



Royal Papworth Hospital
NHS Foundation Trust

Quality and Risk Report Quarter 4 and Annual Summary 2021/22

January - March 2021/22

Louise Palmer
Assistant Director for Quality and Risk

Quality and Risk Report

Annual & Quarter 4 Report 2021/22

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1.0 PATIENT SAFETY

1.1 Patient Safety Incident Trends and Actions

There was a total of 734 patient incidents reported during Q4 21/22 compared to 702 in the previous quarter. In addition, at the time of reporting there are 39 near miss incidents reported, a decrease from the last quarter. 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	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Near Miss	72	90	112	93	39	406
Actual incidents	479	648	657	609	695	3088
Total	551	738	769	702	734	3494

Table 1: Numbers of patient safety incidents reported in 2021/22 (Data source: DATIX As of 29/04/2022)

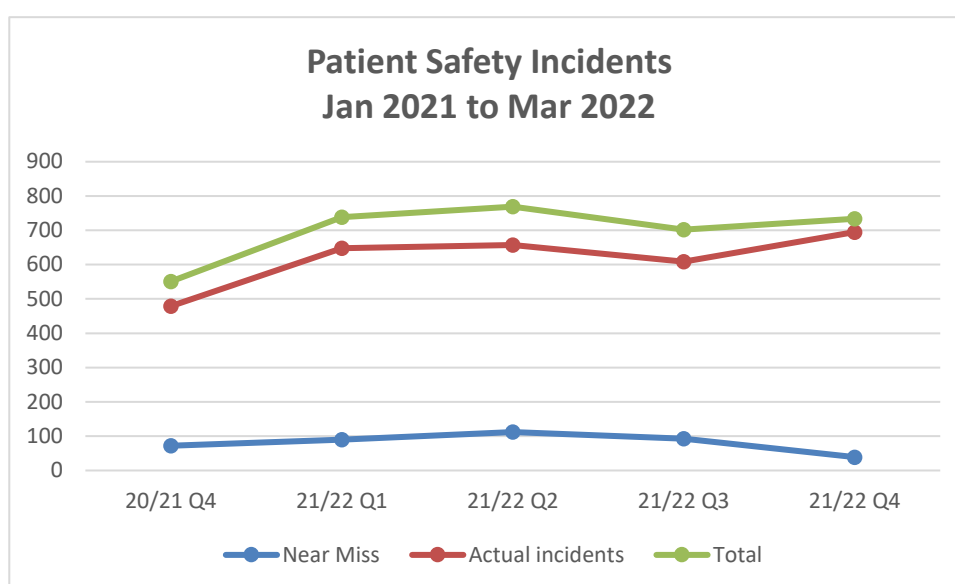


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 29/04/2022)

In quarter 4, table 2 shows the numbers of patient safety incidents reported by the “Type” most incidents are relating to Administration and Medication/Medical Gases and Nutrition.

Type	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Accidents	41	38	56	51	52	238
Administration - admission/discharge/transfer/waiting list	70	86	86	81	123	446
Anaesthetics	5	6	4	4	2	21
Behaviour/Violence Aggression	10	16	13	16	15	70
Blood Plasma Products	19	16	23	18	19	95
Communication/Consent	23	33	32	31	40	159
Data protection	9	17	31	15	17	89
Diagnosis Process/Procedures	42	35	40	38	32	187
Documentation	23	57	72	48	46	246
Environmental Hazards/Issues	5	13	2	2	3	25
Fire Incidents	0	0	1	0	0	1

Infection Control	21	57	61	35	46	220
Information Technology	6	15	7	8	8	44
Medical Devices	31	48	35	25	33	172
Medication/Medical Gases/Nutrition	69	91	94	95	101	450
Nutritional Feeding (Prescribed Feeds)	3	2	4	5	4	18
Organisational Issues/Staffing	5	25	23	33	24	110
Pressure Ulcers	90	88	88	96	70	432
Radiology	4	12	6	9	9	40
Security incidents	1	6	3	4	8	22
Treatment/Procedures	74	77	88	88	82	409
Total	551	738	769	702	734	3494

Table 2: Numbers of patient safety incidents by Type reported in Q4 2021/22 (Data source: DATIX 29/04/2022)

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.

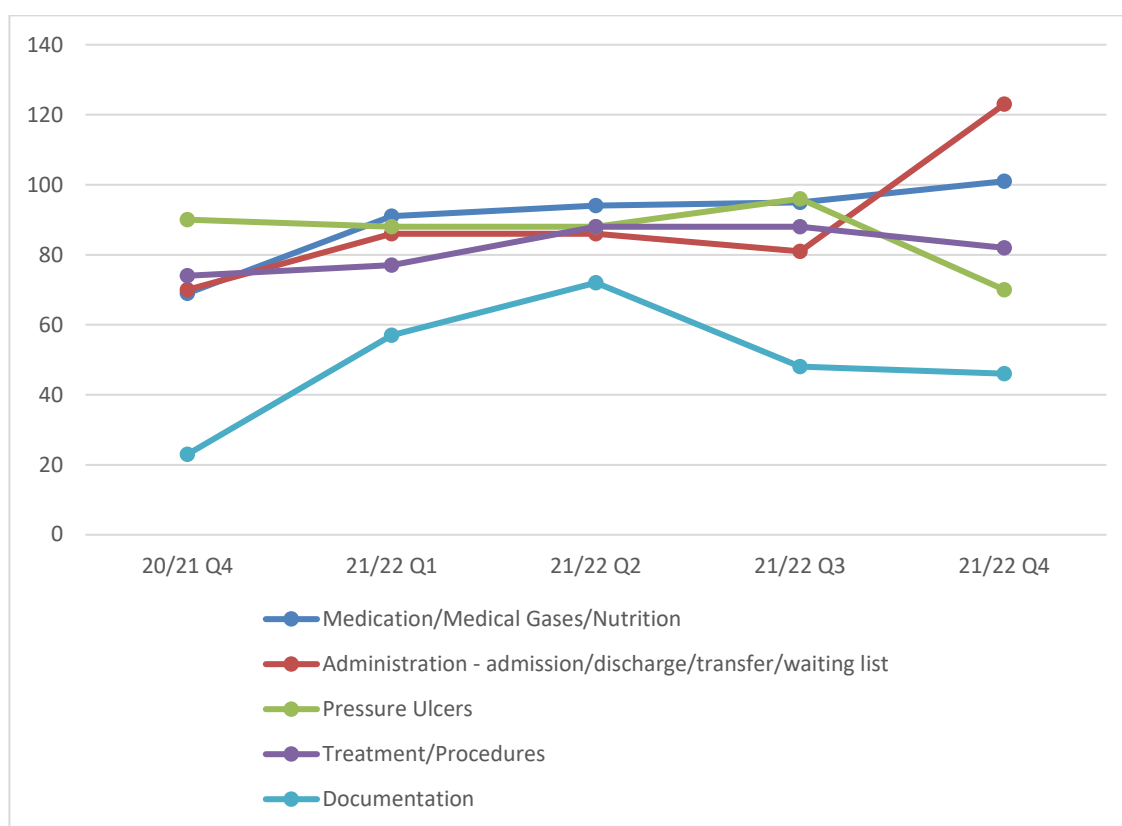


Figure 2: Patient Safety Incidents Q4 2021/22 (Data source: DATIX 29/04/2022)

1.2 Top five incident trends and details:

Administration Incidents

During this quarter, the number of incidents linked to administration issues have increased compared to the last quarter. Of those the majority are related to incorrect/insufficient appointment process and issues related to admission/discharge.

Treatment and Procedures

During quarter 4 the numbers of treatment and procedure incidents have slightly decreased compared to the previous quarter. All incidents have been graded with severity of no/low harm/near miss. All incidents considered to warrant discussion are presented at the Serious Incident Executive Review Panel (SIERP) as part of the scrutiny and confirmation of grading.

Medication

During quarter 4 the medication incidents have slightly 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 the pharmacy leads and reported to the Drugs and Therapeutics Committee.

Pressure Ulcers (PU)

During quarter 4 the number of pressure ulcer incidents have decreased compared to previous quarter. 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 pressure ulcer incidents are being reviewed by the Tissue Viability Team for further clarification and grading. The Trust also captures all PUs which are identified on admission linked to other care providers. Where the incidents have been graded, the majority have been recorded as no/low harm and one graded as severe harm.

Documentation

During quarter 4 documentation incidents have remained almost the same compared to the previous quarter. The most common type of documentation incidents reported in the quarter have been related to Electronic Medical Records; majority being EMR ambiguous / incorrect / incomplete / illegible and misfiled. All incidents have been graded, with a severity of near miss or no/low harm.

1.3 Severity of Patient Safety Incidents

In Q4 incidents graded as near miss decreased, whereas low/no harm incidents have increased (Table 3a). Furthermore, three incidents have been reported as moderate harms 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 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).

Incidents by Severity	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Near Miss	72	90	112	93	39
No harm	291	424	442	375	396
Low harm	179	209	206	225	294
Moderate harm	4	12	5	5	3
Severe harm	1	2	0	0	1
Death UNRELATED to the incident	4	1	4	4	1
Total	551	738	769	702	734

Table 3a – Patient Safety Incidents by Severity (Data source: DATIX 29/04/22)

*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 are displayed in Table 3b below:

Division	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
NPH Cardiology	1	4	0	2	1
NPH Cath Labs	0	3	0	0	0
NPH Surgical	0	1	2	1	0
NPH Theatres, Critical Care and Anaesthesia	1	3	2	0	2
NPH Thoracic	2	3	1	1	1
NPH Transplant	1	0	0	1	0

Table 3b – Incidents by Severity - Moderate Harm (Data source: DATIX 29/04/22)

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 the Serious Incident Executive Review Panel (SIERP). Human and Patient Factors are recurring themes.

