiries received in Q3.

2.2 Actions arising from upheld and partially upheld complaints

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

Identified actions arising from complaints upheld or partially upheld in Q3 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
Q32021-32F	Patient's wife has raised some concerns regarding the care and treatment her husband received and would like to know whether he had a mild stroke prior to his discharge from RPH.	Partially Upheld	Apology given, no further actions identified. Patient experience shared with clinical team and at directorate meeting.
Q32021-35F	Patient has raised some concerns regarding his communication with a member of the radiology team when he attended RPH for a CT scan	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 Q3

2.3 Local Resolution Meetings

The Trust has not held a local resolution meeting in Q3.

2.4 Ombudsman's Referrals

No New Ombudsman's Investigations notified in Q3 and none outstanding.

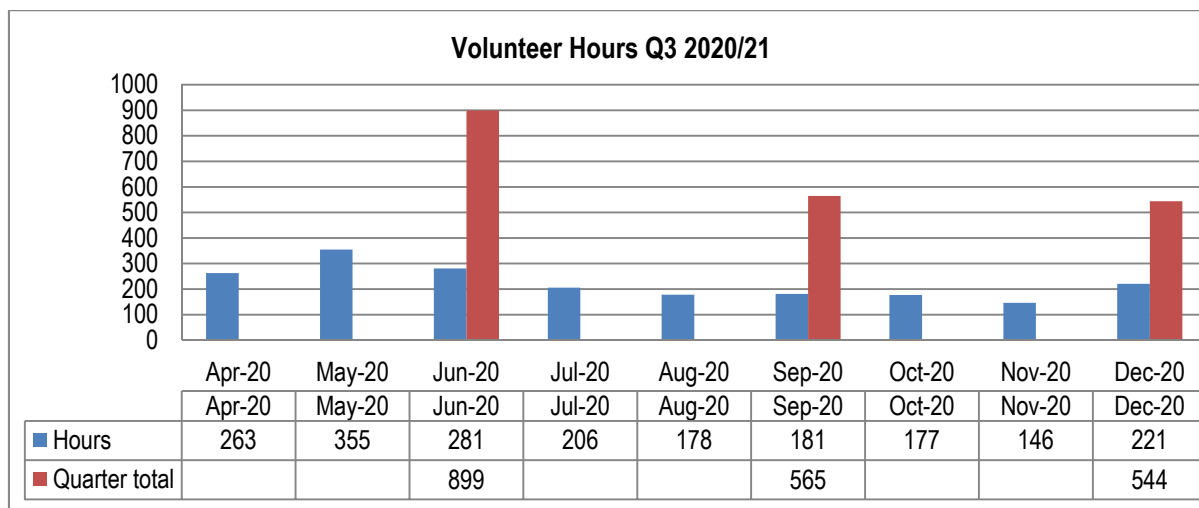
3 Patient Advice and Liaison Service Q3 Report 2020/21

3.1 Patient Carer Experience Group (PCEG) Meeting

- There was a virtual meeting in October 2020. This meeting is organised by the Nursing Management Administrator and chaired by the acting Chief Nurse. The agenda includes a patient story, current issues, updates regarding volunteers, patient representatives on committees, support groups, friends and family survey information and Healthwatch.

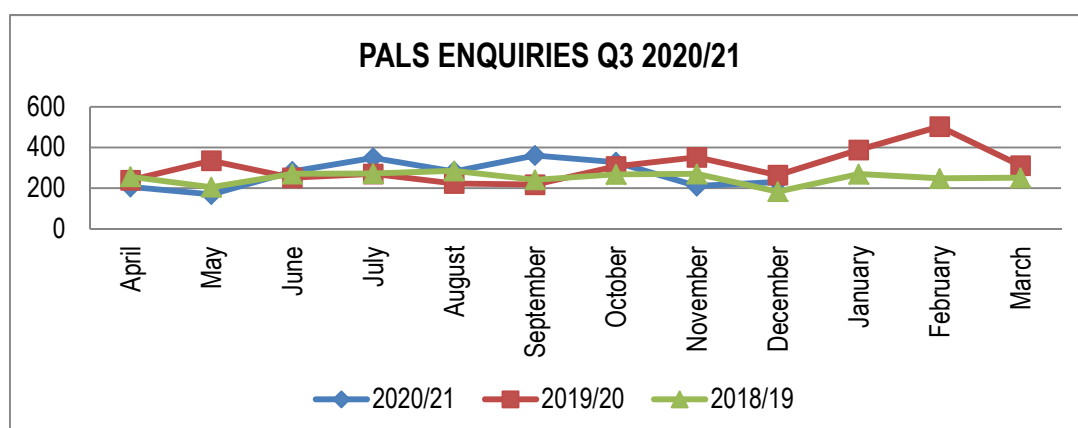
3.2 Volunteers

- The Matrons will confirm the roles that the volunteers can support with going forward and PALS will work with HR and the volunteers to ensure that the Risk Assessments are completed prior to them returning.
- PALS have maintained contact with all volunteers via email throughout the pandemic and will continue to do so.
- Three volunteers continue to support the Pharmacy team, their time is much appreciated.

