

Quality and Risk Report Quarter 4 and Annual Summary 2020/21

Jan – March 2021

Assistant Director for Quality and Risk

Quality and Risk Report

Quarter 4 Report 2020/21

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Patient Safety

1.1 Patient Safety Incident Trends and Actions

There were a total of 528 patient incidents reported during Q4 20/21 compared to 874 in the previous quarter. This decrease demonstrates the third wave of COVID pandemic and levels of reporting as the COVID pandemic rose during the months between January to March 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).

Severity	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Near Miss	61	114	126	68	369
Actual Incidents	399	623	748	460	2230
Total	460	737	874	528	2599

Table 1: Numbers of patient safety incidents reported in 2020/21 (Data source: DATIX 10/05/21)

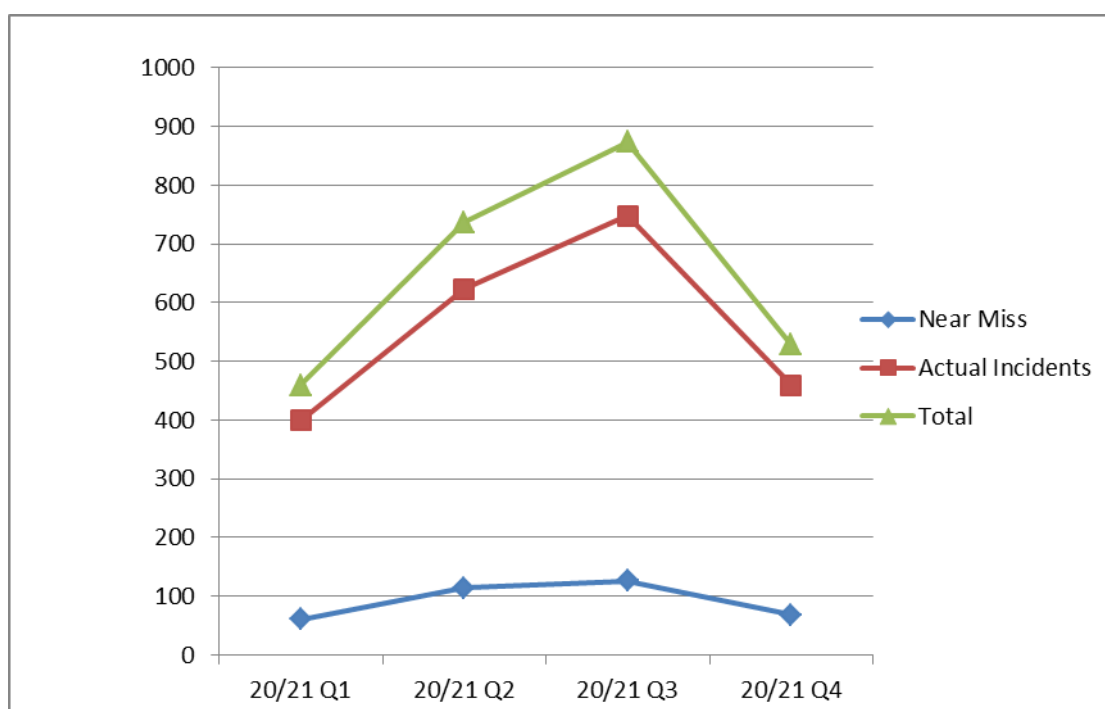


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 10/05/21)

In quarter, table 2 shows the number of patient safety incidents reported by the "Type" the majority of incidents involve Pressure ulcer (17%) and this increase may have been due to the third wave of the COVID pandemic.

Type	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Accidents	32	51	69	40	192
Administration - admission/discharge/transfer/waiting list	59	95	155	59	368
Anaesthetics	4	7	5	4	20
Behaviour/Violence Aggression	9	13	10	10	42
Blood Plasma Products	21	35	32	19	107
Communication/Consent	17	35	44	21	117
Data protection	14	19	27	9	69
Diagnosis Process/Procedures	34	29	34	41	138
Documentation	28	51	58	20	157
Environmental Hazards/Issues	4	5	5	5	19
Infection Control	15	34	30	20	99

Information Technology	3	5	20	7	35
Medical Devices	13	39	54	31	137
Medication/Medical Gases/Nutrition	58	113	91	70	332
Nutritional Feeding (Prescribed Feeds)	2	2	8	3	15
Organisational Issues/Staffing	20	38	22	5	85
Pressure Ulcers	76	52	93	90	311
Radiology	7	6	10	4	27
Security incidents	3	13	10	1	27
Treatment/Procedures	41	95	97	69	302
Total	460	737	874	528	2599

Table 2: Numbers of patient safety incidents by Type (Data source: DATIX 10/05/21)

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.

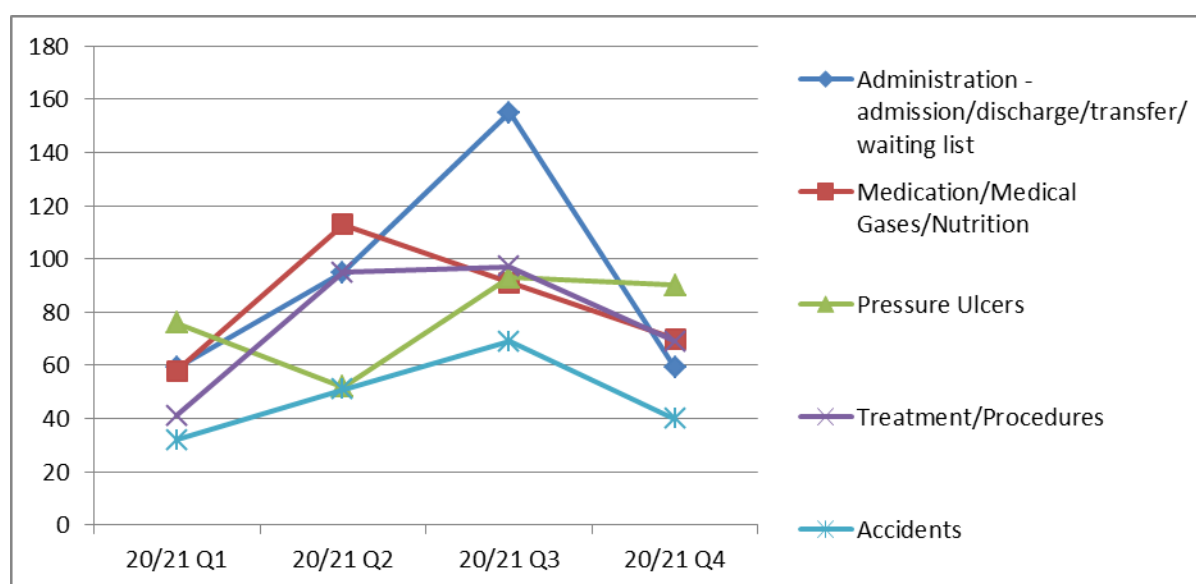


Fig 2: Top 5 Types of Patient Safety Incidents (Data source: DATIX 10/05/21)

INCIDENT TRENDS AND ACTION:

Administration Incidents

During the quarter, the number of incidents linked to administration issues has decreased. The number of administration incidents has fallen by 96 incidents compared to the previous quarter. Where the incidents have been graded, all have been recorded as near miss or no/low harm.

Medication

During quarter 4 the Trust noted a slight decrease in medication incidents (n=21). Where the incidents have been graded, all have been recorded as near miss or no/low harm. The reports have been from across the hospital, demonstrating a good open reporting culture. Prescribing errors are fed back to medical staff to aid Divisional learning and where the prescriber is still employed by the Trust their mentor feeds back directly to them. This will ensure individuals have an opportunity to reflect and take the learning and receive appropriate support if required.

Treatment and Procedures

During quarter 4 the Trust noted a slight decrease in treatment and procedure incidents (n=28). Due to the third wave of the COVID pandemic the numbers of treatment and procedure incidents have decreased to below normal levels of reporting. 96% of Treatment and Procedure incidents have been graded as near miss or no/low harm. Two were graded as moderate harms and one as a severe harm. This also allows the Trust to monitor trends and identify areas for improvement.

All incidents considered to warrant discussion are presented at the Serious Incident Executive Review Panel (SIERP) as part of the scrutiny and confirmation of grading.

Pressure Ulcers (PU)

During quarter 4 the number of pressure ulcer incidents have remained almost the same as previous quarter (n=90) possibly due to the resurgence of the COVID pandemic. Where the incidents have been graded, all have been recorded as near miss or no/low harm. All skin issues, which include those developed outside the Trust are captured on Datix and shared with Tissue Viability for nurse specialist investigation and learning. The majority of which are reported from Critical Care due to the COVID pandemic.

Accidents

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

1.2 Severity of Patient Safety Incidents

Q4 incidents graded as near miss to low harm have decreased since the surge of the COVID pandemic. Furthermore four incidents have been reported as moderate harm and one 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.

Incidents by severity	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Near Miss	61	114	126	68	369
No harm	239	452	513	265	1469
Low harm	155	154	217	172	698
Moderate harm	4	9	6	4	23
Severe harm	0	5	0	1	6
Death UNRELATED to the incident	1	2	4	4	11
Not yet graded	0	1	8	14	23
Total	460	737	874	528	2599

Table 3 – Patient Safety Incidents by Severity (Data source: DATIX 10/05/21)

*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:

Directorate	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
NPH Ambulatory Care	0	1	0	0	1
NPH Cardiology	2	6	2	1	11
NPH Surgical	0	6	2	1	9
NPH Theatres, Critical Care and Anaesthesia	2	1	2	1	6
NPH Thoracic	0	0	0	2	2
Total	4	14	6	5	29

Table 3a – Incidents by Severity _ Moderate/severe Harm (Data source: DATIX 10/05/21)

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 Q4 there has been two SIs reported on Datix, this compares to three in Q3. There were three incidents reported as moderate/severe harm requiring investigation.

