NHS

Royal Papworth Hospital
NHS Foundation Trust

Quality and Risk Report Quarter 1 2021/22

April – June 2021/22

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 1 Report 2021/22

Patient Safety

1.1 Patient Safety Incident Trends and Actions

There were a total of 733 patient incidents reported during Q1 21/22 compared to 548 in the previous quarter. In addition, at the time of reporting there are 81 near miss patient safety incidents reported a slight increase from last quarter. This increase demonstrates a return to normal services and levels of reporting, as there was a gradual ease to the second surge of the COVID pandemic between the months of April to June 2021. There is a healthy safety culture within the Trust and an understanding of the importance of learning from incidents and the CQC requirements to report under the Key Lines of Enquire (KLOE). The quarters marked with an asterix (*) include incidents that are still under investigation and some have not yet been graded. Thus future reports will contain verified figures. Where appropriate these have been reported to Care Quality Commission (CQC) via the National Reporting and Learning System (NRLS).

	20/21 Q1	20/21 Q2	20/21 Q3*	20/21 Q4*	21/22 Q1*	Total
Near Miss	61	115	126	71	81	454
Actual incidents	399	622	750	477	652	2900
Total	460	737	876	548	733	3354

Table 1: Numbers of patient safety incidents reported in 2021/22 (Data source: DATIX As of 06/07/2021)
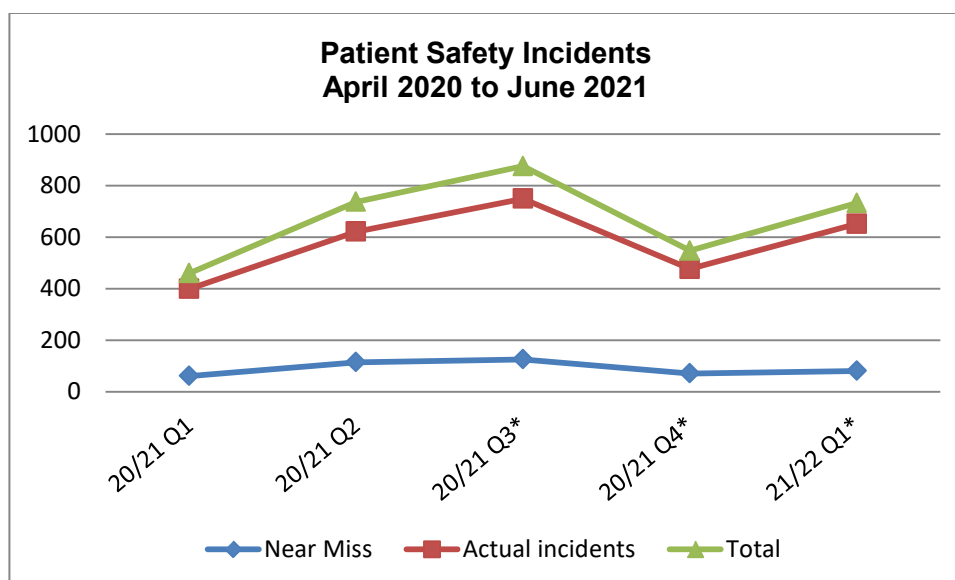
Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 06/07/2021)

In quarter, table 2 shows the numbers of patient safety incidents reported by the "Type" the majority of incidents are relating to Medication/Medical Gases/Nutrition (12%); the majority were related to medication administration/supply in clinical areas.

Type	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	Total
Accidents	32	51	69	41	42	235
Administration - admission/discharge/transfer/waiting list	59	95	157	70	88	469
Anaesthetics	4	7	5	4	8	28
Behaviour/Violence Aggression	9	13	10	10	16	58
Blood Plasma Products	21	35	32	19	16	123
Communication/Consent	17	35	44	21	32	149
Data protection	14	19	27	9	17	86

Diagnosis Process/Procedures	34	29	34	42	35	174
Documentation	28	51	58	22	53	212
Environmental Hazards/Issues	4	5	5	5	13	32
Infection Control	15	34	31	21	56	157
Information Technology	3	5	20	6	14	48
Medical Devices	13	39	54	31	44	181
Medication/Medical Gases/Nutrition	58	113	91	69	91	422
Nutritional Feeding (Prescribed Feeds)	2	2	8	3	1	16
Organisational Issues/Staffing	20	38	22	5	25	110
Pressure Ulcers	76	52	93	90	87	398
Radiology	7	6	10	4	13	40
Security incidents	3	13	10	1	6	33
Treatment/Procedures	41	95	96	75	76	383
Total	460	737	876	548	733	3354

Table 2: Numbers of patient safety incidents by Type reported in Q1 2021/22 (Data source: DATIX 06/07/2021)

The top five types of incidents are depicted below in figure 2 by financial quarter; this demonstrates Incident trend information is provided in the paragraphs below.
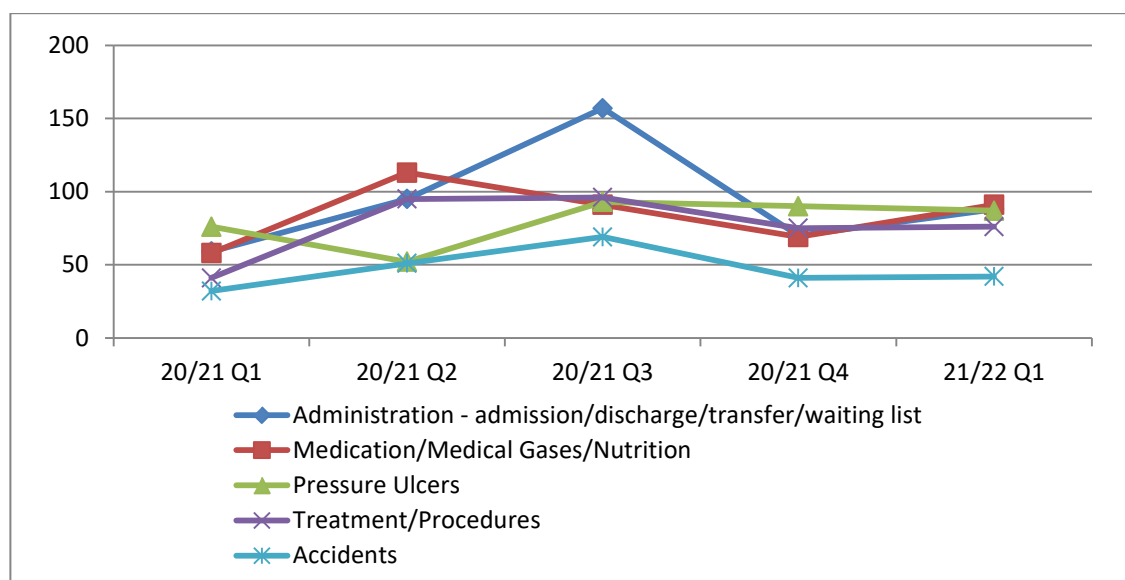
Fig 2: Patient Safety Incidents Q1 2021/22 (Data source: DATIX 06/07/2021)

INCIDENT TRENDS AND ACTION:

Administration Incidents
During this quarter, the number of incidents linked to administration issues have slightly increased compared to the last quarter. Of those the majority are appointment booking and issues related to transferring patients. All booking issues are reported per/person to ensure that all errors are being captured for the Administration team to review against their procedures.

Treatment and Procedures
During quarter 1 the number of treatment and procedure incidents has remained almost the same as previous quarter. Where the incidents have been graded, majority have a severity of near miss or no/low harm. 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.

Medication

During quarter 1 the Trust noted an increase in medication incidents (n=22); the ease in the second surge of the COVID pandemic has meant that there has been an increase in reporting medication incidents. Omissions are reviewed with the staff caring for the patients to ensure that learning is shared amongst the team. All medication incidents are reviewed by the pharmacy leads and reported to the Medications and Therapeutics Committee.

Pressure Ulcers (PU)
During quarter 1 the number of pressure ulcer incidents has remained almost the same as previous quarter. As the Trust has emerged from the second surge of the pandemic routine reporting of all categories of PUs and moisture lesions have recommenced on the Datix incident reporting system in line with the national requirements. All reported pressure ulcer incidents are being reviewed by the Tissue Viability Team for further clarification and grading. The Trust also captures all PUs which are identified on admission linked to other care providers. Where the incidents have been graded, majority have been recorded as no/low harm. One incident is currently undergoing investigation as a moderate harm.

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. All incidents are reviewed by the Falls Prevention Specialist Nurse with the addition of 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. A continued theme has highlighted the length of trailing lines and cables which cause trip hazards. Clips have been provided to the wards to secure these up to the patient gowns. A thematic review of all falls in 2020/21 is underway to aid further understanding of any further lessons to be learnt.

1.2   Severity of Patient Safety Incidents

In Q1 incidents graded as near miss to low harm have increased (Table 3). This increase corresponds to a return to normal services and levels of reporting as there was a gradual ease to the second surge of the COVID pandemic between the months of April to June 2021. Furthermore thirteen incidents have been reported as moderate harm and four graded as a severe harm. These incidents also 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 and above incidents have investigations and associated action plans which are managed by the relevant business unit and monitored by the Quality & Risk Management Group (QRMG). Lessons learnt are shared across the organisation via the quarterly Lessons Learnt report on the intranet and local dissemination via Divisional and specialist meetings.

