



Royal Papworth Hospital
NHS Foundation Trust

Trust Quality and Risk Report Quarter 3 2022/23

Oct - Dec 2022/23

**Louise Palmer
Assistant Director for Quality and Risk**

Quality and Risk Report

Quarter 3 Report 2022/23

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1.0 PATIENT SAFETY

1.1 Patient Safety Incident Trends and Actions

There was a total of 694 patient incidents reported during Q3 22/23 (Figure 1), which is similar to this time last year in Q3 (713). At the time of reporting there were 35 near miss incidents and 659 actual incidents reported on Datix (table 1). There continues to be 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 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Near Miss	78	28	31	39	35	211
Actual incidents	635	724	717	760	659	3495
Total	713	752	748	799	694	3706

Table 1: Numbers of patient safety incidents reported in 2022/23 (Data source: DATIX As of 18/01/2023)

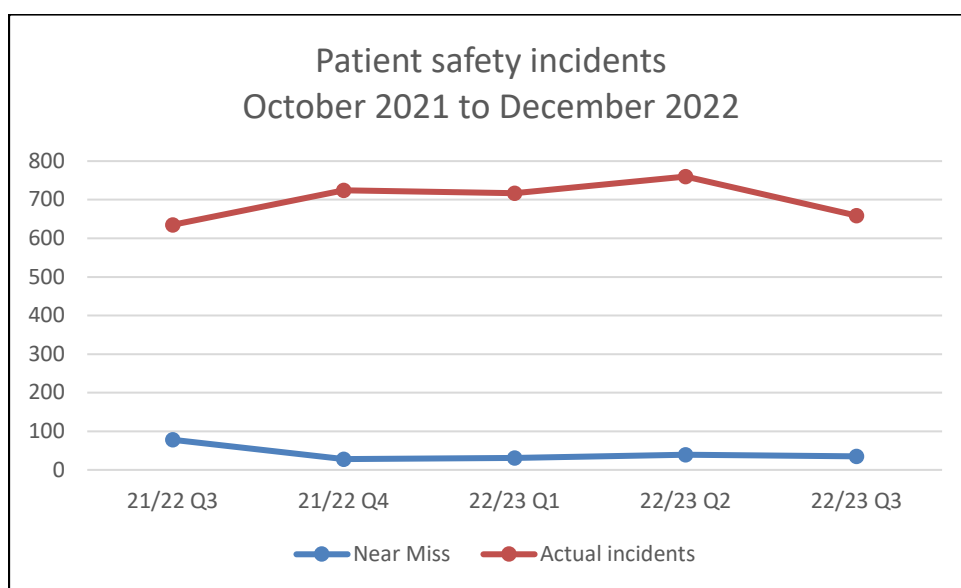


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 18/01/2023)

Table 2 shows the numbers of patient safety incidents reported in Q3 by the "Type". Main types are relating to Medication/Medical Gases and Nutrition, Pressure Ulcers, Treatment and Procedure, Administration, Accidents and Documentation.

Incidents by Type	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Accidents	51	53	45	46	49	244
Administration - admission/discharge/transfer/waiting list	84	127	98	59	64	432
Anaesthetics	4	1	6	10	1	22
Behaviour/Violence Aggression	16	14	15	10	6	61
Blood Plasma Products	18	19	19	14	17	87
Communication/Consent	31	39	38	29	26	163
Data protection	15	18	18	13	13	77
Diagnosis Process/Procedures	38	31	26	29	25	149
Documentation	48	44	46	75	40	253
Environmental Hazards/Issues	2	3	10	6	2	23
Fire Incidents	0	0	0	1	0	1

Incidents by Type	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Infection Control	42	54	43	52	31	222
Information Technology	8	7	19	18	8	60
Medical Devices	25	34	24	36	24	143
Medication/Medical Gases/Nutrition	95	104	126	134	130	589
Nutritional Feeding (Prescribed Feeds)	5	4	3	3	4	19
Organisational Issues/Staffing	34	25	25	28	29	141
Pressure Ulcers	96	70	90	98	118	472
Radiology/Radiation	9	9	8	11	13	50
Security incidents	4	9	6	2	4	25
Treatment/Procedures	88	87	83	125	90	473
Total	713	752	748	799	694	3706

Table 2: Numbers of patient safety incidents by Type reported in Q3 2022/23 (Data source: DATIX 18/01/2023)

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.