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
Serious Incidents Reported in Q4 20/21				
SUI-WEB38630	11/03/2021	Complication during surgery	Yes	Under investigation
SUI-WEB38598*	09/03/2021	Management of a deteriorating transplant patient	Yes	Under investigation
Moderate/Severe Reported in Q4 20/21				
WEB38256	31/01/2021	Unwitnessed fall	Yes	Completed
WEB38072	08/01/2021	TAVI complication	Yes	Completed
WEB38741	24/03/2021	Unwitnessed fall	Yes	Under investigation

Table 4 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 10/05/2021)

*Incident reported on Datix Q4 20/21 & reported to CCG in Q1 21/22

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

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

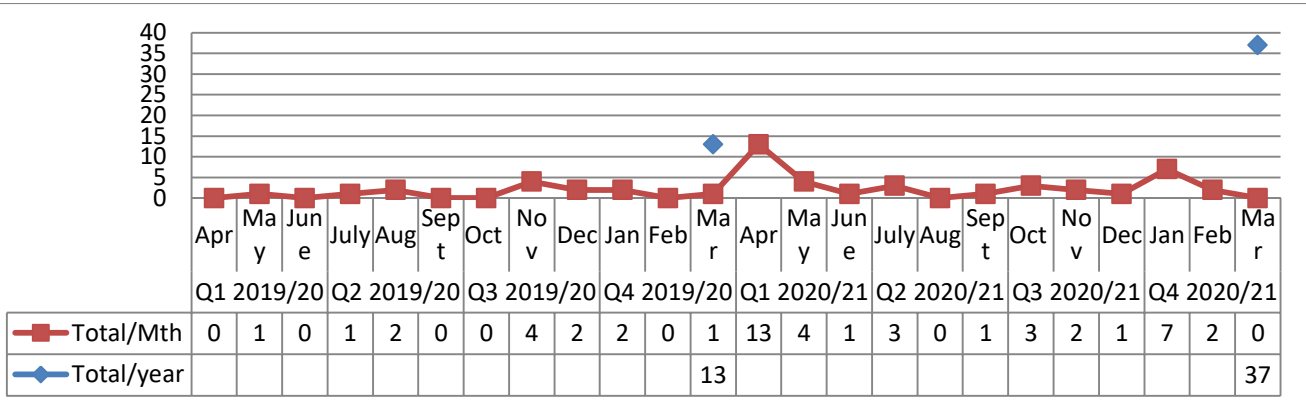
The Trust receives a number of incidents for investigation from outside our Trust. These are shared with the relevant service area for investigation/ learning and feedback is provided to the requesting organisation. The Trust received 9 requests for investigation / feedback in Q4 20/21.

Date	Requester	Summary details
15/01/2021	WSH	WSH found patient had not had their pacemaker checked for 77 months ago.
22/01/2021	EEAST	EEAST has raised concerns regarding lack of communication from RPH staff during attendance for a member of staff who became ill.
22/01/2021	EEAST	EEAST crew raised concerns over significant delay in patient's care due to patient not being accepted by RPH PPCI pathway.
26/01/2021	LCCG	GP has requested a review in to 2018 surgery.
02/02/2021	EEAST	Patient's discharge plan stated for home Oxygen, however 24 hours following discharge no oxygen had been delivered to patient
04/02/2021	Bedford Hospital NHS Trust	Patient transfer across to Papworth delay due to ICU bed availability. On arrival the patient was in peri-arrest, subsequently arrested and could not be resuscitated.
19/02/2021	ESNEFT	Ambulance service phoned RPH PPCI for patient diagnosis of STEMI. Papworth requested patient taken to Ipswich Hospital. RPH contacted again and ECGs sent via email – patient then subsequently transferred to Papworth
11/03/2021	Bedford Hospital NHS Trust	Patent admitted from RPH with skin damages on admission.
12/03/2021	EEAST	EEAS attended and diagnosed STEMI. Papworth declined for PPCI and patient was taken to Ipswich ED in cardiogenic shock. ECG shows posteroinferior STEMI. Referred to local cardiologist accepted for PPCI.

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

1.5 VTE Monitoring

VTE DATIX Events April 2019 – March 2021

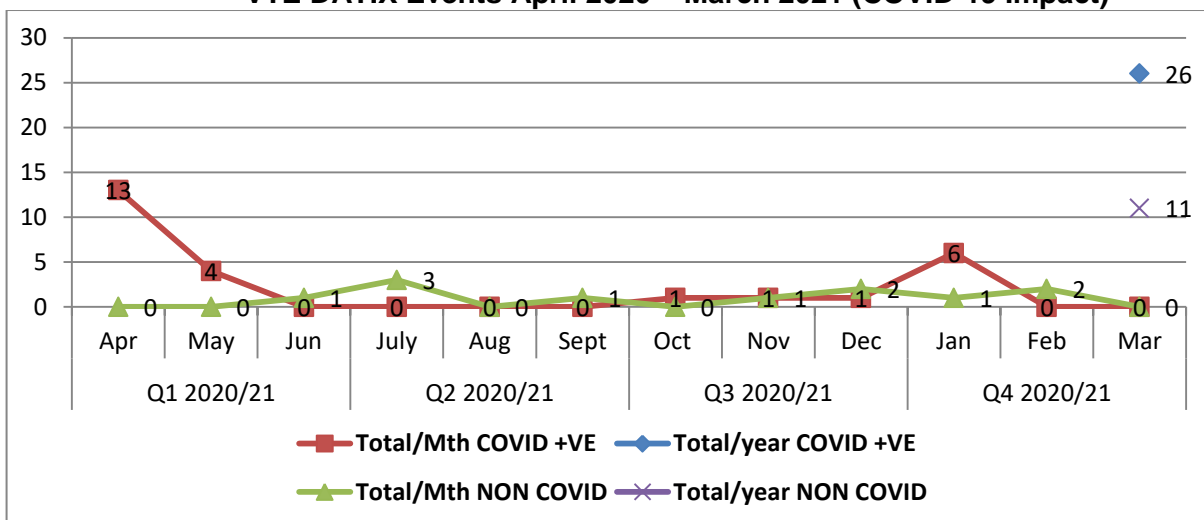


The graph above shows the number of VTE events from Q1 2019/20 to Q4 2020/21. We are advised of these confirmed VTE events by Royal Papworth staff, radiology alerts, patients, GPs or healthcare professionals in the local hospitals. There may be a considerable delay from the date of the VTE diagnosis to when the event is investigated if the information is not received at the time of diagnosis. We have been informed of 9 VTE DATIX events in Q4 2020/21 the investigations have all been concluded on DATIX all were recorded as low/no harm/near miss incidents. The last moderate harm reported in relation to VTE was 20/08/2019. Royal Papworth Hospital has seen a significant increase with VTE events being reported as outlined below within the COVID-19 outbreak data, however there is a reduction when COVID incidents are removed.

VTE during COVID-19 outbreak

There were 13 reported VTE events in CCA in COVID-19 positive patients during April 2020 and 4 in May 2020. This is a known complication as part of the coronavirus disease pathway however, all 17 have been reported as DATIX incidents and have had a full RCA completed. These have been discussed at monthly scrutiny panel with nursing, medical and pharmacy input and lessons have been shared with referring organisations and internal RPH staff. As we conclude the 2nd surge in COVID-19 admissions we have reviewed VTE events for COVID+VE patients. In Q4 there have been 6 VTE events for COVID-19 positive patients taking the total to 26 since the beginning of the pandemic. The remaining 11 are non COVID taking the in year total to 37 VTE events. Comparable to 2019/20 data excluding COVID cases we can see a 2 case reduction and continue to have low cases of VTE events all remaining as low or no harm or near miss incidents.

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



VTE Risk Assessment

VTE risk assessment compliance with 95% continued to be a challenge on a monthly basis in 2019/20. However we have worked hard to increase monthly compliance with MDT teams and

seen significant sustained improvement in the last 6 quarters. 2020/21 has maintained improved compliance above 95% standard. Staff should remain vigilant to ensure VTE risk assessments are completed in a timely manner on admission.

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	

2020/21		% of In-Patients Risk Assessed for VTE	Quarterly %
April 2020	Q1	100	96.63%
May 2020		93.3	
June 2020		96.6	
July 2020	Q2	96.6	95.54%
August 2020		90	
September 2020		100	
October 2020	Q3	96.6	96.66%
November 2020		96.6	
December 2020		96.6	
January 2021	Q4	96.6	96.66%
February 2021		96.6	
March 2021		96.6	

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

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

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

VTE Action Plan

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

WH to investigate revalidation date for VTE exemplar status with NNMN VTE network.

1.6 Inquests

Three inquests were heard in Q4, none required Trust representation and a summary is provided in table 1. The Trust was not notified of any coroner's investigation closures in Q4.

Table 1 – Inquests concluded in 2020/21 quarter 4

Reference	Specialty	Cause of death	Trust SI / Investigation	Coroner's Conclusion
INQ2021-40	Thoracic Medicine - Oncology	Diagnosis of mesothelioma. Inquest held due to occupational exposure. 1a. Mesothelioma 2. Essential hypertension, Hyperlipidemia	No	Industrial disease
INQ2021-29	Cardiology	Transfer from DGH for TAVI, during procedure patient experienced rare but recognised complication. 1a Acute cardiac failure. 1b Myocardial hypoperfusion	No	Narrative conclusion: Died from a rare but recognised complication of a necessary surgical procedure
INQ1920-09	Transplant	Bilateral lung transplant with VA ECMO support 1a Pulmonary Oedema 1b Candidal pneumonia and bilateral lung transplantation for pulmonary fibrosis	No	Misadventure

The Trust has been notified about 3 new Inquests/Investigations in Q4 and statements have been requested. The Trust assisted the Coroner with 2 Pre Inquest Hearings in Q4 which the Trust has attended. The purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest. Any learning points identified at Inquest are discussed at QRMG in quarter. The number of cases currently with the Trust under the Inquest process is 67.

Annual Data – 2020/21

During 2020/21 the Trust gave evidence at 11 Inquests; the coroner's conclusions have been reviewed and there are no trends. The majority of conclusions were narrative to reflect the complexity of the case or the complication experienced. 3 Coroners investigations were closed following review of statements provided by the Trust.

HM Coroner has held 12 Pre-Inquest Review hearings which the Trust has attended which is an increase compared to the previous year (9). 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 (pfd)

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 Q4.

There have been no pfd reports in 2020/21.

1.7 Clinical Negligence Litigation

In Q4 2020/21 the Trust has received 2 new requests for disclosure of records; 1 letter of Claim and 1 case has been notified to NHSR for Inquest funding. 2 cases have been settled and 5 cases have been closed under prolonged silence. Table 1 shows claims activity in Q4.