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
Serious Incidents Reported to CCG in Q4 21/22				
SUI-WEB42015	11/01/2022	Category 2 pressure ulcer noted on sacrum which deteriorated, and category 3 pressure ulcer suspected. Full review and removal of scab has confirmed a category 4 PU.	Yes	Under Investigation
Moderate/Severe Reported in Q4 21/22				
WEB42290	04/02/2022	Patient had suffered a witnessed fall while waiting for her medication, transferred to local DGH and confirmed a fracture of Neck of Femur	Yes	Ongoing Investigation
WEB42155	21/01/2022	Fracture of the spinal catheter during its removal process	Yes	Ongoing Investigation
WEB42127	19/01/2022	Unwitnessed fall while mobilising independently. Reported episodes of "black outs". He appears to have suffered such an event which led to a fractured ankle.	Yes	Action plan monitoring

Table 4 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 29/04/22)

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

The Trust receives a number of 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 4 requests for investigation / feedback in Q4 21/22.

Date	Requester	Summary details
10/01/2022	Kirkaldy Victoria Hospital	Disruption caused to the donor hospital theatre lists due to declined doner organ by RPH
14/01/2022	EEAST	Delay in handing over PPCI patient due to unavailability of staff at RPH
19/02/2022	CUH	Patient suffered a cardiac arrest in ambulance outside RPH but could not gain entrance. Transferred to CUH ED
18/02/2022	EEAST	PPCI patient declined by RPH, Crew handed patient over to nearest ED, told by nurse that patient ECG does have ST Elevation in leads V2& V3.

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

1.6 Harm Free Care - VTE Monitoring

VTE DATIX Events April 2021 – March 2022

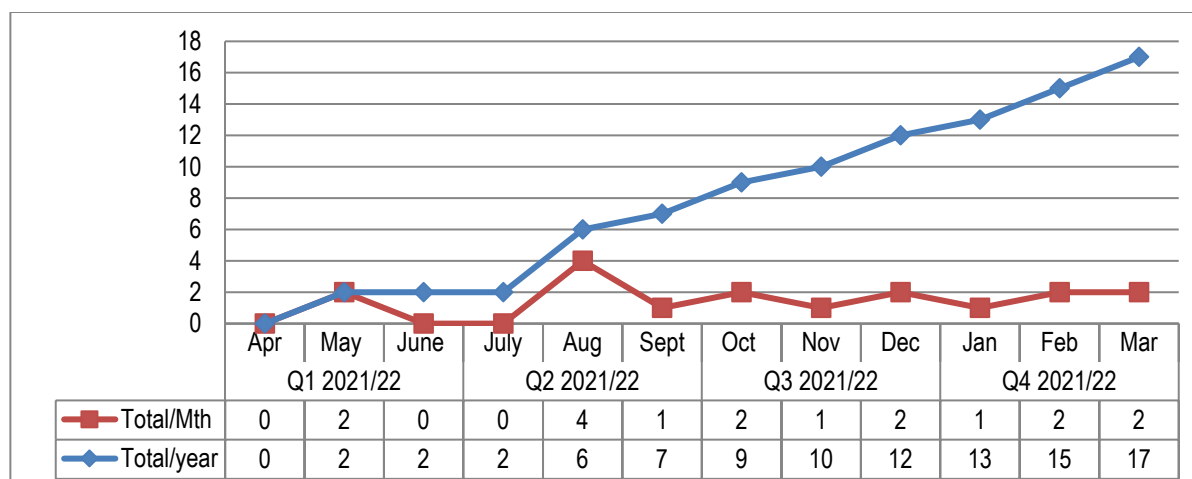


Figure 3: Source: Datix incidents, Category: VTE

The graph above (figure 3) shows the number of VTE recorded events from Q1- Q4 2021/22. It is recognised that there can be a delay from the date of the VTE diagnosis to when the event is investigated if the venous thromboembolism is diagnosed outside Royal Papworth Hospital. Sources of confirmed VTE events include Royal Papworth staff, radiology alerts, diagnostic reports from other hospitals, patients, GPs or healthcare professionals in the local hospitals.

The last VTE event where there were omissions in practice was in February 22 (WEB 42395). Imaging suggested acute/subacute PE on chronic PE. We have been informed of 4 VTE DATIX events (including one community acquired) in Q4 2022. The investigations are outlined below and are for discussing at VTE scrutiny panel.

VTE incidents in Quarter 4

WEB number	Date	Impact severity	Action status
WEB42365	28/01/2022	Low Harm	Investigation in progress CCA
WEB42395	14/02/2022	No Harm	Learning shared at Divisional level
WEB42605	25/02/2022	No Harm	Investigation in progress
WEB42950	21/03/2022	Low Harm	Investigation in progress CCA

Table 6: Source: data extraction Datix system

VTE Risk Assessment in CCA (March 2021 – March 2022)

Figure 4 below shows all admissions or readmissions to Critical Care and the proportion of patients assessed within 24 hours for risk of VTE

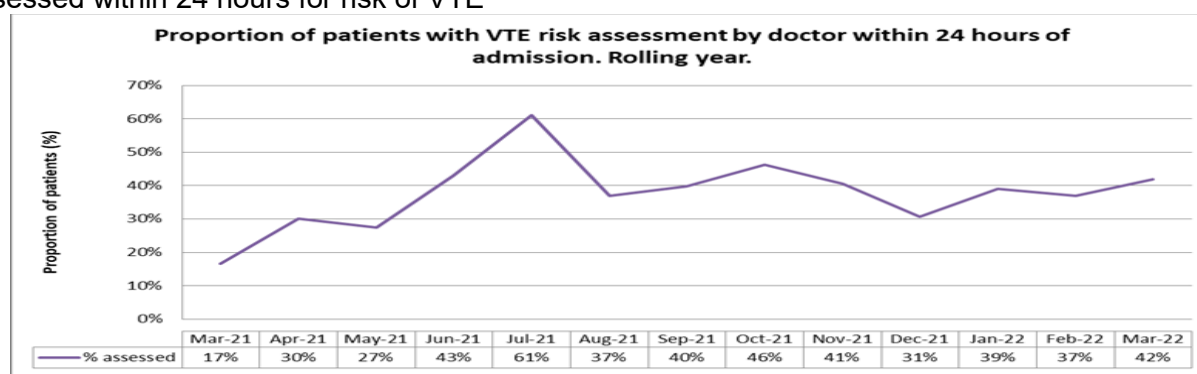


Figure 4 – CCA VTE report - Metavision

Our CCA compliance with VTE risk assessment within 24 hours is significantly below the 95% standard. Patients also require a risk assessment recorded within Metavision every 24 hours in line with the current DN500 and NG89 best practice guidance. CCA are aware and they are trying to improve this.

Changes made within Metavision in Q3 to ensure visibility of VTE risk assessment on the daily ward round, has not shown the required improvement overall.

The CCA medical lead for VTE and CCA Head of Nursing will set up VTE working group to lead QI work to improve the risk assessments and other improvement projects within the Unit e.g., transfer of patients to wards. The CCA working group will report to the VTE oversight group.

VTE Risk Assessment Wards: Overall figure reported to Papworth Integrated Performance Report (PIPR).

Quadrant VTE Assessment Compliance	Month		
Ward	Jan	Feb	Mar
3 North East Ward RPH	72.0%	66.7%	87.0%
3 South East Ward RPH	82.7%	88.3%	88.1%
3 South West Ward RPH	78.5%	91.1%	87.2%
4 North West Ward RPH	86.4%	80.0%	81.0%
4 South East Ward RPH	57.7%	46.4%	67.7%
4 South West Ward RPH	75.6%	83.1%	87.1%
5 North East Ward RPH	87.5%	68.4%	93.1%
5 North West Ward RPH	66.7%	91.7%	86.4%
5 South East Ward RPH	90.0%	96.9%	100.0%
5 South West Ward RPH	88.2%	75.0%	83.3%
Day Ward RPH	87.1%	85.9%	88.8%
Total	83.1%	83.2%	87.4%

Table 7 -VTE Assessment on Admission Monthly Report by Clinical Audit

VTE risk assessment compliance remains below the 95%. This data is now included in the monthly quality reports compiled by the divisional matrons and presented at the monthly divisional meetings. The monthly speciality group results are also produced by the audit department and shared with divisional clinical directors, Heads of Nursing and Matrons to help target areas for improvement. There had been an improvement from January to March.

The Audit methodology for 2021/2022 measures the % of admissions for which a VTE assessment was initiated within 24 hours of admission on either Lorenzo or Metavision or within the preceding 7 days pre-admission. All overnight stays are included, as well as same day admit/discharge on Day Ward.

The excluded areas are:

- 4 North East Ward RPH
- Catheter Laboratory RPH
- Echo Lab Day Ward RPH
- Theatres RPH
- Critical Care

Q1-Q4 Critical Care was excluded from PIPR. We are now continuing to refine our reporting processes and will include CCA reporting going forward. The previous year (2020/2021) reporting represented a move from a random selection of 30 patients each month, to whole hospital monitoring. Further refinement of our monitoring is required for 2022/23 to facilitate a better understanding of our current position and support our improvement efforts.

In March the new Head of Nursing / VTE Nursing lead and Clinical lead for VTE arranged a meeting to review and refocus an immediate action plan.

March 2022: Focus on increase VTE awareness

- Now have monthly speciality group reports, circulated to clinical leads to identify areas for improvement
- Recommended VTE reporting added to each individual business unit meetings, as well as Divisional meeting. This should include feedback on initial and completed RCA and action plans circulated
- Exploring the extension of Advanced Nurse Practitioner involvement in other areas, like Surgery in facilitating VTE assessments completion
- Following pilot in Cardiology, extending roll out of Ward/Department hand over sheets, daily doctors "job list" and electronic patient record reminder crib sheet
- All doctors received reminder re: VTE & bleeding risk assessments sent out again in March. Digital training team has also recirculated the Lorenzo quick reference guide.
- Reminder sent to anaesthetic, CCA trainees rotating out of CCA re Lorenzo
- Reminder will be regularly sent out to all trainees after induction
- Ward Sisters/Department Leaders continue to address locally with staff the requirement to complete a VTE risk assessment on admission.
- CCA working group which will report into VTE oversight group

VTE Prophylaxis Lorenzo prompt

The delay in delivery by Dedalus (service provider) of a digital pop up alert on clinical care activities in Lorenzo (e.g., prescribing) when a VTE risk is outstanding, has been recorded on the risk register.