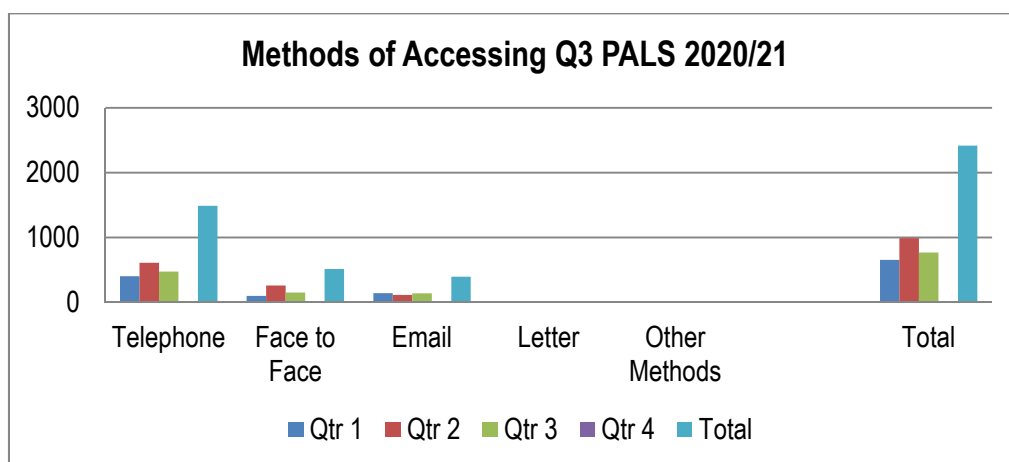


3.3 Patient Advice and Liaison Service (PALS)

- During Q3 2020/21, the PALS Service received **764** enquiries from patients, families and carers. This was decrease of **151** on the number recorded in Q3 2019/20.
- The PALS team had to self-isolate from the 12th November until the 24th November - despite this the PALS, bereavement and volunteer services continued to function with minimal impact. The PALS team continue to support patients with getting their belongings to them, as their families are still not able to visit due to the pandemic.



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



Concerns Raised

The table at Appendix 1 shows the concerns by category for Q3 in 2020/21.

Key themes raised from PALS enquiries in Q3 2020/2021.

Subject (Primary)	Number of enquiries received	Details
Information and Advice	418	This is an decrease of 29 enquiries compared to the same quarter last year (Q3 2019/20) Top three themes: 61 related to appointments 60 related to telephone contact number 41 related to relative / friend attending with patient
Communication / Information	139	This is an decrease of 15 enquiries compared to the same quarter last year (Q3 2019/20) Top three themes: 71 related to requests for clarification of medical information 18 related to lack of information for relatives 12 related to lack of information for patients
Delay in diagnosis / treatment or referral	29	This is a decrease of 43 enquiries compared to the same quarter last year (Q3 2019/20) Top three themes: 8 related to waiting time for operation / procedure 5 related to cancellation of treatment 5 related to delay in diagnosis / treatment
Property	48	This is an increase of 26 enquiries compared to the same quarter last year (Q3 2019/20) Top three themes: 18 related to take property to ward 13 related to loss / damage to property 11 related to clothing
Parking	33	This is a decrease of 37 enquiries compared to the same quarter last year (Q3 2019/20) Top three themes: 16 related to parking letter 7 related to other parking issue 5 related to parking charges
Transport	17	This is a decrease of 56 enquiries compared to the same quarter last year (Q3 2019/20) Top three themes: 7 related to hospital contract transport 4 related to travel claims

Subject (Primary)	Number of enquiries received	Details
		2 related to local transport information
Environment - Internal	14	This is increase of 8 enquiries compared to the same quarter last year (Q3 2019/20) Top three themes: 10 related to toilet access 2 related to poor environment - internal 1 related to signage
Environment - External	3	This is an decrease of 7 enquiries compared to the same quarter last year (Q3 2019/20) 3 related to hospital address
Medical Records	14	This is a decrease of 12 enquiries compared to the same quarter last year (Q3 2019/20) Top three themes: 8 related to access to medical records 2 related to incorrect information in health record 2 related to request to update records
Nursing Care	0	This is an decrease of 2 enquiries compared to the same quarter last year (Q3 2019/20)
Lack of Privacy and Dignity	0	This is the same compared to the same quarter last year (Q3 2019/20)
Staff Attitude	3	This is a decrease of 4 enquiries compared to the same quarter last year (Q3 2019/20) 2 related to rudeness 1 related to uncaring behaviour
Equipment Issues	14	This is a increase of 2 enquiries compared to the same quarter last year (Q3 2019/20) Themes: 5 related to CPAP machines
Medication Issues	4	This is a increase of 3 enquiries compared to the same quarter last year (Q3 2019/20) 3 related to prescriptions 1 related to failure to provide medication
Infection Control Issue	0	This is the same compared to the same quarter last year (Q3 2019/20)
Discharge Arrangements	12	This is an increase of 6 enquiries compared to the same quarter last year (Q3 2019/20) 6 related to lack of communication 4 related to lack of arrangements for home after discharge 2 related to dissatisfaction with discharge to another hospital
Clinical Care	3	This is an increase of 1 enquiry compared to the same quarter last year (Q3 2019/20) 2 related to dissatisfied with medical / care / treatment / diagnosis 1 related to poor recovery after discharge
Admission Arrangements	5	This is the same compared to the same quarter last year (Q3 2019/20) 4 related to visiting hours 1 related to property / clothes required for admission
Catering	2	This is a decrease of 4 enquiries compared to the same quarter last year (Q3 2019/20) 1 related to opening hours 1 related to poor quality of food
Patient Charges	1	This is a decrease of 1 enquiry compared to the same quarter last year (Q3 2019/20) 1 related to other charges
Security	4	This an increase of 4 enquiries compared to the same quarter last year (Q3 2019/20) 3 related to staff attitude

