NHS
Royal Papworth Hospital
NHS Foundation Trust

Quality and Risk Report Quarter 4 and Annual Summary 2019/20

Jan – March 2020

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 4 and Annual Summary Report 2019/20

Patient Safety

1.1   Patient Safety Incident Trends and Actions

There were a total of 742 patient incidents reported during Q4 19/20 compared to 942 in the previous quarter. At the time of reporting there are 112 near miss incidents reported and 630 actual incidents. The reduction in reporting of incidents will reflect the start of the COVID pandemic in March 2020 and a complete change to the way the hospital is required to function. Despite this, there has been ongoing reporting of a variety of incidents from across the Trust. During the financial year this totalled 3066 patient related incidents; with an overall level trend during this time period (figure 1). There was a notable dip in reporting in Q4 18/19 in preparation for the hospital move and then again in Q4 19/20 due to COVID. This continues to demonstrate a healthy safety culture and an understanding of the importance of learning from incidents and the CQC requirements to report under the Key Lines of Enquire (KLOE). The quarters marked with an asterix (*) include incidents that are still under investigation and some have not yet been graded. Thus future reports will contain verified figures. Where appropriate these have been reported to Care Quality Commission (CQC) via the National Reporting and Learning System (NRLS).

	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3*	19/20 Q4*	Total
Near Miss	98	112	156	125	112	603
Actual Incidents	607	824	795	817	630	3673
Total	705	936	951	942	742	4276

Table 1: Numbers of patient safety incidents reported in 2019/20 (Data source: DATIX 29/04/20)
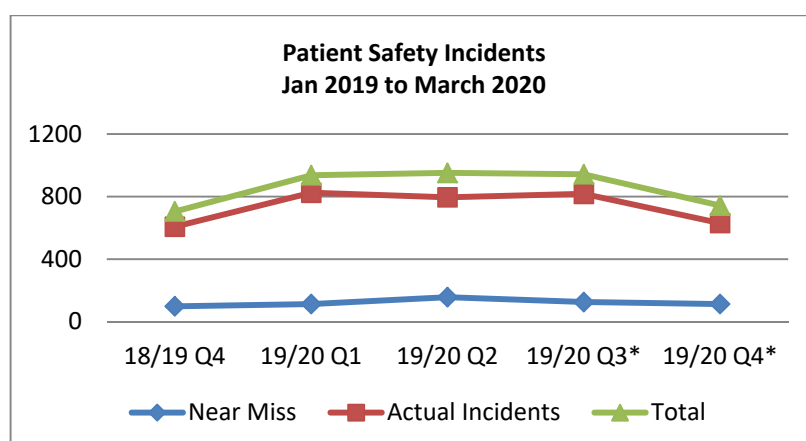
Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 29/04/20)

In quarter, table 2 shows the number of patient safety incidents reported by the "Type", the majority of incidents continue to involve administration/bookings (17%) and medication incidents (12%).

Type	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	Total
Accidents	59	56	43	57	60	275
Administration - admission/discharge/transfer	124	151	200	145	106	726
Anaesthetics	7	2	5	7	5	26
Behaviour/Violence Aggression	8	12	10	11	13	54
Blood Plasma Products	39	33	39	46	22	179
Communication/Consent	33	59	53	30	27	202
Data protection	17	15	18	15	22	87
Diagnosis Process/Procedures	30	103	65	33	20	251
Documentation	57	73	63	53	54	300
Environmental Hazards/Issues	1	11	6	11	9	38
Infection Control	17	13	22	30	19	101
Information Technology	11	15	10	11	10	57

Medical Devices	31	59	80	64	34	268
Medication/Medical Gases/Nutrition	81	92	97	139	103	512
Nutritional Feeding (Prescribed Feeds)	12	4	1	3	8	28
Organisational Issues/Staffing	55	66	68	88	42	319
Pressure Ulcers	41	58	81	81	83	344
Radiology	2	11	8	11	14	46
Security incidents	4	10	11	8	6	39
Treatment/Procedures	76	93	71	99	85	424
Total	705	936	951	942	742	4276

Table 2: Numbers of patient safety incidents by Type reported in Q4 2018/19 and 2019/20 (Data source: DATIX 29/04/20)

The top five types of incidents are depicted below in figure 2 by financial quarter; this demonstrates a reducing trend in administration incidents continuing from the last two quarters. This indicates that the investigation and learning as part of SUI-WEB29551- delayed clinical letters, has taken effect, with improved booking templates and administrative processes. Incident trend information is provided in the paragraphs below.
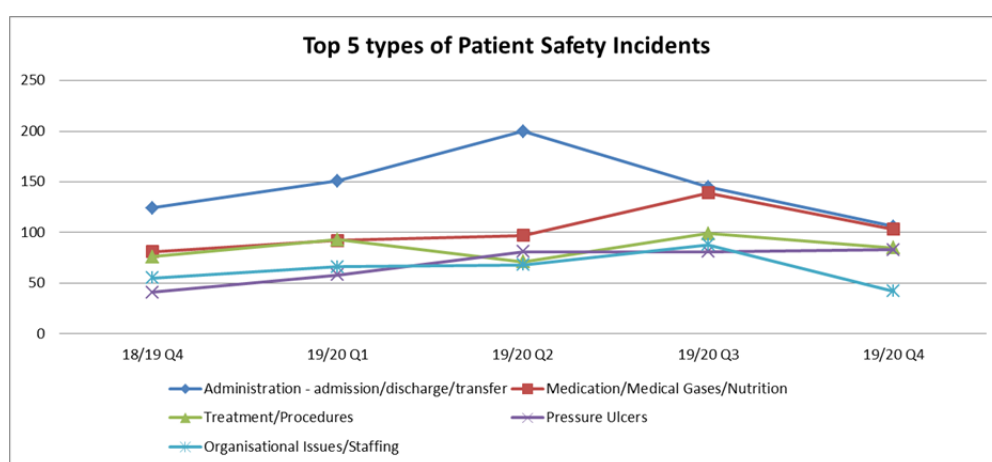

Fig 2: Patient Safety Incidents Q4 2018/19 and 2019/20 (Data source: DATIX 29/04/20)

INCIDENT TRENDS AND ACTION:

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

Treatment and Procedures
There continues to be a fluctuating trend of reporting incidents coded as treatment and procedure/ this includes issues noted to be unexpected outcomes of surgical procedures. Where the incidents have been graded, 95% have a severity of near miss or no/low harm. Of these the most common are categorised as "Treatment and Procedure other (n=14)". A review of these incidents demonstrates that incidents related to unexpected outcomes of clinical care/natural medical events are captured under this code. After investigation it is commonly shown that there have been no acts or omissions related to RPH care. Capturing these incidents demonstrates good governance processes and learning from clinical events.

Medication
During quarter 4 the Trust noted a decrease in medication incidents, in particularly linked to prescribing and omission. Where the incidents have been graded, 100% have been recorded as near miss, no/low harm, but have resulted in delays in receiving the treatment. Omissions are reviewed with the staff caring for the patients to ensure that learning is shared amongst the team.

All medication incidents are reviewed by the pharmacy leads and reported to the Medications and Therapeutics Committee.

Pressure Ulcers (PU)
During quarter 4 the number of pressure ulcer incidents have increased as the Trust continues to report all categories of PUs and moisture lesions in line with the new national requirements. The Trust also captures all PUs which are identified on admission linked to other care providers. During the quarter and with the start of the COVID pandemic, there has been a rise in PUs reported due to the change in patients being ventilated and requiring manual turning and constant skin care. All have been graded as no/low harm. It has been noted by the Tissue Viability leads that patients transferred to RPH have suffered from skin damage in other care settings; these have been shared with those providers for their learning.

1.2 Severity of Patient Safety Incidents

The fluctuating number of near miss to low harm incidents linked with the new building continues due to the requirement to report all PFI issues e.g. cleaning & portering. In Q4 with the start of COVID this has dropped and the numbers reflect issues noted and reported back to the referring hospitals. Furthermore the actual number of moderate harm incidents initially reported following investigation are often downgraded after discussion at SIERP, as it is proven that the Trust has not demonstrated any acts or omissions. These include the unexpected outcomes of treatment and rare, but known complications. As a result only one moderate harm incident has been reported this quarter. 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	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3*	19/20 Q4*	Total
Near Miss	98	112	156	125	112	603
No harm	473	675	619	590	408	2765
Low harm	120	143	169	217	173	822
Moderate harm	7	5	2	3	1	18
Severe harm	1	0	2	1	1	5
Death caused by the incident	0	0	0	1	0	1
Death UNRELATED to the incident	6	1	3	2	2	14
Under investigation, not yet graded	0	0	0	3	45	48
Total	705	936	951	942	742	4276

Table 3 – Incidents by Severity (Data source: DATIX 29/04/20)
*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 directorate:

Directorate	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	Total
NPH Cardiology	1	2	2	0	5
NPH Nursing	0	0	1	0	1
NPH Radiology	1	0	0	0	1
NPH Surgical	0	0	2	1	3
NPH TCCA	2	2	0	1	5
NPH Transplant	1	0	0	0	1
Total	5	4	5	2	16

Table 3a – Incidents by Severity _ Moderate Harm (Data source: DATIX 03/05/19)
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 Q4 there has been one SI reported to the CCG, this compare to four in Q3. There was one incident reported as moderate/severe harm requiring investigation and this is being managed under the formal complaints process. Full Duty of Candour is undertaken with the patient and/or family for all SI's. A detailed breakdown of contributory factors identified from SI investigation is taken to the Serious Incident Executive Review Panel (SIERP). Human and Patient Factors are recurring themes.

1.4 Incidents / Requests for patient Safety feedback from outside of Royal Papworth Hospital

The Trust receives a number of incidents for investigation from outside our Trust. These are shared with the relevant service area for investigation and feedback provided to the requesting organisation. The Trust received 8 requests for investigation / feedback in Q4 19/20.