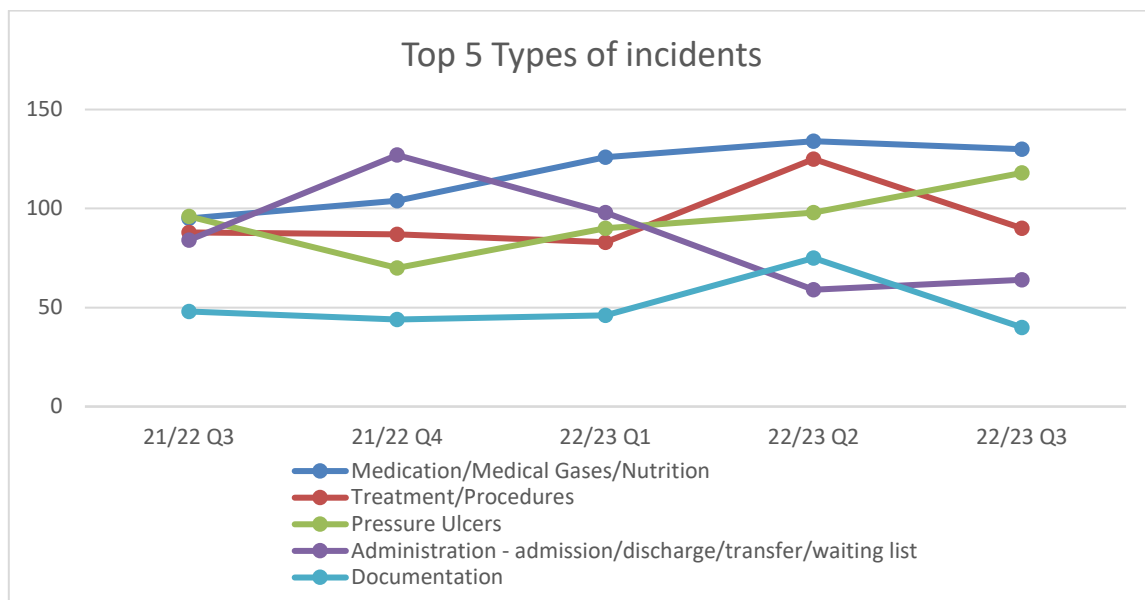


Figure 2: Patient Safety Incidents Q3 2022/23 (Data source: DATIX 18/01/2023)

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 (n= 64) as per table 2. Of those the majority are related to transfer between units/care setting insufficient/ incorrect/ incomplete/delayed, admission/registration processes insufficient/incorrect/incomplete and discharge insufficient/incomplete.

Treatment and Procedures

During Q3 the numbers of treatment and procedure incidents have decreased compared to previous quarter (n=90) as per table 2. All incidents have been graded with a 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 Q3 the medication incidents have remained almost the same compared to the previous quarter (n=130). 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 Q3 the number of pressure ulcer incidents have increased compared to Q2 (n=118) as per table 2. 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 Q3 documentation incidents have significantly reduced compared to the Q2 (n=40) as per table 2. The most common type of documentation incidents reported in quarter have been related to medical records; majority being 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 Q3 incidents graded as near miss and no harm have decreased, low harm incidents have increased. (Table 3a). Furthermore, three incidents have been reported as moderate 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 Procedure for The Reporting of Accidents/Adverse Events/ Incidents And Defects 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	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Near Miss	78	28	31	39	35	211
No harm	399	442	412	457	340	2050
Low harm	227	277	293	290	313	1400
Moderate harm	4	3	6	9	3	25
Severe harm	0	1	1	1	0	3
Death UNRELATED to the incident	5	1	5	3	3	17
Total	713	752	748	799	694	3706

Table 3a – Patient Safety Incidents by Severity (Data source: DATIX 18/01/23)

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:

Incidents by Division	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Cardiology	1	1	0	0	2	4
Cath Labs	0	0	1	0	0	1
Radiology	0	0	1	1	0	2
Surgical	1	0	3	4	1	9
Theatres, Critical Care and Anaesthesia	0	2	2	1	0	5
Thoracic	1	1	0	4	0	6
Transplant	1	0	0	0	0	1
Total	4	4	7	10	3	28