Severity	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	Total
Near Miss	61	115	126	71	81	454
No harm	239	452	515	283	358	1847
Low harm	155	154	217	178	187	891
Moderate harm	4	9	6	4	13	36
Severe harm	0	5	0	1	3	10
Death UNRELATED to the incident	1	2	4	4	0	11
Not yet graded	0	0	8	7	91	106
Total	460	737	876	548	733	3354

Table 3 – Patient Safety Incidents by Severity (Data source: DATIX 06/07/21)
*Correct at the time of production. Some incidents may be downgraded in severity following investigation.

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

Divisions	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	Total

NPH Ambulatory Care	0	1	0	0	0	1
NPH Cardiology	2	6	2	1	4	15
NPH Cath Labs	0	0	0	0	3	3
NPH Surgical	0	6	2	1	3	12
NPH Theatres, Critical Care and Anaesthesia	2	1	2	1	5	11
NPH Thoracic	0	0	0	2	3	5
Total	4	14	6	5	18	47

Table 3a – Incidents by Severity _ Moderate Harm (Data source: DATIX 06/07/21)
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 Q1 there has been six SIs reported to the CCG, this compares to two in Q4. There were sixteen incidents reported as moderate/severe harm requiring investigation. 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.

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
Serious Incidents Reported to CCG in Q1 21/22				
SUI-WEB38598	09/03/2021	Management of a deteriorating transplant patient	N/A	Under investigation
SUI-WEB38841	02/04/2021	Unexpected death of a transferred patient to DGH	Yes	Completed
SUI-WEB39113	27/04/2021	Patient was incorrectly administered controlled drug intended for another patient.	Yes	Completed
SUI-WEB39351	18/05/2021	Administration of medication via NG tube which was misplaced - NEVER EVENT	Yes	Under investigation
SUI-WEB39486	28/05/2021	TAVI patient fall resulting in a fractured hip	Yes	Under investigation
SUI-WEB39533	01/06/2021	Missed opportunity to treat thrombectomy patient	Yes	Under investigation
Moderate/Severe Reported in Q1 21/22				
WEB38997	16/04/2021	Inability to retrieve guide wire during long line IV access	Yes	Completed
WEB39052	23/04/2021	Iatrogenic injury during AF ablation	Yes	Completed
WEB39055	23/04/2021	Iatrogenic injury during AF ablation	Yes	Completed
WEB39211	04/05/2021	Grade 3 pressure ulcer	Yes	Under investigation
WEB39302	12/05/2021	Unwitnessed fall from recliner chair	Yes	Completed
WEB39301	12/05/2021	Awareness during anaesthesia	Yes	Under investigation
WEB39407	21/05/2021	Iatrogenic injury during AF ablation	N/A	Under investigation
WEB39482	27/05/2021	Unplanned elevation of care to CCA	Yes	Under investigation
WEB39569	05/06/2021	Failure to complete RESPECT process	Yes	Under investigation
WEB39567	04/06/2021	Anaesthetic tubing trapped under machine wheel	Yes	Under investigation

Table 4 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 06/07/21)

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 6 requests for investigation / feedback in Q1 21/22.
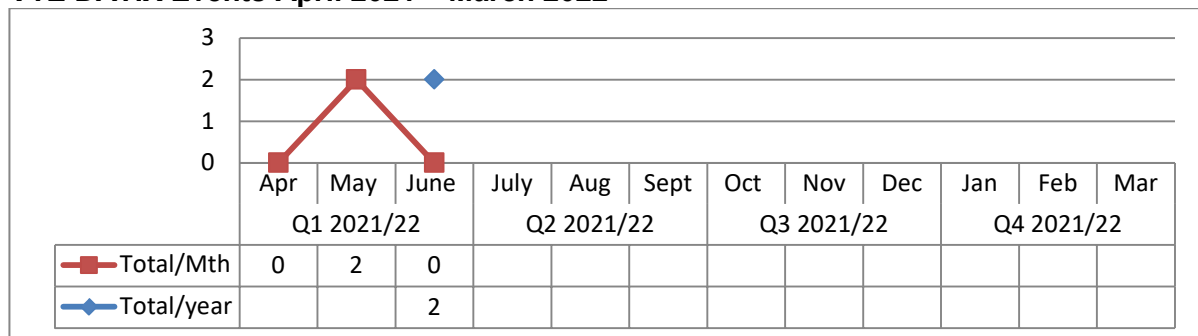
Date	Requester	Summary details
13/04/2021	WSH	Patient had a peri arrest event on way to WSH and a bedside echocardiography showed a perforated right atria wall with a global

		hemopericardium. Delay in transfer back to RPH.
12/04/2021	EEAST	A patient with central chest pain, acute changes on his ECG was not accepted into PPCI at RPH as had an elevated respiratory rate.
27/04/2021	Basildon Hospital	Notification of pressure ulcers on repatriation to Basildon Hospital
17/06/2021	CPFT	No mention of pacemaker on discharge paperwork
18/06/2021	Basildon Hospital	Notification of verbal abuse from member of RPH staff
18/06/2021	CUH	An appointment was made and then cancelled with no pathway in place. Patient may have missed antibiotics

Table 5: Requests for investigation/ feedback from organisations outside of Royal Papworth Hospital

1.5   VTE Monitoring

VTE DATIX Events April 2021 – March 2022

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
		Q1 2021/22			Q2 2021/22			Q3 2021/22			Q4 2021/22	
■ Total/Mth	0	2	0									
◆ Total/year			2									

The graph above shows the number of VTE events from Q1 2021/22. 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 2 VTE DATIX events in Q1 2021/22 the investigations are outstanding by CCA on DATIX and are for discussing at July 2021 VTE scrutiny panel. The last moderate harm reported in relation to VTE was 20/08/2019.

VTE Risk Assessment CCA (July 2020 – June 2021)

Proportion of patients with VTE risk assessment by doctor within 24 hours of admission. Rolling year.

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
% assessed	36%	46%	18%	15%	17%	21%	24%	17%	17%	30%	27%	43%
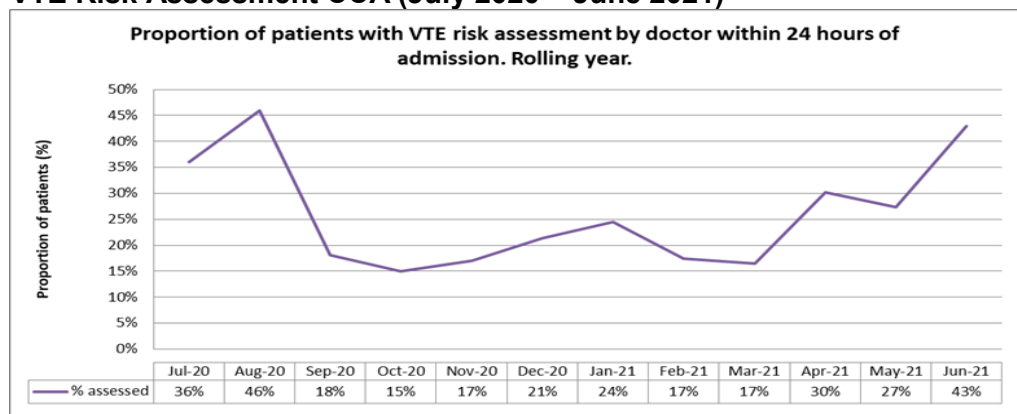
VTE Daily Risk Assessment CCA (January 2021 – June 2021)

Proportion of patients with VTE risk assessment by doctor - daily reassessment. Rolling year.

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
% patients	0%	0%	0%	1%	0%	17%
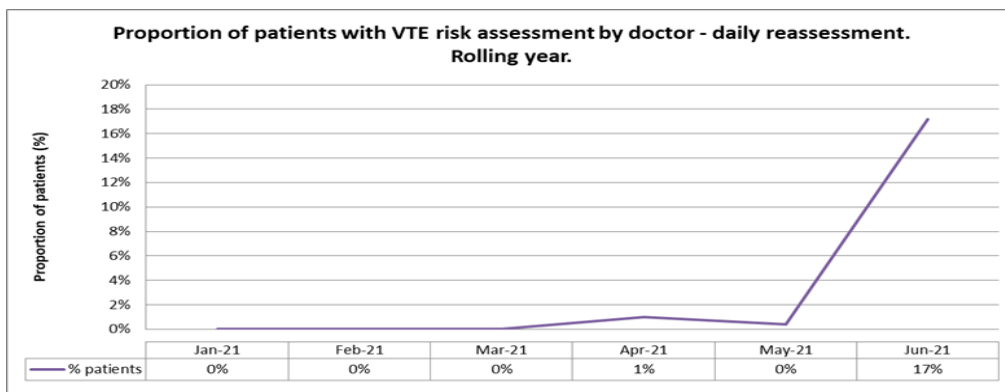
CCA compliance with VTE risk assessment within 24 hours is significantly below the 95% standard. In addition not all patients are having a risk assessment recorded within Metavision every 24 hours in line with DN500 and NG89 best practice guidance. A new medical and nursing lead for VTE within CCA has been appointed to lead some QI work to improve the risk assessment standards. Changes have also been made within Metavision to ensure visibility of VTE risk assessment on the daily ward round.