Claims Activity Q4		
Q22021-10CL	CF patient. M.abscessus infection potentially contracted from hospital water	Letter of Claim received 18/03/2021 Previously reported to NHSR as part of potential class action M20CT006/002
Q42021-23CL	Lung Tx - M.abscessus infection potentially contracted from hospital water. Patient died of M.abscessus INQUEST	Reported to NHSR for Inquest funding M20CT006/008
Q42021-22CL	Breach of duty and causation with regards to the failure to carry out effective treatment from early 2018 to 2019	Records disclosure Previously a PALS Enquiry and Formal Complaint Q21920-35F (PALS 1815 & 5146)
Q42021-23CL	Solicitors allege failure to perform cardiac surgery to the correct standard. As a result, patient suffered injuries to heart and lungs and suffered several mini strokes. Patient left with ongoing disabilities as a result of the alleged negligent medical treatment.	Records disclosure
Settled Claims Q4		
Q21819-04CL	Failure to remove the pacing wires following cardiac surgery	Settled with limited admissions Damages : £500.00 Claimants Cost: £1,500.00 Defence costs: £1010.00
Q11718-01CL	Pericardectomy 21/11/2015 - death on the table. Settled on a litigation risk basis following unsupportive expert evidence regarding consent process	Damages : £37,000 Claimants Cost: £43,000 Defence costs: £3,480.00

Table 1: Claims Activity Q4 20/21

Total Claims Activity 2020/21	
Records Disclosure Requests	18
Letter of Claim Received	6
Claims Settled	4
Closed - No Further Action	7
Requests to NHSR for Inquest Funding	2
M.abscessus cases referred to NHSR during 2020/21	
Letter of Claim	2
Records disclosure	1
Requests for Inquest funding	2

Total number of Claims/ incidents currently open with the NHSR at the end of Q4 2020/21 is 21

2. Patient Experience

2.1 Complaints and Enquiries

During the response to the COVID-19 pandemic we continued to operate as usual regarding the management of formal complaints but extended our response times from 25 to 40 working days. In accordance with guidance from NHS England and Improvement, from 30 April 2021 we will endeavour to respond to all complaints within the normal 25 working day timeframe.

We have received 13 formal complaints (including 1 complaint relating to Royal Papworth Private Care) and 5 enquiries for Q4. This is an increase in the number of formal complaints received from Q4 and Annual summary Quality and Risk Report 2020/21 Trust Wide

the previous quarter (Q3; 6). Enquiries are where the complaint requires an investigation and written response, but the complainant has expressly stated they do not wish to make a formal complaint. Enquiries that can be responded to more informally are passed to the PALS team for action.

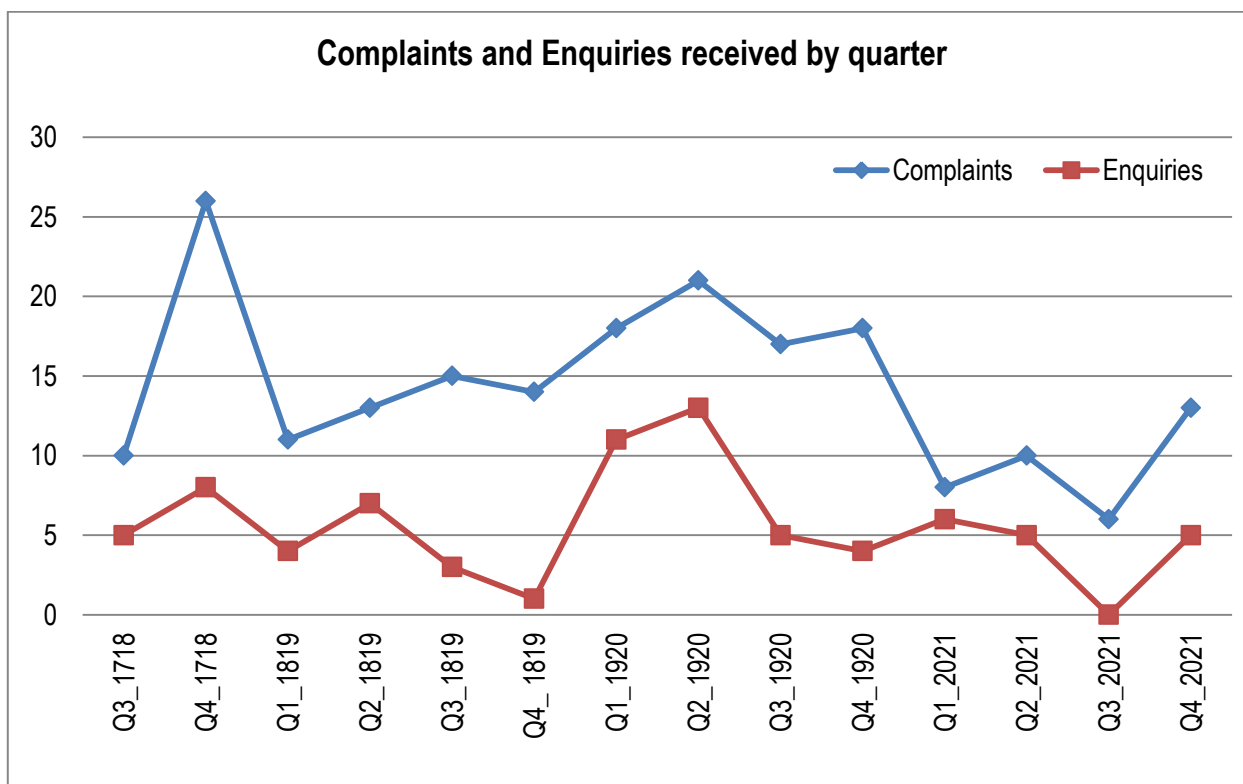


Figure 1: Complaints vs Enquiries received by quarter (source – Datix 15/04/2021)

*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 Q4 (January - March 2021)	Upheld/Part Upheld	Enquiries for further information
January	8	5	1
February	4	1	4
March	1	0	0
Total	13	6*	5

Table 1: Numbers of complaints / Enquiries (source: Datix 15/04/2021)

In Q4 we have seen an increase in the number of formal complaints received and therefore have seen an increase in the number of complaints across all subject areas. The complaints received in Q4 were relating to clinical care and communication. Table 2 and Figure 2 show the primary subject of complaints compared with the previous quarters. Since Q1 2019/2020 clinical care has been separated by speciality.

Subject	20/21 Q4	20/21 Q3	20/21 Q2	20/21 Q1	19/20 Q4
Clinical Care/Clinical Treatment - General Medicine Group	2	2	3	4	7
Clinical Care/Clinical Treatment - Surgical	3	0	1	0	2
Clinical Care/Clinical Treatment - Radiology	1	0	0	0	0
Communication / Information	2	3	4	2	2
Delay in Diagnosis / Treatment or Referral	0	0	0	0	1
Appointments	0	0	0	0	3

Environment - Internal	0	0	0	0	2
Privacy, Dignity and Wellbeing	1	0	0	0	1
Medication Issues	0	0	0	0	0
Nursing Care	0	0	0	0	0
Parking/Transport/Facilities	2	0	0	2	0
Other	2	1	2	0	0
Total	13	6	10	8	18

Table 2: Primary subject of complaints by quarter (source: Datix 15/04/2021)

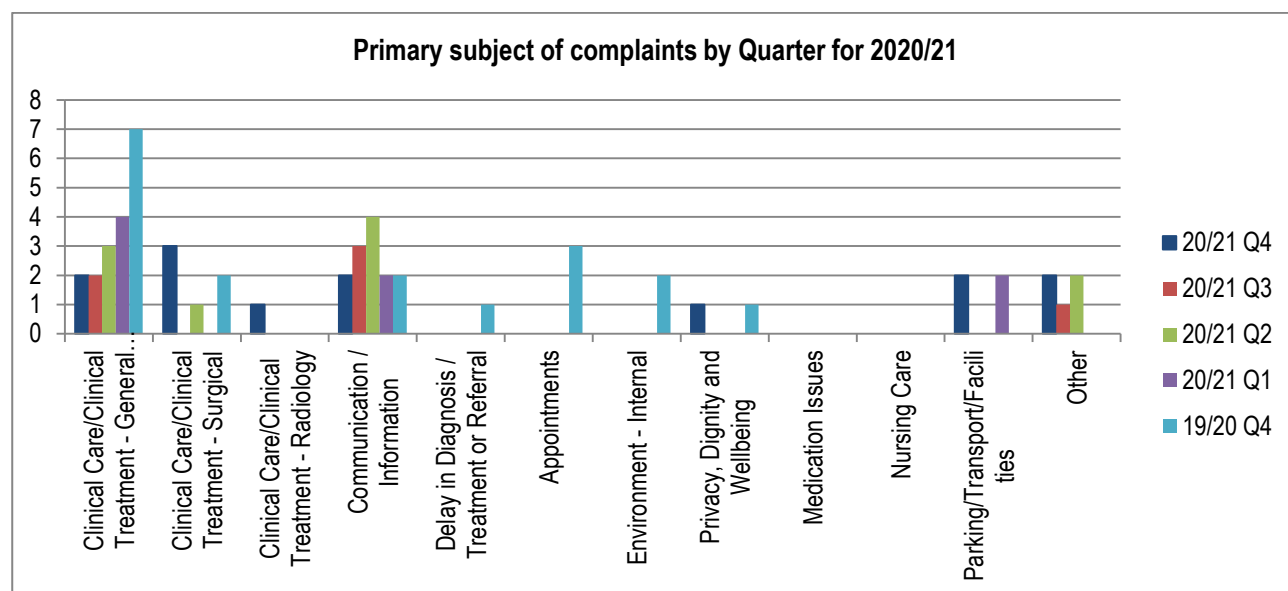


Figure 2: Primary subject of complaints compared with previous quarters (source: Datix 15/04/2021)

Directorate and Speciality	20/21 Q4	20/21 Q3	20/21 Q2	20/21 Q1	19/20 Q4
NPH Cardiac Surgery	0	1	0	0	2
NPH Cardiology	3	1	1	2	0
NPH Cath Labs	0	0	0	0	0
NPH Critical Care	0	1	2	1	2
NPH Interventional Cardiology	0	0	0	0	0
NPH Lung Defence	0	0	1	1	0
NPH Oncology	0	0	0	0	1
NPH Outpatients	2	1	3	1	4
NPH PVDU	0	1	0	0	1
NPH Respiratory Physiology	0	0	0	0	0
NPH Royal Papworth Private Care	1	1	0	1	1
NPH RSSC	0	0	0	1	3
NPH Thoracic Surgery	3	0	0	0	0
NPH Surgical/Transplant	4	0	3	0	2
Cardiac Surgery (Old Site)	0	0	0	0	0
Cardiology (Old Site)	0	0	0	0	1
Oncology (Old Site)	0	0	0	0	1
Private patients (Old Site)	0	0	0	0	0
Other	0	0	0	1	0
Total	13	6	10	8	18

Table 3: Complaints by Directorate and Speciality by quarter (source: Datix 15/04/2021)

Directorate and Speciality	20/21 Q4	20/21 Q3	20/21 Q2	20/21 Q1	19/20 Q4
NPH Cardiac Surgery	0	1	0	0	2
NPH Cardiology	3	1	1	2	0
NPH Cath Labs	0	0	0	0	0
NPH Critical Care	0	1	2	1	2
NPH Interventional Cardiology	0	0	0	0	0
NPH Lung Defence	0	0	1	1	0
NPH Oncology	0	0	0	0	1
NPH Outpatients	2	1	3	1	4
NPH PVDU	0	1	0	0	1
NPH Respiratory Physiology	0	0	0	0	0
NPH Royal Papworth Private Care	1	1	0	1	1
NPH RSSC	0	0	0	1	3
NPH Thoracic Surgery	3	0	0	0	0
NPH Surgical/Transplant	4	0	3	0	2
Cardiac Surgery (Old Site)	0	0	0	0	0
Cardiology (Old Site)	0	0	0	0	1
Oncology (Old Site)	0	0	0	0	1
Private patients (Old Site)	0	0	0	0	0
Other	0	0	0	1	0
Total	13	6	10	8	18

Quality Dashboard Monitoring – Q4	
Number of complaints responded to within agreed timeframe with complainant	100% **
Number of PSHO referrals in quarter	0
Number of PSHO 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 Q4 20/21

There were 5 informal enquiries received in Q4.