1.5   VTE Monitoring

VTE Events April 2017 – March 2020
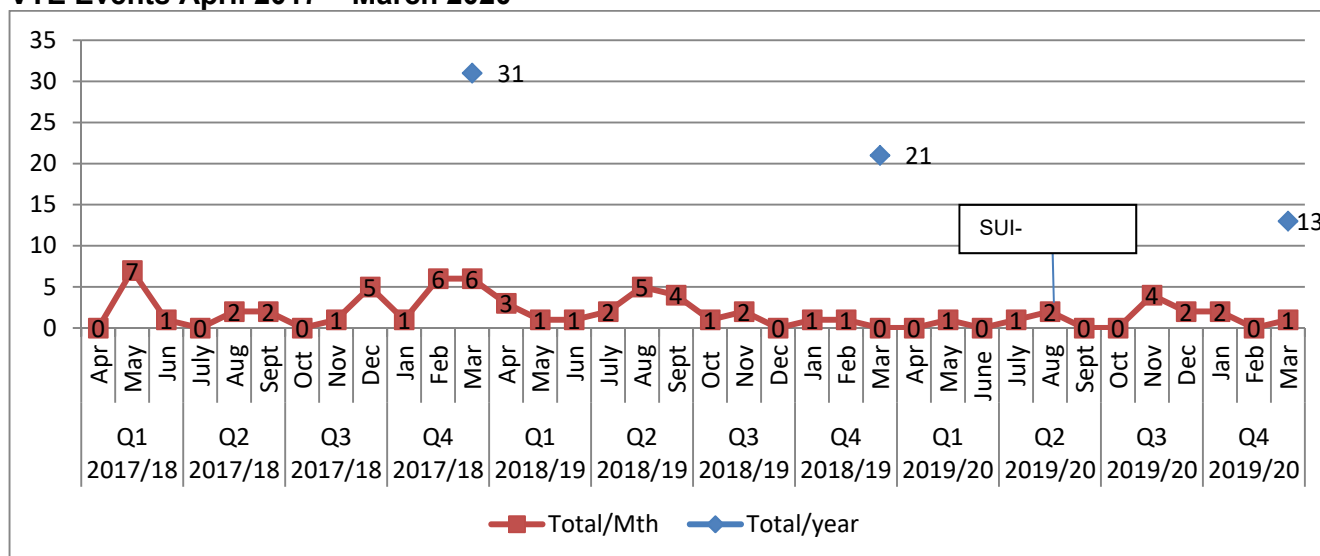
The graph above shows the number of VTE events from Q1 2017/18 to Q4 2019/20. We are advised of these confirmed VTE events by Royal Papworth staff, radiology alerts, patients, GPs or healthcare professionals in the local hospitals. There may be a considerable delay from the date of the VTE diagnosis to when the event is investigated if the information is not received at the time of diagnosis. We have been informed of 3 VTE events in Q4 2019/20 the investigations are currently being concluded on DATIX.

Additionally there were 31 events in 2017/18 compared to 21 in 2018/19 and 13 in 2019/20 this represents a significant reduction in reported VTE events. All reported VTE events are discussed at the VTE scrutiny panel. We have had one significant incident within the last financial year (SUI-WEB32357) this resulted in moderate harm for the patient. The action plan continues to be monitored via QRMG however on investigation the following were noted:

Care or service delivery problems:
1. Omission of VTE and bleeding risk assessment on admission to RPH.
2. Use of Lorenzo VTE risk assessment Clinical Indicator and generation of cardiology inpatient lists is not covered at Lorenzo Digital induction training.
3. Heavy work load versus staffing levels; staff utilisation.
4. Omission of medical review during the weekend of the 17/8/2019 and 18/8/2019.

Contributory factors:
- The staff did not follow the Trust VTE policy DN500.
- There was a failure to note the information in the transfer letter from QEH which clearly states the patient had been using Flowtron boots for VTE prophylaxis prior to transfer

- Lack of communication between healthcare professionals involved in the patient's care.
- Medical staff were new to the Trust and had not had instruction on the location of cardiology "live patient lists" on Lorenzo.
- No ward staff had been nominated daily to review the Lorenzo VTE clinical indicator

VTE during COVID-19 outbreak

There has been 11 reported VTE events in CCA in COVID-19 positive patients during April 2020. This is a known complication as part of the coronavirus disease pathway however, all 11 have been reported as DATIX incidents and will require a RCA completing. If this generates learning this will be shared with referring organisations and internal RPH staff.

VTE Events April 2020 – March 2021
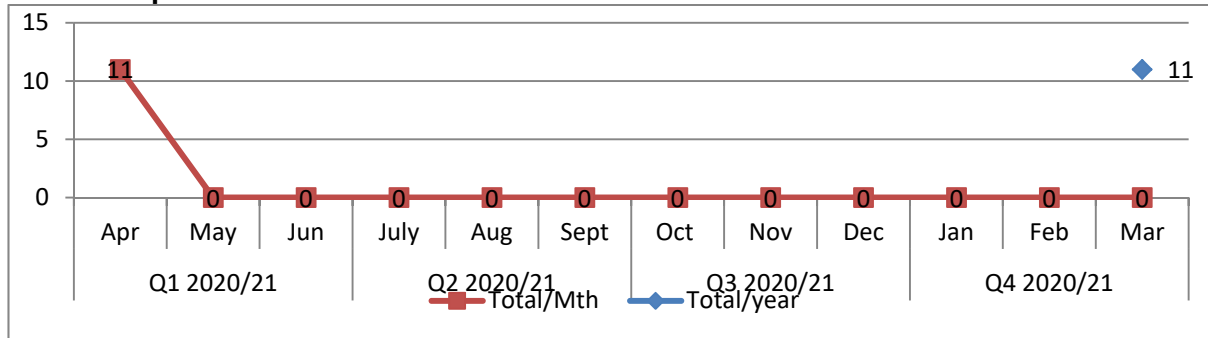
VTE Risk Assessment

VTE risk assessment compliance with 95% continued to be a challenge on a monthly basis in 2019/20. However we have worked hard to increase monthly compliance with MDT teams and seen significant sustained improvement in the last 2 quarters.

2019/20		% of In-Patients Risk Assessed for VTE	Quarterly %
April 2019	Q1	97.00	93.50%
May 2019		90.00	
June 2019		93.00	
July 2019	Q2	97.00	93.53%
August 2019		93.34	
September 2019		90.02	
October 2019	Q3	97.00	98.00%
November 2019		100.00	
December 2019		97.00	
January 2020	Q4	97.00	97.00%
February 2020		97.00	
March 2020		96.66	

VTE Model Hospital Data Comparrison (Q3 data only available on Model Hospital)

Within National comparison data we have moved from the lowest quartile to the upper compliance quartile. This is from the dedication of not only the clinical MDT teams but also the hard work of our link practitioners and nurses supporting clinical areas in increasing our compliance in this important area of patient safety.

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

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

View interactive chart ⊙

VTE Risk Assessment
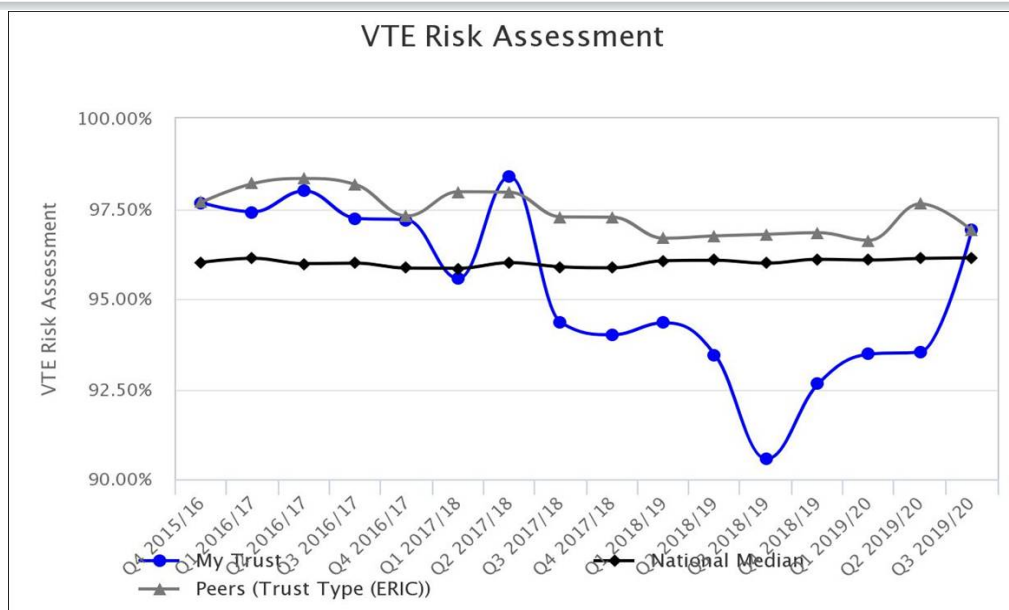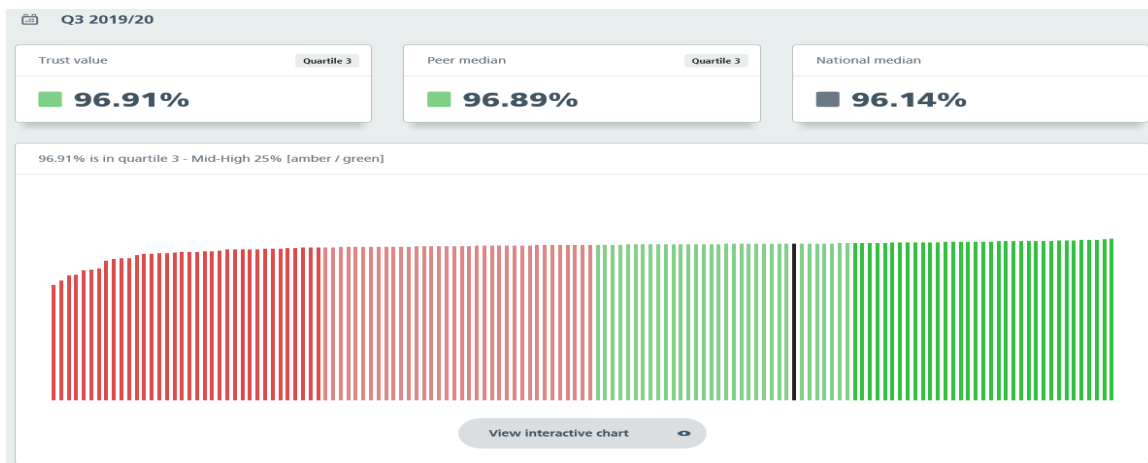
VTE Action Plan
- VTE actions continue to be progressed, still awaiting confirmation from DXC (Lorenzo) when the mandatory VTE form will be added to all patients for whom a drug chart is commenced. This been chased with Digital team and awaiting DXC next update this might be 6-8 months away.