VTE Risk Assessment Wards (June 2021)

Admit Ward	VTE Assessment Compliance	Number of Admissions	Number of Admissions Requiring Audit	Number of Compliant Admissions
3 North East Ward RPH	75.5%	240	102	77
3 South East Ward RPH	73.2%	122	112	82
3 South West Ward RPH	87.5%	90	80	70
4 North West Ward RPH	70.1%	117	77	54
4 South East Ward RPH	87.5%	24	24	21
4 South West Ward RPH	88.1%	208	101	89
5 North East Ward RPH	97.3%	38	37	36
5 North West Ward RPH	92.2%	55	51	47
5 South East Ward RPH	90.9%	73	66	60
5 South West Ward RPH	100.0%	16	15	15
Critical Care Area RPH	94.7%	20	19	18
Day Ward RPH	90.1%	506	506	456
Grand Total	**86.1%**	**1509**	**1190**	**1025**

VTE risk assessment compliance with 95% standard 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 6 quarters. 2020/21 has maintained improved compliance above 95% standard.

The metric used previously was a random selection of 30 patients per month this gave a low confidence interval as our average monthly admissions are >1000. This has now changed to encompass all admissions and the data above outlines June 2021 baseline data.

The criteria for inclusion within the audit is: **Percentage of admissions for which a VTE Assessment was initiated within 24 hours of admission on either Lorenzo or Metavision or within the proceeding 7 days pre admission. All overnight stays are included, as well as same day admit/discharge on Day Ward.**

The excluded areas are:
- North West Ward RPH
- North East Ward RPH

- Catheter Laboratory RPH
- Critical Care Area RPH
- Echo Lab Day Ward RPH
- Theatres RPH

This new methodology is now applied to all patients, rather than 30 randomly selected admissions and is also more in line with the recommended monitoring suggested by NICE.
Following this change, we have seen an overall reduction in the measured compliance, but this is due to a more robust approach to monitoring rather than a sudden reduction in practice quality.

There is significant quality improvement work to undertake in several areas of the Trust. Staff should remain vigilant to ensure VTE risk assessments are completed in a timely manner on admission. When a risk assessment is missing or not completed despite request a DATIX should be completed.

For assurance the reported incidence of VTE events, notification from other providers and patient harm/complaints are low in relation to hospital acquired thrombosis events.
Review of recent RCA's by VTE scrutiny panel has identified treatment has been in place despite missing risk assessments. Treatment dose Tinzaparin is prescribed & given with low rates of omitted doses and AES stocking use remains in place.

There is a focus on Cardiology for August and Thoracic/Ambulatory in September to continue to drive improvement closer to the 95% target. Within cardiology this has featured as the weekly 'Buzz Word' to engage MDT learning and raise awareness of the importance of VTE.

This will also feature on new doctor's induction during August intake and going forward and the medical and nursing VTE leads will spot check VTE risk assessments on visits to clinical areas.

A ward/department weekly league table is being developed in conjunction with VTE lead and clinical audit team to send out.

VTE Nursing Lead – replacement
Following my development opportunity/promotion there is a need to identify a nursing VTE lead, this will be discussed with the Deputy Chief Nurse to ensure appropriate succession planning. This may also be discussed at interview for the new Head of Nursing role to capture corporate responsibility beyond the divisional aspect of the role.

VTE Action Plan:
- Sisters/Team Leaders to share locally with staff the requirement to complete a VTE risk assessment on admission
- Matrons/HoN's to raise at all three divisional governance meetings the importance of completing VTE risk assessment on admission for all patients
- Reminder to Sisters/Team Leaders how to access the quality indicators screen in Lorenzo
- Focus on VTE risk assessment in cardiology during the month of August 2021 – ward daily visits, spot audit and divisional meeting discussion
- Focus on VTE risk assessment in thoracic/ambulatory during the month of September 2021 – actions to be agreed with thoracic management team
- Quality improvement work to be commenced within CCA to ensure all patients have a 24 hour risk assessment completed by CCA medical team
- VTE lead to work with clinical audit team to establish a weekly league table to circulate to Matrons/Sisters
- Deputy Chief Nurse to identify nursing lead to establish VTE nursing lead role from October 2021

Recommendation:
The Committee is requested to note the QI work undertaken by Victoria Black on 5N and Mavis Kumi-Frinpong on 5S and support of Mike Bates in this important area of harm free care for their support and dedication to improve compliance and safety within the organisation.

The Committee is asked to note the contents of this report and members of QRMG discuss with staff in departments and services.

The chair of QRMG to highlight actions for CCA to undertake a rapid QI improvement for CCA daily and 24 hour admission compliance, this should be further highlighted to Q&R for information.

1.6 Inquests

During Q1 there were 3 inquest hearings, one of which one required representation from Papworth Hospital (INQ2021-49). This was in relation to an incidental finding of a lung nodule which was alerted by not acted on. This was investigated as a serious incident (SUI-WEB27476) and the actions taken were presented and discussed at inquest. The Trust was notified of the closure of two coroner's investigation in Q1. The Trust attended four Pre Inquest Hearings in Q1, the purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest.

The Trust has been notified of 9 new Inquests/coroner's investigation in Q1 and statements have been requested. 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 78.

Learning from Schedule 5s (prevention of future deaths)
The prevention of future death reports are published on the Courts and Tribunals judiciary website. Any relevant reports or themes are forwarded to the relevant clinical leads and presented at the Quality Risk and Management Group for further dissemination and learning. The Trust has not received any prevention of future death reports in relation to Royal Papworth Hospital Inquests in Q1.

1.7 Clinical Negligence Litigation

In Q1 2021/22 the Trust has received 4 new requests for disclosure of records and 2 cases were settled in Q1.

)

2. Patient Experience

2.1 Complaints and Enquiries

We have received 15 formal complaints and 2 enquiries for Q1. This is an increase in the number of formal complaints received from the previous quarter (Q4;13). 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.

From 30 April 2021, we have endeavoured to respond to all complaints within the normal 25 working day timeframe, after an extension in our response times from 25 to 40 working days during the response to the COVID-19 pandemic.
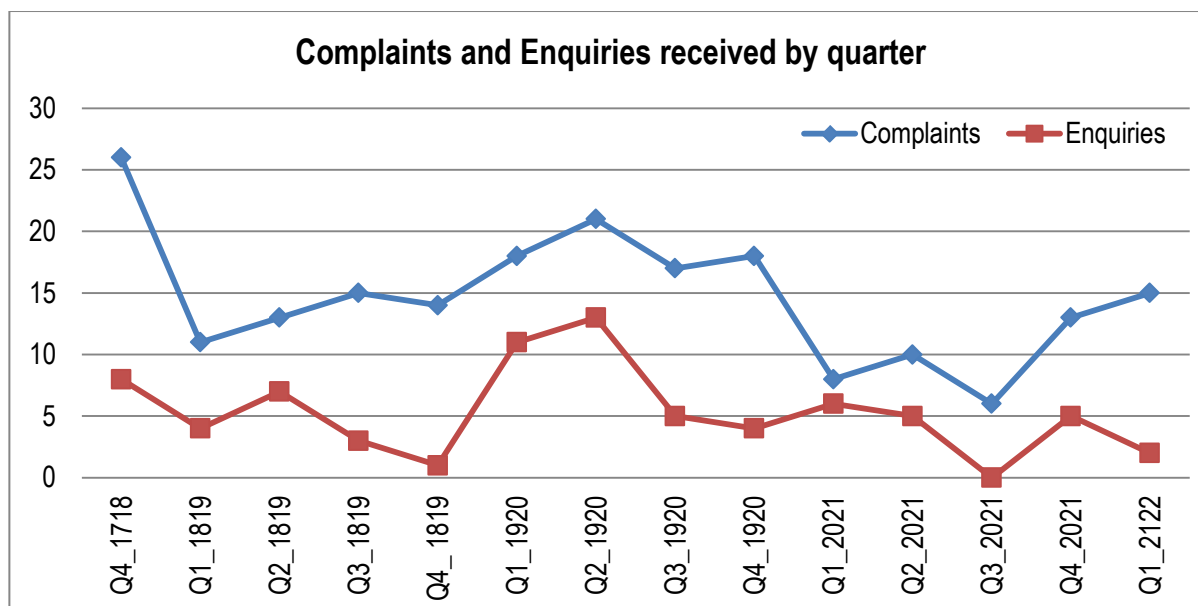
Figure 1: Number of Complaints and Enquiries received by quarter (source – Datix 15/07/2021)

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 Q1* (April - June 2021)	Upheld/Part Upheld	Enquiries for further information
April	1	1	0
May	5	0	0
June	9	0	2
Total	15	1	2

Table 1: Numbers of complaints / Enquiries (source: Datix 15/07/2021)

