



**Royal Papworth Hospital**  
NHS Foundation Trust

# **Trust Quality and Risk Report**

## **Quarter 2**

### **2022/23**

**July - Sept 2022/23**

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## Quality and Risk Report

### Quarter 2 Report 2022/23

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## 1.0 PATIENT SAFETY

### 1.1 Patient Safety Incident Trends and Actions

There was a total of 781 patient incidents reported during Q2 22/23 (table 1). At the time of reporting there were 39 near miss incidents and 739 actual incidents reported on Datix. There is a healthy safety culture within the Trust and an understanding of the importance of learning from incidents and the Care Quality Commission (CQC) requirements to report under the Key Lines of Enquire (KLOE). Where appropriate these have been reported to CQC via the National Reporting and Learning System (NRLS).

Incidents by Severity	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1*	22/23 Q2*	Total
Near Miss	110	78	28	33	39	288
Actual incidents	666	635	722	712	739	3474
No Value	0	0	0	2	3	5
Total	776	713	750	747	781	3767

Table 1: Numbers of patient safety incidents reported in 2022/23 (Data source: DATIX As of 17/10/2022)

\* Correct at the time of production. Contains SSI/M abscesses/Aspergillus incidents which will be graded following investigation

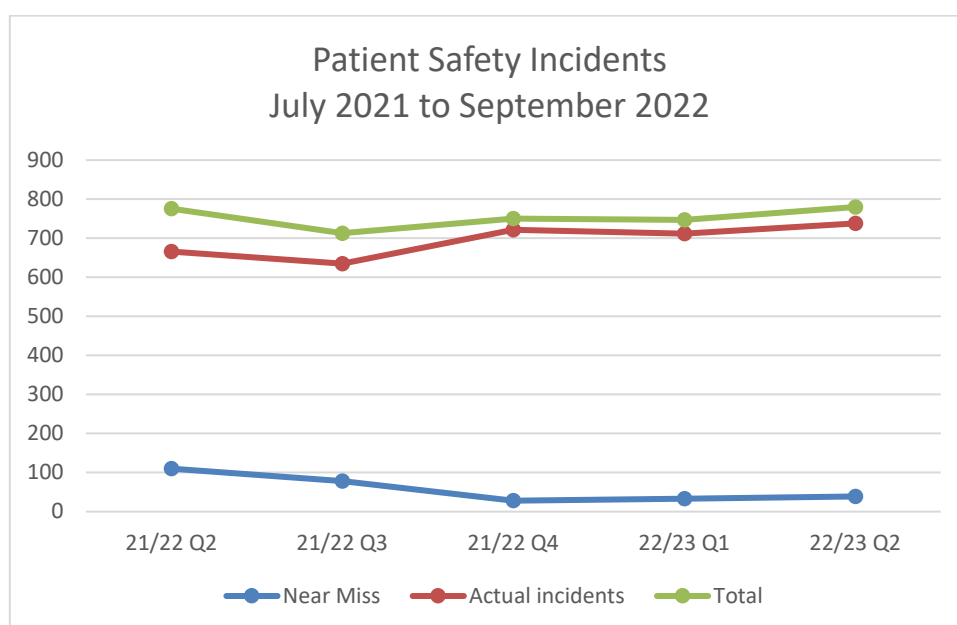


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 17/10/2022)

Table 2 shows the numbers of patient safety incidents reported in Q2 by the "Type". Main types are relating to Administration, Medication/Medical Gases and Nutrition, Pressure Ulcers, Treatment and Procedure and Documentation

Incidents by Type	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	Total
Accidents	56	51	53	44	48	252
Administration - admission/discharge/transfer/waiting list	86	84	126	96	56	448
Anaesthetics	4	4	1	6	10	25
Behaviour/Violence Aggression	13	16	14	15	10	68
Blood Plasma Products	23	18	19	19	15	94
Communication/Consent	32	31	39	38	29	169
Data protection	31	15	18	18	12	94
Diagnosis Process/Procedures	40	38	31	26	25	160
Documentation	73	48	44	46	74	285

Incidents by Type	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	Total
Environmental Hazards/Issues	2	2	3	10	6	23
Fire Incidents	1	0	0	0	1	2
Infection Control	67	42	54	43	50	256
Information Technology	7	8	7	20	17	59
Medical Devices	35	25	33	24	36	153
Medication/Medical Gases/Nutrition	94	95	104	126	132	551
Nutritional Feeding (Prescribed Feeds)	4	5	4	3	3	19
Organisational Issues/Staffing	23	34	25	26	28	136
Pressure Ulcers	88	96	70	90	96	440
Radiology	6	9	9	8	11	43
Security incidents	3	4	9	6	2	24
Treatment/Procedures	88	88	87	83	120	466
Total	776	713	750	747	781	3767

Table 2: Numbers of patient safety incidents by Type reported in Q2 2022/23 (Data source: DATIX 17/10/2022)

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

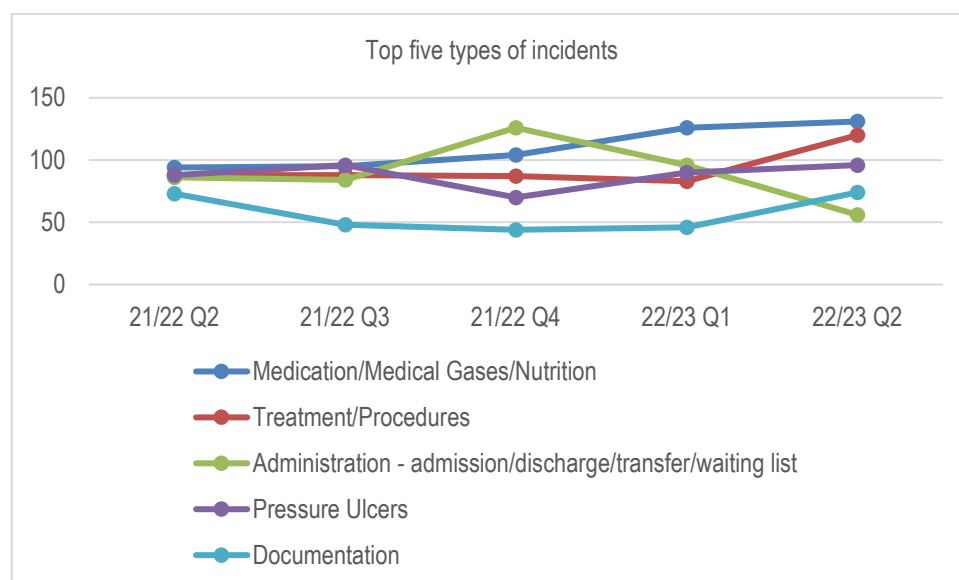


Figure 2: Patient Safety Incidents Q1 2022/23 (Data source: DATIX 17/10/2022)

## 1.2 Top five incident trends and details:

### Administration Incidents

During this quarter, the number of incidents linked to administration issues have decreased considerably compared to the last quarter (n= 40). Of those the majority are related to incorrect / insufficient appointment process, issues related to admission/discharge and transfer between units/care setting insufficient/ incorrect/ incomplete/delayed.

### Treatment and Procedures

During Q2 the numbers of treatment and procedure incidents have increased compared to previous quarter. All incidents have been graded with most having a severity of no/low harm/near miss/death unrelated to incident. One has been graded as moderate 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 Q2 the medication incidents have increased compared to the previous quarter. 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 pharmacy leads and reported to the Drugs and Therapeutics Committee.

## Pressure Ulcers (PU)

During Q2 the number of pressure ulcer incidents have remained almost the same compared to Q1. Routine reporting of all categories of PUs and moisture lesions have commenced on the Datix incident reporting system in line with the national requirements. All reported PU 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, the majority have been recorded as no/low harm and one graded as moderate harm.

## Documentation

During Q2 documentation incidents have increased compared to the Q1. The most common type of documentation incidents reported in quarter have been related to medical records; majority being electronic medical record – ambiguous/incorrect/incomplete/illegible and paper medical record – information misfiled. All incidents have been graded, with a severity of near miss or no/low harm.

### 1.3 Severity of Patient Safety Incidents

In Q2 incidents graded as near miss and no harm have increased, low harm incidents have decreased. (Table 3a). Furthermore, eight incidents have been reported as moderate harm and one 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 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).

	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1*	22/23 Q2*	Total
Near Miss	110	78	28	33	39	288
No harm	450	399	441	407	441	2138
Low harm	207	227	276	292	286	1288
Moderate harm	5	4	3	7	8	27
Severe harm	0	0	1	1	1	3
Death UNRELATED to the incident	4	5	1	5	3	18
No value	0	0	0	2	3	5
Total	776	713	750	747	781	3767

Table 3a – Patient Safety Incidents by Severity (Data source: DATIX 17/10/22)

\*Correct at the time of production. Some incidents may be downgraded in severity following investigation and contains SSI/M abscesses/Aspergillus incidents which will be graded following investigation

For benchmarking purposes - numbers of Moderate Harm / Severe Harm and above incidents by Division and speciality are displayed in Table 3b below:

Incidents by Division	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	Total
Cardiology	0	1	1	0	0	2
Cath Labs	0	0	0	1	0	1
Radiology	0	0	0	1	0	1
Surgical	2	1	0	3	4	10
Theatres, Critical Care & Anaesthesia	2	0	2	2	1	7

Incidents by Division	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	Total
Thoracic	1	1	1	1	4	8
Transplant	0	1	0	0	0	1
Total	5	4	4	8	9	30

Table 3b – Incidents by Severity - Moderate Harm (Data source: DATIX 17/10/22)  
Correct at the time of production. Some incidents have been downgraded in severity following investigation.

#### 1.4 Patient incidents resulting in Moderate or Severe Harm inclusive of Serious Incidents

Below in Table 4 are the brief details of the incidents that have been graded moderate harm or above within the quarter.

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 SIERP. Human and patient factors are recurring themes.