1.6 Inquests
The Trust assisted the Coroner with 5 Inquests/investigations in Q4 19/20. The Trust has been notified of 10 new Inquests / investigation in Q4. At the end of 2019/20 there are 35 inquests/investigations pending of which 2 are being led by an out of area Coroner.

During 2019/20 the Trust gave evidence at 13 Inquests; the coroner's conclusions have been reviewed and there are no trends. The majority of conclusions are that the patient died from a rare but recognised complication of operation/procedure. HM Coroner has held 9 Pre-Inquest Review hearings which the Trust has attended which is a slight decrease compared to the previous year (11). 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.

Learning from Schedule 5s (prevention of future deaths)
The prevention of future death reports are published on the Courts and Tribunals judiciary website. In 2019/20 these reports in relation to clinical care and in patient deaths were reviewed. Any relevant reports or themes are forwarded to the relevant clinical leads and presented at the Quality Risk and Management Group for further dissemination and learning. The Trust has not received any prevention of future death reports in relation to Royal Papworth Hospital Inquests.

1.7 Clinical Negligence Litigation

In Q4 2019/20 the Trust has received 5 new requests for disclosure of records, 3 Letters of Claim. 3 cases were settled and 17 cases have been closed by the Trust under prolonged silence. These cases have either past the statute of limitation date to proceed, or we have had no further contact following records disclosure for over 2 years

Total Claims Activity 2019/20	
Records Disclosure Requests	9
Letter of Claim Received	6
Claims Settled	7
Closed - No Further Action	19

2. Patient Experience

2.1 Complaints and Enquiries

We have received **17 formal complaints and 4 enquiries** for Q4. This remains the same number of formal complaints received in the previous quarter (Q3; 17). Enquiries are where the complaint requires an investigation and written response, but the complainant has expressly stated they do not wish to make a formal complaint. Enquiries that can be responded to more informally are passed to the PALS team for action. A breakdown of enquiries received in Q4 can be seen at Table 5.
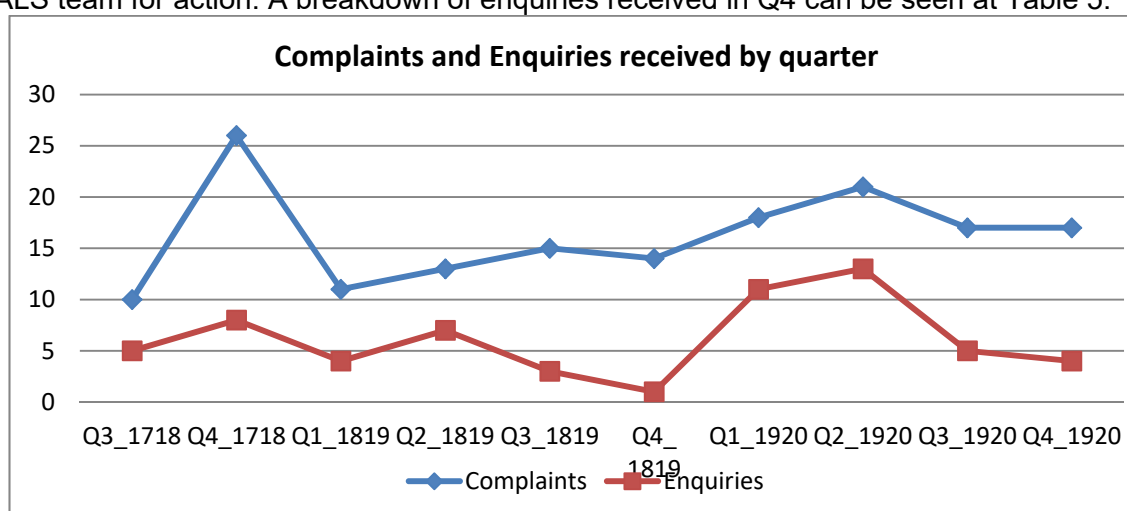
Figure 1: Complaints vs Enquiries received by quarter (source – Datix 23/04/2020)

Not all complaints have been fully investigated at the time of this report therefore Table 1 shows number of complaints upheld at the time of report. The total number of complaints/enquiries reported in Q4 includes one complaint from a private patient.

Month	No. formal complaints received in Q4 (January - March 2020)	Upheld/Part Upheld	Enquiries for further information
January	6	2	2
February	4	0	2
March	8*	2	0
Total	18	4	4

Table 1: Numbers of complaints / Enquiries (source: Datix 23/04/2020)

In Q4 we have seen a consistent number of complaints in the General Medicine category and an increase in the number of complaints associated with appointments. Table 2 and Figure 2 show the primary subject of complaints comparing with the previous quarters. Since Q1 2019/2020 clinical care has been separated by speciality.

Subject	19/20 Q4	19/20 Q3	19/20 Q2	19/20 Q1	18/19 Q4	18/19 Q3
Clinical Care/Clinical Treatment - General Medicine Group	7	7	1	4	1	5

Clinical Care/Clinical Treatment - Surgical	2	3	2	2		
Communication / Information	2	3	12	10	6	7
Delay in Diagnosis / Treatment or Referral	1	4	2	0	3	2
Discharge Arrangements	0	0	0	1	0	1
Appointments	3	0	0	0	0	0
Environment - Internal	2	0	0	1	0	0
Staff Attitude	0	0	0	0	1	0
Privacy, Dignity and Wellbeing	1*	0	0	0	0	0
Equipment	0	0	0	0	0	0
Medication Issues	0	0	2	0	0	0
Nursing Care	0	0	1	0	0	0
Parking/Transport	0	0	1	0	0	0
Catering	0	0	0	0	0	0
Total	**18**	**17**	**21**	**18**	**11**	**15**

Table 2: Primary subject of complaints by quarter (source: Datix 23/04/2020)

Figure 2;

Primary subject of complaints by Quarter for 2019/20
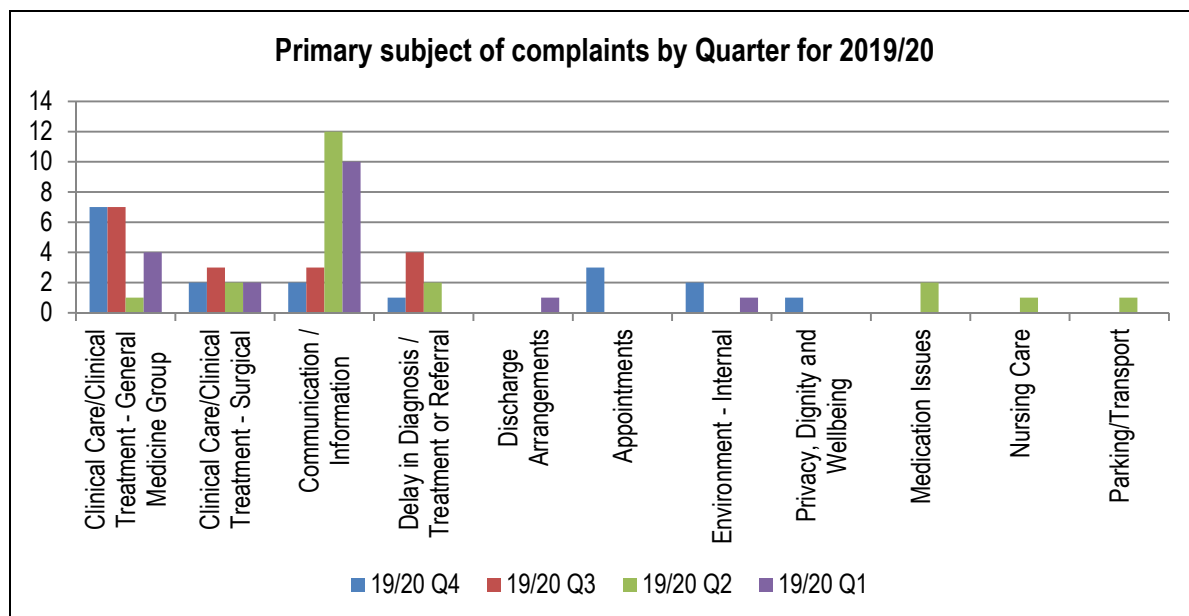
Directorate and Speciality	19/20 Q4	19/20 Q3	19/20 Q2	19/20 Q1
NPH Cardiac Surgery	2	3	3	0
NPH Cardiology (Risks)	0	8	7	4
NPH Cath Labs	0	0	0	1
NPH Critical Care	2	1	0	0
NPH Interventional Cardiology	0	0	0	1
NPH Lung Defence	0	0	1	1
NPH Oncology	1	0	1	0
NPH Outpatients	4	0	1	0
NPH PVDU	1	0	1	0
NPH Respiratory Physiology	0	1	1	0
NPH Royal Papworth Private Care	1	1	1	1
NPH RSSC	3	2	1	1
NPH Thoracic Surgery	0	0	1	0
NPH Surgical/Transplant	2	0	0	0

Cardiac Surgery (Old Site)	0	0	2	2
Cardiology (Old Site)	1	1	0	5
Oncology (Old Site)	1	0	0	1
Private patients (Old Site)	0	0	1	0
Total	**18**	**17**	**21**	**18**

Table 3: Complaints by Directorate and Speciality (source: Datix 23/04/2020)

Quality Dashboard Monitoring – Q4	
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)*

Due to the ongoing coronavirus (COVID-19) pandemic on 31 March 2020 NHS England and NHS Improvement approved a 'system-wide pause' of the NHS complaints process to allow all health care providers to concentrate their efforts on front-line duties and responsiveness to COVID-19. At Royal Papworth Hospital we are continuing to operate as usual regarding the management of formal complaints. However, given the additional workload many of our clinical teams are facing we extended our response time from 25 working days to 40 working days to allow our teams more time to investigate and respond to formal complaints.