1.7 Inquests

During Q4 there were 10 inquest hearings: all required representation from Royal Papworth Hospital. There was no further action required following conclusion of these 10 inquests. 1 Coroner's investigation was closed by the Coroner following review of the clinical statements provided

The Trust attended 7 Pre-Inquest Hearings in Q4, 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 3 new Inquests/coroner's investigation in Q4 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 is 89 (as at 31/03/2022).

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 Q4.

Annual Data – 2021/22

During 2021/22 the Trust gave evidence at 26 Inquests, this a significant increase in the previous year 2020/21 (11).

The coroner's conclusions have been reviewed and there are no trends. As with previous years the majority of conclusions were narrative to reflect the complexity of the case or the complication experienced. 1 Coroners investigation was closed following review of statements provided by the Trust.

HM Coroner has held 31 Pre-Inquest Review hearings which the Trust has attended which is an increase compared to the previous year (12). 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.

1.8 Clinical and Non-Clinical Negligence Litigation

In Q4 2021/22 the Trust has received 4 new requests for disclosure of records for potential claims; 1 Letter of Claim and 1 case had initial notification linked to an inquest outcome, once outcome of inquest shared with claimant legal team the case was closed and no further action.

Within the quarter there were 3 cases settled in Q4. Table 8 shows all claims activity in Q4.

Claims Activity Q4 21/22		
Q42122-10CL	Lung Defence Patient with M.abscesses infection potential clinical negligence claim as potentially contracted from hospital.	Records disclosure Previously a PALS Enquiry - PALS14438
Q42122-11CL	Was previously received from Solicitors in 2020 and closed in January 2021 as Solicitors no longer pursuing claim (Q41920-07CL). New letter of potential clinical negligence claim from new solicitors received in this quarter. Patient had a previous history of minimally invasive mitral valve repair, admitted to local hospital A&E department 10 days later with chest pain and Myocardial Infarction. Echo showed Occluded Circumflex.	Records disclosure
Q42122-12CL	Claim of allegation is breach of duty and causal link with injuries in relation to failing to properly manage and monitor patients change in condition when they were a patient at RPH in October 2019. Pt admitted for same day admission for cardiothoracic surgery. They underwent coronary artery bypass grafting same day and they later suffered a cardiac arrest and sadly died.	Letter of Claim Previously a Serious Incident SUI-WEB33092 INQUEST held INQ1220-24
Q42122-13CL	Potential clinical negligence claim for damages in respect of treatment received at local hospital and RPH.	Records disclosure INQUEST still to be held (INQ2122-09)
Q42122-14CL	Potential claim against RPH and local hospital Trust for damages for personal injuries suffered as a result of alleged negligent treatment relating to the removal of 25% of their right lung and lymph nodes resulting in their unfortunate passing in late 2021.	Records disclosure
Q42122-15CL	Potential claim in relation to a patient treated at PRH and who had sadly died. Limitation requested, but informed inquest had been held and informed of coroner's conclusion. Informed by legal team for Claimants relative that claim closed by solicitors.	Request for Limitation (under clause 1a Covid-19 clinical negligence protocol 2020). INQUEST INQ1920-04
Settled Claims Q4 22/23		
Q32021-20CL	Patient was diagnosed with a malignant melanoma and lung cancer in the spring of 2019. Under the care of WSFT, RPHT and CUH. The claim was against all 3 Trusts in respect of the failure to provide timely treatment to patient on account of her status as a chargeable Overseas Visitor.	Settled with global offer no admissions from either Trust (50% CUH/RPH 50%) Damages: £5,0000 Claimants Cost: £45,000
Q12021-01CL	This claim relates to an above elbow amputation following alleged negligent care of the Claimant's stenosis.	Settled claim Damages: £22500.00 Claimants Cost: £1,4875.00 Defence costs: £4343.00
Q31920-05CL	Potential litigation re treatment received 7-10 November 2016 -Delay in diagnosis of shingles resulting in retinal detachment	Settled with partial admissions (30% RPH and 70% other provider). Damages: £21750.00 Claimants Cost: £2,8500.00 Defence costs: £16591.00

Table 8: Claims Activity NHS Resolution Q4 21/22: Data Source: NHS Resolution 06/05/2022.

Total claims activity for 2021/2022:

Total Claims Activity 2021/22	
Records Disclosure Requests	11
Letter of Claim Received	2
Claims Settled	9
Closed - No Further Action	2
Requests to NHSR for Inquest Funding	2
M.abscessus cases referred to NHSR during 2021/22	
Letter of Claim	0
Records disclosure	1
Requests for Inquest funding	2

Table 9: Claims Activity 21/22- Data Source: NHS Resolution 06/05/2022.

Outstanding Claims as at Q4 2021/22

Table 10 below summarises the 19 clinical negligence claims that are currently open and being managed by NHS Resolution on behalf of the Trust. These costs represent the total claims cost if all these were accepted as breach of duty. *The Trust contributes to these costs via the Clinical Negligence Scheme for Trusts (CNST).*

No. of claims	Damages reserve	Claimant costs reserve	Defence costs reserve	Total claim value if realised
19	£23,528,017	£2,779,500	£627,828	£26,935,335

Table 10: The total costs of claims if were accepted as breach of duty - Data source: NHS Resolution 06/05/2022.

Non-clinical claims

There was one new claim brought against the Trust during Q4; this was refuted as on review the incident related to the PFI contractor and not Trust services. All claims are shared with the local department and Root Cause Analysis reports requested at the time of the incident.

2.0 PATIENT EXPERIENCE

2.1 Formal and informal Complaints

We have received 7 formal complaints and 21 informal complaints (enquiries) for Q4.

This is a decrease as seen in Figure 4 below, in the number of formal complaints received from the previous quarter (Q3; 11). In Q4 we have seen an increase in the number of informal complaints received as a result of the categorisation changes the PALS and Complaints Team have implemented to ensure patient concerns are managed and investigated in the most appropriate way whilst ensuring a timely response.

Informal complaints (enquiries) are where the complaint requires an investigation and detailed response ideally verbally, but the complainant has expressly stated they do not wish to make a formal complaint. From May 2022, informal complaints will be responded to within 15 working days.

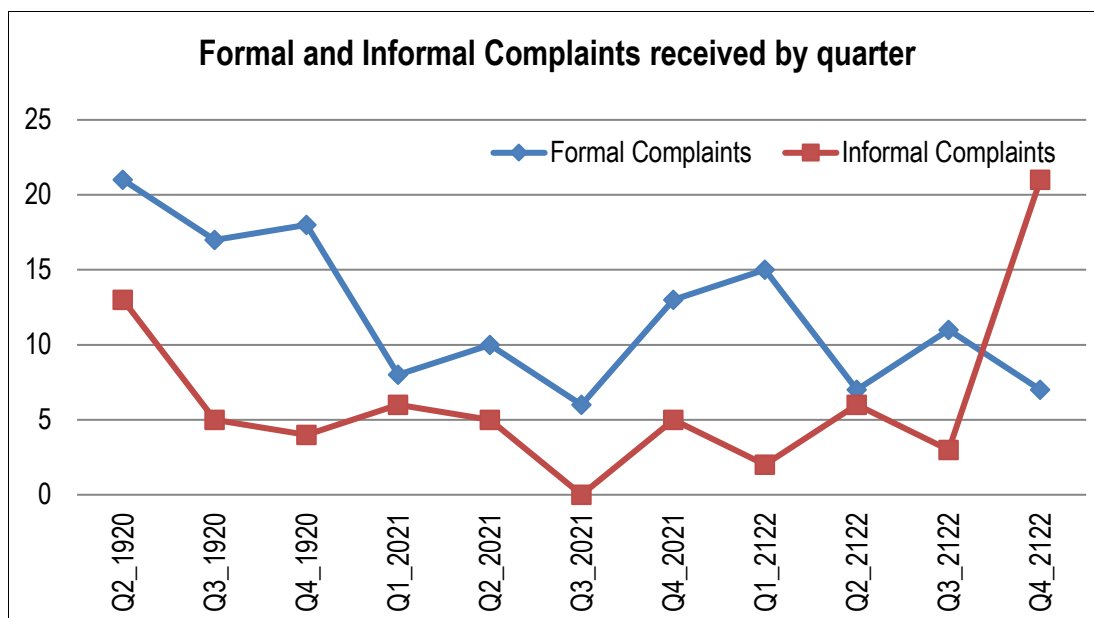


Figure 4: Number of Formal and Informal Complaints received by quarter (source – Datix 25/04/2022)

Of the 7 formal complaints received in Q4, 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, as seen in Table 11 below, 2 that have been partially upheld/upheld.

Month	No. formal complaints received in Q4* (January - March 2022)	Upheld/Part Upheld	No. Informal Complaints
January	0	0	6
February	2	2	7
March	5	0	8
Total	7	2	21

Table 11: Numbers of Formal and Informal Complaints (source: Datix 25/04/2022)

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

Formal complaints related to communication and information were the highest primary subject captured during this quarter and consistently remain the highest categories for complaints within the Trust. Table 12 and Figure 5 show the primary subject of complaints comparing with the previous quarters.