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
<b>Serious Incidents</b> Reported to CCG in Q2 22/23				
SUI-WEB44277	29/07/2022	Category 3 sacral pressure ulcer and MASD to both buttocks. Patient was discharged home post MVR with a reported MASD to buttocks. The ulcer has deteriorated to deep tissue but not bone.	Yes	Ongoing Investigation
SUI-WEB44419	10/08/2022	Mitral valve replacement patient not progressing as expected postoperatively -- CT scan on day 12 postop confirms large mediastinal mass likely to be carcinoma + metastasis - visible and reported on pre-operative CXR but no evidence of further evaluation in preop period.	Yes	Ongoing Investigation
SUI-WEB45103	13/09/2022	Complex patient mobilised with oxygen on CCA, ventilator was used as a monitoring device. During mobilisation patient suffered shortness of breath, ventilator alarm not audible, oxygen cylinder was empty after mobilisation. Patient fully recovered following the change in oxygen cylinder- reporting as an Organisational SI Two issues for discussion; 1.Appreciation of oxygen consumption for the patient 2.ventilator audibility	N/A	Ongoing Investigation
<b>Moderate/Severe Reported in Q2 22/23</b>				
WEB43985	05/07/2022	Patient was moving around room and used the bed to lean on, unfortunately the brakes were not on and the patient fell onto the floor and sustained a fracture	Yes	Ongoing Investigation
WEB43998	05/07/2022	The patient acquired M abscesses in 2019	Yes	Ongoing Investigation
WEB44034	07/07/2022	Patient was outcomed in clinic on the 24/06/2022 with instructions for IV therapy in ACU this was not actioned, and this caused significant delay to patients' treatment. Patient was no longer suitable for home IVs due to deterioration and required hospital admission.	Yes	Ongoing Investigation
WEB44492	16/08/2022	Unwitnessed fall which resulted in a fracture to right ribs	Yes	Ongoing Investigation
WEB44561	20/08/2022	Patient discharged from CCA following PCI pathway and IABP insertion to surgery. On handover noted to have a pulseless right leg with reduced sensation and	Yes	Ongoing Investigation

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
		temperature. No vascular observations handed over as care requirement.		
WEB45036	29/09/2022	Patient was admitted for CABG surgery, suffered an unwitnessed fall on 29/09/2022 with a fracture to cervical spine c5 with epidural haematoma	Yes	Ongoing Investigation

Table 4 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 17/10/22)

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

The Trust receives several incidents for investigation from outside the Trust. These are shared with the relevant service area for investigation/learning and feedback is provided to the requesting organisation. The Trust received 3 requests for investigation / feedback in Q2.

Date	Requester	Summary details
12/09/2022	EEAST	WEB44938 -EEAST are requesting information for an SI they are investigating
16/08/2022	Trafford Ward patient transfer team	WEB44155- Inappropriate transfer
28/07/2022	EEAST	WEB44275- Patient was re-directed to a different hospital by SpR Cardiologist and not accepted on PPCI pathway

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

### 1.6 Harm Free Care

#### Venous Thromboembolism (VTE) Monitoring

#### VTE DATIX Events July 2022 –September 2022

The last VTE event where there were omissions in practice was in February 22 (WEB42395). Imaging suggested acute/subacute PE on chronic PE.

We have been informed of 2 VTE DATIX events, including 1 community acquired in Q2 2022. The investigations are outlined below and are for discussing at VTE scrutiny panel.

#### VTE incidents requiring investigation in Quarter 2

WEB number	Date	Impact severity	Action status
44809	09.09.22	Low Harm	Community acquired, no RCA required
43977	04.07.22	Low Harm	Left axillary vein non occlusive thrombus, investigated by clinical team

Table 6: Source: data extraction Datix system VTE events this FY extracted 21.10.22

#### Monitoring

**VTE Risk Assessment by Ward:** Overall figure reported to Papworth Integrated Performance Report (PIPR). VTE assessment on admission for overnight stays, by Ward (table 7 below)

Ward	Jul-22	Overnight Admissions	Aug-22	Overnight Admissions	Sep-22	Overnight Admissions
3 North	94.2%	69	76.2%	63	96.6%	59
3 South	88.3%	180	78.7%	164	71.4%	133

Ward	Jul-22	Overnight Admissions	Aug-22	Overnight Admissions	Sep-22	Overnight Admissions
4 North West	81.8%	55	72.0%	50	80.3%	66
4 South	63.3%	79	81.5%	65	78.7%	75
5 North	89.5%	38	67.9%	28	76.5%	51
5 South	95.3%	43	78.9%	38	81.6%	38
Cath Labs	90.6%	53	81.5%	54	90.4%	52
CCA*	100.0%	8	87.5%	8	100.0%	17
Day Ward	93.3%	104	85.3%	109	92.6%	95
Total	87.0%	629	79.3%	579	82.9%	586

Table 7 - Extracted from Monthly report circulated by Clinical Audit on 17th September

*\*Note that assessments are grouped by the first ward to which the patient was first admitted as such the number of patients assigned to CCA is lower than expected. The excluded areas are: 4 North East Ward RPH.*

FY 2022-23 audit measures the % of inpatients, who stayed overnight, who had a VTE risk assessment completed within the first 24 hours of their admission, for patients who had a length of stay of greater than 24 hours. Data is reported against the patient's first admit location within any spell.

It was agreed by the Medical Director from July 2022, patients attending 3 North West solely for an elective diagnostic overnight sleep study have been group assessed as being low risk of VTE using the Department of Health risk assessment tool and NICE guidance NG89. From July 2022 onwards, this cohort of patients are excluded from VTE compliance data reports.

As the reported compliance rates falls below target levels VTE risk assessment it is an area of interest within and outside the organisation.

### Q2 Focus:

A series of sequential improvements have been made in Q1, and continuous refinement of our monitoring is required for 2022/23 to facilitate a better understanding of our current position and support our improvement efforts.

- From September 2022, monthly specialty/ward level reports will be circulated to all Divisional leads, medical and non-medical consultants, lead specialist nurses, ACPs, matrons, heads of nursing, VTE link nurses and clinical governance team to provide granularity for local improvements. For example, RSSC analysed non-compliance data to make significant improvement in VTE and bleeding assessments from 76.2% in August 2022 to 96.6% VTE assessment compliance in September. Roll out of ward infographic scorecard VTE risk assessment compliance completed.
- Galvanize the clinical teams to support improvement with VTE and bleeding risk assessment compliance through support from various fora e.g. importance of VTE assessment compliance reminder to all ward staff through Trust's message of the week. VTE is covered at induction and a Lorenzo quick reference guide will be circulated by the education team to new medical staff as a reminder one month after induction.
- Encourage clinical staff to use the **live** Lorenzo clinical indicator view for each ward area to identify in-patients for whom a VTE and bleeding risk assessment is outstanding. The Lorenzo VTE indicator settings was updated to turn amber when a patient remains in hospital at 10 hours and has not had a VTE and bleeding risk assessment. Any changes or recommendations following the review will take effect in Q3.
- Review membership and produce a revised terms of reference for the VTE oversight committee incorporating subgroups as needed, to ensure appropriate multi-professional representation.



- Redesign of the VTE Datix dashboard and fields, e.g. to include VTE/PE/DVT confirmed on radiology imaging, so that the VTE oversight group can review confirmed VTE events. All VTE link nurses can have access to Datix. Link nurses agreed to review at local level and instigate a DATIX event and share learning from investigations (like falls, PU processes), with support from ward sister, matron and clinician as required.
- Pharmacy team continue to report % patients receiving appropriate pharmacological VTE thromboprophylaxis and divisions develop actions as required within various fora.
- Communication team support to deliver and further develop a communication plan to raise awareness of VTE risk amongst clinical staff and patients.
- VTE and Bleeding Risk Assessment mandatory EPR field - Investigation of opportunities that do and don't exist in the current Lorenzo EPR and metavision systems and digital options to be explored and taken to CDC in Q3 (Trust risk register ID497)

## Falls

During the quarter there were 39 patients who fell or were lowered to the floor of which 36 were graded as near miss or no/low harm, with the remaining three incidents being graded as moderate harm (WEB43985, WEB44492, WEB45036). A total of 35 of the 39 incidents occurred in hospital ward environments.

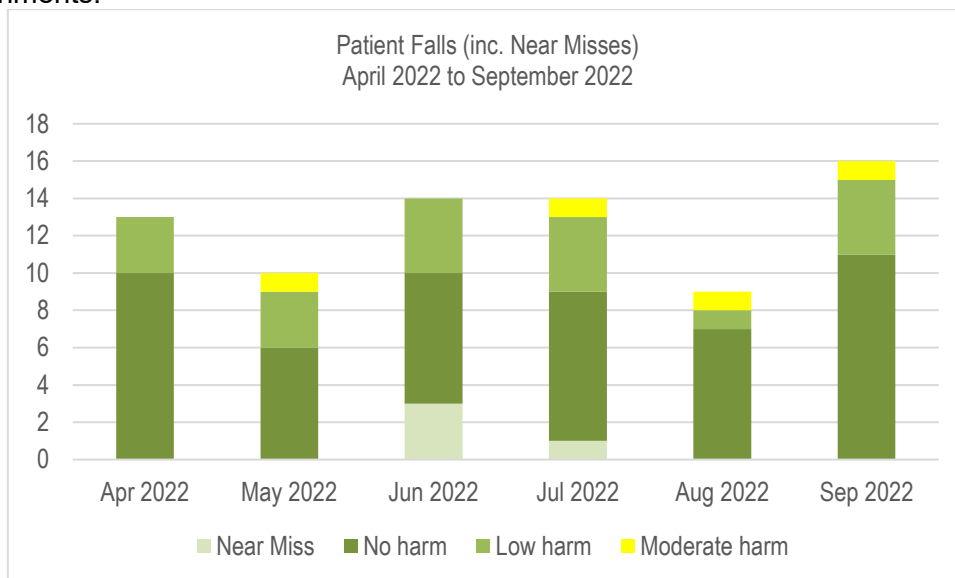


Table 8: Patient falls and grading of harm - Data extracted from Datix 17/10/2022

All falls' incidents continue to be reviewed by the Falls Prevention Specialist Nurse. A review of these incidents highlighted those patients that have the capacity prefer to mobilise independently, be independent and carry out their own personal care, however in doing so they do not take in to account the effects of the changes in the environment compared to being at home which includes being linked to medical devices. In particularly this leads to patients over reaching from their bed, becoming unbalanced in the bathroom and unable to furniture walk like they do at home. Consequently, falling on to a hard surface can lead to injury compared to a fall at home on to a carpeted surface. The impact of this injury in the older population commonly lead to fractures.