Date Received	Reference	Location	Inpatient/Outpatient	Description	Subject
15/01/2021	Q42021-40En	5 South East	Inpatient	Patient has raised some concerns regarding a possible medication error and no operation note being completed at the time of procedure in 2019.	Clinical Treatment
02/02/2021	Q42021-45En	NPH Outpatients	Outpatient	Patient is unhappy at not being seen by the Consultant as expected and feels dismissed.	Patient Care
12/02/2021	Q42021-48En	4 South East	Inpatient	Patient has raised some concerns regarding communication and interaction with the nursing team whilst an inpatient.	Communication

17/02/2021	Q42021-50En	NPH Outpatients	Outpatient	Complaint received via CUH - asked to provide additional information as patient is unhappy with the communication regarding cancer diagnosis.	Patient Care
17/02/2021	Q42021-51En	NPH Outpatients	Outpatient	Complaint received via NWAFT - asked to provide an overview of clinical care and clarification regarding changes to the patient's medication.	Clinical Treatment

Table 5: Enquiries received in Q4 2020/21 (Source Datix 15/04/2021)

2.2 Actions arising from upheld and partially upheld complaints

All upheld or part upheld complaints receive a full explanation and an appropriate apology. Identified actions arising from complaints upheld or partially upheld in Q4 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
Q42021-37F	Patient has raised some concerns regarding his treatment and post-surgical care in December 2020.	Partially Upheld	Apology given, no further actions identified. Patient experience shared with clinical team and at directorate meeting.
Q42021-38F	Patient has raised a complaint regarding being refused access to the hospital to take her son during visit to the hospital	Upheld	Apology given, no further actions identified. Patient experience shared with clinical team and at directorate meeting.
Q42021-39F	Patient has raised some concerns regarding his private patient experience	Partially Upheld	Apology given, no further actions identified. Patient experience shared with clinical team and at directorate meeting.
Q42021-41F	Patient has raised some concerns regarding his surgical procedure	Partially Upheld	Apology given, no further actions identified. Patient experience shared with clinical team and at directorate meeting.
Q42021-43F	Daughter has raised some concerns regarding her father's discharge following his Coronary Angiogram in December 2020	Partially Upheld	Clarification made with Infection Control for the correct procedure for sharing information of COVID results with a patient's NOK. The correct infection control procedure was then disseminated to all ward staff.
Q42021-49F	Patient has raised concerns regarding incorrect cannula insertion when attending for CT in August 2020	Upheld	Ensure all new radiographers attend a Cannulation course - May 2021

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

2.3 Local Resolution Meetings

The Trust has not held a local resolution meeting in Q4.

2.4 Ombudsman's Referrals

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

2.5 Annual Complaints Data

In 2020/21 Royal Papworth Hospital received 37 formal complaints from patients. Of the 37 complaints reported (25 inpatient and 12 outpatient complaints) 34 were relating to NHS provided services with 3 complaints related to private patient services at Royal Papworth Hospital. The overall numbers of complaints received has decreased in the numbers received during the previous year when 74 complaints were received (a 50% decrease from 2019/20).

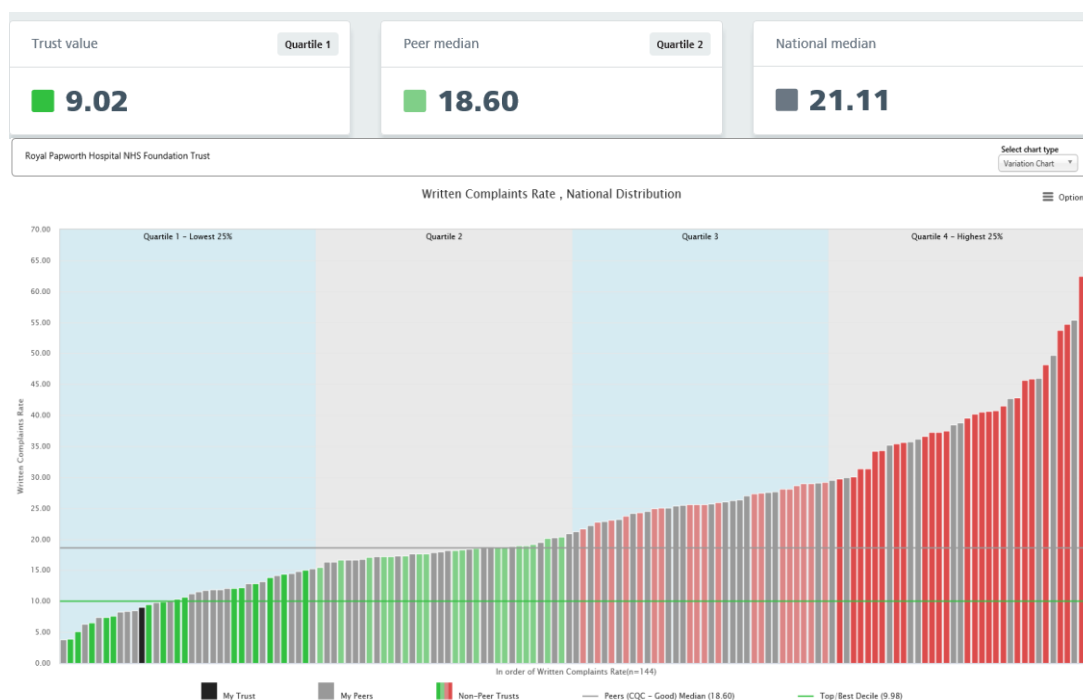
Where a patient and/or family member wish to escalate their concerns in a more formal way but do not wish to register their concern as a formal complaint, we log these concerns as “Enquiries”. Investigation of the issues raised follows the same robust process as a formal complaint and a written response, including any actions identified as a result of raising their concern, is provided. The Trust received 16 enquiries in 2020/21, a significant decrease from the previous year (33 in 2019/20).

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 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021
7.8	6.2	4.1	4.6	4.6	5.0	4.0	4.5	3.0	3.6	6.9	5.9

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.



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 37 complaints received in 2020/21 35% were upheld or partly upheld following investigation (2019/20: 55%).

Quarter	Number of complaints received (including private patients)	Complaints upheld/ Part upheld
Q1 2020/21	7 (1 PP)	1
Q2 2020/21	10	4
Q3 2020/21	5 (1 PP)	2
Q4 2020/21	12 (1 PP)	6*

*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. Whilst we have received a decrease in the number of complaints associated with clinical care/clinical treatment consistent with the overall reduction in the number of complaints received in 2020/21, 35% of complaints received in 2020/21 relate to clinical care and 22% relate to communication which remain the highest cause for complaints. A comparison of complaints raised by primary subject by year is shown below.

Complaints received by primary subject	2020/21	2019/20	2018/19	2017/18	2016/17	2015/15
Clinical Administration and Appointments	2	3	0	0	0	0
Staff attitude	0	0	1	2	5	4
Clinical Care/Clinical Treatment	13	28	12	8	17	21
Patient Care (including nutrition and hydration)	5	0	0	0	0	0
Nursing Care	0	1	0	5	4	6
Catering	0	0	1	0	1	0
Patient Charges	0	0	0	0	1	0
Communication/Information	8	27	28	41	18	20
Delay in diagnosis/treatment or referral	0	7	10	9	6	4
Admissions, discharge and transfers	2	1	1	2	2	2
Consent	1	0	0	0	0	0
Equipment Issues	0	0	0	1	1	0
Privacy and Dignity	1	1	0	1	0	0
Environment - Internal	0	3	0	0	1	0
Medication issues	0	2	1	0	0	2
Facilities including Parking and Transport	4	1	0	1	1	2
Other	1	0	0	0	0	0
Totals	37*	74*	53*	70	57	61

Complaints by primary subject (Data source DATIX 22/04/2021)

**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 – 2020/21

Provide patients with relevant contact information and a point of contact for the Pacing Team in all patient information.
Improved communication amongst the clinical and nursing teams regarding delirium.
Cascade information regarding the correct procedure for sharing information of COVID result with a patient's next of kin.
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 2020/2021

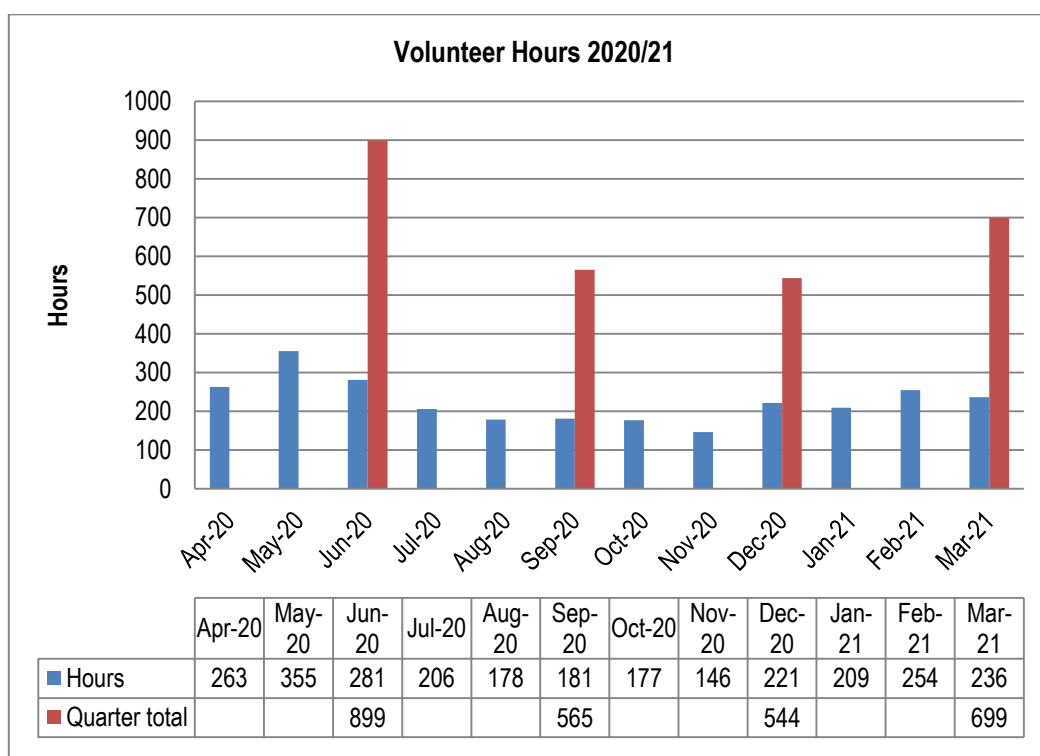
3.1 Patient Carer Experience Group Activities