Clinical Speciality/Division	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
NPH Cardiac Surgery	1	0	2	2	2	0
NPH Cardiology	1	3	6	2	2	3
NPH Cath Labs	0	0	0	0	0	0
NPH Critical Care	1	0	1	0	2	0
NPH Interventional Cardiology	0	0	0	0	0	0
NPH Lung Defence	0	0	0	0	1	0
NPH Oncology	0	0	0	0	0	0
NPH Outpatients	1	2	1	0	0	0
NPH Thoracic Services	0	0	0	2	1	1
NPH PVDU	1	0	0	0	0	0

Clinical Speciality/Division	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
NPH Respiratory Physiology	0	0	0	0	0	0
NPH Royal Papworth Private Care	1	1	0	0	0	0
NPH RSSC	0	0	3	1	1	0
NPH Thoracic Surgery	0	3	0	0	0	0
NPH Surgical/Transplant	0	4	2	0	0	1
Other	0	0	0	0	2	2
Total	6	13	15	7	11	7

Table 12: Primary subject of Formal Complaints by Quarter (source: Datix 25/04/2022)

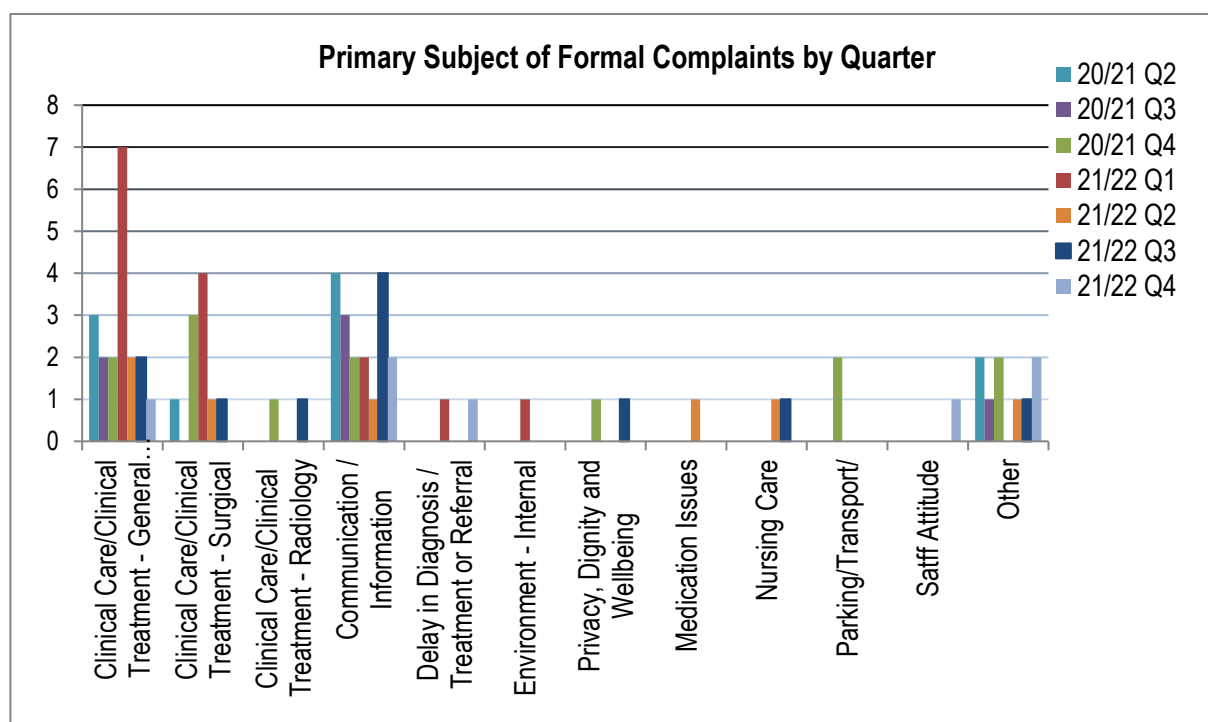


Figure 5 Primary subject of Formal Complaints by Quarter (source: Datix 25/04/2022)

The Clinical Speciality/Divisions receiving formal complaints during Quarter 4 are shown in Table 13 below. The number of complaints received per clinical speciality/division is highlighted through quarterly reporting. The number of complaints received for Cardiology and Thoracic Services remain consistent with the overall number of complaints received in these clinical specialities.

Clinical Speciality/Division	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
NPH Cardiac Surgery	1	0	2	2	2	0
NPH Cardiology	1	3	6	2	2	3
NPH Cath Labs	0	0	0	0	0	0
NPH Critical Care	1	0	1	0	2	0
NPH Interventional Cardiology	0	0	0	0	0	0
NPH Lung Defence	0	0	0	0	1	0
NPH Oncology	0	0	0	0	0	0
NPH Outpatients	1	2	1	0	0	0
NPH Thoracic Services	0	0	0	2	1	1
NPH PVDU	1	0	0	0	0	0
NPH Respiratory Physiology	0	0	0	0	0	0
NPH Royal Papworth Private Care	1	1	0	0	0	0

Clinical Speciality/Division	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
NPH RSSC	0	0	3	1	1	0
NPH Thoracic Surgery	0	3	0	0	0	0
NPH Surgical/Transplant	0	4	2	0	0	1
Other	0	0	0	0	2	2
Total	6	13	15	7	11	7

Table 13: Complaints by Clinical Speciality/Division (Source Datix 25/04/2022)

From December 2021, our formal complaint responses times were extended from 25 to 35 working days to support our business continuity plans and our clinical teams. This extension is due to be reviewed in May 2022.

In total 5 complaints were closed in Q4, of which two were closed within the 35 working days designated timeframe. One was closed within 39 working days, the response time was extended in agreement with the complainant to allow for a second clinical opinion, one was closed within 37 days to enable discussions to take place with the complainant regarding the outcome of the complaint investigation to ensure we captured all the concerns raised and one complaint was closed two days late (35 working our current policy for agreed timescales) due to service pressures to respond in time. The complainant was kept regularly informed during this time.

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

Quality Dashboard Monitoring – Q4		
Number of complaints responded to within 35 day timeframe	2	50%**
Number of complaints responded to within 45 day timeframe	2	100%**
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 Q4 21/22

In Quarter 4 we received 21 informal complaints as seen in Table 15. Informal Complaints are defined as issues which require further investigation, advice or information in order to resolve them; this can be at a local level or by the service in which the concern originated and the complainant has requested or agreed they do not want to follow the formal complaints route.

Trust Ref/ Date Opened	Location	Subject	Description	Outcome/Date Closed
14812 10/01/2022	NPH 3 North Sleep Lab	Clinical Treatment	Patient has raised several concerns in relation to their RSSC appointments and the type of appointments offered, patient has been offered a NIPPY review and was expecting an overnight stay.	Closed on 04/02/2022. Apology given, discharge summary amended and feedback from clinical team discussed with the patient. Patient experience shared with the clinical team for their learning and reflection.
14825 16/01/2022	NPH 3 South Cardiology	Discharge Arrangements	Family raised concerns regarding why equipment was not sent to the patient following their discharge as agreed and why there was a lack of contact from Occupational Therapy.	Closed on 08/02/2022. Apology given for poor communication with family, clinical team provided reassurance that all necessary equipment was sent to the patient as arranged.

Trust Ref/ Date Opened	Location	Subject	Description	Outcome/Date Closed
14826 17/01/2022	NPH Ground Floor	Infection Control/ Nursing Care	Patient arrived at the hospital in FFP3 mask and was asked to remove and replace it with a surgical mask. Patient would like to know why this happened and why not all staff are wearing FFP3.	Closed on 09/02/2022. Patient advised the rationale behind why patients are asked to use surgical masks in the hospital. Patient experience shared with the Security Team for their learning.
14844 24/01/2022	NPH Outpatients	Equipment Issues	Patient has been unable to use their CPAP machine since November 2021 and is concerned that it is still faulty despite repeated efforts to change its settings and organising new parts.	Closed on 03/02/2022. Apology given, clinical team contacted patient to discuss concerns and provide replacement equipment. Contact details provided in case patient experiences any further difficulties.
14881 26/01/2022	NPH 3 South Cardiology	Medication Issues	Concerns raised regarding the patient being discharged with incorrectly labelled Lithium medication following TAVI.	Closed on 17/02/2022. Patient advised that RPH had not dispensed the medication, appropriate advice given by Pharmacist.
14870 31/01/2022	NPH Ground Floor	Staff Attitude	Family raised concerns regarding the attitude of the security guard at the entrance to the hospital.	Closed on 25/02/2022. Apology and explanation provided. Patient experience shared with the Security team for their learning and reflection.
14869 01/02/2022	NPH Critical Care	Clinical Treatment	Concerns raised by family in relation to the care and treatment patient received on CCA.	Closed on 14/03/2022. Apology given; family offered meeting to discuss their concerns with the clinical team.
14886 04/02/2022	NPH 5 North Surgical	Patient charges	Family have raised concerns regarding the appropriateness of the outstanding invoice they have received as they settled the pay package prior to admission for aortic valve replacement. Concerns also raised about the patient's discharge and poor communication.	Re-opened; further queries
14909 09/02/2022	NPH Day Ward	Staff Attitude	Patient feels that the doctor was dismissive, did not take the patient's condition seriously and did not examine the patient properly.	Closed on 13/04/2022. Apology given, and clinical team discussed with the patient the treatment provided. Patient experience shared with the clinical team for their learning and reflection to improve communication going forward.
14934 15/02/2022	NPH RSSC	Delay in Diagnosis / Treatment or Referral	Patient given incorrect information when sleep study appointment was cancelled, would like new appointment made as soon as possible.	Closed on 21/03/2022. Apology given, service manager contacted patient to discuss their experience and rearrange their appointment. Patient experience shared with the Clinical Administration Team for their learning.
14940 18/02/2022	NPH Ground Floor	Equipment Issues	Patient raised concerns regarding the lack of suitable wheelchairs available at the hospital entrance.	Closed on 01/04/2022. Apology given, Estates and Facilities have confirmed that following patient feedback additional heavy-duty wheelchairs have been ordered.