As a result of the recent falls, an environmental assessment of the bedrooms and bathrooms is being undertaken to understand if additional hand holds, lighting or coloured bathroom tiles would reduce falls while patients carryout personal care in the bathrooms.

In response to previous learning from patient fall injuries due to trips and falls linked with cables and wires from monitors, the Trust has invested in mobilised telemetry. This is currently in the process of being implemented.

## Pressure ulcers

During the quarter there were 52 patients who sustained pressure related skin injuries acquired at the Trust. 51 of the 52 incidents were graded as near miss or no/low harm (98%). 32 of the 52 incidents occurred in critical care with 13 linked to moisture associated skin damage and 14 to the use of medical devices required for their care and treatment e.g. ET tubes and ties. The remaining 5 incidents resulting in Category 1 or 2 pressure ulcers.

All pressure ulcer incidents are reviewed by the pressure ulcer scrutiny panel. As a result of this review and lessons learnt from the recent increase in incidents, the Trust is reimplementing Wound Care Tissue Viability Nurse (TVN) link rounds on CCA to support high impact interventions. The TVN team is also providing support for ward nurses by ensuring they have the knowledge around SSKIN bundle documentation. The Trust has additional resource to support a new role within the Wound Care TVN team to support Trust wide education in this respect and this post has now been appointed.

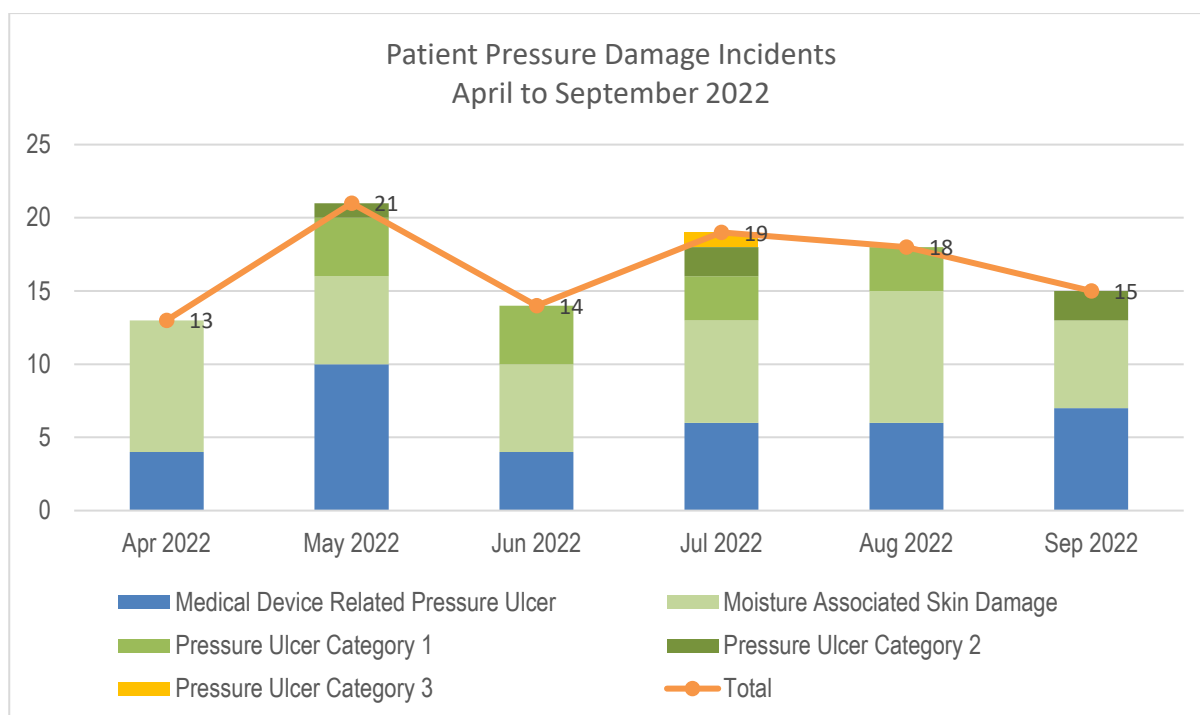


Table 9: Patient Pressure Damage Incidents - Data extracted from Datix 18/10/2022

## 1.7 Inquests

During Q2 22/23 there were 3 inquest hearings: all required representation from Royal Papworth Hospital. There was no further action required following conclusion of the 3 inquests.

The Trust attended 6 Pre-Inquest Hearings in Q2, 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 17 new Inquests/coroner's investigation in Q2 and statements and clinical records 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 changes each month as inquests are heard or discontinued and the Trust receives notification of new cases. This figure is presented in the monthly Governance report.

## 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 Q2 22/23.

### 1.8 Clinical and Non-Clinical Negligence Litigation

In Q2 2022/23 the Trust has received 4 new requests for disclosure of records. No new Letters of Claim. and one case has been settled and closed. Table 10 below shows new claims activity in Q2.

Claims Activity Q2		
Q22223-09CL	Potential joint clinical negligence claim against RPH and another Trust. No details given in relation to nature of claim.	Records disclosure
Q22223-10CL	Potential clinical negligence claim. Allegations of claim in relation to several attempts to repair patient's sternum following open heart surgery	Records disclosure
Q22223-11CL	Potential clinical negligence claim. Allegations of claim in relation to patients' treatment received following PEA Surgery. <b>Reported to NHS Resolution as advised by case manager from NHS Resolution as they had received the claim letter of potential claim directly.</b>	Records disclosure SUI-WEB34717 INQ2021-10 – Inquest Feb 2023
Q22223-12CL	Potential clinical negligence claim against RPH, no details given in relation to nature of claim.	Records disclosure
New Letters of Claim		
Q2	None received	
Closed Claims		
Q31617-13CL	Patient underwent aortic arch replacement in 2016 and developed paraplegia.  <b>Admissions by Trust:</b> Presence of abdominal aortic aneurysm should have been identified and repaired before aortic arch surgery and as a result the Claimant suffered an incomplete spinal cord injury.  Letter of apology sent to patient from Chief Executive	Damages: £1,378,061.25 Total costs: £1,425,630.25

Table 10: Data extracted from Claims Spreadsheet 04/11/2022

Total number of Claims currently open with the NHSR at the end of Q2 2022/23 is 14. Inquest funding on NHSR for 2 cases open and 1 old case closed (shown as Open on NHSR).

#### Non-clinical claims

There were no new non-clinical claims brought against the Trust during Q2.

## 2.0 PATIENT EXPERIENCE

### 2.1 Formal and informal Complaints

Formal Complaints are defined as a written or verbal expression of dissatisfaction about staff, facilities or services provided that requires a full investigation and needs to be responded to in writing. In Q2, we have received 10 formal complaints and 16 informal complaints. This is a decrease from the previous quarter as seen in Figure 3 below, showing the number of formal complaints received in previous quarters (Q1; 28).

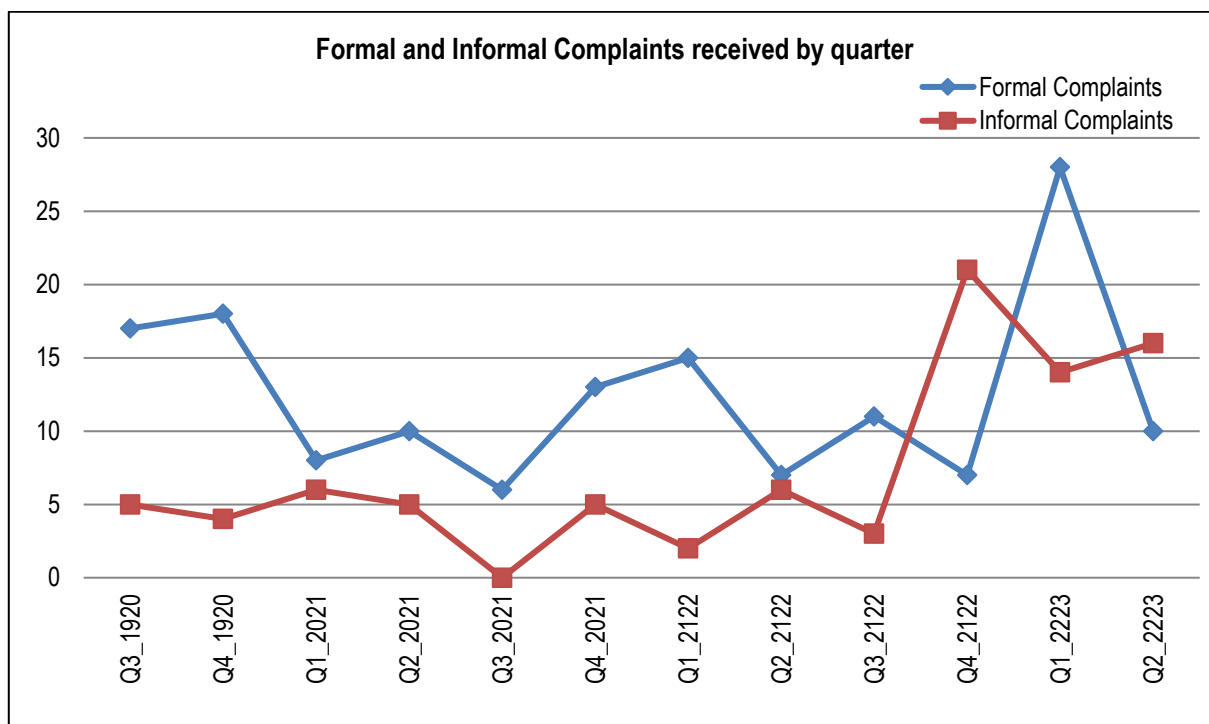


Figure 3: Number of Formal and Informal Complaints received by quarter (source – Datix 18/10/2022)

Of the 10 formal complaints received in Q2, 100% received a written acknowledgement from the Trust within three working days.