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

Subject	21/22 Q1	20/21 Q4	20/21 Q3	20/21 Q2	20/21 Q1
Clinical Care/Clinical Treatment - General Medicine Group	7	2	2	3	4
Clinical Care/Clinical Treatment - Surgical	4	3	0	1	0
Clinical Care/Clinical Treatment - Radiology	0	1	0	0	0
Communication / Information	2	2	3	4	2
Delay in Diagnosis / Treatment or Referral	1	0	0	0	0
Appointments	0	0	0	0	0
Environment - Internal	1	0	0	0	0
Privacy, Dignity and Wellbeing	0	1	0	0	0
Medication Issues	0	0	0	0	0
Nursing Care	0	0	0	0	0
Parking/Transport/Facilities	0	2	0	0	2
Other	0	2	1	2	0
Total	15	13	6	10	8

Table 2: Primary subject of complaints by quarter (source: Datix 15/07/2021)

Figure 2;

Primary subject of complaints by Quarter

Legend:
- 21/22 Q1
- 20/21 Q4
- 20/21 Q3
- 20/21 Q2
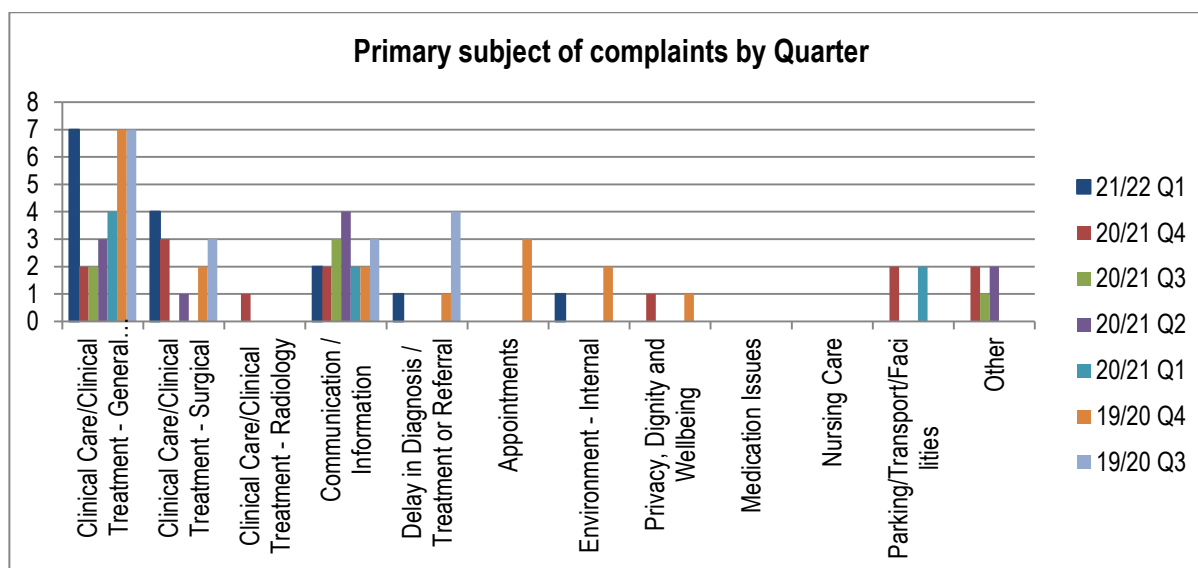- 20/21 Q1
- 19/20 Q4
- 19/20 Q3

Figure 2: Primary subject of complaints compared with previous quarters (source: Datix 15/07/2021)

The directorates/specialities receiving complaints during Quarter 1 are shown in Table 3. There has been a slight increase in the number of complaints received in Q1 relating to Cardiology and the Respiratory Support and Sleep Centre (RSSC), the number of complaints received per clinical speciality is highlighted through quarterly reporting.

Clinical Speciality	21/22 Q1	20/21 Q4	20/21 Q3	20/21 Q2	20/21 Q1
NPH Cardiac Surgery	2	0	1	0	0
NPH Cardiology	6	3	1	1	2
NPH Cath Labs	0	0	0	0	0
NPH Critical Care	1	0	1	2	1
NPH Interventional Cardiology	0	0	0	0	0
NPH Lung Defence	0	0	0	1	1
NPH Oncology	0	0	0	0	0
NPH Outpatients	1	2	1	3	1
NPH PVDU	0	0	1	0	0
NPH Respiratory Physiology	0	0	0	0	0
NPH Royal Papworth Private Care	0	1	1	0	1
NPH RSSC	3	0	0	0	1
NPH Thoracic Surgery	0	3	0	0	0
NPH Surgical/Transplant	2	4	0	3	0
Other	0	0	0	0	1
Total	**15**	**13**	**6**	**10**	**8**

Table 3 Complaints by Directorate and Speciality (Source Datix 15/07/2021)

Quality Dashboard Monitoring – Q1	
Number of complaints responded to within agreed timeframe with complainant	100%**
Number of PSHO referrals in quarter	0
Number of PHSO referrals returned upheld with recommendations and action plans	0

*Table 4: Quality Dashboard monitoring (** 100% of complaints responded to at the time of reporting within timescales agreed)*

Enquiries received in Q1 20/21

Date Received	Reference	Location	Inpatient/ Outpatient	Description	Subject
09/06/2021	Q12122-11En	3 South East Ward	Inpatient	Patient has specific question relating to the blood tests required following his admission to RPH.	Clinical Treatment
11/06/2021	Q12122-12En	3 South East Ward	Inpatient	Son has specific questions regarding his late father's care and treatment at RPH prior to his death.	Clinical Treatment

Table 5: Enquiries received in Q1 2021/22 (source: Datix 15/07/2021)

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

Identified actions arising from complaints upheld or partially upheld in Q1 20/21

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
Q12122-01F	Patient has raised concerns regarding the information provided and communication she has received regarding ongoing CPAP and mask problems.	Partially Upheld	Apology given, no further actions identified. Patient experience shared with clinical team and at relevant speciality meeting.

Table 6: Identified actions arising from complaints upheld or partially upheld in Q1 21/22

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

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

3   Patient Advice and Liaison Service Q1 Report 2021/2022

3.1 Patient Carer Experience Group (PCEG) Meeting
- There was a virtual meeting in April 2021. 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
- Prior to the COVID-19 the Trust had 70 volunteers who supported the hospital on a regular basis. Due to COVID-19 almost all of the Trust's existing volunteers have had to stand down.
- We currently have 3 volunteers supporting the hospital in Pharmacy and 4 volunteers supporting weekend visiting.
- In addition to these volunteers, 35 have expressed their interest in continuing to volunteer at the hospital and have returned their risk assessment.
- 35 new people expressed interest in joining the Trust as volunteers. The recruitment of 13 of these have already started, 22 are still on hold at the moment.
- The recruitment process and volunteering roles will be reviewed when normal Trust services re-start and COVID restrictions are lifted.

Figure 1. Volunteer hours in Q1 2021/22

Volunteer hours

	Apr-21	May-21	Jun-21
Hours	207	173	130
Quarter total			510
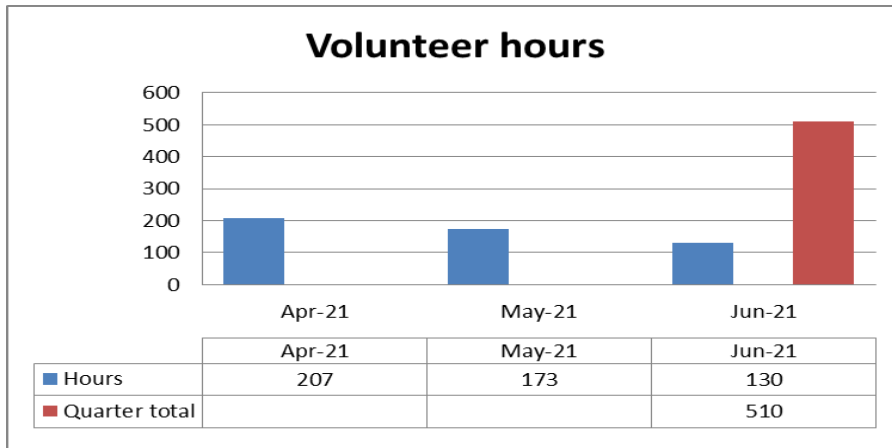
Patient Advice and Liaison Service (PALS)

- In June 2021, a new PALS Supervisor started following the retirement of the previous supervisor in May 2021.
- During Q1 2021/2022, the PALS Service received **865** concerns / enquiries from patients, families and carers. This was an increase of 208 on the number recorded in Q1 2020/2021.