Subject (Primary)	Number of enquiries received	Details
		1 related to access cards
Verbal or Physical Abuse	1	This an increase of 1 enquiry compared to the same quarter last year (Q3 2019/20) 1 related to verbal abuse by patient

There was 1 enquiry regarding private patients. The table below shows the breakdown by subject.

Subject	No. PALS Enquiries
Information / Advice	1
Total	1

During Q3 **no** PALS enquiries were escalated to formal complaints. **2** enquiries were signposted to organisations external to the Trust.

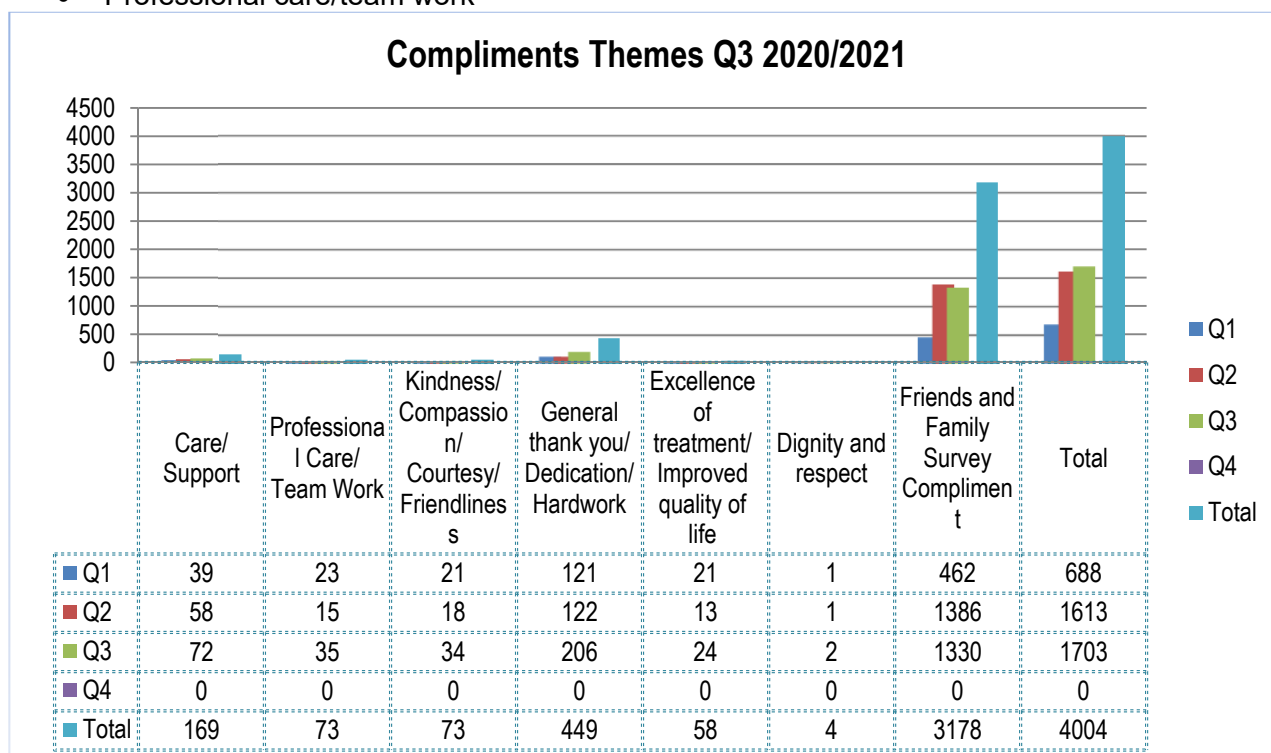
3.4 Compliments

There were 1658 compliments received by PALS from across the Trust during Q3 2020/21, this is a decrease of 486 on the same time last year (Q3 2019/20). The reduction in numbers is primarily due to the change in process for the friends and family surveys. PALS no longer collect the surveys from the wards and departments as this is now done electronically, so therefore PALS are unable to include the positive feedback in these figures.