Those that have been closed within the quarter have been responded to and of these there were, 13 that have been partially upheld/upheld (table 11).

Month	No. formal complaints received in Q2 (July - September 2022)	Upheld/Part Upheld	No. Informal Complaints
July	3	7	5
August	3	4	4
September	4	2	7
<b>Total</b>	<b>10</b>	<b>13</b>	<b>16</b>

Table 11: Numbers of Formal and Informal Complaints (source: Datix 18/10/2022)

\*Not all complaints have been fully investigated at the time of this report, so outcome has not been recorded.

Formal complaints related to clinical care, clinical treatment, and communication, which includes the lack of information being provided to patients or their families, remain the highest categories for complaints within the Trust. Table 12 shows the primary subject of complaints compared with the previous quarters.

Subject	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2
Clinical Care/Clinical Treatment - General Medicine Group	2	2	1	4	5

Subject	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2
Clinical Care/Clinical Treatment - Surgical	1	1	0	1	0
Clinical Care/Clinical Treatment - Radiology	0	1	0	0	0
Clinical Care/Clinical Treatment - Oncology	0	0	0	2	0
Communication / Information	1	4	2	9	3
Delay in Diagnosis / Treatment or Referral	0	0	1	2	0
Environment - Internal	0	0	0	0	1
Privacy, Dignity and Wellbeing	0	1	0	0	0
Medication Issues	1	0	0	0	0
Nursing Care	1	1	0	3	0
Parking/Transport/	0	0	0	0	0
Staff Attitude	0	0	1	4	1
Other	1	1	2	3	0
<b>Total</b>	<b>7</b>	<b>11</b>	<b>7</b>	<b>28</b>	<b>10</b>

Table 12: Primary subject of Formal Complaints by Quarter (source: Datix 18/10/2022)

The Clinical Speciality/Divisions receiving formal complaints during Q2 are shown in Table 13 below. The number of complaints received per clinical speciality/division is highlighted through quarterly reporting. There has been a decrease in the number of complaints received during Q2 across all divisions, particularly in Cardiology and RSSC.

Clinical Speciality/Division	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2
NPH Cardiac Surgery	2	2	0	2	0
NPH Cardiology	2	2	3	6	4
NPH Cath Labs	0	0	0	0	0
NPH Critical Care	0	2	0	1	1
NPH Interventional Cardiology	0	0	0	0	0
NPH Lung Defence	0	1	0	0	0
NPH Oncology	0	0	0	2	0
NPH Outpatients	0	0	0	0	0
NPH Thoracic Services	2	1	1	2	0
NPH PVDU	0	0	0	0	0
NPH Respiratory Physiology	0	0	0	0	0
NPH Royal Papworth Private Care	0	0	0	0	0
NPH RSSC	1	1	0	6	3
NPH Thoracic Surgery	0	0	0	0	0
NPH Surgical/Transplant	0	0	1	3	2
Other	0	2	2	6	0
<b>Total</b>	<b>7</b>	<b>11</b>	<b>7</b>	<b>28</b>	<b>10</b>

Table 13: Complaints by Clinical Speciality/Division (Source Datix 18/10/2022)

From 1 September 2022 we reverted to our standard 25 working day response time for all formal complaints. However, we recognise for some complaints, for example those that relate to five or more issues within the same service, or multiple Trusts, or those deemed more complex, will

require a longer response time and this will be agreed with the complainant on receipt of the formal complaint.

In total, 23 complaints were closed in Q2, of which 2 were closed within 25 working days, 11 were closed within 35 working days, 4 were closed within 45 working days and 3 were extended due to the complex nature of the concerns raised. The response time for the complaints was agreed with the complainant due to the complex nature of the concerns raised and to ensure clinical oversight of the investigation. There were three (13.9%) complaints in Q2 that were responded to outside of the agreed timeframe due to investigation reviews and the need for additional clarity.

There were no Parliamentary and Health Service Ombudsman (PHSO) referrals in this quarter.

Quality Dashboard Monitoring – Q1		
Number of complaints responded to within 25-day timeframe	2	8%**
Number of complaints responded to within 35-day timeframe	11	47.8%**
Number of complaints responded to within 45-day timeframe	4	17.3%**
Number of complaints responded to within 60-day timeframe	3	13.0%**
Number of PSHO referrals in quarter	0	0
Number of PSHO referrals returned upheld with recommendations and action plans	0	0

Table 14: Quality Dashboard monitoring  
(\*\*% of complaints responded to at the time of reporting within timescales agreed with the complainant)

## 2.2 Informal Complaints: Details of Those Received and Outcome in Q2 22/23

In Q2 we received 16 informal complaints as seen in Table 15. Informal Complaints are defined as an issue that can be resolved quickly often within 15 working days and, without the formal complaint process being followed as expressed by the patient/carer. Resolution of these concerns is usually verbally, in a meeting or via email. Of those close outside of the 15-day timeframe, these were resolved through either a face to face meeting with the complainant or further discussion with the clinical team which required additional time to arrange.

Date Received	Ref	Location	Description	Subject	Outcome/Date Closed
01/07/2022	15302	NPH 5 North Surgical	Patient raised concerns regarding a nurse's behaviour during their inpatient stay	Staff Attitude	<b>Closed on 04/07/2022.</b> Apology given for poor experience. Matron contacted the patient to discuss their experience and to reassure the patient and their partner that she would speak to the nurse involved. Patient satisfied with explanation and happy for informal complaint to be closed.
21/07/2022	15341	NPH Imaging	Patient who suffers from anxiety was promised that they could be accompanied to their scan but later was not allowed access. Patient is requesting that they can be accompanied to all appointments.	Communication / Information	<b>Closed on 02/09/2022.</b> Patient feedback shared with the MRI team. Radiographer spent time with the patient discussing the procedure and support provided. Patient advised to contact PALS with any further enquiries.

Date Received	Ref	Location	Description	Subject	Outcome/Date Closed
08/07/2022	15313	NPH Outpatients	Patient's CPAP clinic appointment was cancelled 10 minutes before appointment was due, by which time the patient had already driven 75 miles for the appointment and had arrived at the hospital.	Delay in Diagnosis / Treatment or Referral	<b>Closed on 21/07/2022.</b> Written response to concerns sent to patient as requested, apology and reassurances given. Going forward all appointment lists will be regularly reviewed to ensure that patients who need to be rebooked do not remain on the waiting list. Patient advised to contact PALS with any further enquiries.
04/07/2022	15310	NPH Outpatients	Patient had difficulty getting through to the oncology nursing team to discuss their CT scan results.	Communication / Information	<b>Closed on 19/08/2022.</b> Apology given for poor communication, clinical administration team to ensure the oncology nurses direct telephone number will be included in the letter header so patients can contact the team more easily. Patient advised to contact PALS with any further enquiries.
13/07/2022	15339	NPH Offices	Patient has experienced a delay in receiving an appointment as the referral was not received in the correct format.	Delay in Diagnosis / Treatment or Referral	<b>Closed on 04/08/2022.</b> Patient feedback shared with the Cardiology Team. Clinical Administrator team leader advised that patient could be referred to another Consultant if they wished to be seen earlier. Information relayed to patient who will contact the clinical administration team to discuss further. Patient advised to contact PALS should they have any further concerns.
01/08/2022	15352	NPH Day Ward	Patient fed back multiple points regarding her experience during her admission and procedure and would like to discuss it further with a member of the team over the phone.	Clinical Care/Clinical Treatment – General Medicine	<b>Closed on 18/08/2022.</b> Ward sister contacted patient on the phone to discuss their feedback and offer their apologies. Patient was satisfied with the conversation and happy to close informal complaint. No further action required.
02/08/2022	15349	NPH Ground Floor	Radiographer seemed unaware of patient's medical history and medications during the CT scan, therefore patient decided not to proceed with the scan and is very worried about his next scan.	Clinical Care/Clinical Treatment - Radiology	<b>Closed on 08/08/2022.</b> Patient feedback shared with the radiology team. A member of the imaging team spoke to the patient following their appointment and discussed the patient's medical history in detail whilst provided additional reassurance. Patient happy to proceed with scan and with the care received.
24/08/2022	15371	NPH 4 North West	Patient's stepdaughter has raised concerns regarding patient being told by the doctor on the ward that there is nothing that can be done to help him, and he will die when this is not the case.	Communication / Information	<b>Closed on 20/09/2022.</b> Patient feedback shared with the Cardiology Team. No further correspondence received from the family so informal complaint closed but will reopen if further information received.
24/08/2022	15369	NPH 5 South Surgical	Patient's partner has some queries in relation to the patient's care and treatment at RPH and whether his treatment at local DGH could have impacted on his treatment at RPH.	Information / Advice Requests	<b>Closed on 22/09/2022.</b> Family feedback shared with the clinical team and Consultant asked to respond to the family questions. Family confirmed they would like to receive feedback via email. Response provided and family satisfied with information provided. Informal complaint closed, no further action.