- This meeting is always well attended and during COVID these meetings have been via Teams. 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

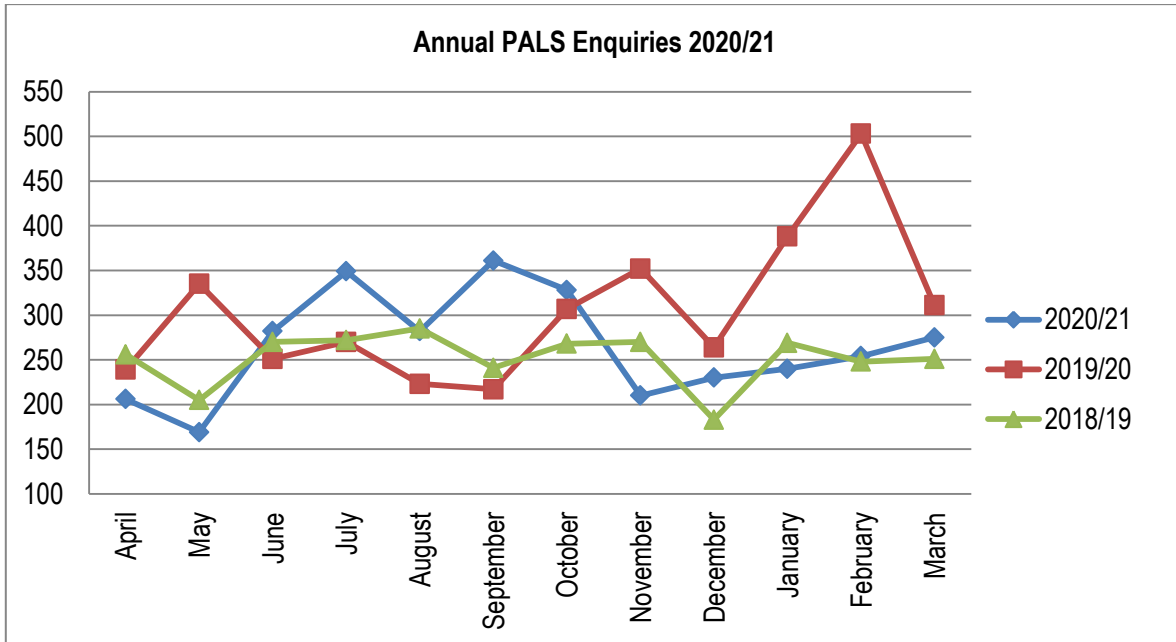
- PALS have maintained contact with all volunteers via email throughout the pandemic and will continue to do so.
- PALS have been in communications via e-mail with the Matrons, who will confirm the roles that the volunteers can support with going forward. PALS will work with HR team and the volunteers to ensure that the correct Risk Assessments are completed prior to them returning.
- There are currently three volunteers supporting the Pharmacy team. One volunteer supporting the Family Liaison Team and five volunteers supporting the Vaccination programme.
- PALS are researching how the hospital can implement volunteering opportunities for the under 18s and hope to trial a small cohort as a pilot project.



3.3 Patient Advice and Liaison Service (PALS)

- During 2020/21, the PALS service received **3180** enquiries from patients, families and carers. This is a decrease of 433 enquiries on the number recorded in 2019/20. COVID-19 has impacted on the numbers of enquiries received via the PALS Service.
- COVID-19 created many challenges for staff, patients, families and carers. PALS were very lucky to have a member of staff from the research team support them for four months and during that time they helped with patient property, PALS enquiries and supported patients and families.
- The PALS team organised the property in the property store rooms on the ground floor, Level 3 and Level 5, liaising with the patients and families. The PALS team then made arrangements for the property to be collected, posted or disposed of. This has enabled the teams to implement new processes regarding the storage of patient property moving forward.
- The PALS team have supported patients to get their belongings to the ward that they have been admitted to as their families are currently unable to help with this due to the pandemic.

- PALS reviewed other hospitals in the region. Our PALS service continued to function throughout the pandemic and maintained a face-to-face service. It appeared that we were the only PALS service in the region that were able to provide this - all other PALS services offered telephone and e-mail contact only.
- The PALS team were able to continue to provide a full service remotely during a period of team self-isolation. There was no break in service and the team continued to support patients, families, carers, staff and volunteers throughout the two weeks.
- PALS supported the hospital Charity with the use of their family meeting room for storage of the very generous donations of food, drink and gifts. More recently the PALS family meeting room has been utilised by the Critical Care Family Liaison Team.



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

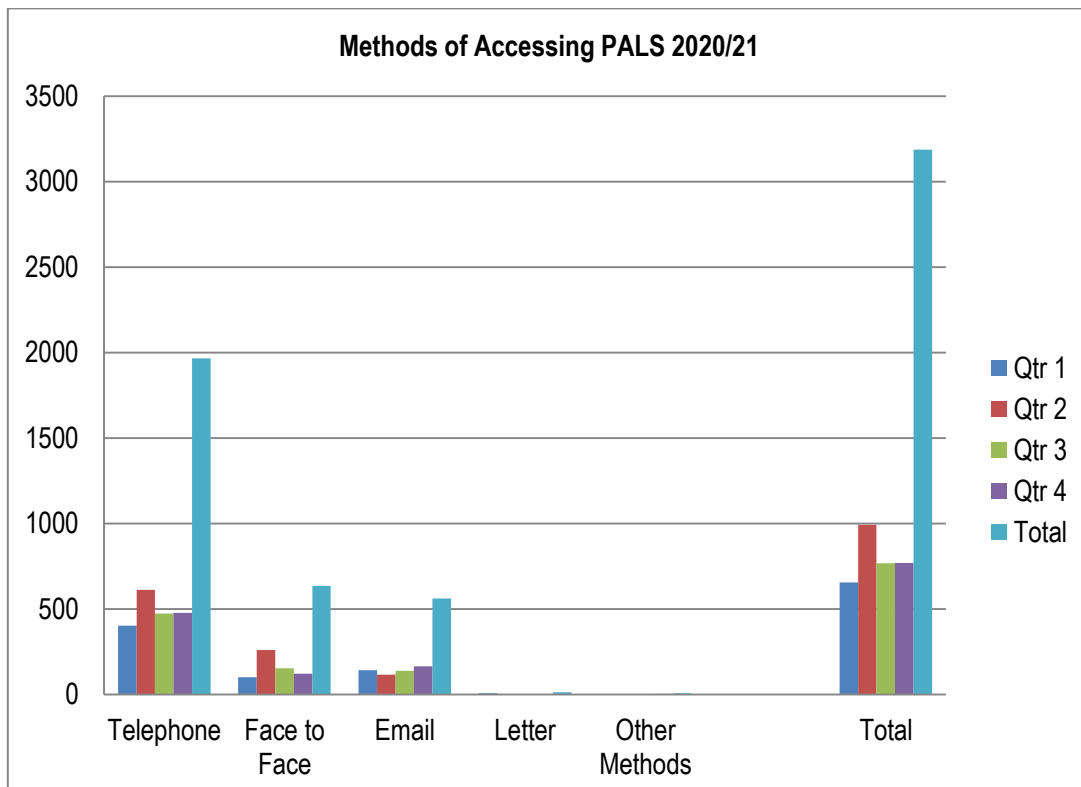


Figure 2: Method of accessing PALS 2020/21

3.3.1 Concerns Raised

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

Key themes raised from PALS enquiries in 2020/21.

Subject (Primary)	Number of enquiries received	Details
Admission arrangements	15	This is an increase of 2 enquiries compared to last year (2019/20) Top themes: 11 related to visiting hours 3 related to property/clothes required for admission 1 related to WIFI
Catering	6	This is a decrease of 14 enquiries compared to last year (2019/20) Top themes: 2 related to poor quality of food 2 related to lack of adequate choice of food
Clinical/clinical treatment	5	This is a decrease of 1 enquiry compared to last year (2019/20) Top theme: 3 related to dissatisfied with medical care/treatment/diagnosis/outcome
Communication/information	483	This is a decrease of 76 enquiries compared to last year (2019/20) Top themes: 275 related to clarification of medical information 41 related to lack of information for relatives 26 related to phones unanswered
Delay in diagnosis/treatment/referral	70	This is a decrease of 152 enquiries compared to last year (2019/20) Top themes: 18 related to waiting time for appointment 19 related to delay in diagnosis/treatment 15 related to waiting time for operation/procedure
Discharge arrangements	33	This is an increase of 12 enquiries compared to last year (2019/20) Top themes: 16 related to lack of arrangements home after discharge 8 related to lack of communication 5 related to waiting time to transfer to another hospital/facility
Environment - external	6	This is a decrease of 14 enquiries compared to last year (2019/20) Top theme: 3 related to hospital address
Environment - internal	48	This is an increase of 27 compared to last year (2019/20) Top themes: 37 related to toilet access 4 related to poor environment – internal 2 related to lack of resource
Equipment issues	40	This is an increase of 5 enquiries compared to last year (2019/20) Top themes: 15 related to CPAP machines 11 related to masks 8 related to return of equipment
Infection control issues	6	This is an increase of 5 compared to last year (2019/20) 6 related to infection control query
Information/advice requests	1891	This is a decrease of 26 compared to last year (2019/20) Top themes: 299 related to telephone contact number 266 related to COVID-19 advice 208 related to appointments
Lack of privacy and dignity	0	This is a decrease of 2 enquiries compared to last year (2019/20)
Property	306	This is an increase of 237 enquiries compared to last year (2019/20)

Subject (Primary)	Number of enquiries received	Details
		Top themes: 112 related to loss/damage of property 54 related to take property to ward 48 related to clothing
Medical records	64	This is a decrease of 36 enquiries compared to last year (2019/20) Top themes: 51 related to request for access to medical records 8 related to request to update medical records
Medication issues	19	This is a decrease of 2 enquiries compared to last year (2019/20) Top theme: 15 related to prescriptions
Nursing care	3	This is the same as last year (2019/20) Themes: 2 related to dissatisfied with personal care provided 1 related to nursing care/treatment
Parking	94	This is a decrease of 288 enquiries compared to last year (2019/20) Top themes: 38 related to parking letter 21 related to parking charges 13 related parking 'other'
Patient charges	4	This is a decrease of 2 enquiries compared to last year (2019/20) Themes: 3 related to 'other' charges 1 related to treatment costs
Security	7	This subject has been added in 2020/21 Themes: 6 related to staff attitude 1 related to access cards
Staff attitude	13	This is a decrease of 13 enquires compared to last year (2019/20) Themes: 7 related to rudeness 5 related to uncaring behaviour
Transport issues	64	This is a decrease of 153 enquiries compared to last year (2019/20) Top themes: 29 related to travel claims 19 related to hospital contract transport
Verbal/physical abuse	3	This is an increase of 3 enquiries compared to last year (2019/20) Themes: 2 related to verbal abuse by patient 1 related to racial abuse/discrimination
Total		This is a decrease of 433 enquiries compared to last year (2019/20)

There were 13 enquiries regarding Private Patients. The table below shows the breakdown by subject.