Enquiries received in Q4 19/20

Date Received	Reference	Location	Inpatient/ Outpatient	Description	Subject
14/01/2020	Q41920-89En	NPH Outpatients	Outpatient	MP enquiry; patient is requiring a stent and has been advised that the waiting list is considerably long and the patient is concerned about his health.	Waiting Times
17/01/2020	Q41920-94En	Cardiology	Inpatient	Patient has raised some concerns about his general patient experience whilst treated for revised pacemaker as a private patient.	Clinical Care/Clinical Treatment
05/02/2020	Q41920-98En	Thoracic Services	Inpatient	Patient unhappy with various aspects of the facilities on the ward	Facilities
18/02/2020	Q41920-100En	Pharmacy and Medicines Management	Inpatient	Patient requesting medication (Bought in from home) to be returned and has raised a concern about his prescribed medication	Prescribing

Table 5: Enquiries received in Q4 2019/20 (source: Datix 23/04/2020)

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

Identified actions arising from complaints upheld or partially upheld in Q4 2019/20

Complaint Reference	Complaint Overview	Outcome	Action(s) identified - Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion

Q41920-102F	Patient has raised some concerns about her overnight stay and the results of her overnight sleep study	Partially upheld	Review admission criteria for sleep lab and the ward – **July 2020**	
			Continue to highlight the lack of temperature control in rooms on 3N and share patient experience with Estates and Facilities Team for review **- Ongoing**	

Table 6: Actions arising from investigation of complaints upheld /part upheld in Q4

2.3   The Trust has held three local resolution meetings in Q4.

Ref	Speciality	Details of complaint	Attendees	Outcome / learning
Q31920-73F	Cardiac Surgery	Husband raised some concerns in relation why it took so long for his wife to be reviewed by the TAVI team and why she was not considered suitable for a TAVI.	Consultant Cardiothoracic and Transplant surgeon and Complaints and Clinical Governance Officer	Outstanding questions and concerns were addressed and explanation of decisions taken to the time was given. Complaint closed.
Q31920-87F	Cardiology	Patient raised some concerns regarding her recent consultation and the decision to refer to the UCHL.	Consultant Cardiologist and Electrophysiologist and Complaints and Clinical Governance Officer	Outstanding questions and concerns discussed but patient still remained concerned despite reassurance. Details of PHSO provided. Complaint closed.
Q41920-99F	Clinical Oncology	Patient unhappy with care and treatment received at RPH	Consultant Thoracic Surgeon, Consultant Physician and Complaints and Clinical Governance Officer	Outstanding questions and concerns regarding the patient's care and treatment pre and post operatively were addressed and explanation of decisions taken at the time was given. Complaint closed.

Table 7: Outcome of local resolution meetings held in Q4 2019/20

2.4   Ombudsman's Referrals - No New Ombudsman's Investigations notified in Q4 and none outstanding.

2.5   Annual Complaints Data

In 2019/20 Royal Papworth Hospital received 74 formal complaints from patients. Of the 74 complaints reported (39 inpatient and 35 outpatient complaints) 70 were relating to NHS provided services with 4 complaints related to private patient services at Royal Papworth Hospital. The overall numbers of complaints received has increased on the numbers received during the previous year when 54 complaints were received (a 37% increase from 2018/19).

Where a patient and/or family member wish to escalate their concerns in a more formal way but do not wish to register their concern as a formal complaint, we log these concerns as "Enquiries". Investigation of the issues raised follows the same robust process as a formal complaint and a written response, including any actions identified as a result of raising their concern, is provided. The Trust received 33 enquiries in 2019/20, a significant increase from the previous year (12 in 2018/19)

National benchmarking

The Trust uses the Model Hospital Metric to bench mark the numbers of formal complaints. This is calculated by the number of written complaints made by or on behalf of patients about an organisation per 1000 staff (WTEs). This is reported monthly as part of the Papworth integrated

Performance Report (PIPR) as a rolling 3 month average of the number of written complaints per 1000 WTE.

April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	March 2020
7.80	10.20	10.30	8.00	8.50	11.70	12.60	12.50	9.10	9.50	8.40	8.90

The overall Trust value is well below the peer and national median and the latest data from Model Hospital demonstrates that we are in the lowest quartile from National comparison.

Trust value	Quartile 1	Peer median	Quartile 3	National median
9.02		24.20		20.92
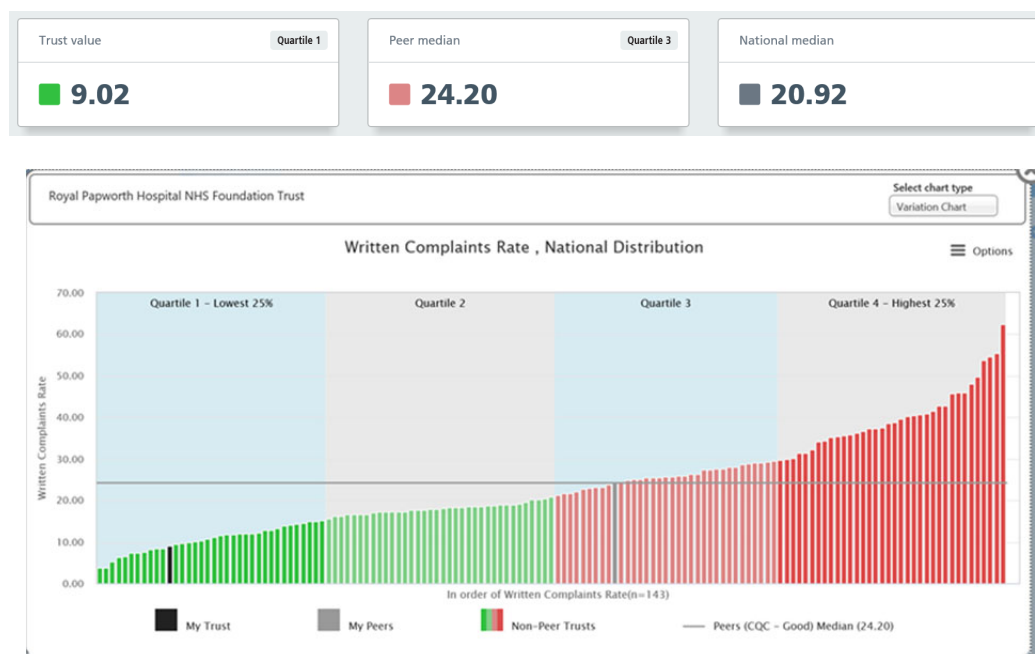
However, Royal Papworth Hospital takes all complaints very seriously and we encourage feedback from our service users to enable us to maintain continuous improvement. All formal complaints received are subject to a full investigation, and throughout the year service improvements have been made as a result of analysing and responding to complaints. Not all complaints are upheld following investigation and the table below shows the number of complaints received and of those, the numbers upheld or part upheld. Out of the 74 complaints received in 2019/20 55% were upheld or partly upheld following investigation (2018/19: 70%).

Quarter	Number of complaints received (including private patients)	Complaints upheld/ Part upheld
Q1 2019/20	18 (1 PP)	11
Q2 2019/20	12 (2 PP)	12
Q3 2019/20	17	12
Q4 2019/20	18 (1 PP)	3*

*Not all complaints for Q4 have been closed

The communication/information category continues to be one of the highest reasons for complaints from patients and/or families over the past five years. In 2019/20, we have seen an increase in the number of complaints associated with clinical care/clinical treatment. 37% of complaints received in 2019/20 related to concerns regarding clinical waiting times, medical care, treatment, diagnosis and/or outcome. A comparison of complaints raised by primary subject by year is shown below.

Complaints received by primary subject	2019/20	2018/19	2017/18	2016/17	2015/15	2014/15
Appointments	3	0	0	0	0	1
Staff attitude	0	1	2	5	4	4
Clinical Care/Clinical Treatment	28	12	8	17	21	20
Nursing Care	1	0	5	4	6	2

Catering	0	1	0	1	0	1
Patient charges	0	0	0	1	0	1
Communication/Information	27	28	41	18	20	8
Delay in diagnosis/treatment or referral	7	10	9	6	4	6
Discharge Arrangements	1	1	2	2	2	0
Equipment Issues	0	0	1	1	0	0
Privacy and Dignity	1	0	1	0	0	0
Environment - Internal	3	0	0	1	0	0
Medication issues	2	1	0	0	2	0
Transport Issues	1	0	1	1	2	0
Totals	74*	53*	70	57	61	43

Complaints by primary subject (Data source DATIX 23/04/2020)
*The total number of complaints includes those related to Royal Papworth Private Care

Selection of actions taken as a result of upheld and part upheld complaints – 2019/20
Improved the communication to patients regarding cancellations.
Implemented a Trust wide escalation procedure and monitoring against 28 day target for surgical cancellations.
Reviewed the current staffing model to utilise capacity on critical care to reduce surgical cancellations.
Cascade information and raise awareness amongst staff regarding the angiography stents used at Royal Papworth Hospital containing Nickel & Cobalt. This included highlighting the process for ensuring the Cath Lab Coordinator is aware of any patient allergies relating to Nickel & Cobalt.
Re-education of ward staff in relation to discharge procedures and protocols in relation to medication to take home
For those upheld or partially upheld complaints where no particular action was identified the complaint is discussed and shared with the relevant teams for learning and to identify any areas for improvement.
The ICD booklet has been amended regarding which patients need to inform DVLA of pacemaker implant
Recruiting a CSS coordinator as a part of service improvements to the CPAP outpatient and outreach clinics
Revised all outpatient letters to ensure up to date information in relation to the use of the calling screens in outpatients is communicated to all patients before they attend the hospital.
We have shared the learning from complaints to improve the standard of documentation and communication

All Complaints are detailed in the Quarterly Quality and Risk report available on our public website and reviewed at the relevant Business Units and speciality groups for shared learning. Further information is available in our quarterly Quality and Safety Reports which are on our web site at: **https://royalpapworth.nhs.uk/our-hospital/information-we-publish/clinical-governance**

3   Patient Advice and Liaison Service Annual Report 2019-2020

3.1 Patient Carer Experience Group Activities
- This meeting is always well attended. The agenda for this meeting includes a patient story, current issues, updates regarding volunteers, patient representatives on committees, support groups, friends and family survey information and Healthwatch. This is a very active group and there are always lots of actions following the feedback they bring. This group adds value to the patient, carer and visitor experience.