Annual PALS enquiries / concerns

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	285	288	292									
2020/21	206	169	282	349	282	361	328	210	230	240	254	275
2019/20	239	335	251	270	223	217	307	352	264	388	503	311
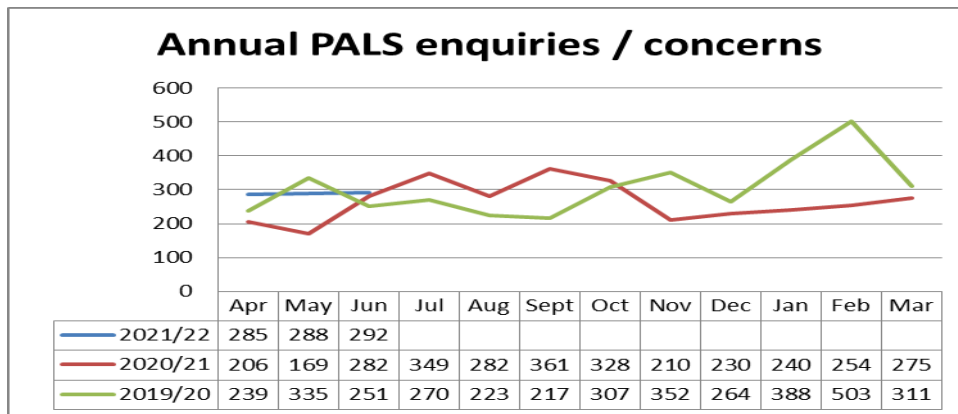
Figure 2. Annual PALS enquiries/ concerns

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

Methods of contacting PALS

	Visit	Telephone	Email	Letter	Other	Total
Qtr 1	220	500	137	8	0	865

Q1:
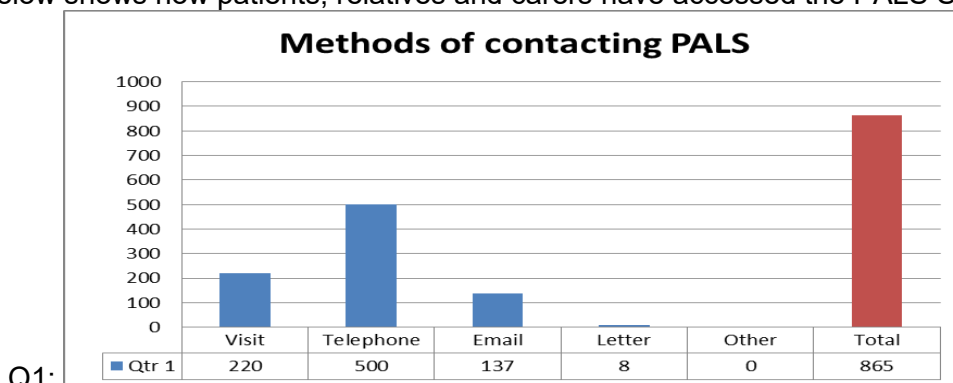
Figure 3. Methods of contacting PALS in Q1 2021/22

- The PALS team have started using Datix as a live system as opposed to logging cases retrospectively; Datix is now being updated on an ongoing basis.
- The plan going forward is to separate PALS concerns, enquiries and immediate resolutions, and to ascertain whether they have been upheld, not upheld or information/advice requests only.
- The PALS team have already started recording those immediate resolutions separately that do not require any investigation.

The table at Appendix 1 shows the enquiries / concerns by category for Q1 in 2021/2022.

Key themes from PALS enquiries/ concerns in Q1 2021/2022:
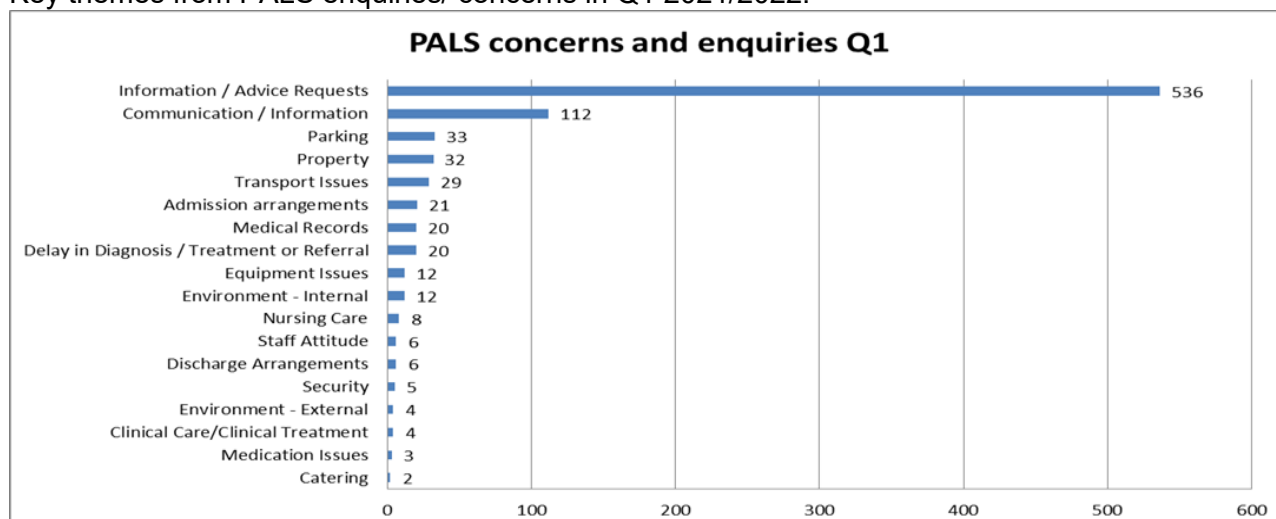
Figure 4. PALS concerns and enquiries by subject in Q1 2021/22

Detailed list of subjects and sub-subjects:

Subject (Primary)	Number of enquiries	Details
Information and Advice	536	This is an increase of 94 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). Top themes: 1. Appointments – 84 2. Telephone contact numbers – 82 3. COVID-19 advice - 58
Communications	112	This is an increase of 40 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). Top themes: 1. Clarification of medical information – 67 2. Contact phone number – 8 3. Lack of information for relatives - 7
Delay in diagnosis/treatment or referral	20	This is an increase of 15 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). Top themes: 1. Waiting time for appointment – 7 2. Delay in diagnosis/treatment – 3 3. Follow up – 3
Parking	33	This is an increase of 22 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). Top themes: 1. Parking letter - 10 2. Disabled access – 6 3. Parking charges - 6
Transport	29	This is an increase of 26 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). Top themes: 1. Travel claims – 11 2. Hospital contract transport - 7
Medical Records	20	This is an increase of 1 enquiry compared to the same quarter last year (Q1 2020/2021). Top theme:

Subject (Primary)	Number of enquiries	Details
		1. Access to medical records - 15
Environment - Internal	12	This is an increase of 9 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). Top themes: 1. Toilet access – 6 2. Poor internal environment - 3
Environment - External	4	This is an increase of 2 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). 1. Hospital map/ postcode – 3 2. Poor external environment – 1
Nursing Care	8	This is an increase of 7 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). 1. Dissatisfied with nursing care/ treatment – 8
Staff Attitude	6	This is an increase of 4 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). 1. Uncaring behaviour – 5 2. Rudeness – 1
Equipment Issues	12	This is an increase of 12 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). 1. CPAP machine – 9 2. Return of equipment - 3
Medication Issues	3	This is the same as the same quarter last year (Q1 2020/2021). 1. Prescriptions - 3
Discharge Arrangements	6	This is a decrease of 4 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). 1. Lack of arrangements for home after discharge – 4 2. Lack of communications – 1 3. Pharmacy - 1
Clinical Care	4	This is an increase of 3 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). 1. Dissatisfied with medical care / treatment – 3 2. Poor recovery after discharge – 1
Property	32	This is a decrease of 44 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). Top themes: 1. Loss / damage of property – 15 2. Delivering property - 12
Admissions Arrangements	21	This is an increase of 20 enquiries/ concerns compared to the same quarter last year (Q1 2020/2021). 1. Visiting hours – 19 2. WiFi – 1 3. Property / Clothes required for admission – 1
Catering	2	This is an increase of 1 enquiry compared to the same quarter last year (Q1 2020/2021). 1. Lack of adequate choice of food - 1 2. Opening hours - 1

There were 3 enquiries regarding private patients:
- Information of Hospital Services – 1
- COVID-19 Advice – 1
- Appointments – 1

No PALS enquiries were escalated to formal complaints.

One enquiry was signposted to an organisation external to the Trust.