Trust Ref/ Date Opened	Location	Subject	Description	Outcome/Date Closed
14947 22/02/2022	NPH Outpatients	Clinical Treatment	Patient raised concerns regarding the lack of appointment and follow up, would like urgent appointment with clinical team.	Closed on 24/02/2022. Patient feedback shared with the clinical team. Patient to be offered an appointment with clinical team to discuss concerns.
14956 28/02/2022	NPH 5 North Surgical	Clinical Treatment	Family have raised several concerns regarding the patient care and treatment provided, wish to discuss concerns with clinical team.	Closed on 04/04/2022. Apology given, family discussed concerns with consultant and given additional information regarding the care provided.
15007 10/03/2022	NPH Imaging	Clinical Treatment	Family is concerned that an interpreter was booked for a CT appointment when neither the patient or family requested this. Concerns also raised about the care provided during and immediately after the CT appointment.	Ongoing
15009 17/03/2022	NPH Ground Floor	Communication / Information	Family have raised concerns regarding their experience when meeting with clinical team was cancelled at the last minute.	Closed on 21/03/2022. Family met with clinical team, apologies given and explanation and overview of learning shared.
15013 17/03/2022	NPH Day Ward	Delay in Diagnosis / Treatment or Referral	HUTT test was cancelled after patient arrived due to the technicians being unable to start the machine.	Closed on 30/03/2022. Apology given and explained that the Digital team have fixed the issue and a new HUTT PC has been purchased with new software which will reduce the likelihood of reoccurrence.
15015 21/03/2022	NPH Outpatients	Communication / Information	Patient raised concerns regarding communication about their care, feels questions have not been answered and no proper explanation has been given regarding their results.	Ongoing
15021 22/03/2022	NPH 5 North Surgical	Delay in Diagnosis / Treatment or Referral	Patient has raised concerns regarding their care and treatment during last admission.	Ongoing
15034 25/03/2022	NPH Outpatients	Information / Advice Requests	Patient seeking explanation from the clinical team regarding why they had to drive a long distance for an appointment which could have taken place over the telephone. Journey resulted in the patient experiencing physical pain and distress.	Ongoing
15040 28/03/2022	NPH Outpatients	Communication / Information	Patient received another patient's discharge summary in the post along with their own. Also identified there was incorrect information contained on their discharge summary.	Apology given, discharge summary updated and amended. Updated version sent to patient and GP. Clinical Team to explore methods of improving documentation and discharge summaries going forward.
15042 29/03/2022	NPH Ground Floor	Security	Patient with mobility issues has raised concerns regarding not being allowed to walk through the doors near the bus stop and having to walk to the other entrance.	Ongoing

Table 15: Informal Complaints (Enquiries) received in Q4 2021/22 (Source Datix 25/04/2022)

2.3 Formal Complaints; Details of Those Closed and the Outcomes in Q4 21/22

We closed four formal complaints within the quarter that had an outcome of being upheld or part 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.

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
14665	Patient raised concerns regarding their experience when attending the hospital for an appointment in late 2021.	Partially Upheld	Learning and actions from the complaint were identified; the Infection Prevention and Control Team will remind staff of where to find information regarding managing patients with known infections in an outpatient setting, this will be achieved via the message of the week and will produce guidelines for managing patients with infections in an outpatient setting.
			The Respiratory Physiology Team will ensure the Clinical Administration Booking Team have patient information leaflets with the correct contact information for the Respiratory Physiology Team.
			The team will receive updates on the new guidelines being produced to support future patients.
			We will share the feedback from the complaint with the Respiratory Physiology Team for their learning and reflection. Complaint Closed.
14717	Family raised a formal complaint in relation to the care and treatment patient received on 5 South West ward, specifically communication with the patient relating to their behaviour	Upheld	Learning and actions from the complaint were identified; STA Matron and HON to remind all nursing staff to regularly check skin integrity of their patients and any concerns followed up or reported.
			All nursing staff involved will attend challenging conversation training.
			share the feedback and experience with the Surgical Nursing Team for their learning and reflection. Complaint Closed.
14904	Family raised concerns regarding the patient's discharge from RPH	Partially upheld	Learning and actions from the complaint were identified; staff to be reminded to be clear around the explanation around any clinical deterioration or hospital related confusion, so that family members are clear on their loved one's health.
			Nursing teams were reminded that the District Nurses should be directly contacted to visit after patients discharge and we have re-shared the information on how to contact the District Nurses in the region. Complaint Closed.
14884	Family raised concerns regarding the care and treatment provided and poor communication at discharge.	Partially upheld	Learning and actions from the complaint were identified; feedback from the complaint will be shared with the Cardiology division for their learning and reflection around the discharge process and how this needs to be communicated.
			Raise awareness across the Trust that patients under the age of 18 years can be admitted to Royal Papworth Hospital and this should be explained to families. Complaint Closed.

Table 16: Identified actions arising from complaints upheld or partially upheld in Q4 21/22 (Source Datix 25/04/2022)

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 Q4 2021/2022, the PALS Service received a total of 869 contacts (as seen in Figure 6). We have been separating the enquiries into immediate resolutions and PALS concerns / enquiries. Out of the total of 869 contacts 665 were immediate resolutions which are straightforward enquiries that the PALS team either responded to directly 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 204 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.

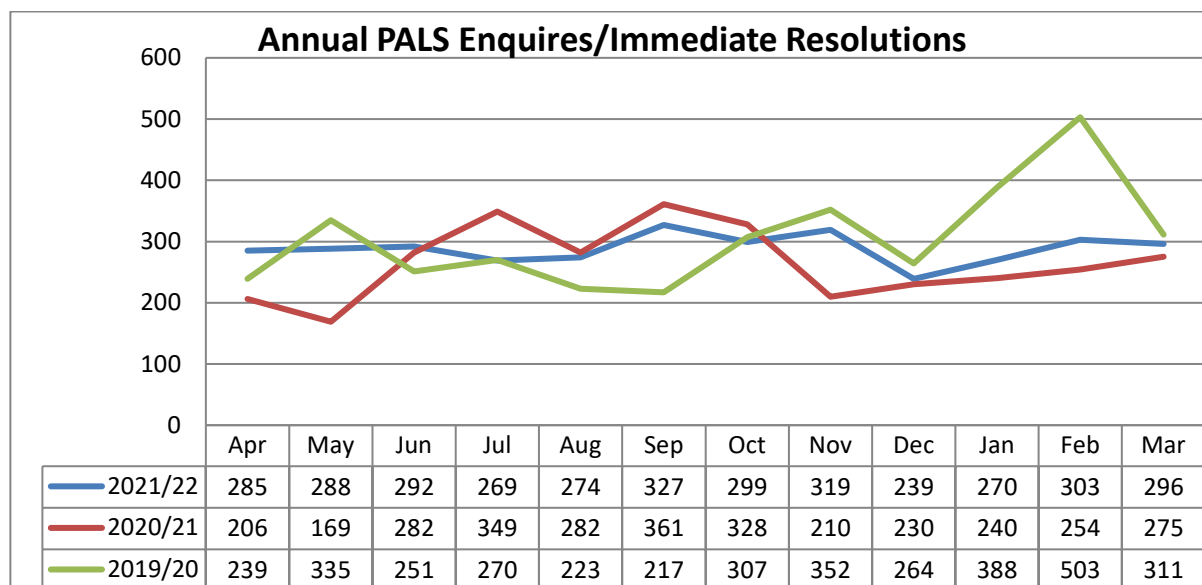


Figure 6: Total PALS contacts incl. immediate resolutions, enquiries, concerns (Source Datix and Immediate Resolution spreadsheet 25/04/2022)

3.2 Methods of Contacting PALS

The PALS team continue to receive a majority of enquiries by telephone, in person by the individual visiting the PALS office or by email. PALS receive approximately 7% of all contacts via letter. Due to technical difficulties, the number shown for Q4 (figure 7) relate to PALS enquiries and not immediate resolutions.

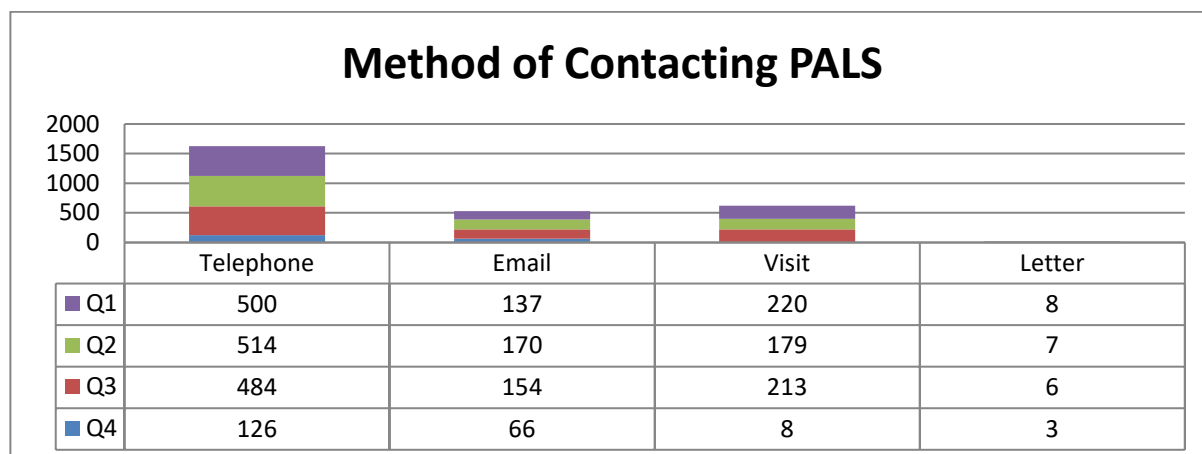


Figure 7: Methods of contacting PALS (Source Datix 25/04/2022)

3.3 Immediate resolution

Of the 869 contacts to the Patient Advice & Liaison Service, 665 of these 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 three main themes of these were:

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

3.4 PALS Enquires/Concerns

The PALS team supported 204 enquiries raised by patients or their relatives in Q4 (out of the 869 total contacts). Figure 8 shows the top 10 themes from these enquiries for 2021/22.