Compliments are received verbally, by letter, thank you cards, e-mails and also via the Chief Executive Office.

The top themes for compliments for Q3 in 2020/21 were:

- General thank you/dedication/hard work
- Care/Support
- Professional care/team work



Examples of feedback taken from 'Thank you cards'

'Just wanted to say thank you to your team for your time and listening ears during my admission here at Papworth, especially in these times when patients do not have that family contact'

‘Just to say thank you for the wonderful attentive care you showed me whilst recovering from lung surgery’ You made me feel like I was your only patient. You are a credit to the NHS’

‘I would like to say thank you for all the care and kindness shown to me while I was on your ward, it was much appreciated by my wife and family. You are indeed angels’

3.5 Bereavement Services

- During Q3 there were 55 patients who passed away.
- PALS facilitated the completion of cremation paperwork by the appropriate doctor and organised the delivery of the fees for this work direct to the doctors. There were 28 of these during Q3.
- PALS work closely with our Mortuary team at CUH to ensure that patients are taken into the care of their funeral director in a timely manner.
- PALS work directly with the Medical Examiners and Clinical teams to support the prompt completion the coroner’s referral and Medical Cause of Death Certificates (MCCD).
- PALS supported 36 families with registration of their loved one, making sure that the relevant information was sent to the Registrar’s service at Cambridgeshire County Council prior to their telephone appointment to register.

3.6 Bereavement Follow Up Service

- In Q3 PALS sent out 43 follow up letters bereaved families.
- 6 of these families have so far taken up the offer of this service in Q3.
- 4 of the NOK requested clarification of medical information, one required support and the opportunity to talk about their love one and one NOK wanted to know the timeline of events.
- The families are grateful for the care and treatment given to their loved one and appreciate the opportunity to be able to access the follow up service.
- It has been recognised that during these very uncertain times the opportunity to ask questions was very limited, as most updates for families have been verbally via the telephone and not face to face.

4. Risk Management

4.1 Non Clinical Accidents/Incidents

During quarter 3 there have been 381 accidents/incidents (including near misses) which have involved staff/contractors/organisation or visitors. An expected increase compared to the previous quarters (n=337) which coincided with the return of normal services and increased activity over the summer. During this period the most common type of incident have linked to Infection Control issues (n=66); a proportion of which relates to the increased awareness of the need to report all types of PPE incidents and near misses (skin injury issues are recorded separately under pressure ulcers), a mix of factors include stock control, access to equipment to meet a flexible need and need for fit testing; all issues have been resolved with a revised process. Table 1 shows the incidents by type. Other types of commonly recorded incidents include organisational issues (n=65) such as bleeps not working, keys going missing and communications issues of changes on the Theatre list; all of which have been graded as near miss, no/low harm.

Type	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	Total
Accidents	29	21	25	24	29	128
Administration	48	33	11	23	14	129
Anaesthetics	2	0	0	0	2	4
Behaviour/Violence Aggression	15	12	19	18	26	90
Blood Plasma Products	7	9	6	5	7	34
Communication/Consent	10	9	9	20	14	62
Data protection	18	14	16	10	16	74
Diagnosis Process/Procedures	5	4	1	3	5	18
Documentation	15	13	3	20	13	64
Environmental Hazards/Issues	47	19	10	27	20	123

Fire Incidents	2	8	0	7	3	20
Infection Control	29	45	39	35	66	214
Information Technology	17	10	13	14	18	72
Medical Devices	25	12	14	30	26	107
Medication/Medical Gases/Nutrition	27	28	18	31	21	125
Nutritional Feeding (Prescribed Feeds)	1	0	0	0	1	2
Organisational Issues/Staffing	125	109	19	50	65	368
Pressure Ulcers	2	1	8	0	6	17
Radiology	5	1	3	3	2	14
Security incidents	9	14	6	12	19	60
Treatment/Procedures	10	6	7	5	8	36
Total	448	368	227	337	381	1761

Table 1 – Non-clinical Incidents Reported for 2019/20 (Data source: DATIX 04/01/21)

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

During quarter 3 there have been five new RIDDOR reportable incidents

Category	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	Total
Collision/Impact with object (not vehicle)	0	0	0	0	1	1
Contact with pot. infectious material (inc COVID)	0	2	3	2	1	8
Environmental	0	1	0	0	0	1
Inappropriate behaviour by a Pt to staff	0	0	1	0	0	1
Moving and handling (inc DSE)	2	0	2	2	3	9
Other type of accident	0	0	0	1	0	1
Sharps	1	0	0	0	0	1
Slip, Trip or Fall	2	1	0	1	0	4
Total	5	4	6	6	5	26

Table 2 – RIDDOR Incidents Reported for 2020/21 (Data source: DATIX 04/02/21)

4.3 Risk Register

There are currently a total of 645 open project, BAF, COVID and business risks; this demonstrates that the Trust is actively using the risk register. However, 174 are overdue compared with 201 in the previous month; this increase in overdue risks is due to the COVID pandemic and redistribution of staff to clinical tasks. A monthly reminder is sent for both overdue corporate extreme risks and overdue action plans to the handlers. It is the responsibility of the Divisions 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. Executive review of the current corporate registers has highlighted the need for all Divisions to revise and update their registers. Corporate and Board level risks are presented to the Trust Audit Committee. The Annual Risk Management Audit is being undertaken in December 2020 and this will highlight actions for the future development of the risk system.