Table 3b – Incidents by Division - Moderate Harm (Data source: DATIX 18/01/23)

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 Serious Incidents (SIs). 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
Moderate/Severe harm incidents reported in Q3 22/23				
WEB45232	17/10/2022	Patient developed a category 3 pressure ulcer as a consequence of a MASD developed during admission	Yes	Investigation Underway
WEB45434	03/11/2022	Unwitnessed fall leading to a fracture	Yes	Investigation Underway
WEB45449	04/11/2022	Cardiology patient became unresponsive having taken oral Midazolam prior to Cath Lab procedure	Yes	Investigation Underway

Table 4 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 18/01/23)

Below in Table 5 are the brief details of the incidents that have been presented to SIERP in Q3 and graded moderate harm or above within the quarter.

Trust ref / Level of Harm	Date of incident	Details	Duty of Candour	Actions
Moderate/Severe harm incidents reported to SIERP in Q3 22/23				
WEB44069	11/07/2022	Complex post-transplant patient transferred from CCA to a ward for end-of-life care. Transferred out of normal working hours and was not symptom controlled and spent the night in pain and vomiting.	Yes	Investigation Underway
WEB44956	18/09/2022	Death following a cardiac arrest in the CT scanner.	Yes	Investigation Underway
WEB45036	29/09/2022	Unwitnessed fall with fracture to C5	Yes	Investigation Underway

Table 5 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 18/01/23)

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 5 requests for investigation / feedback in Q3.

Date	Requester	Summary details
07/11/2022	Cambridgeshire and Peterborough NHS Trust - Older peoples and Adult Community Directorate	WEB45470 – Patient has been discharged home, patient elderly, frail and unable to self-administer or manage own insulin.
07/11/2022	Cambridge and Peterborough NHS Foundation Trust - Older peoples and Adult Community Directorate	WEB45520- Patient identified on referral to CPFT with a grade 3 pressure ulcer - PU report on RPH system noting the PU in place at that time of admission.
15/12/2022	Princess Alexandra Hospital	WEB45933- Patient was repatriated, has a skin tear on right side of lower buttocks/leg.
13/12/2022	Norfolk and Norwich University Hospital (NNUH)	WEB45926- Email received from NNUH requesting the outcome of a delayed patient blue Light transfer from NNUH to RPH for a Type A dissection for urgent surgery.
19/12/2022	Ipswich Hospital	WEB45979- Delayed transfer under Primary PCI pathway

Table 6: Requests for investigation/ feedback from organisations outside of Royal Papworth Hospital

1.6 Harm Free Care

Venous Thromboembolism (VTE) Monitoring

VTE DATIX Events Oct 2022 –December 2022

- The last VTE event where there were omissions in practice was in February 22 (WEB 42395). Imaging suggested acute/subacute PE on chronic PE.
- The number of VTE recorded incidents on DATIX from Q3 is 3. There was 1 incident from Q2 (WEB45604) that was not reported until after the quarter end and is included below for completeness. *
- We have been informed of 3 VTE DATIX events, including 1 radiology reported event.
- The investigations are outlined below and are for discussion at VTE scrutiny panel.

VTE incidents requiring investigation in Quarter 3

WEB number	Date	Impact severity	Action status
45606	03.10.2022	Low Harm	Unavoidable Hospital Acquired Thrombosis
45370	17.10.2022	Low Harm	Unavoidable Hospital Acquired Thrombosis
45573	27.10.2022	Low Harm	Unavoidable Hospital Acquired Thrombosis
45604 *	05.09.2022	Low Harm	Unavoidable Hospital Acquired Thrombosis

Table 7: Source: data extraction Datix system VTE events this FY extracted 05/01/2023

Venous Thromboembolism (VTE) 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 8).