Date Received	Ref	Location	Description	Subject	Outcome/Date Closed
02/09/2022	15391	NPH Day Ward	Family raised concerns about cancellation of patients CABG due to emergencies which has caused the patient and the family distress.	Delay in Diagnosis / Treatment or Referral	Investigation ongoing.
09/09/2022	15390	NPH Outpatients	Family raised concerns regarding the breakdown in communication at patient appointments and the need to repeat the same information at every appointment causing distress	Communication / Information	<b>Closed on 30/09/2022</b> Apology given for poor communication, Service Manager called family to discuss concerns and obtain further information. Family happy with outcome of conversation and advised to contact PALS should they have any further concerns.
16/09/2022	15397	NPH Ground Floor	Patient raised concerns regarding incorrect advice given to him by a member of the social work team.	Communication / Information	Investigation ongoing.
23/09/2022	15410	NPH Ground Floor	Family raised concerns regarding the patient's care and the inconsistent information provided at the different hospitals involved in the patient care.	Delay in Diagnosis / Treatment or Referral	Investigation ongoing.
20/09/2022	15402	NPH Outpatients	Patient raised concerns regarding their NIPPY machine and the indication that there are not breathing at night. Patient woke with palpitations and would like to speak to someone. Patient unhappy with response they have already received.	Communication / Information	<b>Closed on 20/09/2022.</b> Apology given, and member of the nursing team contacted the patient to discuss their experience and concerns. The member of staff confirmed the treatment plan going forward and patient was satisfied with response provided.
12/09/2022	15395	NPH Outpatients	Patient raised concerns regarding her being refused appointments due to childcare issues.	Information / Advice Requests	<b>Closed on 20/09/2022.</b> Apology given, and lead nurse contacted the patient to discuss the proposed treatment plan and to reassure the patient that RPH were not refusing to give an appointment but were waiting for the outcome from their appointment at the DGH. Patient feedback shared with the wider team and informal complaint closed as patient satisfied with information provided.
05/09/2022	15377	NPH Outpatients	Patient has been having issues with his mask but unable to obtain a different one which has led to pressure ulcer and infection developing on his nose/ face.	Equipment Issues	Investigation ongoing.

Table 15: Informal Complaints (Enquiries) received in Q2 2022/23 (Source Datix 18/10/2022)

### 2.3 Formal Complaints: Details of those Closed and the Outcomes in Q2 22/23

We closed a total of 23 formal complaints in Q2. 13 of these had an outcome of being upheld or partially upheld. All complaints receive a full explanation and an appropriate apology, and the lessons learned, and action are agreed. Table 16 below shows the outcome and actions agreed of those complaints upheld or partially upheld.



Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
15174	Patient has raised concerns regarding the information provided when they came to collect their sleep study device and that they did not receive a sufficient explanation regarding how to use the equipment provided.	Partially Upheld	The outcome of the complaint investigation highlighted the need for staff to make sure all equipment is checked before it is supplied and that it is fully explained to the patient before being issued as part of the CSS. The team will ensure we continue to receive high quality batteries from our Procurement Team and NHS Supply Chain to enable patients to complete their CCS studies without disruption. <b>Complaint closed: 12/07/2022</b>
15148	Patient wishing to make a formal complaint in relation to the nursing care, treatment and communication experienced when an inpatient on 5 South West.	Upheld	The outcome of the complaint investigation revealed there were elements of the patients nursing care and communication with the ward staff that could be improved. Apologies were given with regards to the poor communication and nursing care received. A telephone log would be implemented to ensure all patient telephone enquiries are documented in the relevant patient records and appropriate action taken in a timely manner and the patient's feedback was shared with the relevant member of staff and wider team for their learning and reflection. The patient was offered a meeting with the nursing team. <b>Complaint closed: 21/07/2022</b>
15190	Patient has raised concerns regarding poor communication following contacting the PALS Team for updates in relation to earlier concerns raised through HR.	Partially Upheld	The outcome of the complaint investigation revealed that the patient did experience a delay in receiving an acknowledgement and responses to his concerns. A formal apology was given to the complainant in relation to the poor communication he experienced, and the patient feedback was shared with the team for their learning and reflection. <b>Complaint closed: 15/07/2022</b>
15059	Patient has raised concerns regarding the nursing care they received whilst on CCA, the level of care they received (the nurse kept leaving the patient alone in their room), the complication they experienced post operatively and the poor communication with members of the nursing team.	Upheld	The outcome of the complaint investigation revealed the patient did not receive the standard of nursing care we would expect for our patients and the communication with some members of the nursing team was poor. Apologies were given with regards to the poor communication and nursing care the patient received. Staff have been reminded to ensure patients are aware who their allocated nurse is and we continue to raise awareness across the Trust regarding how isolated patients can feel within their bedspaces and look at alternative ways to support patients. the patient's feedback was shared with the relevant member of staff and wider team for their learning and reflection. The patient was offered a meeting with the nursing team should they have any further concerns. <b>Complaint Closed: 15/07/2022</b>
14993	Joint complaint received from DGH who are leading. Patient has raised concerns in relation to their care and treatment at RPH, in particular the lack of communication and understanding of mental health concerns and issues amongst the clinical and administration staff.	Upheld	The outcome of the complaint investigation revealed that there were occasions when we did not communicate with the patient to the standard we expect. Apologies were given regarding the poor communication experienced and the patient's feedback was shared with the team for their learning and reflection. <b>Complaint Closed: 27/07/2022</b>
15200	Patient's family have complained about their experience with security when they arrived at the hospital, and the information displayed on the call screens.	Upheld	The outcome of the complaint investigation highlighted the need for further training to ensure security staff have a greater understanding of a healthcare environments and patient experience to avoid any other visitors and/or patients experiencing such a poor reception. Apologies were given regarding the poor experience and the feedback was shared with the team for their learning and reflection. <b>Complaint Closed: 08/07/2022</b>
15145	Patient raised concerns regarding their outpatient CPAP appointment and the incorrect information provided at a previous appointment which resulted in the sleep study needing to be repeated.	Upheld	The outcome of the complaint investigation revealed the patient had experienced a delay in obtaining a sleep study appointment due to incorrect information provided. Apologies were given regarding the poor communication and subsequent delay. Staff were reminded to escalate to a senior member of the team if they are unable to find the required information in a patient's medical record and highlight to the wider team the importance of good communication regarding device care. <b>Complaint Closed: 01/07/2022</b>

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
15252	Patient has raised concerns regarding the lack of communication and poor patient experience in relation to his care and treatment under the CPAP team.	Upheld	The outcome of the complaint investigation revealed that the patient did not receive telephone calls, requested information or replacement equipment in a timely manner. The team have reflected and made improvements to process in their department to ensure patient call backs and request for equipment are dealt with in as timely way as possible. <b>Complaint Closed: 02/08/2022</b>
15278	Patient has raised a number of concerns regarding the poor communication they have experienced since their procedure in December 2021.	Partially Upheld	The outcome of the complaint investigation revealed whilst there are systems in place for the return of cardiac monitors, your complaint has highlighted that further training is required to be delivered to reception staff, including weekend and temporary staff. Further recruitment and training in the Clinical Administration team is underway. The patient feedback has been shared with the clinical administration team for their learning and reflection. <b>Complaint Closed: 05/08/2022</b>
15283	Patient has raised concerns regarding their telephone consultation and subsequently obtaining their sleep study results.	Upheld	The outcome of the complaint investigation revealed that the patient did not receive their telephone appointment within the allocated window and for unidentified reasons when the patient did receive a call this ended after a few seconds. As a result of the complaint learning and actions were identified, and feedback has been shared with the RSSC team for their learning and reflection. <b>Complaint Closed: 08/08/2022</b>
15300	Patient has raised a formal complaint in relation to the poor communication and nursing care received whilst an inpatient.	Partially Upheld	The outcome of the complaint investigation revealed that the patient experienced periods of isolation and loneliness whilst an inpatient and on this occasion, we did not provide the patient with an overall positive experience of care as we aim to provide to all our patients and their carers. As a result of the complaint learning and actions were identified, and feedback has been shared with the surgical and catering teams for their learning and reflection. <b>Complaint Closed: 17/08/2022</b>
15322	Patient raised concerns regarding staffing within the service.	Partially Upheld	The outcome of the complaint investigation revealed that the patient experienced poor communication with the administration team due to unforeseen staffing shortages as a result of sickness. As a result of the complaint learning and actions were identified, the RSSC team will review further cover from another service internally within the Trust can support the email/phone helpline for situations such as this should the need arise. This patient feedback has been shared anonymously with the RSSC team. <b>Complaint Closed: 05/09/2022</b>
15332	Patient has raised concerns regarding the treatment they received during and after their replacement of a permanent pacemaker and the swelling they are experiencing since the procedure.	Partially Upheld	The outcome of the investigation revealed the patient experienced unnecessary discomfort during his elective procedure due to insufficient analgesia. As a result of the complaint three actions have been identified to improve practice, all treating clinicians have been reminded to review a patient's pain and ensure appropriate pain relief is offered through the procedure. Reiterate to the Cardiology Team the importance of good communication regarding proposed procedures, any potential complications with the patient, and reminders need to be given on the procedure day. Reminder to our clinical team to be clear in discussing necessary treatment opinions, especially when alternative techniques are used, in timely manner to reduce unnecessary concern and distress. <b>Complaint Closed: 02/09/22</b>

Table 16: Identified actions arising from complaints upheld or partially upheld in Q2 22/23 (Source Datix 18/10/2022)

The nominated individual specified in the complaint action plan is responsible for monitoring the progress of actions identified as a result of a complaint. Any outstanding actions or difficulties in implementing an action are escalated through QRMG.

### 3. PATIENT ADVICE AND LIASION SERVICE

#### 3.1. Patient Advice & Liaison Service (PALS) summary

During Q2 2022/2023, the PALS Service received a total of 942 contacts (as seen in Figure 4), an increase from the previous quarter (Q1; 926 contacts). We have been separating the enquiries into immediate resolutions and PALS concerns / enquiries. Out of the total of 942 contacts, 862 were immediate resolutions which were straightforward enquiries that the PALS team either responded to directly, providing on the spot advice or support or signposted to the correct team or service.

The immediate resolutions are no longer recorded on Datix. Alongside the immediate resolution enquiries, the PALS team also supported 80 concerns/ enquiries from patients, families, and carers. These are more complex enquiries where the PALS team needed to contact the relevant team(s) for information/feedback. These continue to be recorded on Datix.