4.4 Non-clinical claims

No new claims brought against the Trust during Q2. Currently there are 2 ongoing claims.

4.5 Safety Alerts

The Safety Alert information is monitored monthly by the QRMG and at Divisional Meetings. Alerts are then stored for historical reference within the RIMS (Risk Information Management System - Datix). Throughout quarter 3 the Trust has received 31 formal Safety Alerts and Field Safety Notices, raised by manufacturers; of which 28 have been relevant to the Trust. These figures do not account for medication safety alerts which are managed by the pharmacy team or Estates/Security alerts managed by Estates. All 28 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 Q3.

5.0 Effectiveness of care

5.1 Quality and Safety Measures

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

5.2 Clinical Audit

National Audits

No relevant national clinical audit reports published in Q3

Quality Improvement Steering Group

A meeting took place on 26 November 2020

NICE Guidance received in quarter & progress

A total of 17 NICE guidance documents were disseminated for feedback during Q3.

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

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

Work on developing the forward priorities has resumed at the end of Q1 into Q2 following a 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. No further progress to report in Q3

Quality Improvement Masterclass

The QI Masterclass has been on hold since March 2020. The course is now expected to resume from November 2020. – Paused again due to 2nd COVID-19 surge

PALS Enquiries Quarterly Report

Subjects/Sub-Subjects	2019/20				2020/21		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Verbal or Physical Abuse	0	0	0	0	0	1	1
Verbal abuse by patient	0	0	0	0	0	1	1
Admission Arrangements	1	4	5	3	1	6	5
Availability for Wi-Fi	0	1	0	0	0	1	0
Property/Clothes required for admission	0	0	2	0	1	1	1
Visiting hours	1	3	3	3	0	4	4
Staff Attitude	3	13	7	3	2	5	3
Inappropriate manner/behaviour	1	2	0	1	1	0	0
Rudeness	1	4	4	2	0	4	2
Unhelpful	0	0	0	0	0	0	0
Uncaring behaviour	1	7	3	0	1	1	1
Clinical Care	1	1	2	2	1	0	3
Dissatisfied with treatment/outcome/diagnosis	0	0	0	0	1	0	0
Dissatisfied with medical care/treatment/diagnosis	1	1	2	2	0	0	2
Poor recovery after discharge	0	0	0	0	0	0	1
Infection Control Issues	0	0	0	1	5	1	0
Infection/Infection control query	0	0	0	1	5	1	0
Nursing Care	1	0	2	0	1	2	0
Dissatisfied with personal care provided	0	0	1	0	1	1	0
Dissatisfied with nursing care/treatment	1	0	1	0	0	1	0
Catering	4	7	6	3	1	0	2
Food served at incorrect temperature	1	1	0	0	0	0	0
Inadequate portion size	0	1	0	1	0	0	0
Lack of availability of food	0	1	0	0	0	0	0
Lack of adequate choice of food	1	0	2	0	1	0	0
Opening hours	0	0	0	0	0	0	1
Poor service in restaurant	0	2	2	1	0	0	0
Poor quality of food	2	2	2	1	0	0	1
Patient charges	2	2	2	0	0	3	1
Other charges	0	0	1	0	0	2	1
Request for payment incorrect	0	0	1	0	0	0	0
Treatment costs	2	2	0	0	0	1	0
Communication/Information	158	138	154	109	72	151	139
Accessible information	0	0	0	0	0	1	0
Answerphone incorrect	0	0	0	0	0	0	0
Booking office	6	14	5	3	0	0	2
Breach of confidentiality	3	0	2	0	0	2	1
Clarification of medical information	46	41	46	55	49	78	71
Compliments	1	1	0	0	0	3	2
Consent issues	0	0	0	0	1	0	0
Contact phone number	26	12	21	11	7	3	1