3.2 Volunteers

- During the transition to the new hospital our volunteers supported many teams with various tasks including cleaning, packing, bed making, wayfinding and lots of other valuable tasks.
- Since arriving at the new hospital PALS have worked collaboratively with the OCS and Estates to ensure that our volunteers have ID badges, swipe cards, parking permits and access to lockers.
- Two Inductions have been organised and facilitated - June and November - totalling 42 volunteers. The induction covered CPR basic training, fire training and an overview of e-learning.
- Dementia Friends training organised - 8 volunteers attended.
- PALS have worked with the HR and Workforce teams to provide the necessary information for setting the volunteers up to enable them to complete the online mandatory training.
- Following feedback from departments regarding numbers of volunteers required, it prompted PALS to contact all wards and departments and request that they review their volunteer arrangements
- The website has been updated with information regarding volunteering opportunities and this includes application form, role profiles and the volunteer handbook.
- PALS continue to work with the Helpforce initiative; this has been a very positive experience and there have been a large number of volunteers that have been recruited via this process.
- There are 73 active hospital volunteers, supporting the clinics, wards, patient/carer meetings, Pharmacy, IT, Charity, proof reading and administration.
- Volunteers are supporting hospital teams during Covid-19.
- Volunteer hours – since our move to the new hospital volunteers are required to sign in and out as part of our new process. Volunteers contributed 4464 hours during 2019-2020 – absolutely wonderful.
- There are 11 volunteers currently going through the recruitment process.
- Uniforms have still not arrived; the Deputy Chief Nurse is supporting this process and chasing delivery.

Volunteer Hours 2019/20

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Hours	491	281	422	383	280	518	472	398	505	510	204
Quarter total		772			1085			1388			1219
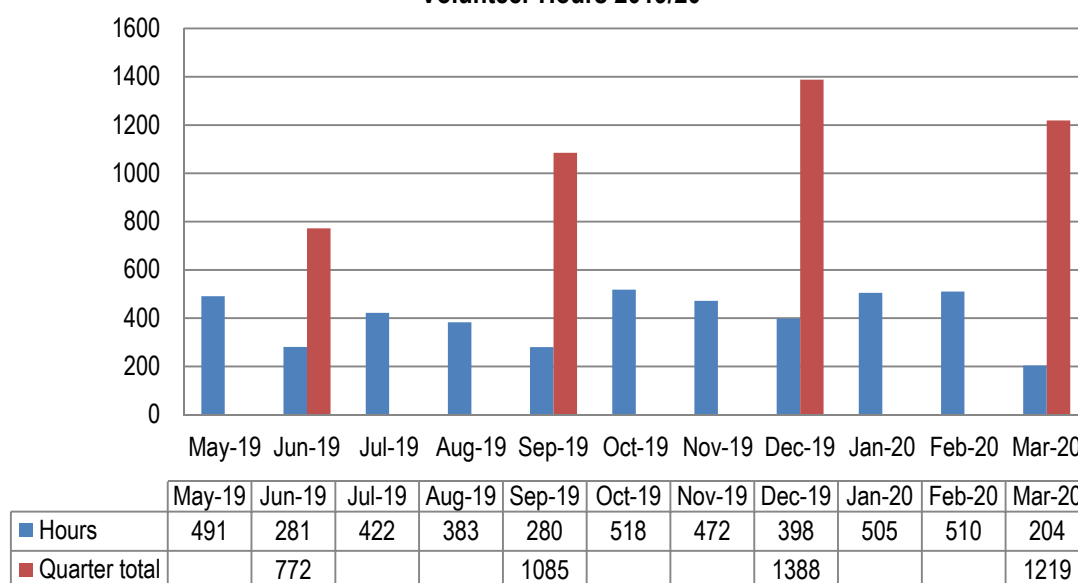
3.3 Patient Advice and Liaison Service (PALS)
- During 2019/20, the PALS Service received **3672** enquiries from patients, families and carers. This was an increase of **649** enquiries on the number recorded in 2018/19. As can be seen below from the number of enquiries by month, February 2020 was the highest month in the year, with **503** enquiries.
- The PALS team supported patients, families, visitors, volunteers and colleagues during the transition to the new hospital. The team were visible and available to support at both sites whenever and whenever required.
- PALS accommodated a work experience volunteer in July. The student shadowed the PALS team and helped with various administration tasks. The student embraced the opportunity to

be part of the PALS team and clearly enjoyed their time with us. They were an asset to their college.

- PALS were invited to provide a training session to the wider work experience group of students. The session included an overview of PALS and how we support the patients, families, visitors and staff and the history of the PALS service. There was also a case study and scenarios for small groups to look at. The feedback was very positive and the session was of value to the students.
- Beauty therapy on the wards – PALS received a request from a local beauty therapist regarding offering mini sessions of manicures, pedicures and facials to our inpatients. This service has been provided to teenage and adult cancer patients at CUH since 2011 and has proved to be such a valuable service, providing respite for patients during very difficult times. PALS discussed with the Deputy Chief Nurse and provided information and feedback that could be reviewed at the nursing committee meeting. It was agreed that we should trial the 'beauty service' and following discussions, the charity team very kindly agreed to fund this new initiative for up to 6 months. The sessions are run from 10:00 – 12:00 every Wednesday and I am delighted to report that 68 patients have used this service. It has proved a success and we would hope that following a formal review we would be able continue to offer this service to our patients. This comment was received via a Friends and Family survey: 'Little touches like pamper sessions [name of beauty therapist] are very much appreciated'.
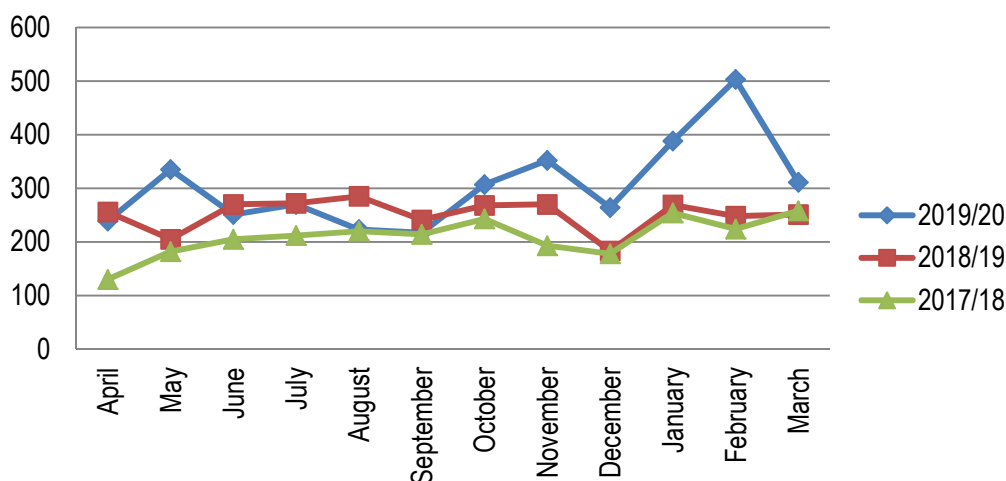
The table below shows how patients, relatives and carers have accessed the PALS Service during the year:

Fig 2: Method of accessing PALS 2019/20

3.3.1 Concerns Raised

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

Subject (Primary)	Number of enquiries received	Details
Admission arrangements	13	This is an increase of 10 enquiries compared to last year (2018/19) Top three themes: 10 related to visiting hours 2 related to property/clothes required for admission 1 related to WIFI
Catering	20	This is increase of 16 enquiries compared to last year (2018/19) Top three themes: 7 related to poor quality of food 5 related to poor service in the restaurant 3 related to lack of adequate choice of food
Clinical /clinical treatment	6	This is a decrease of 9 enquiries compared to last year (2018/19) 6 related to dissatisfied with medical care/treatment/diagnosis/outcome
Communication/information	563	This is an increase of 55 enquiries compared to last year (2018/19) Top three themes: 191 related to clarification of medical information 74 related to phones unanswered 70 related to contact phone numbers
Delay in diagnosis/treatment/referral	223	This is a decrease of 11 enquiries compared to last year (2018/19) Top three themes: 90 related to waiting time for appointment 48 related to delay in diagnosis/treatment 35 related to waiting time for operation/procedure
Discharge arrangements	21	This is an increase of 6 enquiries compared to last year (2018/19) Top three themes: 11 related to lack of arrangements home after discharge 6 related to waiting time to transfer to another hospital/facility 3 related to dissatisfied with discharge to another hospital
Environment external	20	This is an increase of 20 enquiries compared to last year (2018/19) 20 related to poor environment - external
Environment internal	21	This is an increase of 8 enquiries compared to last year (2018/19) Top three themes: 13 related to poor environment – internal 3 related to maintenance 3 related to inadequate facilities for disability
Equipment issues	36	This is an increase of 4 enquiries compared to last year (2018/19) Top three themes: 29 related to lack of/inadequate equipment 4 related to CPAP machines 3 related to return of equipment