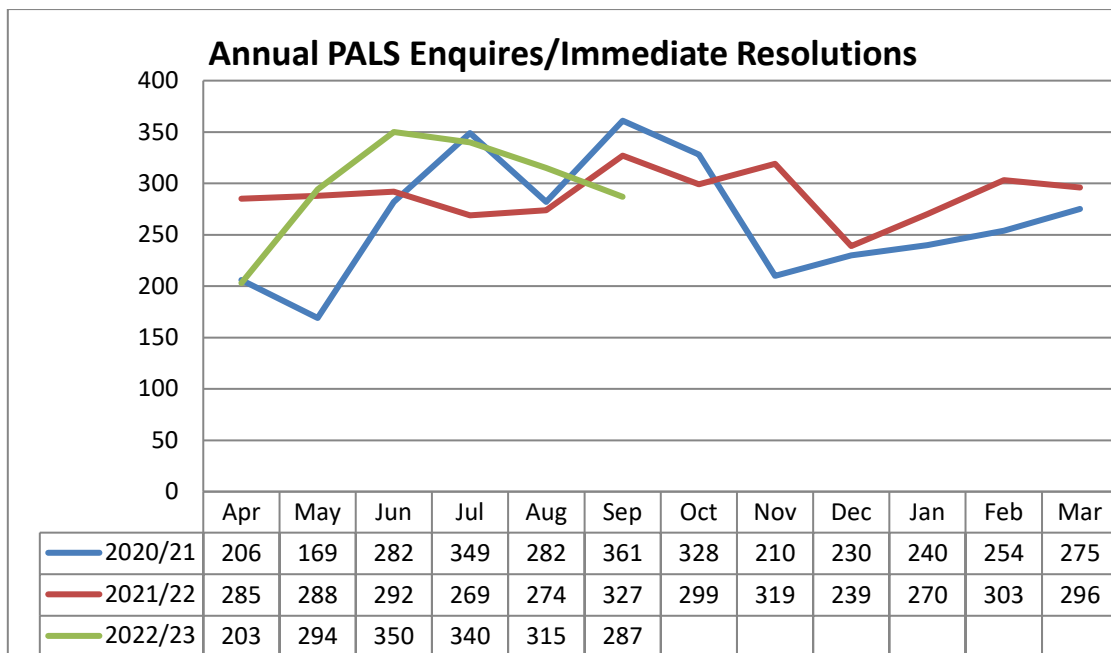


Figure 4: Total PALS contacts incl. immediate resolutions, PALS enquiries, informal complaints  
(Source Datix and Immediate Resolution spreadsheet 18/10/2022)

#### 3.2 Methods of Contacting PALS

The PALS team continue to receive most contacts by telephone or in person by the individual visiting the PALS office or by email. PALS currently receiving very few (0.3%) contacts via letter. The number shown for Q2 (Figure 5) relate to all immediate resolutions and PALS enquiries.

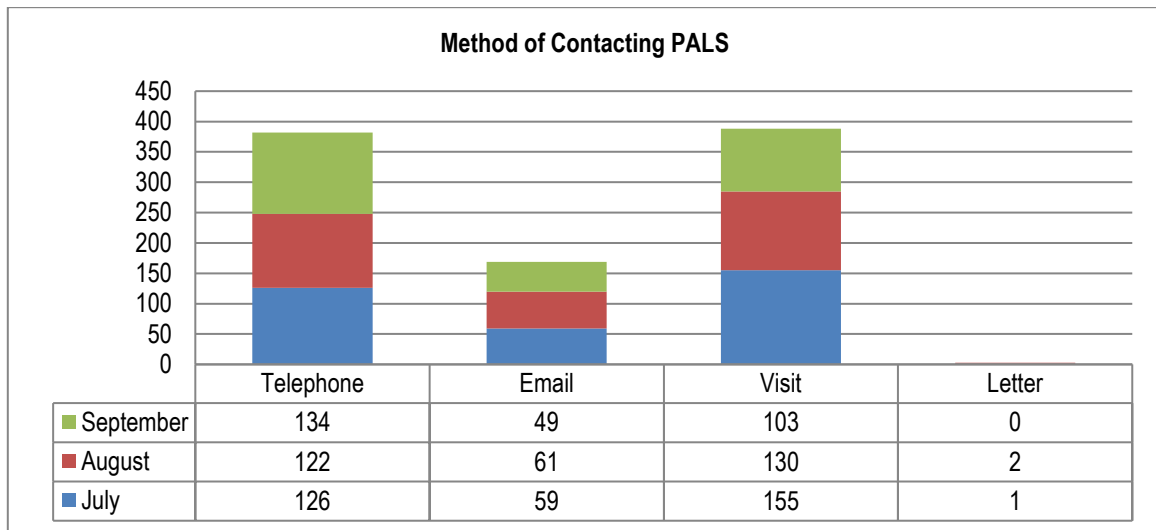


Figure 5 Methods of contacting PALS (Source Datix and Immediate Resolution Spreadsheet 18/10/2022)

### 3.3. Immediate resolution enquiries

Out of the total of 942 contacts to the PALS team, 862 were classified as immediate resolution enquiries, those enquires that can be resolved on the spot with support or assistance with a specific service or clinical team. The main themes of these were:

- Parking – car park and parking enquiries, stamping parking tickets and providing parking letters
- Requests for contact details of wards, clinics, and medical secretaries
- Appointments – waiting times for appointment, accompanying patients to appointments, appointment information
- Directions and escort – giving directions (internal and external, escorting patients to wards/ clinics)

### 3.4. PALS Enquires

The PALS team supported 80 enquiries raised by patients or their relatives in Q2 (out of the 942 total contacts). Figure 6 shows the themes from these enquiries for Q2 2022/2023.

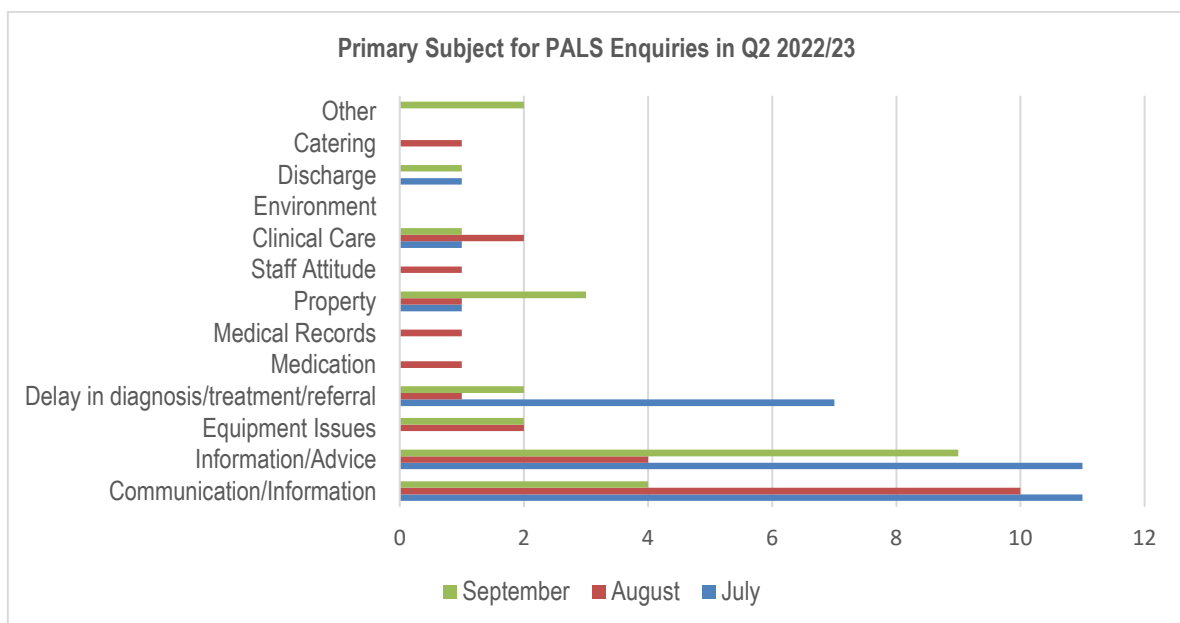


Figure 6: Main subjects for PALS enquiries in Q2 (Source Datix 18/10/2022)

The main sub-subjects of the PALS enquiries received in Q2 is shown in Figure 7.

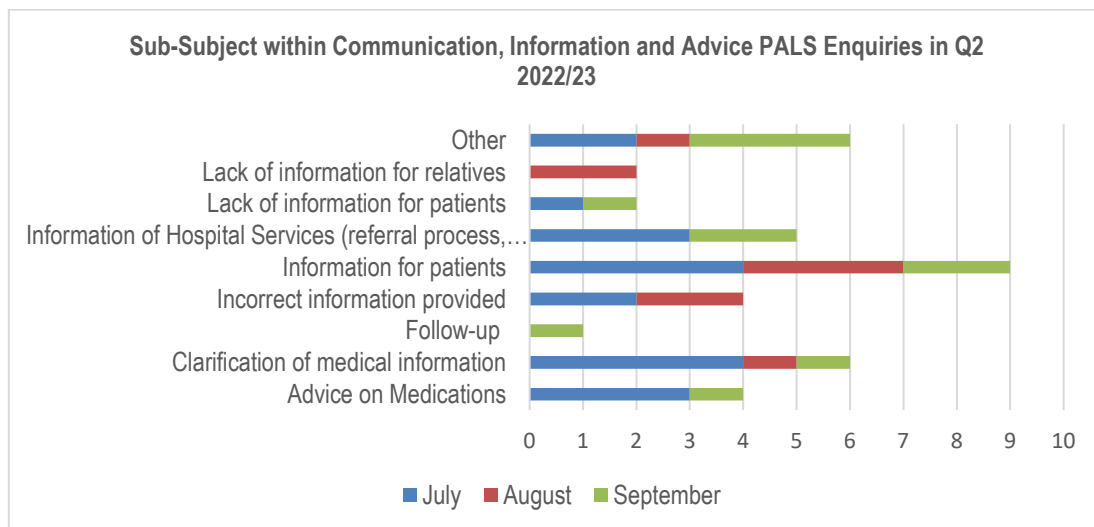


Figure 7: The main sub-subjects of PALS enquiries received in Q2 (Source Datix 19/10/2022)

In Q2, there were no PALS enquiries escalated to formal complaint process.