Subjects/Sub-Subjects	2019/20				2020/21		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Diagnosis query	1	1	2	0	0	0	0
Freedom of information requests	0	0	1	0	0	0	0
Incorrect Information provided	0	7	3	3	0	2	2
Information for patients	0	0	1	4	1	10	1
Information for visitors	0	0	0	0	1	3	0
Lack of Information for other professional	1	4	1	3	0	2	3
Lack of Information for patients	16	14	20	14	1	11	12
Lack of Information for relatives	4	2	4	4	0	12	18
Lack of Sensitivity in communication	0	2	0	0	1	0	2
No response to phone messages	3	2	0	0	0	0	0
Other communication issues	8	2	4	0	3	3	6
Phones unanswered	29	17	26	2	1	8	9
Poor or Conflicting information	8	18	12	2	3	7	6
Residency form	0	0	3	4	2	6	3
Translation & Interpretation Services	6	1	3	2	2	0	0
Delay in diagnosis/treatment or referral	74	41	72	35	5	28	29
Cancellation of appointment	0	0	0	0	0	1	0
Cancellation of treatment	5	8	7	8	1	0	5
Clinical waiting times	6	2	1	0	0	1	3
Delay in diagnosis/treatment	17	10	19	2	3	7	5
Delay in referral	3	0	4	2	0	0	3
Failure to book treatment/appointment	0	1	0	1	0	0	0
Follow up	0	0	0	0	0	1	1
Waiting time for admission to ward	0	0	0	1	0	0	1
Waiting time for appointment	31	16	30	13	1	11	3
Waiting time for operation/procedure	12	4	11	8	0	7	8
Lack of privacy and dignity	0	1	0	1	0	0	0
Lack of privacy/dignity on ward	0	1	0	1	0	0	0
Discharge Arrangements	4	3	6	8	10	7	12
Delay in discharge	0	0	1	0	1	0	0
Dissatisfaction with discharge to another hospital	0	0	0	3	0	2	2
Lack of arrangements for home after discharge	4	2	3	2	8	2	4
Lack of communications	0	0	0	0	0	2	6
Wait to transfer to other facility	0	1	2	3	1	1	0
Equipment Issues	10	11	12	2	0	8	14
CPAP machines	0	0	2	2	0	1	5
Delays in replacing equipment	0	0	0	0	0	0	3
Lack of/inadequate equipment	10	10	8	0	0	2	0
Masks	0	0	0	0	0	3	3
Return of Equipment	0	1	2	0	0	2	3
Information/Advice Requests	408	343	447	719	441	565	418
Accommodation	35	37	69	34	4	4	3
Appointments	60	57	50	110	24	72	61
Advice on Medication	3	10	5	6	7	5	2

Subjects/Sub-Subjects	2019/20				2020/21		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Advice on Equipment	15	32	42	61	19	10	7
Assistance with wheelchair	0	0	0	0	0	5	1
Benefits	7	3	4	9	0	6	2
Bereavement process	6	4	12	15	46	23	12
Bereavement follow up	0	0	0	0	8	8	6
Cash point	0	0	0	0	0	1	0
Charity donation	0	0	0	0	1	6	4
Complaints procedure	8	8	22	31	14	9	11
Costa coffee	0	0	0	0	1	0	0
Coroners information	0	0	0	4	4	1	3
COVID-19 advice	0	0	0	7	86	90	36
E-mail address	12	18	11	14	31	25	40
F&F surveys	0	0	0	0	0	3	2
Get well cards	0	0	0	0	0	2	0
Hospital stamp	0	0	0	103	20	47	33
Information on hospital services	36	44	16	24	9	29	24
Insurance letter	0	0	0	4	2	1	0
Location of patient	0	0	0	48	8	6	4
Meeting room	0	0	0	0	0	0	1
Need to use stairs	0	0	0	12	1	0	0
OCS	0	0	0	1	1	0	0
Off Site directions	16	18	13	20	6	7	6
On site directions	104	29	110	51	23	31	21
Other (information request)	2	0	7	4	16	13	6
Parcel delivery	0	0	0	0	0	4	6
Phone charger	0	0	0	1	0	1	0
Phones unanswered	0	17	0	0	0	0	0
Referral information	14	3	14	22	9	1	7
Relative/friend attending with patient	0	0	0	0	0	20	41
Telephone contact number	71	64	60	119	75	86	60
Security team	0	0	0	0	0	4	2
Sick note	0	0	0	0	2	5	0
Signposting to other NHS organisation	0	2	1	1	0	3	0
Signposting to other organisation	0	2	0	2	1	0	0
Support using lift	0	0	0	1	0	26	8
Volunteering	19	9	11	15	23	10	9
WH Smith	0	0	0	0	0	1	0
Environment - Internal	9	4	6	2	3	16	14
Health and Safety	0	1	0	0	1	0	0
Inadequate facilities for disability	1	1	1	0	0	0	0
Lack of resource	1	0	0	0	1	0	1
Main atrium	0	0	0	0	0	1	0
Maintenance	3	0	0	0	0	0	0
Noise	0	0	0	0	0	1	0