Ward	Oct-22	Overnight Admissions	Nov-22	Overnight Admissions	Dec-22	Overnight Admissions
3 North	98.0%	51	95.5%	67	90.2%	51
3 South	79.7%	128	87.2%	117	77.7%	139
4 North West	68.3%	41	82.5%	40	75.0%	44
4 South	84.3%	83	81.3%	75	87.1%	70
5 North	97.1%	35	76.0%	25	93.8%	32
5 South	81.6%	38	85.0%	20	83.3%	24
Cath Labs	81.5%	65	92.8%	69	80.9%	68
CCA	75.0%	8	87.5%	8	86.7%	15
Day Ward	93.1%	101	95.1%	103	93.5%	108
Theatres	100.0%	1	N/A	0	100.0%	2
Echo Lab	N/A	0	0.0%	1	N/A	0
Total	85.1%	551	88.6%	525	84.8%	553

Table 8 Extracted from Monthly report circulated by Clinical Audit on 12th Jan 2023

**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 patients first admit location within any spell.

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

Q3 Focus:

- A series of sequential improvements have been made 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. Circulation of monthly audit data extended beyond directorate leads and QRMG distribution lists. The provision of specialty/ward level reports provide granularity for local improvements. VTE oversight group recommend a data analyst to assist improvements and achievement towards standard.
- Continue to galvanize the clinical teams to support improvement with VTE assessment compliance through support from various fora. Leadership support from CDC to provide focus on VTE. CDC advocated Consultant VTE Champions to own and drive Consultant engagement in the specific specialties was the way forward to further improve inpatient VTE and bleeding risk assessments. Expressions of interest were invited for the Consultant VTE champions role. VTE oversight group updated DN500. It is in line with NICE VTE prevention (NG89) guidance, and provides granularity around cohort exemptions, roles, and responsibilities.
- The VTE clinical indicator view optimised to better high light patients in need of VTE risk assessment before 24h target is breached. In Q2 the 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. This had no impact, so mid quarter 3, the indicator turns amber 1 minute following admission, rather than 10 hours. Any changes or recommendations following the review will take effect in Q4.
- Continue to redesign the VTE datix dashboard and fields, and requested e.g., VTE champions, matrons etc to review at local level and instigate a DATIX event and share learning from investigations.
- Developed a communication plan and, with the Communication and Digital teams deliver new initiatives to raise awareness of VTE risk amongst clinical staff and patients.
- **VTE and Bleeding Risk Assessment Lorenzo prompt** - Investigation of opportunities that do and do not exist in the Dedalus system and digital options continue to be explored and to take forward to CDC in Q4.

Falls

During the quarter there were 39 patients who fell or were lowered to the floor of which 38 were graded as near miss or no/low harm, with the remaining incident being graded as moderate harm (WEB45434). A total of 37 of the 39 incidents occurred in hospital ward environments. 33 of these were unwitnessed. While as a team we are always aware of increasing numbers of falls being reported, this represents natural variation impacted by patient acuity and on the background of challenging staffing levels.

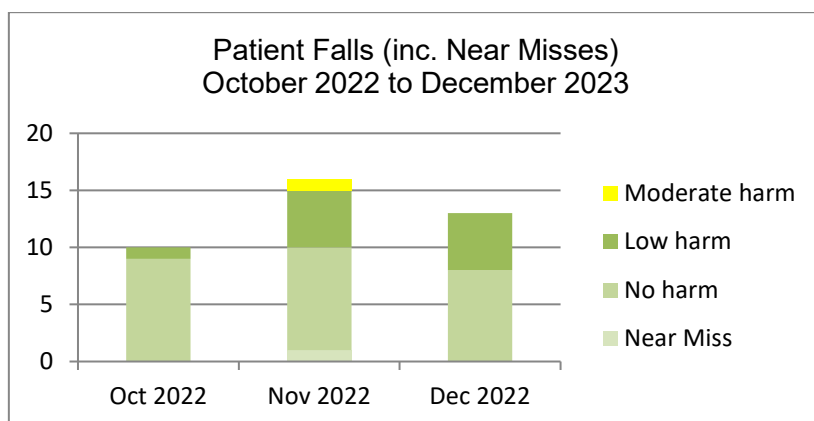


Table 9: Patient falls and grading of harm - Data extracted from Datix 11/01/2023