### 3.5. Compliments

In Q2, we received a total of 4,758 compliments, of these 4,499 compliments were received via the Friends and Family Test (FFT) Survey and 259 were received via cards, letters, emails, or verbally through the PALS team.

The main themes from the compliments received in Q2 were general thank you, hard work of staff, the care and support provided, the professional care provided and teamwork of staff across the Trust is shown in Figure 8. Please note, in some instances the compliments received will contain more than one theme so will be recorded in more than one category.

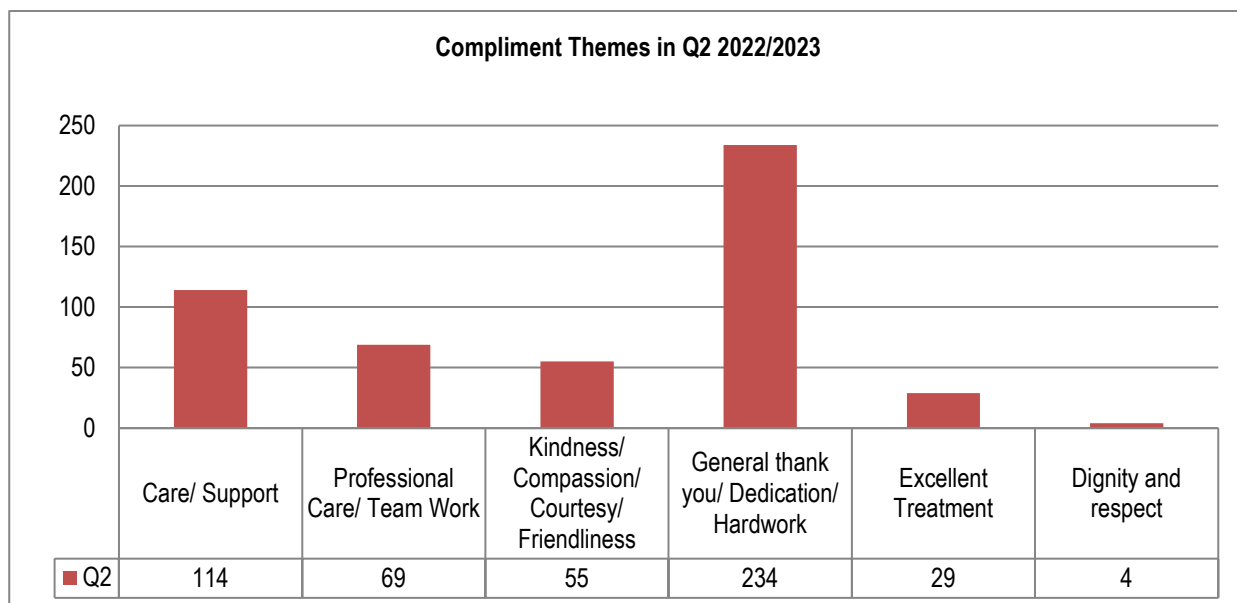


Figure 8: Main compliment themes (Source Compliments spreadsheet 21/07/2022)

### Examples of Complimentary feedback received in Q2 22/23:

- “Doctors and nurses. I want to say thank you everyone from my heart you cared for me a lot like always”. (4 South)

- “To all staff who looked after me. Just my word to say thank you for all the care and professionalism shown to me and thank you for your dedication and hard work”. (Day Ward)
- “I am really grateful for all your help and for keeping me safe and for looking after me”. (CCA)
- “I would just like to feedback to your staff about the wonderful care I received today on the day unit. I came in today for an SVT ablation which was successful, and I felt that all the staff from the ward to the Cath lab were kind and compassionate”. (Cath Lab)
- “The palliative care nurses were amazing and truly helped me through a difficult stay. The acupuncture and tens machine I was given have really made an impact”. (Palliative Care)
- “Thank you for looking after me so well. (5 South)
- “The ladies in the cafeteria were really friendly and always had a chat with me”. (Restaurant)
- “It is very hard to explain how much your care and support meant over the last months. Each one of you can do with compassion and dedication”. (Critical Care)

### **3.6. Bereavement and bereavement follow up services**

- 43 patients passed away in Q2. None of the deceased patients required a rapid release.
- 19 referrals were made to the Coroner, 13 of these resulted in a PM and 6 were closed with 100a.
- PALS continued to provide all clinical areas with the relevant and up-to-date paperwork for when a patient dies.
- The PALS team continued to support the mortuary team at CUH with chasing outstanding paperwork and completion of the bereavement process.
- PALS sent out 39 bereavement follow up letters in Q2 and 5 of the NOKs made enquiries after they had received the follow up letter, 1 relating to Cardiology, 2 to Cardiac Surgery, 1 to Thoracic Surgery and 1 to Transplant.
- The reasons for follow up requests were to understand the details of how and why the patient died, to support the family in understanding what happened and to ask the clinical team questions regarding the care and treatment provided.
- Two bereavement follow up meetings took place (Cardiology and STA)
- In Q2 a total of 23 palliative care bereavement surveys were sent as a part of Palliative Care feedback from relatives regarding the care their loved one received.

### **3.7. Volunteers**

In Q2, we held a volunteers meet and greet session. The session was attended by 13 volunteers. The aim was to provide both our new and existing volunteers an opportunity to meet with the Patient Advice and Liaison Service Team and have a small tour of the hospital site. Those in attendance also had the opportunity to discuss potential roles within the organisation and met with Maura Screatton, Chief Nurse and Louise Palmer, Assistant Director for Quality and Risk.

During Q2, we welcomed back 14 volunteers to the Trust, 8 existing and 6 new. The initial roles our volunteers will undertake will be Ward Visitor, Meet and Greet in the main atrium, Pharmacy volunteers and the Chaplaincy volunteers. Our volunteers project coordinator is supporting the return of the volunteers to these roles whilst working on development of the Better Impact Database which will support us with the recruitment, daily management and scheduling of volunteers going forward.

### **3.8. Patient Carer Experience Group (PCEG) Meeting**

The last Patient Carer Experience Group (PCEG) meeting was held in September 2022. This meeting is chaired by the Deputy Chief Nurse. The agenda includes the presentation of a patient story, current issues, friends and family survey information and updates from Healthwatch, PALS, Royal Papworth Charity, the Chaplaincy service and support groups.

During the meeting the group heard a patient story, from a 'regular' patient to Royal Papworth Hospital and their experience of the admission and care received. The patient was complimentary about the environment and standard of care and information given to them members of staff. Updates were also heard from the Medicines Safety Group and the Library.

#### 4.0 **Incident and Risk Management**

##### 4.1 **Non-Clinical Accidents/Incidents**

During Q2 there were 339 accidents/incidents (including near misses) which involved staff/contractors/organisation or visitors (Table 17). There is an increase in the figures compared to the previous quarter. The most common type of incident continues to be Organisational issues/staffing (n=80) which has doubled in number compared to the last quarter, (n=40); Insufficient numbers of healthcare professionals and inadequate check on equipment/ supplies remains as two main categories reported.

Table 17 shows the incidents by type. Other types of commonly recorded incidents include Behaviour/Violence Aggression (n=37), Infection control (n=32), Medication/medical gas/nutrition (n=30), medical device (n=28) and Communication/Consent (n=22)

Organisational Issues/Staffing incidents by Type	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	Total
Accidents	31	25	17	21	13	107
Administration - admission/discharge/transfer/waiting list	11	4	22	21	17	75
Anaesthetics	0	0	0	0	1	1
Behaviour/Violence Aggression	36	35	15	22	37	145
Blood Plasma Products	2	1	5	3	4	15
Communication/Consent	11	14	11	11	22	69
Data protection	18	6	6	11	10	51
Diagnosis Process/Procedures	0	0	2	4	2	8
Documentation	4	6	5	7	8	30
Environmental Hazards/Issues	11	5	18	21	12	67
Fire Incidents	3	4	3	5	1	16
Infection Control	45	32	31	27	32	167
Information Technology	18	21	24	31	16	110
Medical Devices	19	14	14	32	28	107
Medication/Medical Gases/Nutrition	12	18	21	23	30	104
Nutritional Feeding (Prescribed Feeds)	0	1	0	0	0	1
Organisational Issues/Staffing	65	103	66	40	80	354
Pressure Ulcers	1	0	0	0	0	1
Radiology	0	2	1	1	2	6
Security incidents	34	13	18	21	19	105
Treatment/Procedures	3	2	2	10	5	22
Total	324	306	281	311	339	1561

Table 17: Non-clinical Incidents Reported for 2022/23 (Data source: DATIX 20/10/2022)

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

During Q2 there was one new RIDDOR reportable incident (see Table 18) reported to the Health & Safety Executive (HSE); WEB43985, Patient was moving around room and used the bed to lean on, unfortunately the brakes were not on, and the patient fell onto the floor and suffered a fractured neck of femur. The incident information is also shared with the relevant teams to aid learning and where necessary make 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.

RIDDOR Incidents by Category	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	Total
Inappropriate behaviour by a Pt to staff	1	0	0	0	0	1
Infection	1	1	0	0	0	2
Medical device	0	0	0	1	0	1
Moving and handling	3	0	0	0	0	3
Other type of accident	1	0	0	0	0	1
Sharps	0	0	1	0	0	1
Slip, Trip or Fall	0	0	0	0	1	1
<b>Total</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>10</b>

Table 18: RIDDOR Incidents by Category (Data source: DATIX 20/10/2022)

## 4.3 Risk Register

Open risks as of 05/10/2022 – There are currently a total of 575 open records - BAF (21), corporate (338), H&S (162), charity (27) and safety alert (27) risks.