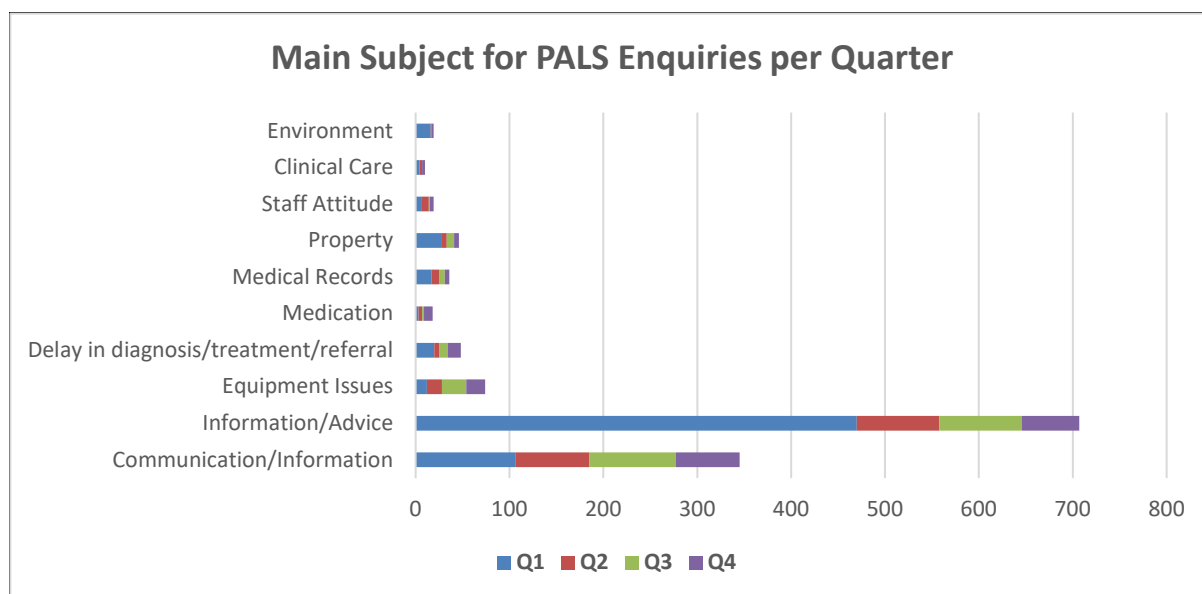


Figure 8: Top 10 themes for PALS enquiries in 2021/22 (Source Datix 25/04/2022)

Of the concerns received and responded to by the PALS team the top themes were communication, information and advice requests. We have received a total of 129 enquiries regarding these areas. The main sub-subjects within these were:

1. Clarification of medical information – such as information in clinic letters, information provided during appointments and result enquiries
2. Clarification of information provided – such as information regarding appointments, hospital visits and admission information
3. Clarification of medication information – requests for additional information regarding the medication prescribed, medication doses and storage
4. Chasing results – such as patients chasing CT, X-ray or blood test results

In Q4, no PALS enquiries were escalated to formal complaints.

The main sub-subjects of the PALS enquiries received in Q4 is shown in Figure 9.

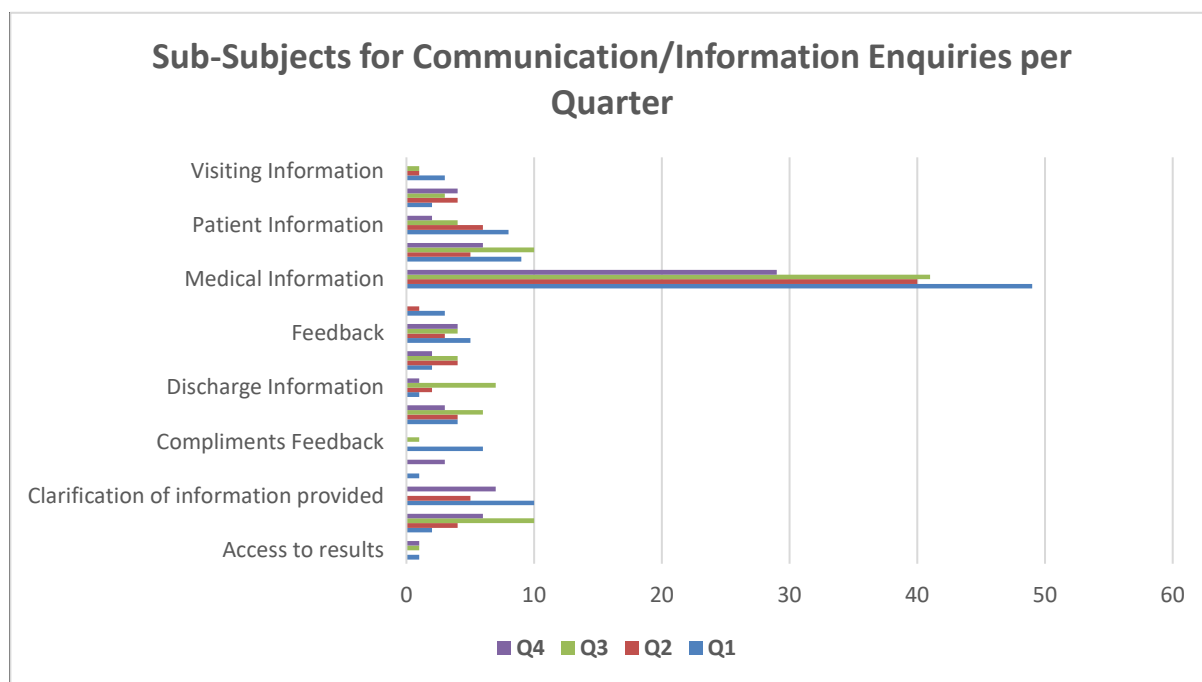


Figure 9: The main sub-subjects of PALS enquiries received per quarter (Source Datix 25/04/2022)

3.5 Compliments

In Q4 we received a total of 3512 compliments, of these 3312 compliments were received via the Friends and Family Test (FFT) Survey and 200 were received via cards/letters/emails/verbally through the PALS team.

The main themes from the compliments received via PALS through cards, letters, emails and verbal feedback is shown in Figure 10. Please note, in some instances the compliments received will contain more than one theme so will be recorded in more than one category.

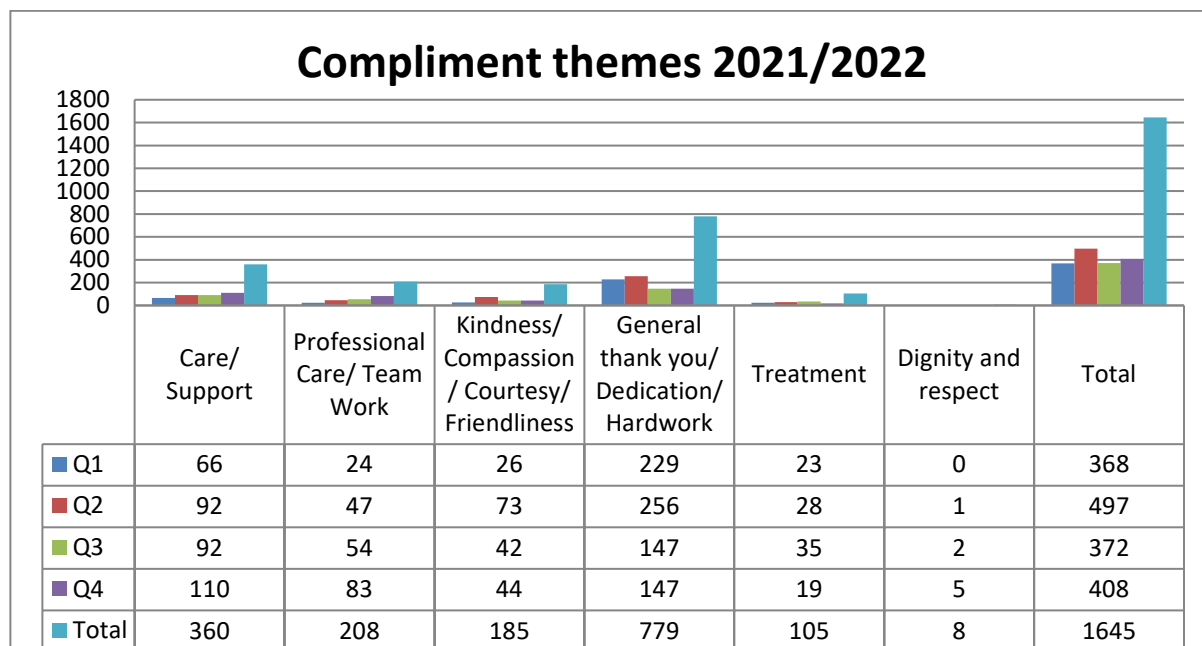


Figure 10: Main compliment themes (Source Compliments spreadsheet 25/04/2022)

The main themes from the compliments received in Q4 were general thank you, hard work of staff, the care and support provided, the professional care provided and teamwork of staff across the Trust.

Examples of Compliment feedback received in Q4:

"A very big thank you for all your patience, kindness and care". (*Outpatients*)

"I cannot tell how grateful we are and that I was permitted to be with my wife for her recent life saving aortic aneurysm repair". (*Consultant/Surgeons*)

"I just want to say how helpful the switchboard person was when I phoned at 1740 on 6th January". (*Switchboard*)

"Words cannot express our gratitude, for the excellent, kind, caring and friendly treatment". (*4 South*)

"Thank you very much for looking after us so well. Your kindness, care and flexibility has meant the world". (*Critical Care*)

"One of the pharmacy senior ladies was brilliant. As a lung defence patient she suggested I wait in the car, took the car reg to give to Security so we could stay over 30 mins and then pulled out all the stops to get my prescription processed. She even brought it out to the car after a very short wait". (*Pharmacy*)

"We have been so impressed and grateful for the exemplary care you have given. You made such an incredible impact on our lives through your dedication and care". (*3 South*)

"I would like to thank you and your team for taking my case. For your shared skills to successfully perform a complex procedure. You made us feel at ease during the consultation". (*Consultant/Surgeons*)

"I just wanted to say a massive thank you to all the doctors, nurses and physiotherapist. You all are amazing as well as being so professional, your kindness, compassion and loving care". (*3 North*)

3.6 Bereavement and bereavement follow up services

- 34 patients passed away in Q4. A total of 3 of these deceased patients required rapid release.
- 10 referrals were made to the coroners; 4 of these were cases investigated by the coroner (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 9 follow up letters and 3 of the NOKs made enquiries after they had received the follow up letter, 2 relating to Surgical, one relating to Thoracic, and one relating to Interventional Cardiology.
- 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.
- In Q4 a total of 15 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 Q4 the total number of volunteer hours was 394 this was a decrease from Q4 following the closing of the Vaccination Hub at the end of December 2021. The amount of Volunteer hours in Q4 can be seen in figure 11.