3.4 Compliments

There were 2997 compliments received by PALS from across the Trust during Q1 2021/ 2022, this is an increase of 2274 on the same time last year (Q1 2020/ 2021).
203 of these compliments were received verbally, letters, thank you cards, e-mails, suggestion cards, the CEO and 2794 via the Friends and Family Surveys.
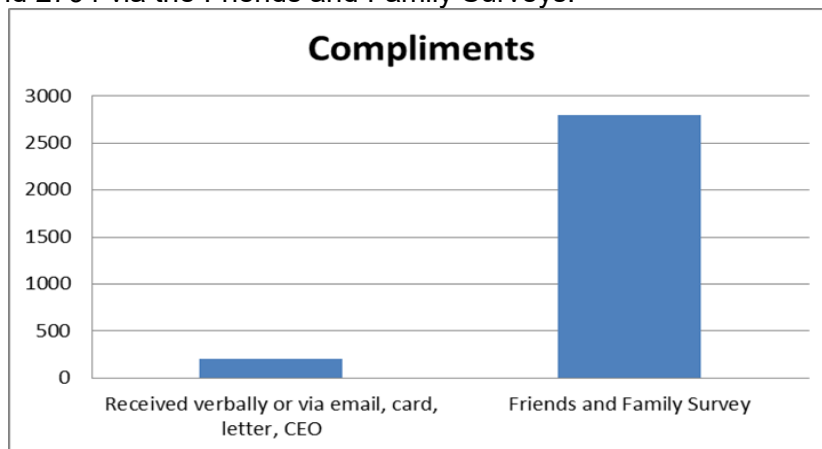
Figure 5. Compliments received in Q1 2021/22

The top themes for compliments for Q1 in 2021/ 2022 were:
- General thank you/ Dedication/ Hardwork
- Care/ Support
- Kindness/ Compassion / Courtesy / Friendliness

	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	Total
Q1	65	23	26	229	23	0	366
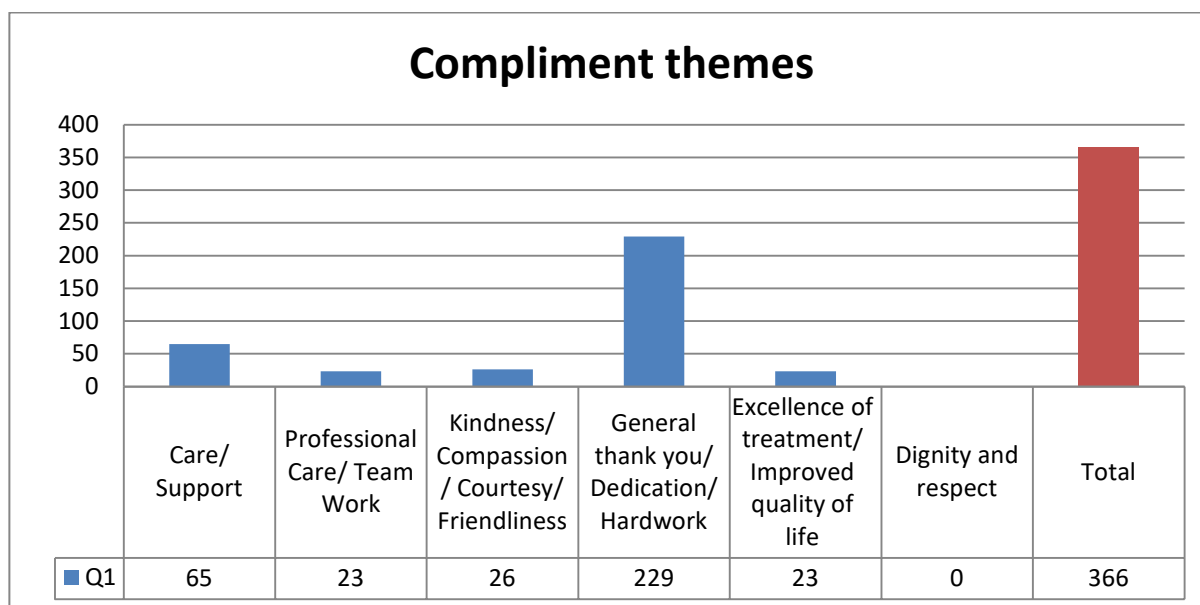
Figure 6. Compliment themes

Examples of feedback:

"Thank you for saving my husband, I cannot thank you enough. We are grateful for everything you did in such extrodinary circumstances, you were 100% fantastic."

"All of the doctors and nurses, you were just doing your job but saved our father's life, and he received exceptional care from the time he arrived to the time he was discharged."

"Nobody in truth wants to have heart surgery, but I felt I was in the hands of professional people who would be doing their very best for me, they were amazing. From porters, cleaners, the people who brought my drinks and food, all treated me with respect, care and kindness."

"Thank you so much for the fantastic care you gave me when I was with you. You are all amazing people and I will never be able to thank you enough. It's true what they say that "Nurses are angels" you are all my angels."

"To the amazing Family Liaison Team a massive thank you for all of your support and calls."

"My thanks to your hospital switchboard operators. The person with whom I spoke was incredibly informative, willing to help, and absolutely empathetic. I cannot over-state how courteous and kind she was in her approach."

"I would sincerely like to express my overwhelming gratitude for everyone dedication, kindness and the above and beyond care that I experienced at Papworth."

3.5 Bereavement Services
- 52 patients passed away in Q1 (2021/2022) which is a decrease of 9 compared to the same quarter last year (2020/2021).
- Since the end of Q1 we have been recording the amount of deaths where rapid release of the patient was requested.
- PALS continued to provide all clinical areas with the relevant and up-to-date paperwork for when a patient dies.
- Supported our mortuary team at CUH with chasing outstanding paperwork and completion of the bereavement process.

3.6 Bereavement Follow Up Service
- We sent out 35 follow up letters and 10 of the NOKs made enquiries.
- There were 8 people who we were either unable to send the letter to or we were already in communication / had had communication with therefore follow up letter was not sent.
- Three meetings were requested in Q1, two of these took place in Q1. These meetings helped the NOKs understand what had happened to their loved one leading up to them passing away.

4. Risk Management
4.1 Non Clinical Accidents/Incidents
During quarter 1 there have been 328 accidents/incidents (including near misses) which have involved staff/contractors/organisation or visitors. An increase compared to the previous quarters (n=271). The most common type of incident continues to be Organisational issues/staffing (n=55) when comparing to Q4; inadequate check on equipment/ supplies and Insufficient numbers of healthcare professionals were two main categories reported; all issues have been resolved with a revised process.

Table 1 shows the incidents by type. Other types of commonly recorded incidents include Infection control (n=31), Information Technology (n=41), Environmental hazards (n=32) and Accidents (n=32).

Type	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	Total
Accidents	25	24	27	18	32	126
Administration - admission/discharge/transfer/waiting list	11	23	15	11	11	71
Anaesthetics	0	0	2	0	2	4
Behaviour/Violence Aggression	19	18	26	23	12	98
Blood Plasma Products	6	5	7	0	3	21
Communication/Consent	9	20	14	11	11	65
Data protection	16	10	16	28	16	86
Diagnosis Process/Procedures	1	3	4	3	4	15
Documentation	3	20	13	7	12	55
Environmental Hazards/Issues	10	27	21	15	32	105

Fire Incidents	0	7	3	3	2	15
Infection Control	39	35	70	34	31	209
Information Technology	13	14	19	30	41	117
Medical Devices	14	30	27	9	23	103
Medication/Medical Gases/Nutrition	18	31	21	12	17	99
Nutritional Feeding (Prescribed Feeds)	0	0	1	0	2	3
Organisational Issues/Staffing	19	50	66	38	55	228
Pressure Ulcers	8	0	6	5	1	20
Radiology	3	3	2	1	1	10
Security incidents	6	12	19	19	14	70
Treatment/Procedures	7	5	8	4	6	30
Total	227	337	387	271	328	1550

Table 1 – Non-clinical Incidents Reported for 2021/22 (Data source: DATIX 09/07/21)

4.2 Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)
During quarter 1 there have been five new RIDDOR reportable incidents which required reporting to the Health & Safety Executive (HSE); WEB39491, WEB39386, WEB39580, WEB39541, WEB39675. Four out of the five incidents were related to moving and handling issues. Staff members with injuries due to moving and handling are being referred to Occupational Health department and they continue to support these individuals throughout their recovery process. The incident information is also shared with the Moving and Handling Lead to aid learning and where necessary changes to policy and practice. Workforce continues to review all reported COVID sickness absence to confirm, using a decision tree, if COVID could have been contracted at work or in the community.

Category	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	Total
Collision/Impact with object (not vehicle)	0	0	1	0	0	1
Contact with pot. infectious material	3	2	1	1	0	7
Inappropriate behaviour by a Pt to staff	1	0	0	0	0	1
Infection	1	0	0	2	0	3
Moving and handling	3	2	3	2	4	14
Other type of accident	0	1	0	0	0	1
Slip, Trip or Fall	0	1	0	0	1	2
Total	8	6	5	5	5	29

Table 2 – RIDDOR Incidents Reported for 2021/22 (Data source: DATIX 09/07/21)

4.3 Risk Register
There are currently a total of 591 open project, BAF and business risks (as of 09/07/2021). This demonstrates that the Trust is actively using the risk register. However, 116 are overdue compared with 91 at the end of quarter 4 (Data source 09/07/2021). 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 divisional 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. The Annual Risk Management Audit was completed in January 2021 and the actions from this report continue to be monitored by the divisions.

4.4 Non-clinical claims
There are no new claims brought against the Trust during Q1. Currently there are 4 ongoing claims. All claims are shared with the local department and Root Cause Analysis reports requested at the time of the incident.

4.5 Safety Alerts

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

Throughout quarter 1 2021/22 the Trust has received 36 formal Safety Alerts and Field Safety Notices, raised by manufacturers. These figures do not account for medication safety alerts which are managed by the pharmacy team or Estates/Security alerts managed by Estates. All 36 alerts have been actioned and are monitored at QRMG in line with the individual safety alert requirements. The Trust is fully compliant with national guidelines in Q1.

5.0   Effectiveness of care

5.1   Quality and Safety Measures

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

5.2   Clinical Audit

National Audits

2 national audits have been published in Q1 2021/22 (National Diabetes Inpatient Audit-Harms 2020 & Non-Diabetic Hyperglycaemia, 2019-2020 report). The team in Q1 has prepared a number of annual data submissions for FY20/21, as the trust maintains its subscription and participation in a number of national audit programmes. The team is currently engaging with the cardiology directorate and CRM device software provider to resolve data extraction issues for the Cardiac Rhythm Management national audit.