Subjects/Sub-Subjects	2019/20				2020/21		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Poor environment - Internal	4	2	5	2	1	0	2
Signage	0	0	0	0	0	0	1
Toilet access	0	0	0	0	0	14	10
Environment - External	0	9	10	1	2	1	3
Biomedical campus	0	0	0	0	0	1	0
Hospital address	0	0	0	0	0	0	3
Poor environment	0	9	10	1	1	0	0
Signage	0	0	0	0	1	0	0
Medication issues	11	6	1	3	3	7	4
Failure to provide medication	3	0	0	0	0	0	1
Incorrect medication	0	1	0	1	0	0	0
Prescriptions	8	4	1	2	3	7	3
Pain management	0	1	0	0	0	0	0
Parking	60	42	70	210	11	30	33
Disabled access	8	4	4	9	1	2	2
Lack of information	0	0	0	0	0	2	0
Long-term parking	0	0	0	0	0	1	1
Other parking issue	14	6	9	7	1	3	7
Parking charges	38	23	28	25	1	4	5
Parking directions	0	9	1	4	0	4	2
Parking fine	0	0	0	8	0	0	0
Parking letter	0	0	28	154	8	14	16
Property	10	21	22	16	76	128	48
Belongings posted	0	0	0	0	0	18	3
Clothing	0	0	0	0	1	29	11
Deceased patient property	0	0	0	0	7	11	1
Loss/Damage of property	10	21	22	16	54	24	13
Property store room	0	0	0	0	3	4	1
Take property to ward	0	0	0	0	0	30	18
Valuables	0	0	0	0	11	12	1
Medical Records	10	19	26	45	19	11	14
Incorrect information in health record	0	1	0	0	0	0	2
Request for access to medical records	8	11	20	33	17	8	8
Request to update to records	2	4	3	8	2	2	2
Records Other	0	3	3	4	0	1	1
Transport Issues	59	46	73	39	3	19	17
Bus station/stop	0	0	0	0	0	1	1
Hospital contract transport	4	2	13	3	1	6	7
Local transport information	35	16	30	19	0	1	2
NHS transport Issues	10	5	5	1	0	3	1
'Other' Transport issue	3	5	3	1	0	0	2
Travel Claims	7	18	22	15	2	8	4
Security	0	0	0	0	0	2	4
Access cards	0	0	0	0	0	0	1

Subjects/Sub-Subjects	2019/20				2020/21		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Staff Attitude	0	0	0	0	0	2	3
Total Number of Enquiries:	825	711	923	1202	656	991	764

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 3

Title	Quarterly report: Quarter 3 (Oct - December 2020)																									
INFECTION CONTROL																										
Q3 Commodes	Findings: All areas were 75% or above compliant for Q2 so no further spot checks to be carried out for Q3.																									
Q3 Raised Toilet Seats	Findings: All areas were 75% or above compliant for Q2, so no further spot checks need to be carried out for Q3.																									
Sharps Audit	Findings: Overall this re-audit on the safe handling and disposal of Sharps continues to show positive results with eight of the thirteen standards showing compliance above 95% and three of thirteen standards remaining at 100% since the last audit in 2019. Standards that reached less than 95% compliance <ul style="list-style-type: none"> • Standard 4 (46%) - The container is labelled or tagged with date, locality and a signature on assembly • Standard 6 (90%) –The contents of the container are below the fill line. • Standard 7 (44%) - The lid is temporarily closed in between use • Standard 9 (92%) - Sharps are disposed of safely and at point of use • Standard 10 (85%) - Used needles and syringes are discarded as a complete single unit • Standard 11 (83%) – Training has been provided where needle safe devices are in use Recommendations/Actions: Ward Managers to educate staff. IPC to feed back at link nurse study day by January 2021																									
MICROBIOLOGY																										
Critical Microbiology Result Audit	Findings: Dealing with positive blood cultures within the hour as the standard set up by the Trust, occurred in 89.2% of in-hours results and 72.7% of out-of-hours results. The compliance with the audit standard was therefore not met for in or out of hours. <table border="1" data-bbox="432 1570 1469 1888"> <thead> <tr> <th></th> <th>Signalled positive in hours</th> <th>Signalled positive out of hours</th> </tr> </thead> <tbody> <tr> <td>Total audited</td> <td>57</td> <td>22</td> </tr> <tr> <td>Dealt with in 1 hour</td> <td>51 (89.5%)</td> <td>16(72.7%)</td> </tr> <tr> <td>Dealt with after 1 hour</td> <td>6(10.5%)</td> <td>6(27.2%)</td> </tr> <tr> <td>Between 1-2 hours</td> <td>3 (5.2%)</td> <td>6</td> </tr> <tr> <td>Between 2-3 hours</td> <td>0</td> <td>0</td> </tr> <tr> <td>Between 3-4 hours</td> <td>1 (1.7%)</td> <td>0</td> </tr> <tr> <td>Over 4 hours</td> <td>2 (3.5%)</td> <td>0</td> </tr> </tbody> </table> Recommendations/Actions <ul style="list-style-type: none"> • Bring findings to the RPH clinical microbiology group to remind RPH microbiologists to deal with results within 1 hour of the availability. • When attending necessary meetings whilst on clinical duty, suggest to keep EPIC open, where possible, to allow review of the critical results 			Signalled positive in hours	Signalled positive out of hours	Total audited	57	22	Dealt with in 1 hour	51 (89.5%)	16(72.7%)	Dealt with after 1 hour	6(10.5%)	6(27.2%)	Between 1-2 hours	3 (5.2%)	6	Between 2-3 hours	0	0	Between 3-4 hours	1 (1.7%)	0	Over 4 hours	2 (3.5%)	0
	Signalled positive in hours	Signalled positive out of hours																								
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Between 2-3 hours	0	0																								
Between 3-4 hours	1 (1.7%)	0																								
Over 4 hours	2 (3.5%)	0																								