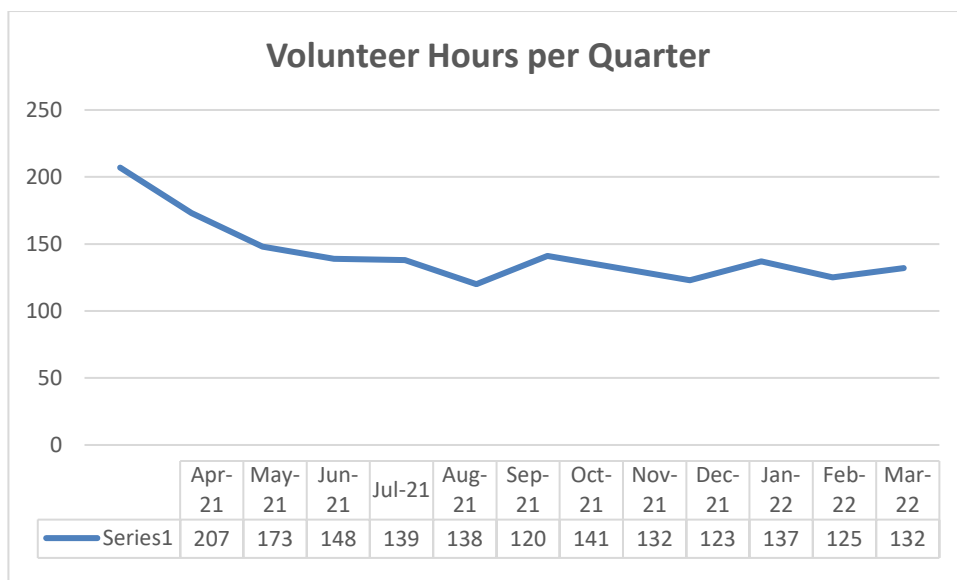


Figure 11: Volunteer hours by month in 2021/22(Source Volunteer spreadsheet 25/04/2022)

We have developed and refreshed 5 new and existing roles within the Trust that volunteers can start to return to once all mandatory training and other risk assessments have been completed.

We have now procured the Better Impact database and the volunteer co-ordinator employed through this project managed this procurement, gaining the relevant IG and financial sign off. We are now in the process of adding our volunteer data and training our PALS staff on the new system.

Throughout the Volunteer project, with the additional capacity of the volunteer coordinator, we have been able to attend the NHS volunteer platforms presentations. Furthermore, the Trust coordinator has been able to scope, update and implement a full refresh off all our volunteers' forms/policies and processes.

3.7 Patient Carer Experience Group (PCEG) Meeting

The last Patient Carer Experience Group (PCEG) Meeting was held in March 2022. This meeting is chaired by the Deputy Chief Nurse. The agenda includes presentation of a patient story, current issues, update regarding volunteers within the Trust, patient representatives on committees, support groups, friends and family survey information and Healthwatch.

4.0 Incident and Risk Management

4.1 Non-Clinical Accidents/Incidents

During quarter 4 there have been 278 accidents/incidents (including near misses) which have involved staff/contractors/organisation or visitors (Table 17). There is a slight decrease in the figures compared to the previous quarter. The most common type of incident continues to be Organisational issues/staffing (n=68), when comparing to Q3 there has been a significant decrease in these incidents (n=103); Insufficient numbers of healthcare professionals and inadequate check on equipment/ supplies were two main categories reported.

Table 17 shows the incidents by type. Other types of commonly recorded incidents include Infection control (n=30), Medication/medical gas/nutrition (n=21) and Administration (n=20), Information Technology (n=23).

Organisational/staff incidents by Type	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Accidents	18	32	31	25	17	123
Administration - admission/discharge/transfer/waiting list	11	11	11	3	20	56
Anaesthetics	0	2	0	0	0	2
Behaviour/Violence Aggression	23	12	36	35	15	121
Blood Plasma Products	0	3	2	1	5	11
Communication/Consent	12	11	11	14	9	57
Data protection	28	16	18	6	8	76
Diagnosis Process/Procedures	3	4	0	0	3	10
Documentation	7	12	4	6	6	35
Environmental Hazards/Issues	15	32	11	5	18	81
Fire Incidents	3	2	3	4	3	15
Infection Control	34	31	45	33	30	173
Information Technology	30	42	18	21	23	134
Medical Devices	10	23	19	13	13	78
Medication/Medical Gases/Nutrition	12	17	12	18	21	80
Nutritional Feeding (Prescribed Feeds)	0	2	0	1	0	3
Organisational Issues/Staffing	38	56	65	103	68	330
Pressure Ulcers	5	1	1	0	0	7
Radiology	1	1	0	2	1	5
Security incidents	19	14	34	13	15	95
Treatment/Procedures	5	6	3	2	3	19
Total	274	330	324	305	278	1511

Table 17: Non-clinical Incidents Reported for 2021/22 (Data source: DATIX 29/04/22)

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

During quarter 4 there was one new RIDDOR reportable incident (see Table 18) which required reporting to the Health & Safety Executive (HSE); WEB42721 staff member received a needle stick injury where the patient was Hep C positive. Staff members with injuries due to moving and handling are being referred to the Occupational Health department who continue to support these individuals throughout their recovery process. The incident information is also shared with the Moving and Handling Lead to aid learning and where necessary changes to policy and practice. Workforce continues to review all reported COVID sickness absence to confirm, using a decision tree, if COVID could have been contracted at work or in the community.

RIDDOR incidents by Category	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Contact with pot. infectious material	1	0	0	0	0	1
Inappropriate behaviour by a Pt to staff	0	0	1	0	0	1
Infection	2	0	1	1	0	4
Moving and handling	2	4	3	0	0	9
Other type of accident	0	0	1	0	0	1
Sharps	0	0	0	0	1	1
Slip, Trip or Fall	0	1	0	0	0	1
Total	5	5	6	1	1	18

Table 18: – RIDDOR Incidents Reported for 2021/22 (Data source: DATIX 03/05/22)

4.3 Risk Register

There are currently a total of 566 open BAF corporate, H&S, charity and safety alert risks (as of 04/05/2022); compared with 574 in the previous month which demonstrates active recording and review of risks across the organisation and at all levels. However, 156 are overdue compared with 104 in the previous month, which equates to 27% of the risk being out-of-date (previously 18%).

A monthly reminder is sent for both overdue corporate extreme risks to the handlers. It is the responsibility of the Divisions to update all risks and to report those 12 and above in their monthly reports; escalation of these risks are noted at QRMG. All new risks graded 12 and above are shared at QRMG & Q&R in addition to Divisional meetings. All departments have access to their risk register information via the Datix Risk Management dashboards. Corporate and Board level risks are presented to the Trust Audit Committee.

The top 5 risk themes reported across the Trust by residual risk (RR) level are listed below in Table 19. All risks with an RR of 12 and above are required to have a monthly update and written progress notes to provide assurance of action.

Category	Low Risk	Moderate Risk	High Risk	Extreme Risk	Total
Clinical	15	36	71	7	129
Staffing	3	18	24	6	51
Governance	8	14	24	0	46
Medical Devices	8	16	14	2	40
Moving and Handling	9	22	9	0	40
Total	43	106	142	15	306

Table 19: – Top 5 risk themes reported by RR (Data source: DATIX 04/05/22)

4.4 Safety Alerts

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

Throughout quarter 4 2021/22 the Trust has received 23 formal Safety Alerts and Field Safety Notices, raised by manufacturers. These figures do not account for medication safety alerts which are managed by the pharmacy team or Estates/Security alerts managed by Estates. All 23 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

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 – Q4 Update

No new publications relevant to RPH services made in Q4.

National Audits – Annual Update

In 2021/22, the trust has maintained full participation with all national audits included in the HQIP Quality Accounts list, which can be seen in the table below.

Audit Title	Compliance with audit terms (%)
Case Mix Programme (CMP)	100
National Audit of Inpatient Falls	100
Maternal, Newborn and Infant Clinical Outcome Review Programme	100
Medical and Surgical Clinical Outcome Review Programme	100
National Inpatient Diabetes Audit, incNational Diabetes In-patient Audit – Harms	N/A
National Audit of Cardiac Rehabilitation	100
National Audit of Care at the End of Life (NACEL)	100
National Audit of Pulmonary Hypertension (NAPH)	100
National Cardiac Arrest Audit (NCAA)	100
National Cardiac Audit Programme: Adult Cardiac Surgery	100
National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management Devices and Ablation	100
National Cardiac Audit Programme: Myocardial Ischaemia National Audit Project (MINAP)	100
National Cardiac Audit Programme: Coronary Angioplasty (Percutaneous Coronary Interventions)	100
National Cardiac Audit Programme: National Congenital Heart Disease Audit	100
National Lung Cancer Audit (NLCA)	100
Sentinel Stroke National Audit programme (SSNAP)	N/A
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	100
UK Cystic Fibrosis Registry	100
LeDeR - Learning Disabilities Mortality Review	100
National COPD audit	100
National Comparative Audit of Blood Transfusion	100

Local audit – Q4 Audit

The team finalised the 2022/23 audit plan, which contains a comprehensive list of all local and national audit the trust aims to complete or participate in, within the next financial year. As part of establishing the clinical audit plan all clinical audit leads across the trust have been re-engaged, or new clinical audit leads within each business unit have been identified, to ensure effective management of clinical audits within each business unit.

The team's focus is now to start timelining and scoping each project on the audit plan, as to effectively be able to manage time and capacity in supporting key projects.