All falls' incidents continue to be reviewed by the Falls Prevention Specialist Nurse. A review of these incidents continues to highlight that most patients that have capacity prefer to be independent and carry out their own personal care, however in doing so they do not take in to account the physical effects of having had a procedure and the changes in the environment compared to being at home. In particular this leads to patients mobilising to the bathroom,

becoming unbalanced and falling to the floor. Consequently, falling on to a hard surface or coming in to contact with furniture/fittings then leads to injury. 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 has been undertaken and discussion points will be shared at future Falls Task and Finish Group to understand if additional hand holds, lighting or coloured bathroom tiles would reduce falls while patient’s carryout personal care in the bathrooms. The learning from the recent falls investigations will be shared with the HLRI research team who are in the process of opening patient beds in the ground floor of the building.

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 that is being rolled out across the Trust with the completed implementation due in 2023 (Risk ID2175).

Pressure ulcers

There were 71 reported pressure ulcers in quarter 3. This is up on the previous quarter 2 (61) and quarter 1 (60). The rise in number is associated with increased numbers of superficial depth Medical Device Related Pressure Ulcers (MDRPU), Moisture Associated Skin Damage (MASD) and category 1 pressure ulcers where the skin experienced a pressure insult of superficial depth with no corresponding skin breakdown. The quarter has seen a significant reduction in category 2 ulcers (superficial skin break) and deep tissue injuries (pressure ulcers thought to be deeper but with skin integrity intact) and there were no reported open deep pressure ulcers of category 3 or 4.

The reduction in category 2 pressure ulcers and deep tissue injuries corresponds to an increase in category 1 pressure ulcers which suggests better levels of early identification of skin insults and earlier implementation of management strategies. The overall rise in number is most likely linked to several education initiatives in quarter 3 that focused on the recognition and management of MDRPU (Two Birds Campaign CCA) and MASDs (Simple Safety for Skin project -Trust wide).

Other initiatives started in this quarter included the commencement of monthly education sessions on these subjects by the Wound Care TVN team and increased attendance on site of our corporate educators who focus education on MASD identification, reporting and management. The Wound Care TVN team is also leading and supporting national and regional campaigns (3M National MASD Roadshow, Wounds UK Journal seminar, regional Critical Care Network seminar, EPUAP seminar, and upcoming Journal of Tissue Viability and International Wound Care Leaders conference) around identification and management of MASD following on from learning from COVID and the Simple Safety for Skin project that our published research demonstrated a significant reduction in MASD severity for patients. Attendance by our own staff at these events also increased awareness around reporting standards.

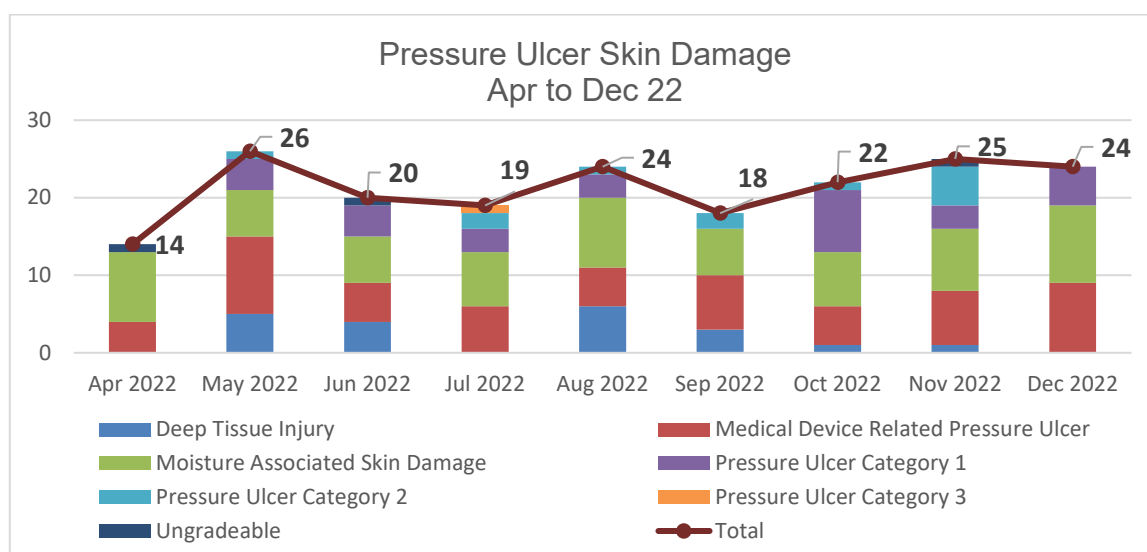


Table 10: Patient Pressure Damage Incidents - Data extracted from Datix 31/01/2023