Local audit

A summary of completed activity can be found in Appendix 3. The team is in process of creating the trusts audit plan for FY21/22, factoring in national audits, NICE guidance, internal risk/incident monitoring and divisional strategies.

Current high priority work streams include the completion and dissemination of a number of trust wide audits (Consent, Duty of Candour, Sepsis, VTE) and the ongoing optimisation of routine monitoring tasks to create additional capacity for local audit.

NICE Guidance received in quarter & progress

A total of 7 NICE guidance documents were disseminated for feedback during Q1.
Please see appendix 4 for a list of applicable guidance and compliance ratings.

5.3 Quality Improvement

The team is currently updating a vacant posts job description to meet the trust demand for additional quality improvement support. This will be recruited to as soon as possible.

Appendix 1
PALS Enquiries Quarterly Report

Subjects/Sub-Subjects	2020/21				2021/22
	Q1	Q2	Q3	Q4	Q1
Verbal or Physical Abuse	**0**	**1**	**1**	**1**	**0**
Verbal Abuse by Patient	0	0	0	1	0
Admission Arrangements	**1**	**6**	**5**	**3**	**21**
Availability for Wi-Fi	0	1	0	0	1
Property/Clothes required for admission	1	1	1	0	1
Visiting Hours	0	4	4	3	19
Staff Attitude	**2**	**5**	**3**	**3**	**6**
Inappropriate manner/behaviour	1	0	0	0	0
Rudeness	0	4	2	1	1
Uncaring behaviour	1	1	1	2	5
Clinical Care	**1**	**0**	**3**	**1**	**4**
Dissatisfied with treatment/outcome/diagnosis	1	0	0	0	0
Inappropriate treatment given	0	0	0	0	0
Poor recovery after discharge	0	0	1	0	1
Dissatisfied with medical care/treatment/diagnosis	0	0	2	1	3
Infection Control Issues	**5**	**1**	**0**	**0**	**0**
Infection/Infection Control query	5	1	0	0	0
Lack of Cleanliness (Hygiene)	0	0	0	0	0
Nursing Care	**1**	**2**	**0**	**0**	**8**
Dissatisfied with Personal Care Provided	1	1	0	0	0
Dissatisfied with nursing care/treatment	0	1	0	0	8
Catering	**1**	**0**	**2**	**3**	**2**
Food served at incorrect temperature	0	0	0	1	0
Inadequate portion size	0	0	0	0	0
Lack of availability of food	0	0	0	0	0
Lack of adequate choice of food	1	0	0	1	1
Poor service in restaurant	0	0	1	0	0
Poor Quality Food	0	0	0	0	0
Opening hours	0	0	0	0	1
Patient charges	**0**	**3**	**1**	**0**	**0**
Eligibility Criteria	0	0	0	0	0
Other charges	0	2	1	0	0
Request for payment incorrect	0	0	0	0	0
Treatment Costs	0	1	0	0	0
Communication	**72**	**151**	**139**	**121**	**112**
Breach of Confidentiality	0	2	1	1	0
Clarification of Medical Information	49	78	71	77	67
Consent Issues	1	0	0	0	0
Diagnosis Query	0	0	0	0	0
Freedom of information requests	0	0	0	0	0
Incorrect Information provided	0	2	2	0	1
Information for patients	1	10	1	3	2

Subjects/Sub-Subjects	2020/21				2021/22
	Q1	Q2	Q3	Q4	Q1
Information for visitors	1	3	0	1	0
Lack of Information for other Professional	0	2	3	2	3
Lack of Information for Patients	1	11	12	1	2
Lack of Information for Relatives	0	12	18	11	7
Lack of Sensitivity in Communication	1	0	2	1	0
Other communication issues	3	3	6	2	3
Poor or Conflicting information	3	7	6	0	2
Translation & Interpretation Services	2	0	0	2	3
Phones unanswered	1	8	9	8	4
Contact phone number	7	3	1	1	8
No response to phone messages	0	0	0	4	2
Answerphone incorrect	0	0	0	0	0
Booking Office	0	0	2	0	0
Compliments	0	3	2	2	7
Residency form	2	6	3	5	1
Delay in diagnosis/treatment or referral	**5**	**28**	**29**	**8**	**20**
Cancellation of treatment	1	1	5	1	2
Clinical waiting times	0	1	3	0	3
Delay in diagnosis/treatment	3	7	5	4	3
Delay in referral	0	0	3	0	0
Failure to book treatment/appointment	0	0	0	0	0
Follow up	0	1	1	0	3
Waiting time for admission to ward	0	0	1	0	0
Waiting time for appointment	1	11	3	3	7
Waiting time for operation/procedure	0	7	8	0	2
Lack of privacy and dignity	**0**	**0**	**0**	**0**	**0**
Lack of privacy/dignity on ward	0	0	0	0	0
Lack of privacy when relaying information	0	0	0	0	0
Discharge Arrangements	**10**	**7**	**12**	**4**	**6**
Delay in discharge	1	0	0	1	0
Dissatisfaction with discharge to another hospital	0	2	2	1	0
Lack of arrangements for home after discharge	8	2	4	2	4
Wait to transfer to other facility	1	1	0	0	0
Lack of communications	0	2	6	0	1
Pharmacy	0	0	0	0	1
Equipment Issues	**0**	**8**	**14**	**18**	**12**
Delays in replacing equipment	0	0	3	0	0
Lack of/Inadequate equipment	0	2	0	1	0
Return of Equipment	0	2	3	3	3
CPAP Machines	0	1	5	9	9
Masks	0	3	3	5	0
Information/Advice Requests	**442**	**565**	**418**	**467**	**536**
Accommodation	4	4	3	4	8
Appointments	24	72	61	51	84

Subjects/Sub-Subjects	2020/21				2021/22
	Q1	Q2	Q3	Q4	Q1
Advice on Medication	7	5	2	2	5
Advice on Equipment	19	10	7	3	5
Benefits	0	6	2	1	0
Bereavement process	46	23	12	22	12
Bereavement follow up	8	8	6	18	12
Charity donation	1	6	4	4	4
Costa coffee	1	0	0	0	0
Coroners Information	4	1	3	7	1
COVID-19 Advice	86	90	36	54	58
F&F Surveys	0	3	2	3	1
Hospital Stamp	20	47	33	19	24
Insurance letter	2	1	0	5	1
Location of patient	8	6	4	8	6
Need to use stairs	1	0	0	3	6
Information on Hospital Services	9	29	24	12	16
Off Site Directions	6	7	6	6	3
On site directions	23	31	21	22	39
OCS	1	4	2	1	7
Other (information request)	16	13	6	5	44
Phone charger	0	1	0	1	0
Telephone contact number	75	86	60	78	82
Requests for information on volunteering	23	10	9	14	12
Complaints Procedure	14	9	11	22	14
E-mail Address	31	25	40	49	20
Parcel delivery	0	4	6	3	1
Referral Information	9	1	7	13	7
Relative / Friend attending with patient	0	20	41	25	28
Sick Note	2	5	0	1	1
Signposting to other NHS organisation	0	3	0	0	0
Signposting to other organisation	1	0	0	0	0
Support using lift	0	26	8	9	35
Phones unanswered	0	0	0	0	0
Environment - Internal	**3**	**16**	**14**	**15**	**12**
Cleanliness Toilet	0	0	0	0	0
Cleanliness of ward	0	0	0	1	0
Inadequate facilities for disability	0	0	0	0	1
Maintenance	0	0	0	0	0
Poor Environment - Internal	1	0	2	1	3
Temperature on ward too hot/cold	0	0	0	0	0
Health and Safety	1	0	0	0	0
Lack of resource	1	0	1	0	1
Noise	0	1	0	0	1
Toilet access	0	14	10	13	6
Environment - External	**2**	**1**	**3**	**0**	**4**

Subjects/Sub-Subjects	2020/21				2021/22
	Q1	Q2	Q3	Q4	Q1
Poor environment	1	0	0	0	1
Signage	1	0	0	0	0
Hospital address	0	0	3	0	3
Medication issues	**3**	**7**	**4**	**5**	**3**
Incorrect medication	0	0	0	0	0
Failure to provide medication	0	0	1	3	0
Prescriptions	3	7	3	2	3
Pain management	0	0	0	0	0
Parking	**11**	**30**	**33**	**20**	**33**
Disabled access	1	2	2	2	6
Other Parking Issue	1	3	7	2	3
Long-term parking	0	1	1	2	1
Parking Charges	1	4	5	11	6
Parking Directions	0	4	2	3	3
Parking Letter	8	14	16	0	14
Parking fine	0	0	0	0	0
Property	**76**	**128**	**48**	**54**	**32**
Deceased patient property	7	11	1	4	5
Clothing	1	29	11	8	0
Loss/Damage of property	54	24	13	21	15
Property store room	3	4	1	1	0
Take property to ward	0	30	18	6	12
Valuables	11	12	1	8	0
Medical Records	**19**	**11**	**14**	**20**	**20**
Incorrect information in health record	0	0	2	0	0
Records Other	0	1	1	0	5
Request for access to medical records	17	8	8	18	15
Request to update to records	2	2	2	2	0
Security	**0**	**2**	**4**	**1**	**5**
Access cards	0	0	1	0	0
Staff attitude	0	2	3	1	5
Transport Issues	**3**	**19**	**17**	**25**	**29**
Hospital contract transport	1	6	7	5	7
Local transport information	0	1	2	0	8
NHS transport Issues	0	3	1	1	2
'Other' Transport issue	0	0	2	1	1
Travel Claims	2	8	4	15	11
Total Number of Enquiries:	**657**	**991**	**764**	**769**	**865**

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

Quality and Safety Measures – ongoing monitoring

Mortality monitoring

The Summary Hospital-level Mortality Indicator (SHMI) is not applicable to Royal Papworth Hospital, therefore crude mortality is monitored and the quarterly figure is presented below by speciality.