Subject (Primary)	Number of enquiries received	Details
Infection control issues	1	This is same as last year (2018/19) 1 related to infection control query
Information/advice requests	1921	This is an increase of 151 enquiries compared to last year (2018/19) Top three themes: 314 related to telephone numbers 295 related to on-site directions 280 related to appointments
Lack of privacy and dignity	2	This is an increase of 1 enquiry compared to last year (2018/19) 2 related to lack of privacy/dignity on the ward
Lost property	69	This is an increase of 40 enquiries compared to last year (2018/19) 69 related to loss/damage of property
Medical records	100	This is an increase of 36 enquiries compared to last year (2018/19) Top three themes: 72 related to request for access to medical records 17 related to request to update medical records 10 related to records 'other'
Medication issues	22	This is the same as last year (2018/19) Top three themes: 16 related to prescriptions 3 related to failure to provide medication 2 related to incorrect medication
Nursing care	3	This is a decrease of 6 enquiries compared to last year (2018/19) 2 related to dissatisfied with nursing care/treatment 1 related to dissatisfied with personal care provided
Parking	382	This is an increase of 229 enquiries compared to last year (2018/19) Top three themes: 182 related to parking letter 114 related to parking charges 36 related parking 'other'
Patient charges	6	This is an increase of 3 enquiries compared to last year (2018/19) Top three themes: 4 related to treatment costs 1 related to 'other' charges 1 related to request for payment incorrect
Staff attitude	26	This is a decrease of 1 enquiry compared to last year (2018/19) Top three themes: 11 related to rudeness 11 related to uncaring behaviour 4 related to inappropriate manner/behaviour
Training	0	This is a decrease of 2 enquiries compared to last year (2018/19)
Transport issues	217	This is an increase of 101 enquiries compared to last year (2018/19) Top three themes: 100 related to local transport 62 related to travel claims

Subject (Primary)	Number of enquiries received	Details
		22 related to hospital contract transport
Verbal/physical abuse	0	This is a decrease of 2 enquiries compared to last year (2018/19)
Total	**3672**	**This is an increase of 649 enquiries compared to last year (2018/19)**

There were 40 enquiries regarding private patients. The table below shows the breakdown by subject.

Private Patients Sub-Subject	No. PALS Enquiries
Advice on equipment	2
Advice on medication	1
Appointments	7
Booking office	1
Clarification of medical information	2
COVID-19 advice	1
Delay in diagnosis/treatment	1
Delay in referral	1
Incorrect information provided	1
Information on hospital services	2
Lack of information for patients	2
Loss/damage of property	2
On-site directions	3
Other	1
Parking other	1
Request for payment incorrect	1
Telephone contact number	3
Treatment costs	4
Uncaring behaviour	1
Volunteering	1
Waiting time for appointment	2
Total	**40**

During the year **4** PALS enquiries were escalated to formal complaints. **17** enquiries were signposted to organisations external to the Trust.

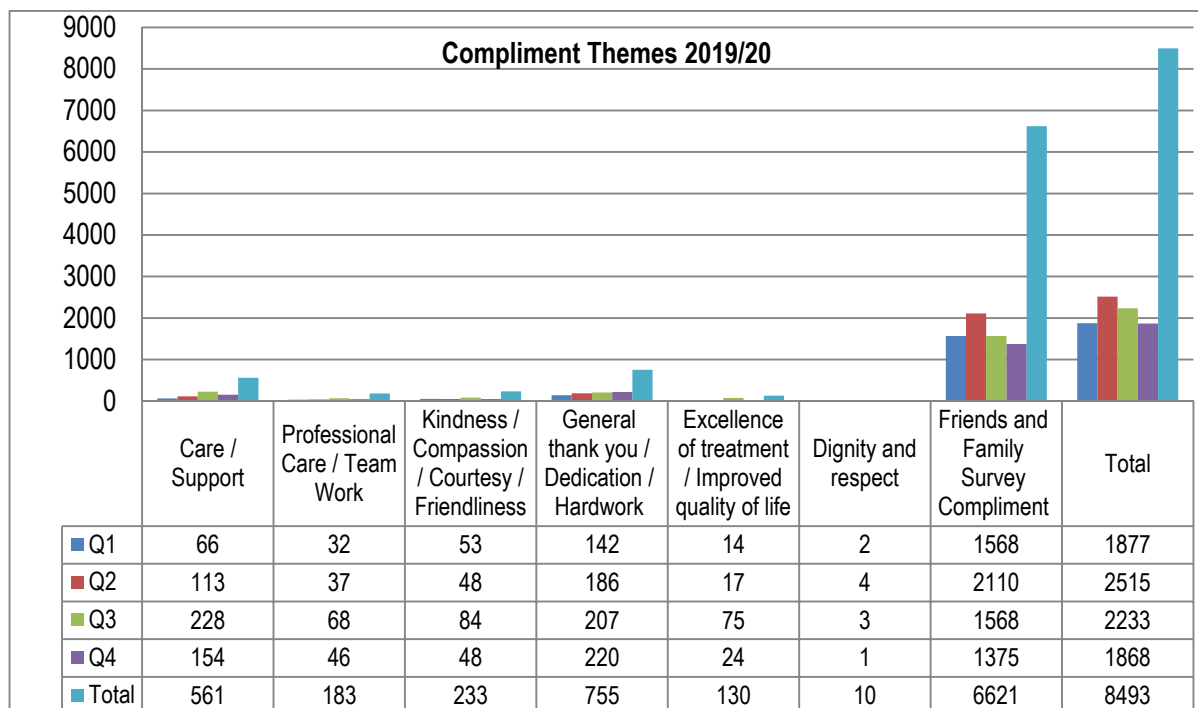| Escalated to Formal Complaints Sub-Subject	No. PALS Enquiries
Clarification of medical information	2
Delay in diagnosis/treatment	1
Dissatisfied with medical treatment/diagnosis outcome	1
Total	**4**

3.4 Compliments

- There were **7787** compliments received across the Trust during 2019/20. This was an increase of **978** on the previous year (2018/19) when there were **6809.** Compliments take a variety of forms – verbal, letters, thank you cards, e-mails, Friends and Family surveys and suggestion cards.

The compliments were analysed for key themes and the top three themes for the year were:
- General thank you/dedication/hard work
- Care/support
- Kindness/compassion/courtesy/friendliness

Compliment themes:

Compliment Themes 2019/20

	Care / Support	Professional Care / Team Work	Kindness / Compassion / Courtesy / Friendliness	General thank you / Dedication / Hardwork	Excellence of treatment / Improved quality of life	Dignity and respect	Friends and Family Survey Compliment	Total
■ Q1	66	32	53	142	14	2	1568	1877
■ Q2	113	37	48	186	17	4	2110	2515
■ Q3	228	68	84	207	75	3	1568	2233
■ Q4	154	46	48	220	24	1	1375	1868
■ Total	561	183	233	755	130	10	6621	8493

3.5 Friends and Family
- PALS have supported the collection, distribution and inputting of 7124 Friends and Family forms relating to Private Inpatients, Day Ward and Inpatients and 2798 Outpatients and Private Outpatients forms. This process is supported by two of our hospital volunteers. The process enables the clinical audit team to produce the weekly and monthly Friends and Family reports.

3.6 Bereavement Services
- The implementation of the new process has had, as expected, some challenges. Much time and support has been provided by the PALS team to ensure that all the teams involved with the bereavement care process have been supported and our bereaved families have not been affected by the change in process. It has, at times, been a challenge and the PALS team have provided reassurance and support to the medical teams and the wider hospital staff. The PALS team have also built up strong communications and a good working relationship with our Bereavement Care, Mortuary and Chaplaincy teams at CUH, working collaboratively to meet the expectations of our families.
- Provided all clinical areas with the relevant and up to date paperwork for when a patient dies.
- Supported, facilitated and provided information to all medical staff regarding the online coroner's portal and the process on how to log in and use the service.
- Continue to work with the Medical Staffing team to ensure that we are provided with starter and leaver lists, so that the portal is managed and maintained with accurate information. This will guarantee that all relevant doctors have access.
- Worked with the Communications team to update the intranet with an easy to use link and guidance regarding the online referral portal.

- Finalised the new process with all parties involved and circulated this to all of our teams.
- Worked with the new ward clerk team leader in Critical Care to support the development of their process checklist.
- The role of Medical Examiner was implemented in May 2019. PALS support the Medical Examiner by liaising with teams and chasing, where required, the completion of the bereavement paperwork or, if necessary, a referral to the coroner in a timely manner.

PALS also supported:
- **1** next of kin viewing at the mortuary.
- Accompanied **4** families to CUH to meet with our mortuary team.
- Organised and met with the NOK to discuss and complete documentation for a hospital post mortem examination and tissue consent.
- Organised and facilitated **9** family meetings.
- Supported the Cath Lab team with bereavements when the hospital moved, whilst the team were developing their new process.
- Supported the preparation and implementation of documentation for COVID-19.

3.7 Procedures and Documentation
During 2019/20 the PALS team, with support:
- Developed the Bereavement follow-up procedure DN796.
- Reviewed and updated the PALS operating procedure DN278
- Reviewed and updated the SOP for volunteers and their recruitment process.
- Reviewed and updated the PALS documentation for recording enquiries.
- Reviewed and updated DATIX for recording all enquiries.

3.8 PALS Service
- The PALS team has been fully staffed. There is a full time PALS supervisor, full time PALS advisor and one part time PALS administrator.
- Feedback has always been very positive regarding the PALS service and clearly evidences the value that the PALS service brings to the hospital.

Feedback received:
- Excellent communication, always supportive, kind and caring. Always welcoming and nothing is too much trouble.
- Positive happy attitude.
- Professional team – always with a smile.