Private Patients Sub-Subject	No. PALS Enquiries
Appointments	4
Charity donation	1
Clarification of medical information	1
Information on hospital services	1
Information for patients	1
Telephone contact number	3
Treatment costs	1

Waiting time for appointment	1
Total	13

During the year 1 PALS enquiry was escalated to formal complaints. 13 enquiries were signposted to organisations external to the Trust.

Escalated to Formal Complaints Sub-Subject	No. PALS Enquiries
Staff attitude and food	1
Total	1

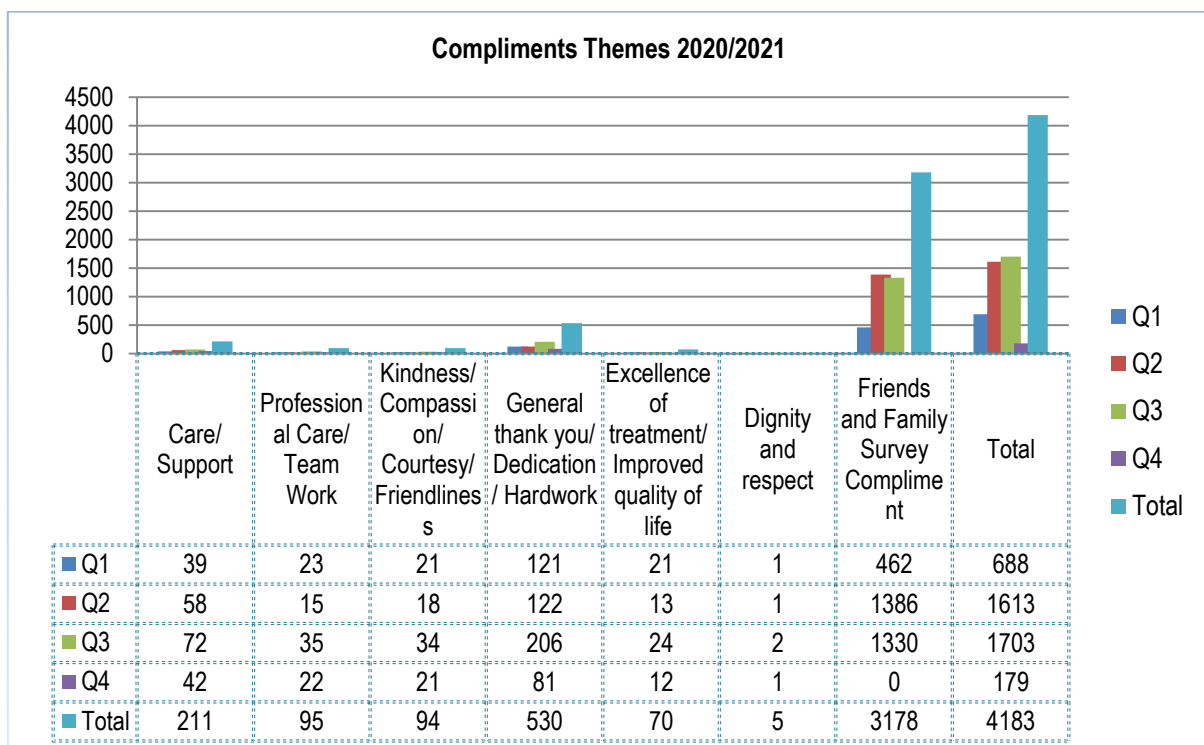
3.4 Compliments

There were **4183** compliments received across the Trust during 2020/21. This was a decrease of **4310** on the previous year (2019/20) when there were **8493**. The reduction in numbers is primarily due to the change in process for the Friends and Family surveys. PALS no longer collect the surveys from the wards and departments as this is now done electronically, so therefore PALS are unable to include the positive feedback in these figures.

Compliments 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
- Professional care/team work



3.5 Friends and Family

- PALS have supported the collection, distribution and inputting of 3178 Friends and Family forms. The process enables the Audit team to produce the weekly and monthly reports. PALS no longer collect the surveys from the wards and departments as this is now done electronically.

3.6 Bereavement Services

- The Bereavement Service transitioned back to the PALS service on 7th September 2020, which enabled an end-to-end bereavement service for our families.
- PALS communicated the changes to the teams within the hospital.
- PALS updated the intranet with the additional information for the coroner's portal.
- PALS continue to communicate changes to the medical teams regarding documentation changes/updates during COVID-19.
- With the wonderful support of the Critical Care ward clerks the PALS team were able to continue to provide a full service remotely during a period of team self-isolation. Families were not affected by this in anyway.
- There were 221 bereavements during 2020/21.
- PALS facilitated the completion of cremation paperwork by the appropriate doctor and organised collection of the fees from our mortuary team.
- PALS supported the families with booking their online appointment to register.
- PALS facilitated the completion of the consent paperwork for 2 hospital post mortems.
- PALS contacted the GP surgery's by telephone to inform them that their patient had passed away.
- PALS provided updates as and when required by the medical team, to enable them to discuss the patients.
- PALS supported and provided information regarding bereavement, bereavement follow up, coroners and medical examiner to the Palliative Care Team who were tasked with updating the bereavement page on the intranet.
- Continue to work closely with our ward clerks, medical examiners and mortuary team.

3.7 Bereavement Follow Up Service

- We implemented the bereavement follow up service the 1st April 2020.
- We have contacted 192 NOK and there have been 31 NOK that have taken up the offer of this service.
- PALS communicate with the medical and nursing teams, so that answers to questions and any concerns can be addressed.
- PALS facilitate meetings between family and the medical and nursing teams as and when required.
- The main concerns related to lack of communication and understanding what actually happened to their loved one leading up to them passing away.
- The families were all very grateful for the care and treatment given to their loved one and appreciated receiving a follow up letter giving them the opportunity to ask questions and communicate any feedback or concerns that they had.

3.8 Procedures and Documentation

- Reviewed and updated where appropriate all the SOPS – PALS, Bereavement Care, Bereavement follow up and Volunteers.

3.9 PALS Service

- Support the wider team with administration.
- PALS continue to receive positive feedback, which clearly demonstrates the benefits that the PALS Service brings to the hospital.
- The current PALS Supervisor will leave the service at the end of May 2021. Recruitment for this post has taken place and a new supervisor has been appointed.

4. Risk Management

4.1 Non Clinical Accidents/Incidents

During quarter 4 there have been 270 accidents/incidents (including near misses) which have involved staff/contractors/organisation or visitors. An expected decrease compared to the previous quarters (n=385). During this period the most common type of incident have linked to

Organisational issues/staffing (n=38); a mix of factors include inadequate check on equipment/supplies, Insufficient numbers of healthcare professionals and non-availability of high dependency/intensive care beds; 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=33), Information Technology (n=30), Data protection (n=28), Behaviour/Violence Aggression (n=23).

Type	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Accidents	25	24	28	18	95
Administration	11	23	15	11	60
Anaesthetics	0	0	2	0	2
Behaviour/Violence Aggression	19	18	26	23	86
Blood Plasma Products	6	5	7	0	18
Communication/Consent	9	20	14	11	54
Data protection	16	10	16	28	70
Diagnosis Process/Procedures	1	3	4	3	11
Documentation	3	20	13	7	43
Environmental Hazards/Issues	10	27	21	15	73
Fire Incidents	0	7	3	3	13
Infection Control	39	35	68	33	175
Information Technology	13	14	18	30	75
Medical Devices	14	30	27	9	80
Medication/Medical Gases/Nutrition	18	31	21	12	82
Nutritional Feeding (Prescribed Feeds)	0	0	1	0	1
Organisational Issues/Staffing	19	50	66	38	173
Pressure Ulcers	8	0	6	5	19
Radiology	3	3	2	1	9
Security incidents	6	12	19	19	56
Treatment/Procedures	7	5	8	4	24
Total	227	337	385	270	1219

Table 1 – Non-clinical Incidents Reported for 2020/21 (Data source: DATIX 28/04/21)

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

During quarter 4 there have been five new RIDDOR reportable incidents which required reporting to the Health & Safety Executive (HSE); WEB38121, WEB38119, WEB38410, WEB38485, WEB38744 - Overall a total of 23 incidents this financial year. 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	Total
Collision/Impact with object (not vehicle)	0	0	1	0	1
Contact with pot. infectious material	3	2	1	1	7
Inappropriate behaviour by a Pt to staff	1	0	0	0	1
Infection	1	0	0	2	3
Moving and handling	2	2	3	2	9
Other type of accident	0	1	0	0	1
Slip, Trip or Fall	0	1	0	0	1
Total	7	6	5	5	23

Table 2 – RIDDOR Incidents Reported for 2020/21 (Data source: DATIX 28/04/21)

4.3 Risk Register

There are currently a total of 609 open project, BAF, COVID and business risks (as of 28/04/2021); this demonstrates that the Trust is actively using the risk register. However, 91 are overdue compared with 174 in the previous month; this decrease in overdue risks is due to the fantastic work carried out by the divisions by updating their risks. 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. Executive review of the current corporate registers has highlighted the new for all Divisions to revise and update their registers. Corporate and Board level risks are presented to the Trust Audit Committee. The Annual Risk Management Audit 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 Q4. Currently there are 2 ongoing claims. There are 2 ongoing claims which have been repudiated. If no further contact is received by NHSR from the complainant's solicitors these will be closed. One relating to members of staff claiming musculoskeletal injury from manual handling activities (WEB27780), one relating to a delirious patient (WEB33153). All claims related to the old Papworth site are now concluded. All claims are shared with the local department, QRMG and Health & Safety Committee.