	<p>queue.</p> <ul style="list-style-type: none"> • Highlight the need to record time dealt with in the EPIC result page • Continue to record in the EPIC even if organisms are not seen in Gram stain or culture is repeatedly positive for the same organism as the result still needs to be dealt with • Share findings with the PHE laboratory clinical service group • Discuss with PHE laboratory to call out all positive blood cultures out of hours to the RPH duty microbiologist
PSS	
ECT COVID-19	<p>Findings: Lessons Learned</p> <ul style="list-style-type: none"> • Improve communication of when and how and where staff are redeployed • Consistent education message needed • Plenty of notice needed regarding shift changes and rotas • Physio are fundamental to the functioning and experience of the team due to airway involvement • Clarity of roles is essential • Consistent standards of care essential • Mixed teams were successful • Better integration with critical care needed
Post Covid 19 response Staff survey	<p>Findings</p> <ul style="list-style-type: none"> • Part of wider debrief • Lessons learned approach • Supporting redeployed staff that have returned • Supporting transitioning of staff from home back on site <p>What we will do</p> <ul style="list-style-type: none"> • Provide continued opportunities for debriefing • Regular communication- cascading information and known changes • 1:1s and IPR • Regular team meetings • 1:1 support of staff at home to support them at the time of them returning • Work with IPC and risk team to ensure staff safety is paramount • Keep us all working together as a team
PHARMACY	
Documentation of anticoagulant consultations in the clinical record	<p>Findings: The results show that 54% of all patients in the audit had some form of anticoagulant education recorded on the clinical chart by pharmacists and technicians. 96% of those patients who had documentation had the anticoagulant mentioned and 100% of the patients had the date and time of the counselling recorded on their record. 4% of the patients had a summary of the information given to them documented on their record.</p> <p>Recommendations/Actions</p> <ul style="list-style-type: none"> • Develop a structured recording format to be used on clinical records during or after the anticoagulant consultation • Have refresh training sessions with relevant pharmacy professionals on the importance of documentation • Rotating pharmacy professionals who have completed their in-house warfarin counselling competency in areas where patients are recovering from cardiac surgery to enable swift counselling and then documentation • Re-audit once a suitable recording format has been developed

NEWLY PUBLISHED NICE GUIDANCE AND QUALITY STANDARDS
Quarter 3 of 2020/21

NICE published 45 new or updated guidance documents in quarter 3, of these 17 were relevant to Royal Papworth Hospital. All guidance relevant to Royal Papworth Hospital was disseminated to clinical leads and the updates are provided below:

Title	Reference number	Published	Compliant
AnaConDa-S for sedation with volatile anaesthetics in intensive care	MIB229	Oct-20	Discussed at the Drugs & Therapeutic Committee
Osimertinib for treating EGFR T790M mutation-positive advanced non-small-cell lung cancer	TA653	Oct-20	Discussed at the Drugs & Therapeutic Committee
Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer	TA654	Oct-20	Discussed at the Drugs & Therapeutic Committee
Nivolumab for advanced squamous non-small-cell lung cancer after chemotherapy	TA655	Oct-20	Discussed at the Drugs & Therapeutic Committee
Tegaderm CHG securement dressing for vascular access sites	MIB231	Oct-20	No response required, for information only
Antimicrobial prescribing: imipenem with cilastatin and relebactam	ES30	Oct-20	Discussed at the Drugs & Therapeutic Committee
KardiaMobile for the ambulatory detection of atrial fibrillation	MIB232	Oct-20	No response required, for information only
NPi-200 for pupillary light reflex in critical care patients	MIB235	Nov-20	For information only
Acute coronary syndromes	NG185	Nov-20	Awaited
COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s with COVID-19	NG186	Nov-20	Awaited
Durvalumab in combination for untreated extensive-stage small-cell lung cancer (terminated appraisal)	TA662	Nov-20	Discussed at the Drugs & Therapeutic Committee
Zio XT for detecting cardiac arrhythmias	MTG52	Dec-20	For information only
Zio XT for detecting cardiac arrhythmias	MTG52	Dec-20	For information only
Antimicrobial prescribing: cefiderocol	ES31	Dec-20	Discussed at the Drugs & Therapeutic Committee
Evoke Spinal Cord Stimulator for managing chronic neuropathic or ischaemic pain	MIB238	Dec-20	For information only
COVID-19 rapid guideline: vitamin D	NG187	Dec-20	For information only - Drugs and Therapeutic Committee
COVID-19 rapid guideline: managing the long-term effects of COVID-19	NG188	Dec-20	For information only