There have been 2 local audits completed in Q4.

Summaries of each completed project, their findings and associated recommendations can be found in Appendix 3.

Local audit – Annual Audit

The trust reported 16 completed clinical audits in FY2021/22. This number remains low due to the impact of COVID-19 across the financial year, particularly the increased pressure on clinical staff has limited the amount of time dedicated to non-clinical work such as clinical audit and quality improvement.

For FY2022/23, the team has compiled each divisions clinical audit plan, which consists of a much more robust scheme of work than in 2021/22.

5.3 NICE Guidance

In quarter 4 there were 75 NICE Guidance publications disseminated. Of these, 38 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 Q4, a status update is provided below:

9 have been circulated for information only
2 remains under review for applicability
3 have baseline assessments for compliance in progress
1 has an action plan in progress
12 have been reviewed by the Drugs and Therapeutics Committee
11 are awaiting review by the Drugs and Therapeutics Committee

In addition to these new publications, the trust is currently responding to 12 NICE publications, published prior to Q4:

8 have baseline assessments for compliance in progress
3 have action plans in progress
1 remains under review for applicability

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

5.4 Quality Improvement

Met with Eastern Academic Health Sciences Network EAHSN in Feb 2022 – agreement to carry over the funding/agreement previously arranged and prepaid in 2019/20 for the provision of:

- Six half day sessions for the training and mentoring of 6-8 members of staff, focussing on key quality improvement techniques and methodologies (For QI leaders and champions).
- Access to a series of beginner/intermediate level videos, to get colleagues to a position ready for the more advanced in person 6 session course above.
- EAHSN to draft a series of dates/course contents; we are in the process of identifying the attendees for this programme. The target audience will be clinical governance leads, plus 2 or 3 medic/nursing/AHP staff to start building the QI champion network within the Trust.

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.

	Q1	Q2	Q3	Q4	Year		
	Mortality	Mortality	Mortality	Mortality	Grand Total	Deceased	%
Cardiac Surgery	2.00%	2.32%	1.40%	1.17%	1782	31	1.74%
Cardiology	1.02%	0.98%	0.95%	0.74%	8409	78	0.93%
Cystic Fibrosis	0.00%	1.14%	0.00%	0.00%	322	1	0.31%
ECMO	33.33%	52.17%	18.18%	40.00%	62	24	38.71%
Lung Defence	0.00%	0.00%	0.93%	1.79%	418	3	0.72%
Oncology	0.00%	0.00%	0.00%	0.00%	836	0	0.00%
PTE	8.57%	0.00%	0.00%	0.00%	146	3	2.05%
PVDU	0.00%	0.27%	0.33%	0.00%	1335	2	0.15%
Respiratory Medicine (inc ILD)	0.00%	1.32%	1.15%	0.58%	628	5	0.80%
RSSC	0.12%	0.07%	0.07%	0.16%	5654	6	0.11%
Thoracic Surgery	0.00%	1.59%	2.84%	0.00%	716	8	1.12%
Transplant	7.32%	1.97%	2.76%	4.67%	527	21	3.98%
Grand Total	2.87%	1.03%	0.81%	0.69%	20835	182	0.87%

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 specialty M&M meetings

Appendix 2

Local Clinical Audit Summary

Below illustrates the completed clinical audit & effectiveness projects for quarter 4.

AUDIT DIRECTORATE – MICROBIOLOGY

AUDIT TITLE: Re- audit on Herpes Simplex Virus (HSV) diagnostics and use of aciclovir prophylaxis to prevent HSV reactivation in patients with severe respiratory failure (SRF), supported by extra-corporeal membrane oxygenation (ECMO)

Audit description:

Re-audit to look at compliance with testing, commencement of aciclovir prophylaxis and reactivation numbers in patients with SRF placed on ECMO between 1st January 2021 and 31st August 2021

Findings:

- HSV PCR was tested in blood and BAL within 72 hours of admission in 90% SRF patients.
- 5 patients had detectable HSV virus on admission i.e., they had already reactivated prior to admission at RPH
- 5/50 (10%) HSV IgG result was not available within 72 hours. This was because either the test was invalid, not tested (2) or not received.
- Excluding the 5 patients that were found to have already reactivated on admission, 26/45 patients went on to have repeat testing – **HSV was NOT detected – therefore no clinical evidence nor microbiological evidence of reactivation in the patients who received aciclovir prophylaxis.**
- 4 (50%) of these seronegative patients were re-tested and no primary HSV infections were detected

Recommendations:

- Continue testing all SRF VV ECMO patients for HSV serology and PCR on admission
- Suggest review ECMO testing orders on CIS and Lorenzo and audit compliance with the testing bundles to see if any areas for improvement.
- Continue to start prophylaxis as soon as possible on admission and continue for the duration of the ECMO run. This is being helped by the CCA audit and continued awareness of this through the ECMO MDT.
- Continue to stop aciclovir if IgG and PCR is negative
- Continue to change prophylaxis to treatment dose if reactivation occurs
- All of above helped by continuing the microbiology review of all new ECMO patients by duty consultant

AUDIT DIRECTORATE – MICROBIOLOGY

AUDIT TITLE: Blood Cultures Contamination

Audit description: To identify the rates of blood cultures contamination at RPH as a whole and in critical care in particular during four periods: Q4 2020 (October-December 2020), Q1 (January-March 2021), Q2 (April-June 2021), Q3 (July-September 2021).

Findings:

- Blood cultures contamination rate of 3% or below during each period expected standard 100%, Achieved 0%
- BC contamination rates both at RPH as a whole (4.6% and above) and critical care (12.4% and above) over period from October 2020 and September 2021 are high. They are significantly higher than an acceptable level of 3%. Therefore, standards have not been met.
- BC contamination rates in critical care are significantly higher than in other wards and, therefore, they drive contamination rates up for the whole hospital.
- Contamination rates do not directly correlate with COVID admissions.
- The leading cause of contamination is *S.epidermidis* and other coagulase-negative Staphylococci

Recommendations:

- Present this audit at the ICPPC meeting and critical care M&M meeting.
- Develop a plan for reducing contamination in BC.

Appendix 3

NEW PUBLICATIONS BY NICE

75 NICE Guidance published and disseminated to Papworth Hospital NHS Trust during Quarter 4 of 2021/2022, 34 of which have been deemed relevant to the services provided at RPH. Two of the guidance has several version changes (NG191 and NG28) These are listed in Table 21 below with their status of being reviewed:

Reference number	Title	Published/Updated	Status
TA758	Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy	05/01/2022	Reviewed by DTC – formulary.
NG191	COVID-19 rapid guideline: managing COVID-19	27/01/2022, 23/02/2022, 10/03/2022, 30/03/2022	Circulated for information only.
TA599	Sodium zirconium cyclosilicate for treating hyperkalaemia	24/01/2022	Reviewed by DTC – formulary.
MTG64	KardiaMobile for detecting atrial fibrillation	06/01/2022	Circulated for information only.
TA770	Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer	09/02/2022	Reviewed by DTC, non-formulary.
TA771	Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (terminated appraisal)	09/02/2022	Reviewed by DTC, non-formulary.
TA762	Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (terminated appraisal)	02/02/2022	Reviewed by DTC, non-formulary.
TA763	Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable	02/02/2022	Reviewed by DTC, non-formulary.
TA764	Fremanezumab for preventing migraine	02/02/2022	Reviewed by DTC, non-formulary.
TA765	Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable	02/02/2022	Reviewed by DTC, non-formulary.

Reference number	Title	Published/Updated	Status
TA766	Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma	02/02/2022	Reviewed by DTC, non-formulary.
TA767	Ponesimod for treating relapsing–remitting multiple sclerosis	02/02/2022	Reviewed by DTC, non-formulary.
TA768	Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs	02/02/2022	Reviewed by DTC, non-formulary.
TA769	Palforzia for treating peanut allergy in children and young people	02/02/2022	For DTC to Review for Relevance
IPG716	Microwave ablation for primary or metastatic cancer in the lung	02/02/2022	In commissioning process, action plan underway.
DG46	EarlyCDT Lung for assessing risk of lung cancer in solid lung nodules	23/02/2022	Circulated for information only.
TA772	Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies	23/02/2022	Reviewed by DTC – formulary.
NG28	Type 2 diabetes in adults: management	15/02/2022, 31/03/2022	Baseline Assessment in progress.
TA773	Empagliflozin for treating chronic heart failure with reduced ejection fraction	09/03/2022	For DTC to review for Relevance
TA774	Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)	09/03/2022	For DTC to review for Relevance
TA775	Dapagliflozin for treating chronic kidney disease	09/03/2022	For DTC to review for Relevance
TA776	Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea	09/03/2022	For DTC to review for Relevance
TA777	Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea	09/03/2022	For DTC to review for Relevance
TA778	Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria	09/03/2022	For DTC to review for Relevance

Reference number	Title	Published/Updated	Status
NG213	Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education	09/03/2022	Under review for relevance.
NG212	Mental wellbeing at work	02/03/2022	Baseline Assessment required.
MIB292	Artificial intelligence for analysing chest X-ray images	29/03/2022	Under review for relevance.
TA780	Nivolumab with ipilimumab for untreated advanced renal cell carcinoma	24/03/2022	For DTC to review for Relevance.
NG136	Hypertension in adults: diagnosis and management	18/03/2022	Currently being assessed for baseline assessment.
TA779	Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency	16/03/2022	For DTC to review for Relevance
MTG69	UroShield for preventing catheter-associated urinary tract infections	31/03/2022	Currently under review for consideration.
NG17	Type 1 diabetes in adults: diagnosis and management	31/03/2022	Currently completing baseline assessment.
TA781	Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer	30/03/2022	For DTC to review for relevance.
TA782	Tagraxofusp for treating blastic plasmacytoid dendritic cell neoplasm (terminated appraisal)	30/03/2022	For DTC to review for relevance.

Table 21- NICE Guidance published and disseminated to Papworth Hospital NHS Trust during Quarter 4 of 2021/2022, 34 of which have been deemed relevant to the services provided at RPH.