4. Risk Management

4.1 Non Clinical Accidents/Incidents
During quarter 4 there have been 365 accidents/incidents (including near misses) which have involved staff/contractors/organisation or visitors. A drop compared to the previous quarters which coincided with the beginning of the COVID pandemic. The quarter's totals have fluctuated with an average of 400 incidents per quarter. This represents a sustained increase in reported incidents since moving in to the new hospital in May 2019; a proportion of which captures staffing and bed access incidents which have been shared with the Heads of Nursing and the issues fed into the Hospital Optimisation project. The number of issues linked to the contractor incidents e.g. failure of cleaning services will continue to be reported and are being investigated by them, with learning being captured by the Estates Team. Table 1 shows the incidents by type, the majority continue to relate to Organisational Issues and staffing. The increase is due to a raised awareness and capture of issues that aid the management of the Hospital Optimisation processes in addition to the PIPR, which is monitored at Board level. All staff incidents are also shared with Occupational Health and the Freedom to Speak up Guardian to aid in staff Well-being. Other types of commonly recorded incidents include Administration issues (9%), Accidents (8%) and Infection Control (8%) which link to process across the Trust; (see section 4.2 – RIDDOR incidents).

Type	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	Total	% of Total
Accidents	23	46	29	29	21	148	8%
Administration - admission/discharge/transfer	24	20	43	48	33	168	9%
Anaesthetics	0	1	2	2	0	5	0%
Behaviour/Violence Aggression	9	15	10	15	12	61	3%
Blood Plasma Products	1	6	7	7	9	30	2%
Communication/Consent	10	16	22	10	9	67	4%
Data protection	10	24	19	18	14	85	5%
Diagnosis Process/Procedures	4	7	6	5	4	26	1%
Documentation	10	22	25	15	14	86	5%
Environmental Hazards/Issues	7	23	35	47	19	131	7%
Fire Incidents	1	0	2	2	8	13	1%
Infection Control	29	25	22	29	44	149	8%
Information Technology	5	31	23	17	9	85	5%
Medical Devices	16	28	20	25	12	101	5%
Medication/Medical Gases/Nutrition	35	28	26	27	28	144	8%
Nutritional Feeding (Prescribed Feeds)	1	0	0	1	0	2	0%
Organisational Issues/Staffing	36	85	69	125	108	423	23%
Pressure Ulcers	0	0	0	2	1	3	0%
Radiology	4	5	5	5	1	20	1%
Security incidents	9	9	13	9	14	54	3%
Treatment/Procedures	8	8	8	10	5	39	2%
Total	242	399	386	448	365	1840	100%

Table 1 – Non-clinical Incidents Reported for 2019/20 (Data source: DATIX 29/04/20)

4.2 Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)
During quarter 4 there have been three new RIDDOR reportable incidents which required reporting to the Health & Safety Executive (HSE). During the financial year there have been a total of 10 reportable incidents of various types, generally involving sickness absence of staff. All RIDDOR incidents have been investigation using root cause analysis which indicates of mix of "true" accidents and links to process or procedures not being carried out as expected. Local actions have been taken in all events to mitigate the incidents and reduce the impact to as low as practicable.

4.3 Risk Register
There are currently a total of 655 open project, BAF and business risks; with a proportion linking directly to the management of the COVID pandemic. This demonstrates that the Trust is actively updating their risks and checking them for relevance in the new hospital environment. Of which 203 are overdue with 4 being graded as Extreme risk. A monthly reminder schedule is being set-up for both overdue Corporate Extreme risks and overdue action plans. Updating of risk records is key to the Risk Managers "new" quarterly report to the Board and the further maturity of the Trust Risk processes; 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. A review of the general health and safety risks is underway to ensure that overall aspects of legislation are being complied with. This review will highlight actions for the next financial year.

4.4 Non-clinical claims
There are no new claims brought against the Trust during Q4. During the year two claims have been passed on to other local providers/owners responsible for the area of Estates linked to the accident. All claims are shared with the local department, QRMG and Health & Safety Committee.

All claims are shared with the local department and Root Cause Analysis reports requested at the time of the incident.

4.5 Safety Alerts
The Safety Alert information is monitored monthly by the QRMG and at local Business Unit Meetings. Alerts are then stored for historical reference within the RIMS (Risk Information Management System - Datix).

Throughout quarter 4 2019/20 the Trust has received 48 formal Safety Alerts, including update notifications, raised through the Central Alerting System (CAS) and 12 Field Safety Notices, raised by manufacturers, a total of 60. The majority of which have related to the COVID preparations. These figures do not account for medication safety alerts which are managed by the pharmacy team. All medication alerts are now alerted via the CAS system only however the CAS system does not require a formal response.

Table 1 represents the data reported publicly through the CAS, including those updates of previous alerts. At the close of the financial quarter all externally reported deadlines were met
Central Alerting System Quarter 4 2019/20

Response	MDA	NatPSA	NHSEI	EFA	CHT	CMO	EL	SDA	Total
Assessing Relevance	0	0	0	0	0	0	0	0	0
Action Completed	3	1	0	1	0	0	0	2	7
Action required/Ongoing	0	0	0	0	0	0	0	0	0
Action Not Required	7	0	0	0	0	0	0	1	8
Response Not Required	0	0	1	0	1	10	20	1	33
Total	**10**	**1**	**1**	**1**	**1**	**10**	**20**	**4**	**48**
Breached	0	0	0	0	0	0	0	0	0

Key for Alert Type: MDA – Medical Device Alert, PSA – Patient Safety Alert, EFA – Department of Health – Estates & Facilities Alert, DDL – Dear Doctor Letter, CMO – Chief Medical Officer, SDA – Supply Distribution Alert, CHT- Central Alerting Helpdesk Team, NHSEI – NHS Improvement Estates and Facilities. EL – MHRA Drug Alerts.

Throughout the financial year the Trust has received 138 formal Safety Alerts. Of those, 52 did not require any action or were not relevant to the Trust. The progress of Safety Alerts relevant to the Trust is monitored by the QRMG. All have been responded to with the external timeframe on the CAS website.

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
2 national audits have been published in Q4. These are listed below and have been disseminated via QRMG.

NCEPOD Balancing the Pressure – The aim of the study was to identify remediable factors in the care provided to people who were receiving, or had received, long-term ventilation (LTV) up to their 25th birthday. The core recommendations focus on:
- Service Planning and Commissioning of Integrated Care
- Multidisciplinary Care

- Emergency Healthcare Plans
- Discharge Planning
- Transition from Child to Adult Services

ICNARC Annual Quality Report 2018/19 for adult cardiothoracic critical care – This aim of this study is to provide trusts with comprehensive data sets regarding outcomes and processes to drive improvement. A full review of this data should be undertaken once business as usual is in place following the COVID-19 response.

Local audit
The table in appendix 3 illustrates the completed audits for Q4. The number of local audits completed in Q4 is lower than Q3, as the team continues its transition to become the Clinical Audit & Improvement team, and the team is currently working with business units to ensure any risk associated with reduced audit activity is managed. The team has started preparatory work to ensure the 20/21 plan is manageable and fully supported. This includes new internal processes being developed within the team, as well as an updated Clinical Audit procedure to be shared with the wider organisation once business as usual resumes following the COVID-19 response.

NSF / NICE Guidance received in quarter & progress
A total of 6 NICE guidance documents were disseminated for feedback during Q4.
Please see appendix 4 for a list of applicable guidance and compliance ratings.

5.3 Quality Improvement
The Trust has identified 3 key priority projects for Quality Improvement which is aligned with the Quality Account priorities. These are:

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

In Q4 the projects moved to business as usual and a full summary of achievement is provided in the Trusts 2019/20 Quality Account

PALS Annual Enquiries 2019 - 2020

Subjects/Sub-Subjects	2018/19				2019/20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Verbal or Physical Abuse	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
Verbal Abuse by Patient	1	0	1	0	0	0	0	0
Admission Arrangements	**1**	**1**	**1**	**0**	**1**	**4**	**5**	**3**
Availability for Wi-Fi	1	1	1	0	0	1	0	0
Property/Clothes required for admission	0	0	0	0	0	0	2	0
Visiting Hours	0	0	0	0	1	3	3	3
Staff Attitude	**2**	**3**	**5**	**16**	**3**	**13**	**7**	**3**
Inappropriate manner/behaviour	0	0	1	3	1	2	0	1
Rudeness	1	0	3	1	1	4	4	2
Uncaring behaviour	1	3	1	12	1	7	3	0
Clinical Care	**1**	**10**	**2**	**2**	**1**	**1**	**2**	**2**
Disagreement with treatment/outcome/diagnosis	0	5	1	0	0	0	0	0
Inappropriate treatment given	0	1	0	0	0	0	0	0
Poor recovery after discharge	0	4	1	0	0	0	0	0
Dissatisfied with medical care/treatment/diagnosis	1	0	0	2	1	1	2	2
Infection Control Issues	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**
Infection/Infection Control query	0	0	0	1	0	0	0	1
Lack of Cleanliness (Hygiene)	0	0	0	0	0	0	0	0
Nursing Care	**1**	**1**	**3**	**4**	**1**	**0**	**2**	**0**
Dissatisfied with Personal Care Provided	0	0	0	1	0	0	1	0
Dissatisfied with nursing care/treatment	1	1	3	3	1	0	1	0
Catering	**0**	**3**	**0**	**1**	**4**	**7**	**6**	**3**
Food served at incorrect temperature	0	1	0	0	1	1	0	0
Inadequate portion size	0	0	0	0	0	1	0	1
Lack of availability of food	0	2	0	1	0	1	0	0
Lack of adequate choice of food	0	0	0	0	1	0	2	0
Poor service in restaurant	0	0	0	0	0	2	2	1
Poor Quality Food	0	0	0	0	2	2	2	1
Patient charges	**0**	**0**	**0**	**3**	**2**	**2**	**2**	**0**
Eligibility Criteria	0	0	0	0	0	0	0	0
Other charges	0	0	0	0	0	0	1	0
Request for payment incorrect	0	0	0	0	0	0	1	0
Treatment Costs	0	0	0	3	2	2	0	0
Communication	**129**	**152**	**116**	**110**	**158**	**138**	**154**	**109**
Breach of Confidentiality	0	2	3	3	3	0	2	0
Clarification of Medical Information	47	32	48	47	46	41	46	55
Consent Issues	0	0	0	0	0	0	0	0
Diagnosis Query	0	0	0	0	1	1	2	0
Freedom of information requests	0	0	0	0	0	0	1	0
Incorrect Information provided	2	5	0	1	0	7	3	3