The number of overdue risks continues to fluctuate with 173 of the 575 open risks overdue (30%) compared to 187 in August 2022 (32%). Of these 173 overdue risks, 7 have an RRR of Extreme Risk and 97 with graded as High risk. The average number of days since the risk was last updated is 71 days, however the maximum number of days equates to 574 days. (Table 19a below)

Overdue Risk Data	Sep-22	Aug-22	Jul-22	Jun-22
Total No. of Open Risks	575	580	561	568
Total No. of Overdue Risks	173	187	115	126
Average no. of days since updated required	71	63	70	71
Maximum no. of days overdue	574	434	385	476
Percentage of overdue Risks	30%	32%	20%	22%

Table 19a: – Top 5 risk themes reported by RR (Data source: DATIX 05/10/22)

This report has been shared with the divisions in advance of QRMG to enable them an opportunity to review the risks that are overdue and communicate the need to update them with their staff.

The top 5 types of risk are listed below in table 19b:

Top 5 Categories of Risk	Low Risk	Moderate Risk	High Risk	Extreme Risk	Total
Clinical	13	37	63	5	118
Staffing	3	13	26	5	47
Governance	8	14	23	0	45
Information Technology	5	15	21	3	44
Medical Devices	7	18	15	2	42
<b>Total</b>	<b>36</b>	<b>97</b>	<b>148</b>	<b>15</b>	<b>296</b>



Table 19b: – Top 5 risk themes reported by RR (Data source: DATIX 13/10/22)

Divisions are encouraged to link incidents to the relevant risk assessment to aid further evaluation of the risks and give assurance to the Board.

#### **4.4 Safety Alerts**

The Safety Alert information is monitored monthly by QRMG and at local Business Unit Meetings.

Throughout Q2 2022/23 the Trust has received 37 formal Safety Alerts and Field Safety Notices, raised by manufacturers. These figures do not account for some medication safety alerts which are managed by the pharmacy team or estates/security alerts managed by Estates. All 37 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 Q2.

#### **5.0 Effectiveness of Care**

##### **5.1 Quality and Safety Measures**

The Summary Hospital-level Mortality Indicator (SHMI) is not applicable to Royal Papworth Hospital, therefore crude mortality is monitored instead, and full details of this monitoring can be seen in Appendix 1.

##### **5.2 Clinical Audit**

###### **National Audits – Q1 Update**

In Q2, there was one National Audit that was relevant to RPH from The National Cardiac Audit Programme (NCAP) which published its 2022 National Cardiac Audit Programme: The heart in lockdown annual report. Based on data from 1 April 2020 to 31 March 2021, the report focuses on how cardiovascular services were impacted by the first year of the COVID-19 pandemic.

The National Adult Cardiac Surgery Audit Registry Data (NACSA) Validation Report: PAP. Papworth hospital 2019-04-01 — 2022-03-31 has been validated and comments sent to the Consultant Surgeon for feedback.

The MINAP 21/22 validation report has been validated and comments sent to the Interventional and Structural Cardiology Consultant for feedback. The query raised has been amended and the validation has been accepted and approved.

The NCHDA (The National Congenital Heart Disease Audit) data validation for years 2019 – 2022 was also validated in Q2 and locked down after approval from the Consultant Cardiologist.

The National Institute for Cardiovascular Outcomes Research (NICOR) manages the National Cardiac Audit Programme (NCAP) and the UK TAVI registry, which captures patient information from hospitals throughout England and Wales. In July 2022 it was announced that following review by the Health Research Authority Confidentiality Advisory Group, that NICOR has the support from CAG to collect information from hospitals without patient consent. The Secretary of State for Health and Social Care has granted the National Cardiac Audit Programme (NCAP) and the UK TAVI Registry exemption from the National Data Opt-Out legislation. This is because of the unequal numbers of patients in different areas opting out from sharing their data

###### **Local audit – Q2 Audit**

The Clinical Audit team has improved the audit forward plan that provides assurance, with an update on when each audit was planned (i.e Qx)) and the progress of each individual audit.

The clinical audit manager/co-ordinators are in discussions with each department audit lead to confirm progress/assurances are in place. This includes any reviews ranging from serious incidents, safety alerts, through to quality improvements.

Local audits completed in Q2 can be seen in Appendix 2.

### **5.3 NICE Guidance**

In quarter 2 there were 69 NICE Guidance publications disseminated. Of these, 20 publications have been deemed applicable to Royal Papworth Hospital (RPH) services. All publications identified as relevant to RPH have been disseminated to organisational leads for input. For publications made in Q2, a status update is provided below:

- 12 have been circulated for information only
- 1 has a baseline assessment for compliance in progress
- 7 are being reviewed by the Drugs and Therapeutics Committee

In addition to these new publications, the Trust is currently responding to 14 NICE publications, published prior to Q2:

- 8 have baseline assessments for compliance in progress
- 6 have action plans in place

A detailed breakdown of all published NICE guidance documents is reported at QRMG each month.

### **5.4 Quality Improvement**

The Clinical Audit Manager has re-engaged with the Director of Patient Safety at Eastern AHSN (Academic Health Sciences) on the Quality Improvement techniques and methodologies course which was put on hold due to the pandemic. The course has now been deferred until next year April 2023.

As part of the course a project is to be assigned to a team of two. The clinical audit team are in the process of identifying attendees for this programme. The target audience is the clinical audit team plus 3 medic/nursing/AHP staff to start building the QI project and champion QI within the Trust.

The course will consist of:

- Six half day workshops focusing on key quality improvement techniques and methodologies
- Access to a series of self-led beginner/intermediate level videos
- QI Project

**End of Report.**

**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.

Speciality	Cumulative crude mortality	Q2 2022/23 crude mortality	Q1 2022/23 crude mortality	Q4 2021/22 crude mortality	Q3 2021/22 crude mortality
Cardiac Surgery	1.62%	1.89%	2.00%	1.17%	1.40%
Cardiology	0.94%	1.05%	1.02%	0.74%	0.95%
Cystic Fibrosis	0.00%	0.00%	0.00%	0.00%	0.00%
ECMO	31.11%	33.33%	33.33%	40.00%	18.18%
Lung Defence	1.07%	1.41%	0.00%	1.79%	0.93%
Oncology	0.00%	0.00%	0.00%	0.00%	0.00%
PTE	2.63%	2.17%	8.57%	0.00%	0.00%
PVDU	0.08%	0.00%	0.00%	0.00%	0.33%
Respiratory Medicine (inc ILD)	0.48%	0.00%	0.00%	0.58%	1.15%
RSSC	0.09%	0.00%	0.12%	0.16%	0.07%
Thoracic Surgery	1.32%	2.61%	0.00%	0.00%	2.84%
Transplant	4.95%	5.45%	7.32%	4.67%	2.76%
<b>Grand Total</b>	<b>0.82%</b>	<b>0.84%</b>	<b>0.95%</b>	<b>0.69%</b>	<b>0.81%</b>

Table 20 \*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 speciality M&M meetings

**Completed Audits:**

There have been 11 trust wide local audits completed and reported on in Q2.

1. **Surgical Prophylaxis All Cycles Audit (STA-CA-262)** Produced by Cristiano Serra, AMS Pharmacist, Simon Day, AMS Pharmacy Technician, Netta Tyler, Lead AMS Pharmacist, Dr Sumita Pai, Consultant Microbiologist
2. **Evaluation of ChoraPrep Skin Preparation (N-CA-183)** Produced by Anita Frith (Theatres) with support from Hazel Yates ((Clinical Audit Co-ordinator)
3. **Occupational Therapy Notes Audit (N-CA-186)** Produced by Amy Chadwick (Service lead OT), Amil Magpantay (Team lead OT), Clare Spray (Specialist OT)
4. **ESTS SVAT Lobectomy & Uniportal subxiphoid lobectomy audit (STA-CA-237)** Produced by Dr Jacie Jiaqi Law, Karen Soh Chien Lin, Dr Shivani Vasisht, Pranav Santhosh Kumar. Supervising Consultant: Mr Giuseppe Aresu, (Consultant Thoracic Surgeon). Supporting Consultants Mr Adam Peryt and Mr Aman Coonar, (Consultant Thoracic Surgeons - Department of Thoracic Surgery, Royal Papworth Hospital, Cambridge. School of Clinical Medicine, University of Cambridge, Cambridge)
5. **Pain report 2021-2022 (N-CA-277)** Produced by Jacinta Nalpon (Pain Specialist Nurse) with support from Hazel Yates (Clinical audit co-ordinator)
6. **Audit of service evaluation of the use of Azole treatments in Lung defence and Cystic Fibrosis Patients at Royal Papworth Hospital (N-CA-170)** Produced by Dr Collins, Dr Grogono, Dr Pai, Ms Tyler
7. **Environment Audit (N-CA-174)** Produced by Hazel Yates (Clinical Audit Co-ordinator) with support from Katy Rintoul (Clinical Nurse Specialist Infection Control)
8. **Trust wide Intentional Rounding Audit (TRUST-CA-245)** Produced by Polly Gunsman (Falls Prevention Specialist Nurse) with support from Hazel Yates (Clinical Audit Co-ordinator)
9. **Physiotherapy Notes Audit (N-CA-220)** Produced by Alicia Page (Deputy Team Leader), Specialist Rotational Physiotherapists, Physiotherapy Assistants
10. **SALT Record keeping Audit (N-CA- 255)** Produced by Produced by Elisabet Rowland (Speech Therapy and Dietetic assistant practitioner), with support from Hazel Yates (Clinical Audit Co-ordinator), Gemma Bibby (Speech Therapy and Dietetic assistant practitioner) and Catherine Garters (Dietetic assistant)
11. **Supportive and Palliative Care team patient and carer survey 2022 (N-PE-276)** Produced by Tracy Simpson (Specialist Nurse supportive and palliative care team)