Specialty	Cumulative discharges	Cumulative deaths	Cumulative crude mortality	Q1 2021/22 crude mortality	Q4 2020/21 crude mortality	Q3 2020/21 crude mortality	Q2 2020/21 crude mortality
Cardiac Surgery	1632	47	2.88%	2.00%	5.91%	3.02%	2.28%
Cardiology	7830	72	0.92%	1.02%	1.35%	0.89%	0.53%
Cystic Fibrosis	237	0	0.00%	0.00%	0.00%	0.00%	0.00%
ECMO	122	49	40.16%	33.33%	41.18%	45.83%	33.33%
Lung Defence	345	3	0.87%	0.00%	5.56%	0.00%	0.00%
Oncology	738	1	0.14%	0.00%	0.00%	0.00%	0.56%
PTE	132	6	4.55%	8.57%	0.00%	2.22%	4.17%
PVDU	1109	1	0.09%	0.00%	0.70%	0.00%	0.00%
Respiratory Medicine (inc ILD)	366	0	0.00%	0.00%	0.00%	0.00%	0.00%
RSSC	5287	9	0.17%	0.12%	0.38%	0.19%	0.08%
Thoracic Surgery	708	5	0.71%	0.00%	1.20%	1.09%	0.54%
Transplant	469	17	3.62%	7.32%	1.06%	3.03%	2.50%
Grand Total	**18975**	**210**	**1.11%**	**2.87%**	**2.15%**	**1.00%**	**0.70%**

*Hospital coding data

All deaths are considered at the Serious Incident Executive Review Panel (SIERP) where decisions regarding the need for further review/ investigation are discussed. The Medical Examiner also reviews all deaths and highlights those that require Rapid Case Note Review (RCR). All deaths are also discussed in further detail at the specialty M&M meetings

Local Clinical Audit Summary

The table below illustrates the completed clinical audit & effectiveness projects for quarter 1

Occupational Therapy and COVID Patients

Findings:

• Occupational Therapy was provided on 23(1%) of the 1748 days of critical care days.

• With regard to OT provision, the most common assessment performed was establishing functional baseline of patients and the type of assessment that used most time was the assessment of performance components. The most common intervention provided by OT to covid-19 patients was psychosocial and supportive intervention and it also took the most time.

• 58% of the patients were repatriated back to their local hospital and 11% were sent home with varying degree of support from provision of equipment, therapy follow up and formal and informal care.

• 23% of patients discharged from critical care were at the level of standing according to ICU mobility scale.

• There is no linear relationship established between patient's level of mobility and their discharge destination after being in Royal Papworth Hospital.

• Occupational Therapists have used ADL measure 72% of the time during the initial phase of OT input but only 18% have a recorded Functional Outcome on discharge

Physio Audit 2020

Findings:

The main recommendations from this audit are to focus on the specific areas that were low scoring and need focusing on to improve. These areas were:

• Ensure informed consent is documented 100% of the time

• Only use Trust approved abbreviation (Note this is already being acting on)

• To ensure a reason is given for delayed documentation

• Problem lists should be created for all patients, personalised and regularly update

• Ensure goals are set for patients current presenting complaints, that they are SMART, and regularly reviewed

• Ensure outcome measure are used where appropriate

• All physiotherapy assessments and treatments should include documented observations including current NEWS and reasons if scoring.

MUST Inpatient Audit 2020

Findings:

The results from this audit and the MUST audits from the previous years (2013 – 2018) were compared (Table 3). There was a 19% decrease from 2018 in the number of patients that had a MUST completed within 24 hours. Due to recruitment of new staff to the New Papworth hospital site there may be increased numbers of staff not familiar with the process. MUST training is provided at induction and there is a MUST presentation and quiz available on the intranet. With widespread change as a result of the COVID-19 pandemic this may have affected the training and refresher training ward based staff receive.

In this audit a small number of patient's received a MUST score of 1 or 2 and above. Appropriate action was not specifically quantified in the previous audit. For the purpose of this audit and for ongoing audit it will be quantified as all recommendations from the Nutrition Care plan should be completed. Red trays and Meretine soups and shakes were not offered to patients with a MUST score of 1 and 2. This highlights a training need for both nursing staff and housekeeping staff. Repetition of MUST scores weekly remains a problem from previous audits that does not appear to have improved. From figure 1 it can be seen that compliance varies by ward area. This remains an area of training for many wards.

Recommendations/Actions

Further actions are needed to be implemented to ensure that patients are screened weekly and those with a MUST of 1 and 2 are receiving appropriate actions. If patients are not screened regularly or do not have the appropriate actions taken they are at risk of further/developing malnutrition. Since data was collected from this audit there has been a focus on ward based training for nursing staff by the Dietetic Assistants therefore it is expected at the time of this report publication there will be greater compliance with MUST screening and implementation of appropriate action .

Re- audit on HSV reactivation in patients with severe respiratory failure (SRF), supported by extra-corporeal membrane oxygenation (ECMO)
Findings:
Seropositive rate for HSV in this cohort is 88.6% which is increased when compared to previous two audits (51% and 62% in 2017 and 2018 respectively) This may reflect the different catchment area of patients retrieved during the COVID-19 pandemic.
During this audit period, the vast majority of patients admitted for VV ECMO with ARDS were due to COVID (82.8%) and would expect to be more immunosuppressed than previous cohorts due to increased steroid use, long ECMO runs and use of IL-6 inhibitors.
HSV IgG was checked within 72 hours in 88.6% of all new SRF patients admitted for VV ECMO in this cohort which is below the expected standard of 100%. There is little difference in the timing of sending serology before and after 1st of May 2020.
Overall, rate of testing HSV serology on admission is 95% in this audit while it was 92% in the previous one.

In this cohort of patients, aciclovir prophylaxis was started in 95% of the cases (80% were on aciclovir within 72 hrs of admission). Ideally, all patients (100%) should receive aciclovir prophylaxis within 72 hrs.
When the data before and after 1st of May 2020 was compared, overall compliance with the initiation of aciclovir, increased from 90% to 100% after implementation of new policy. In addition, the time to start prophylaxis was improved (97% were started within 72 hours, compared with 63% in the previous audit).
In all 15 patients who subsequently had negative HSV serology, aciclovir was correctly stopped when the result was known (100% compliance). This meets the standards.
There were two patients who had evidence of reactivation of HSV despite prophylaxis. The dose was escalated to treatment dose when the positive PCR test results were available which met the standard of 100%.
Out of 32 seropositive cases before the 1st of May, 2 cases (6.25%) reactivated while none of 28 cases reactivated after starting aciclovir on admission without delay. This is a fall in the reactivation rate when compared to 33% in pre-intervention group and 18% in the group in which aciclovir was started on sero-positivity in the previous audits.
This means that the approach taken in RPH SRF VV ECMO patients in testing all patients on admission for HSV, promptly starting aciclovir on admission, stopping if IgG negative, whilst continuing if HSV IgG positive has reduced the clinically significant HSV reactivation rates from 33% to 0% in the current cohort of patients.

Recommendations/Actions
- Continue testing all SRF VV ECMO patients for HSV serology and PCR on admission
- Continue to start prophylaxis as soon as possible and continue for the duration of the ECMO run
- Continue to stop aciclovir if IgG and PCR is negative
- Continue to change prophylaxis to treatment dose if reactivation occurs

Appendix 4
NEWLY PUBLISHED NICE GUIDANCE AND QUALITY STANDARDS

16 NICE Guidance published and disseminated to Papworth Hospital NHS Trust during Quarter 1 of 2021/2022, 7 of which have been deemed relevant to the services provided at RPH.

Title	Reference number	Last updated	Status
Patient experience in adult NHS services: improving the experience of care for people using adult NHS services	CG138	17/06/2021	Under review
Autism spectrum disorder in adults: diagnosis and management	CG142	14/06/2021	Under review
RenalSense Clarity RMS for acute kidney injury	MIB256	06/04/2021	Under review
COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response	NG169	09/04/2021	Under review
COVID-19 rapid guideline: managing COVID-19	NG191	08/04/2021	Under review
Atrial fibrillation: diagnosis and management	NG196	27/04/2021	Under review
Shared decision making	NG197	17/06/2021	Under review