Subjects/Sub-Subjects	2018/19				2019/20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Information for patients	0	0	0	0	0	0	1	4
Lack of Information for other Professional	0	5	4	3	1	4	1	3
Lack of Information for Patients	24	15	5	7	16	14	20	14
Lack of Information for Relatives	7	6	0	3	4	2	4	4
Lack of Sensitivity in Communication	1	1	2	1	0	2	0	0
Other communication issues	4	5	4	2	8	2	4	0
Poor or Conflicting information	5	4	1	5	8	18	12	2
Translation & Interpretation Services	1	3	2	4	6	1	3	2
Phones unanswered	21	54	15	20	29	17	26	2
Contact phone number	12	16	16	4	26	12	21	11
No response to phone messages	4	1	3	3	3	2	0	0
Answerphone incorrect	0	1	0	0	0	0	0	0
Booking Office	0	1	13	4	6	14	5	3
Compliments	1	1	0	3	1	1	0	0
Residency form	0	0	0	0	0	0	3	4
Delay in diagnosis/treatment or referral	**46**	**73**	**47**	**68**	**74**	**41**	**72**	**35**
Cancellation of treatment	5	3	5	7	5	8	7	8
Clinical waiting times	0	3	2	2	6	2	1	0
Delay in diagnosis/treatment	9	35	9	22	17	10	19	2
Delay in referral	1	4	5	4	3	0	4	2
Failure to book treatment/appointment	0	0	0	1	0	1	0	1
Waiting time for admission to ward	0	0	0	1	0	0	0	1
Waiting time for appointment	20	21	21	23	31	16	30	13
Waiting time for operation/procedure	11	7	5	8	12	4	11	8
Lack of privacy and dignity	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**1**
Lack of privacy/dignity on ward	0	0	0	1	0	1	0	1
Lack of privacy when relaying information	0	0	0	0	0	0	0	0
Discharge Arrangements	**4**	**5**	**6**	**0**	**4**	**3**	**6**	**8**
Delay in discharge	1	3	0	0	0	0	1	0
Dissatisfaction with discharge to another hospital	1	1	0	0	0	0	0	3
Lack of arrangements for home after discharge	2	1	6	0	4	2	3	2
Wait to transfer to other facility	0	0	0	0	0	1	2	3
Equipment Issues	**9**	**5**	**12**	**6**	**10**	**11**	**12**	**2**
Delays in replacing equipment	0	0	0	0	0	0	0	0
Lack of/Inadequate equipment	9	4	9	6	10	10	8	0
Return of Equipment	0	1	3	0	0	1	2	0
CPAP Machines	0	0	0	0	0	0	2	2
Information/Advice Requests	**427**	**432**	**444**	**475**	**408**	**343**	**447**	**719**
Accommodation	15	15	9	6	35	37	69	34
Appointments	60	59	64	62	60	57	50	110
Advice on Medication	11	7	4	4	3	10	5	6
Advice on Equipment	5	15	16	15	15	32	42	61
Benefits	4	2	1	0	7	3	4	9
Bereavement process	6	15	12	14	6	4	12	15

Subjects/Sub-Subjects	2018/19				2019/20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Coroners Information	0	0	0	0	0	0	0	4
COVID-19 Advice	0	0	0	0	0	0	0	7
Hospital Stamp	0	0	0	0	0	0	0	103
Insurance letter	0	0	0	0	0	0	0	4
Location of patient	0	0	0	0	0	0	0	48
Need to use stairs	0	0	0	0	0	0	0	12
Information on Hospital Services	39	39	36	32	36	44	16	24
Off Site Directions	2	2	2	1	16	18	13	20
On site directions	211	171	220	201	104	29	110	51
OCS	0	0	0	0	0	0	0	1
Other (information request)	8	6	2	6	2	0	7	4
Phone charger	0	0	0	0	0	0	0	1
Telephone contact number	34	50	35	81	71	64	60	119
Requests for information on volunteering	14	17	5	20	19	9	11	15
Complaints Procedure	3	1	8	6	8	8	22	31
E-Mail Address	5	16	23	14	12	18	11	14
Referral Information	7	9	5	11	14	3	14	22
Sick Note	0	1	0	0	0	0	0	0
Signposting to other NHS organisation	2	1	1	0	0	2	1	1
Signposting to other organisation	1	6	1	0	0	2	0	2
Support using lift	0	0	0	0	0	0	0	1
Phones unanswered	0	0	0	2	0	17	0	0
Environment - Internal	**7**	**5**	**0**	**1**	**9**	**4**	**6**	**2**
Cleanliness Toilet	3	2	0	0	0	0	0	0
Cleanliness of ward	1	0	0	0	0	0	0	0
Inadequate facilities for disability	0	0	0	0	1	1	1	0
Maintenance	3	0	0	0	3	0	0	0
Poor Environment - Internal	0	2	0	0	4	2	5	2
Temperature on ward too hot/cold	0	0	0	0	0	0	0	0
Hostel Accommodation	0	0	0	1	0	0	0	0
Health and Safety	0	0	0	0	0	1	0	0
Lack of resource	0	1	0	0	1	0	0	0
Environment - External	**0**	**0**	**0**	**0**	**0**	**9**	**10**	**1**
Poor environment	0	0	0	0	0	9	10	1
Medication issues	**6**	**4**	**7**	**5**	**11**	**6**	**1**	**3**
Incorrect medication	0	1	0	1	0	1	0	1
Failure to provide medication	2	0	1	2	3	0	0	0
Prescriptions	4	3	5	2	8	4	1	2
Pain management	0	0	1	0	0	1	0	0
Parking	**41**	**34**	**30**	**48**	**60**	**42**	**70**	**210**
Disabled access	14	2	8	19	8	4	4	9
Other Parking Issue	5	13	2	5	14	6	9	7
Parking Charges	14	18	20	22	38	23	28	25
Parking Directions	8	1	0	2	0	9	1	4

Subjects/Sub-Subjects	2018/19				2019/20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Parking Letter	0	0	0	0	0	0	28	154
Parking fine	0	0	0	0	0	0	0	8
Lost Property	**12**	**5**	**6**	**6**	**10**	**21**	**22**	**16**
Loss/Damage of property	12	5	6	6	10	21	22	16
Medical Records	**11**	**27**	**12**	**13**	**10**	**19**	**26**	**45**
Incorrect information in health record	0	1	1	0	0	1	0	0
Records Other	3	6	1	1	0	3	3	4
Request for access to medical records	7	15	8	9	8	11	20	33
Request to update to records	1	5	2	3	2	4	3	8
Training	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
Request for training placement	1	0	1	0	0	0	0	0
Transport Issues	**32**	**37**	**28**	**19**	**59**	**46**	**73**	**39**
Hospital contract transport	3	0	3	2	4	2	13	3
Local transport information	21	9	10	2	35	16	30	19
NHS transport Issues	7	8	9	10	10	5	5	1
Other Transport issue	0	17	4	2	3	5	3	1
Travel Claims	1	4	2	3	7	18	22	15
Total Number of Enquiries:	**731**	**798**	**721**	**773**	**825**	**711**	**923**	**1202**

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 4

Title	Quarterly report: Quarter 4 (Jan - Mar)
Adherence to RPS guidelines on the Safe and Secure Handling of Medicines 2018	**Aim** To describe the quality of medicines storage within the new Royal Papworth Hospital site, including storage of ward stock in treatment rooms and patients own drugs in POD lockers. **Conclusion** The following action points have been devised to encourage improvement of the required areas: - Review security measures on CCA wards regarding POD locker keys due to risks in unattended bays – discuss with relevant ward pharmacists and nursing staff - Review induction training for new/bank staff regarding area specific storage requirements on CCA for muscle relaxants (rocuronium, atracurium, pancuronium) - Discuss POD locker labelling issues with pharmacy team and follow up with nursing staff re: ordering labelled inpatient medicines from pharmacy once prescribed by team - Re-circulate instruction on correctly separating internal/external medicines - Communicate need for storing medicines in their original packaging BOTH in treatment rooms and POD lockers, to decrease risk of errors and incorrect selection of products for administration to patients - Enquire with ward staff as to why medicines cupboards need to be left open – for example are more keys needed per ward? - Discuss with estates the idea of standardising all treatment room layouts
Blood Collection Competency Compliance	**Aim** MHRA states that all staff collecting blood and blood products for transfusion must hold a valid NPSA competency for collection of blood and blood products. The purpose of this audit was to assess the compliance at Royal Papworth Hospital with this standard for the annual MHRA report. **Conclusion** There was evidence for a high proportion of staff being compliant with blood transfusion collection competency but disappointing that the information was not readily accessible in all cases. Below are the key actions to address this: - Email Transfusion link practitioners re ensuring if they competency assess a member of staff to ensure the competency is given to the administration staff to record on Health roster - Highlight the importance of recording completed competencies at Induction and mandatory training - Include reminder in next Transfusion links magazine re 2 yearly competencies and recording on Health roster

Appendix 4
NEWLY PUBLISHED NICE GUIDANCE AND QUALITY STANDARDS

6 NICE Guidance published and disseminated to Papworth Hospital NHS Trust during Quarter 4 of 2019/2020, awaiting confirmation from leads regarding relevance and compliance.

Title	Reference number	Published	Compliant
Supporting adult carers	NG150	Jan-20	TBC
Flu vaccination: increasing uptake	QS190	Jan-20	TBC
Cerebral palsy in adults	QS191	Jan-20	TBC
Leg ulcer infection: antimicrobial prescribing	NG152	Feb-20	TBC
Impetigo: antimicrobial prescribing	NG153	Feb-20	TBC
Sotagliflozin with insulin for treating type 1 diabetes	TA622	Feb-20	TBC
Patiromer for treating hyperkalaemia	TA623	Feb-20	TBC

No Quality Standard or Guidance updates in Q4.