4.5 Safety Alerts

The Safety Alert information is monitored monthly by the QRMG and at Divisional Meetings. Alerts are then stored for historical reference within the RIMS (Risk Information Management System - Datix). Throughout quarter 4 the Trust has received 33 formal Safety Alerts and Field Safety Notices, raised by manufacturers; of which 25 have been relevant to the Trust. These figures do not account for medication safety alerts which are managed by the pharmacy team or Estates/Security alerts managed by Estates. All 25 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 Q4.

5.0 Effectiveness of care

5.1 Quality and Safety Measures

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

5.2 Clinical Audit

National Audits

In Q4 2021, 1 national audit was published and disseminated through the organisation. This was the 2020 NCAP Annual Report (including summary reports from each of the audit programmes underlying the NCAP programme).

Quality Improvement Steering Group

Meetings have been on hold through Q4 to support the trusts to Covid-19.

NICE Guidance received in quarter & progress

The management/monitoring of Nice Guidance compliance has been moved from the Quality Compliance team to Clinical Audit and Quality Improvement at the end of Q4. This is supported by an updated trust wide procedure (DN217) and refreshed underlying process.

A total of 29 new/updated Nice Guidelines were published in Q4. These are currently being reviewed for relevance to prior to dissemination to clinical divisions for review.

5.3 Quality Improvement

Quality Improvement Masterclass

The QI Masterclass has been on hold since March 2020. The team is working with the training providers in resuming this course in Q2 2021/22.

Appendix 1
PALS Enquiries Quarterly Report

Subjects/Sub-Subjects	2019/20				2020/21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Verbal or Physical Abuse	0	0	0	0	0	1	1	1
Racial Abuse / Discrimination	0	0	0	0	0	0	0	1
Verbal abuse by patient	0	0	0	0	0	1	1	0
Admission Arrangements	1	4	5	3	1	6	5	3
Availability for Wi-Fi	0	1	0	0	0	1	0	0
Property/Clothes required for admission	0	0	2	0	1	1	1	0
Visiting hours	1	3	3	3	0	4	4	3
Staff Attitude	3	13	7	3	2	5	3	3
Inappropriate manner/behaviour	1	2	0	1	1	0	0	0
Rudeness	1	4	4	2	0	4	2	1
Unhelpful	0	0	0	0	0	0	0	0
Uncaring behaviour	1	7	3	0	1	1	1	2
Clinical Care	1	1	2	2	1	0	3	1
Dissatisfied with treatment/outcome/diagnosis	0	0	0	0	1	0	0	0
Dissatisfied with medical care/treatment/diagnosis	1	1	2	2	0	0	2	1
Poor recovery after discharge	0	0	0	0	0	0	1	0
Infection Control Issues	0	0	0	1	5	1	0	0
Infection/Infection control query	0	0	0	1	5	1	0	0
Nursing Care	1	0	2	0	1	2	0	0
Dissatisfied with personal care provided	0	0	1	0	1	1	0	0
Dissatisfied with nursing care/treatment	1	0	1	0	0	1	0	0
Catering	4	7	6	3	1	0	2	3
Food served at incorrect temperature	1	1	0	0	0	0	0	1
Inadequate portion size	0	1	0	1	0	0	0	0
Lack of availability of food	0	1	0	0	0	0	0	0
Lack of adequate choice of food	1	0	2	0	1	0	0	1
Opening hours	0	0	0	0	0	0	1	0
Poor service in restaurant	0	2	2	1	0	0	0	0
Poor quality of food	2	2	2	1	0	0	1	1
Patient charges	2	2	2	0	0	3	1	0
Other charges	0	0	1	0	0	2	1	0
Request for payment incorrect	0	0	1	0	0	0	0	0
Treatment costs	2	2	0	0	0	1	0	0
Communication/Information	158	138	154	109	72	151	139	121
Accessible information	0	0	0	0	0	1	0	0
Answerphone incorrect	0	0	0	0	0	0	0	0
Booking office	6	14	5	3	0	0	2	0
Breach of confidentiality	3	0	2	0	0	2	1	1
Clarification of medical information	46	41	46	55	49	78	71	77
Compliments	1	1	0	0	0	3	2	2
Consent issues	0	0	0	0	1	0	0	0
Contact phone number	26	12	21	11	7	3	1	1

Subjects/Sub-Subjects	2019/20				2020/21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Diagnosis query	1	1	2	0	0	0	0	0
Freedom of information requests	0	0	1	0	0	0	0	0
Incorrect Information provided	0	7	3	3	0	2	2	0
Information for patients	0	0	1	4	1	10	1	3
Information for visitors	0	0	0	0	1	3	0	1
Lack of Information for other professional	1	4	1	3	0	2	3	2
Lack of Information for patients	16	14	20	14	1	11	12	1
Lack of Information for relatives	4	2	4	4	0	12	18	11
Lack of Sensitivity in communication	0	2	0	0	1	0	2	1
No response to phone messages	3	2	0	0	0	0	0	4
Other communication issues	8	2	4	0	3	3	6	2
Phones unanswered	29	17	26	2	1	8	9	8
Poor or Conflicting information	8	18	12	2	3	7	6	0
Residency form	0	0	3	4	2	6	3	5
Translation & Interpretation Services	6	1	3	2	2	0	0	2
Delay in diagnosis/treatment or referral	74	41	72	35	5	28	29	8
Cancellation of appointment	0	0	0	0	0	1	0	1
Cancellation of treatment	5	8	7	8	1	0	5	0
Clinical waiting times	6	2	1	0	0	1	3	0
Delay in diagnosis/treatment	17	10	19	2	3	7	5	4
Delay in referral	3	0	4	2	0	0	3	0
Failure to book treatment/appointment	0	1	0	1	0	0	0	0
Follow up	0	0	0	0	0	1	1	0
Waiting time for admission to ward	0	0	0	1	0	0	1	0
Waiting time for appointment	31	16	30	13	1	11	3	3
Waiting time for operation/procedure	12	4	11	8	0	7	8	0
Lack of privacy and dignity	0	1	0	1	0	0	0	0
Lack of privacy/dignity on ward	0	1	0	1	0	0	0	0
Discharge Arrangements	4	3	6	8	10	7	12	4
Delay in discharge	0	0	1	0	1	0	0	1
Dissatisfaction with discharge to another hospital	0	0	0	3	0	2	2	1
Lack of arrangements for home after discharge	4	2	3	2	8	2	4	2
Lack of communications	0	0	0	0	0	2	6	0
Wait to transfer to other facility	0	1	2	3	1	1	0	0
Equipment Issues	10	11	12	2	0	8	14	18
CPAP machines	0	0	2	2	0	1	5	9
Delays in replacing equipment	0	0	0	0	0	0	3	0
Lack of/inadequate equipment	10	10	8	0	0	2	0	1
Masks	0	0	0	0	0	3	3	5
Return of Equipment	0	1	2	0	0	2	3	3
Information/Advice Requests	408	343	447	719	441	565	418	467
Accommodation	35	37	69	34	4	4	3	4
Appointments	60	57	50	110	24	72	61	51
Advice on Medication	3	10	5	6	7	5	2	2

Subjects/Sub-Subjects	2019/20				2020/21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Advice on Equipment	15	32	42	61	19	10	7	3
Assistance with wheelchair	0	0	0	0	0	5	1	1
Benefits	7	3	4	9	0	6	2	1
Bereavement process	6	4	12	15	46	23	12	22
Bereavement follow up	0	0	0	0	8	8	6	18
Cash point	0	0	0	0	0	1	0	0
Charity donation	0	0	0	0	1	6	4	4
Complaints procedure	8	8	22	31	14	9	11	22
Costa coffee	0	0	0	0	1	0	0	0
Coroners information	0	0	0	4	4	1	3	7
COVID-19 advice	0	0	0	7	86	90	36	54
E-mail address	12	18	11	14	31	25	40	49
F&F surveys	0	0	0	0	0	3	2	3
Get well cards	0	0	0	0	0	2	0	0
Hospital stamp	0	0	0	103	20	47	33	19
Information on hospital services	36	44	16	24	9	29	24	12
Insurance letter	0	0	0	4	2	1	0	5
Location of patient	0	0	0	48	8	6	4	8
Meeting room	0	0	0	0	0	0	1	0
Need to use stairs	0	0	0	12	1	0	0	3
Nursing / Residential care	0	0	0	0	0	0	0	1
OCS	0	0	0	1	1	0	0	1
Off Site directions	16	18	13	20	6	7	6	6
On site directions	104	29	110	51	23	31	21	22
Other (information request)	2	0	7	4	16	13	6	5
Parcel delivery	0	0	0	0	0	4	6	3
Phone charger	0	0	0	1	0	1	0	1
Phones unanswered	0	17	0	0	0	0	0	0
Referral information	14	3	14	22	9	1	7	13
Relative/friend attending with patient	0	0	0	0	0	20	41	25
Telephone contact number	71	64	60	119	75	86	60	78
Security team	0	0	0	0	0	4	2	0
Sick note	0	0	0	0	2	5	0	1
Signposting to other NHS organisation	0	2	1	1	0	3	0	0
Signposting to other organisation	0	2	0	2	1	0	0	0
Support using lift	0	0	0	1	0	26	8	9
Volunteering	19	9	11	15	23	10	9	14
WH Smith	0	0	0	0	0	1	0	0
Environment - Internal	9	4	6	2	3	16	14	15
Cleanliness of ward	0	0	0	0	0	0	0	1
Health and Safety	0	1	0	0	1	0	0	0
Inadequate facilities for disability	1	1	1	0	0	0	0	0
Lack of resource	1	0	0	0	1	0	1	0
Main atrium	0	0	0	0	0	1	0	0

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

Subjects/Sub-Subjects	2019/20				2020/21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Travel Claims	7	18	22	15	2	8	4	15
Security	0	0	0	0	0	2	4	1
Access cards	0	0	0	0	0	0	1	0
Staff Attitude	0	0	0	0	0	2	3	1
Total Number of Enquiries:	825	711	923	1202	656	991	764	769

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

Quality and Safety Measures – ongoing monitoring

Patient Safety Thermometer

Safety Thermometer data collection stopped at the end of March 2020, with access to the tool being revoked. The Clinical Audit & Improvement team are looking at the best way to monitor these core safety metrics going forward.

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 crude mortality	Q2 crude mortality	Q3 crude mortality	Q4 crude mortality
Cardiac Surgery	1327	47	3.54%	6.16%	2.28%	3.02%	5.91%
Cardiology	6733	73	1.08%	2.09%	0.53%	0.89%	1.35%
Cystic Fibrosis	197	0	0.00%	0.00%	0.00%	0.00%	0.00%
ECMO	176	63	35.80%	27.78%	33.33%	45.83%	41.18%
Lung Defence	271	5	1.85%	6.06%	0.00%	0.00%	5.56%
Oncology	690	1	0.14%	0.00%	0.56%	0.00%	0.00%
PTE	100	3	3.00%	0.00%	4.17%	2.22%	0.00%
PVDU	856	1	0.12%	0.00%	0.00%	0.00%	0.70%
Respiratory Medicine	280	1	0.36%	2.33%	0.00%	0.00%	0.00%
RSSC	3823	8	0.21%	0.62%	0.08%	0.19%	0.38%
Thoracic Surgery	750	6	0.80%	0.47%	0.54%	1.09%	1.20%
Transplant	399	11	2.76%	5.66%	2.50%	3.03%	1.06%
TOTAL	15602	219	1.40%	2.87%	0.70%	1.00%	2.15%

*Hospital coding data

The increase in Q1 and Q4 reflects the increase in deaths due to COVID-19.

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 speciality M&M meetings

Local Clinical Audit Summary

The table below illustrates the completed clinical audit & effectiveness projects for quarter 3

Title	Quarterly report: Quarter 4 (Jan - Mar 2021)																										
INFECTION CONTROL																											
Q4 Commodes	<p>Findings:</p> <table border="1" data-bbox="430 369 981 840"> <tbody> <tr> <td>5 North</td> <td>10/15</td> <td>67%</td> </tr> <tr> <td>5 South</td> <td>19/24</td> <td>79%</td> </tr> <tr> <td>4 North East</td> <td>5/6</td> <td>83%</td> </tr> <tr> <td>4 North West</td> <td>6/9</td> <td>67%</td> </tr> <tr> <td>4 South West</td> <td>6/6</td> <td>100%</td> </tr> <tr> <td>4 South East</td> <td>5/9</td> <td>56%</td> </tr> <tr> <td>3 North West</td> <td>2/3</td> <td>67%</td> </tr> <tr> <td>3 South</td> <td>7/9</td> <td>78%</td> </tr> </tbody> </table> <p>Recommendations/Actions: At the time of audit all wards were informed of their results. Following approval by the ICPP Committee on 04/04/19, if a ward scores under 75% in two consecutive audits, then the area will be informed and a further spot check will be performed before the next audit. All areas were 75% or above compliant for Q3 so no further spot checks to be carried out for Q4.</p>			5 North	10/15	67%	5 South	19/24	79%	4 North East	5/6	83%	4 North West	6/9	67%	4 South West	6/6	100%	4 South East	5/9	56%	3 North West	2/3	67%	3 South	7/9	78%
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PSS	
<p>Modifying Sternal precautions</p>	<p>Findings:</p> <ul style="list-style-type: none"> ▶ In view of the research presented, the approach we take on sternal precautions should be adapted to comply with current evidence ▶ Increase the use of sternal bands in high risk patients ▶ Modify current sternal precautions to The Move in the Tube Approach™ <p>Recommendations/Actions</p> <ul style="list-style-type: none"> ▶ Royal Papworth Hospital has gained Copyrights to make use of literature, illustrations and teaching materials regarding the Keep Your Move in the Tube™ approach. ▶ Pending surgeons' agreement, this modification can start to be rolled out as a SIP <p>Patients are allowed to put even pressure through their arms using the Move in the Tube approach for all transfers to facilitate and encourage more functional independence. If a patient is highlighted by the surgeon or presents with sternal wound breakdown they should be instructed to adopt full sternal precautions. The patient would be instructed to no put pressure through their upper limbs during transfers, as currently practiced.</p> <p>Proposed roll out to staff</p> <p>Staff will be trained by the Physiotherapy and OT teams to follow 'Keep your Move in the Tube' approach.</p> <p>There will ongoing education to patients regarding the Move in the Tube approach.</p> <p>If considered necessary a trial could be conducted.</p> <p>After a trial of several months, if the change proven to be beneficial, then literature can be updated in leaflets and online material.</p>
PHARMACY	
<p>Audit of multiple daily does Gentamicin TDM* in endocarditis patients at RPH</p>	<p>Findings:</p> <ul style="list-style-type: none"> • Gentamicin used in combination with another antibiotic where appropriate 100% • Gentamicin dose calculated using IBW (unless IBW>ABW) 71.4% • Dosing adjusted according to renal function 87.5% • Levels taken at the correct times 80.2% • Out of range levels actioned appropriately 65% • Levels taken at least thrice weekly 50% • Pre-op gentamicin taken into consideration 100% • Documented advice about ototoxicity 37.5% • Evidence of patient information leaflet provided 0% <p>All antibiotic combinations identified were appropriate and there was no additional gentamicin administration in theatres, as patients were already on established therapy. Overall the dosing of gentamicin and timing of levels were better than anticipated. There are still, however, some areas for improvement.</p> <p>From the audit, we noted that in all cases there seemed to be little to no documented Pharmacy input.</p> <p>Where documented advice was provided regarding ototoxicity, this was done by Microbiology. However, no documented evidence was found that patients were informed directly or given the RPH Aminoglycoside Patient Information Leaflet.</p>

The CCA Pharmacy Team (Critical Care Area) has identified that their CCA Nursing Team would like more teaching and education on the role of TDM in their patients' care.

Recommendations/Actions

- 1 Need to reduce delays in dealing with deranged levels
- 2 Ensure pre *and* post-dose levels are taken as per Trust Guidelines
- 3 Dosing of external transfer patients should be (re-)evaluated promptly
- 4 Single one-off doses on Lorenzo can be problematic, leading to an inappropriate number of gentamicin doses being administered in a 24-hour period which subsequently leads to high pre-dose levels
- 5 Additional training to nurses recommended, particularly in CCA
- 6 Increased Clinical Pharmacist involvement recommended
- 7 Advice to patients regarding ototoxicity/nephrotoxicity requires improvement
- 8 Guideline update recommended:
 - Actual Body Weight (ABW) may be used, unless patient is obese;
 - Levels can be monitored twice weekly if renal function is stable and levels in range;
 - Pre-dose levels just above 1 mg/L may not need immediate omission of next dose;
 - Explore the option of giving 3 mg/kg once daily as a standard for endocarditis, as this may be as effective and easier to monitor.

NEWLY PUBLISHED NICE GUIDANCE AND QUALITY STANDARDS
Quarter 4 of 2020/21

NICE published 29 new or updated guidance documents in quarter 4. These have not yet been reviewed for relevance or disseminated to the wider organisation as the new management/ monitoring process of Nice Guidance is still in development.

Title	Reference number	Last updated	Current Status
Antimicrobial prescribing: delafloxacin for acute bacterial skin and skin structure infections	ES32	05-Jan-21	Under Review for Relevance – Pre Dissemination
Optilume for anterior urethral strictures	MIB241	05-Jan-21	Under Review for Relevance – Pre Dissemination
Artificial intelligence in mammography	MIB242	05-Jan-21	Under Review for Relevance – Pre Dissemination
Artificial intelligence for analysing chest CT images	MIB243	05-Jan-21	Under Review for Relevance – Pre Dissemination
Natural Cycles for monitoring fertility	MIB244	19-Jan-21	Under Review for Relevance – Pre Dissemination
Accuro for guiding epidural or spinal anaesthesia	MIB245	26-Jan-21	Under Review for Relevance – Pre Dissemination
AcQMap for mapping the heart atria to target ablation treatment for arrhythmias	MIB246	26-Jan-21	Under Review for Relevance – Pre Dissemination
Brain tumours (primary) and brain metastases in adults	NG99	29-Jan-21	Under Review for Relevance – Pre Dissemination
Suspected cancer: recognition and referral	NG12	29-Jan-21	Under Review for Relevance – Pre Dissemination
Faecal microbiota transplant for recurrent or refractory Clostridioides difficile infection	MIB247	02-Feb-21	Under Review for Relevance – Pre Dissemination
DOAC Dipstick for detecting direct oral anticoagulants	MIB248	02-Feb-21	Under Review for Relevance – Pre Dissemination
CytoSorb for reducing risk of bleeding during cardiac surgery	MIB249	02-Feb-21	Under Review for Relevance – Pre Dissemination
URO17 for detecting bladder cancer	MIB250	04-Feb-21	Under Review for Relevance – Pre Dissemination
moorLDS-BI for burn depth assessment	MIB251	09-Feb-21	Under Review for Relevance – Pre Dissemination
The STAK tool for preventing and treating knee stiffness	MIB252	09-Feb-21	Under Review for Relevance – Pre Dissemination
PROPEL sinus implants for maintaining sinus patency after surgery	MIB253	09-Feb-21	Under Review for Relevance – Pre Dissemination
COVID-19 rapid guideline: haematopoietic stem cell transplantation	NG164	10-Feb-21	Under Review for Relevance – Pre Dissemination
COVID-19 rapid guideline: delivery of radiotherapy	NG162	12-Feb-21	Under Review for Relevance – Pre Dissemination
COVID-19 rapid guideline: delivery of systemic anticancer treatments	NG161	12-Feb-21	Under Review for Relevance – Pre Dissemination

Remsima (infliximab biosimilar) for subcutaneous injection for managing Crohn's disease and ulcerative colitis	ES35	24-Feb-21	Under Review for Relevance – Pre Dissemination
Safeguarding adults in care homes	NG189	26-Feb-21	Under Review for Relevance – Pre Dissemination
Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing	NG190	02-Mar-21	Under Review for Relevance – Pre Dissemination
Atopic eczema in under 12s: diagnosis and management	CG57	02-Mar-21	Under Review for Relevance – Pre Dissemination
Butterfly iQ+ for diagnostic ultrasound imaging	MIB254	04-Mar-21	Under Review for Relevance – Pre Dissemination
Cannabis-based medicinal products	NG144	22-Mar-21	Under Review for Relevance – Pre Dissemination
Asthma: diagnosis, monitoring and chronic asthma management	NG80	22-Mar-21	Under Review for Relevance – Pre Dissemination
Sonata system for diagnostic imaging and treatment of symptomatic uterine fibroids	MIB255	30-Mar-21	Under Review for Relevance – Pre Dissemination
Caesarean birth	NG192	31-Mar-21	Under Review for Relevance – Pre Dissemination
COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders	NG167	31-Mar-21	Under Review for Relevance – Pre Dissemination