In summary, there was a steep reduction in deep pressure ulcers in this quarter, a reduction in category 2 superficial depth pressure ulcers and this is most likely due to early identification and effective early management of the skin insult. There were no moderate or severe harm reports and an increase in reporting of superficial depth MDRPU and MASD that was likely due to intensive awareness campaigns.

1.7 Inquests

During Q3 22/23 there were 8 inquest hearings: 5 required representations from Royal Papworth Hospital and at two of these RPH were legally represented - one was a seven day inquest and one a three day inquest. There was no further action required following conclusion of the 8 inquests.

The Trust attended 1 Pre-Inquest Hearing in Q3, the purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest.

The Trust has been notified of 9 new Inquests/coroner's investigation in Q3 and statements and clinical records have been requested. Any learning points identified at Inquest are discussed at QRMG in quarter. One of these has already concluded.

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.

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 Q3 22/23.

One of the above inquests (INQ2021-06 and INQ2021-39 heard jointly) resulted in the Coroner issuing a Prevention of Future Deaths (PFD) report to the Department of Health and Social Care (DHSC), about his concerns over a lack of guidance from Government to hospitals around identifying and controlling the M. abscessus and therefore a continuing risk of death.

1.8 Clinical and Non-Clinical Negligence Litigation

In Q3 2022/23 the Trust has received 13 new requests, of these 7 were records disclosures and 6 were Letters of Claim. Of the 6 new LOC, 3 were from previously logged Records Disclosures.

Two cases have been closed – one the solicitors are no longer pursuing, and one was settled.

Table 11 below shows new claims activity in Q3.

Claims Activity Q3 – New Record Disclosure's		
Q32223-13CL	Potential clinical negligence claim. No details given in relation to nature of claim.	Records disclosure
Q32223-14CL	Potential clinical negligence claim. No details given in relation to nature of claim.	Records disclosure
Q32223-17CL	Potential medical negligence claim. Allegation: client's treatment may have fallen below acceptable standard.	Records disclosure SUI-WEB44069
Q32223-19CL	Potential medical negligence claim against multiple Trusts. Alleged failure to identify, diagnose and their diagnosis in 2015 until diagnosis in 2020. .	Records disclosure
Q32223-20CL	Potential clinical negligence claim, unspecified	Records disclosure

Claims Activity Q3 – New Record Disclosure's		
Q32223-21CL	Potential claim regarding an incident on 14/04/22, otherwise unspecified,	Records disclosure
Q32223-22CL	Potential clinical negligence claim. Alleged failure to diagnose stroke following surgery in June 2021	Records disclosure SUI-WEB33927
Claims Activity Q3 - New Letters of Claim (LOC)		
Q22223-11CL	Potential clinical negligence claim regarding treatment received in 2020. onwards Patient deceased. Post PTE - Deterioration requiring chest opening on the ward. SUI-WEB34717. LOC - received Oct 2022.	Damages reserve: £400,000 Claimant's costs reserve: £75,000 Defence cost reserve: £30,000 Current Inquest
Q32223-15CL	Potential clinical negligence claim, reported directly to NHSR. Also received as records disclosure Nov 22. Patient was admitted to RPH March 2021 and underwent CABGx3MVR+TVR+LAAe. Repatriated to local DGH 2021 and passed away. (SUI-WEB38841)	Damages reserve: tba Claimant's costs reserve: tba Defence cost reserve: tba Current Inquest
Q22223-12CL	Potential medical negligence claim, unspecified, request for records/radiology Consent form specifically notes coronary angiography 07/06/22	Damages reserve: tba Claimant's costs reserve: tba Defence cost reserve: tba
Q32223-16CL	Formal complaint & LOC regarding difficulties following lung surgery (thymectomy 22/10/19) Allegations: Failure to provide surgical follow-up within the expected timeframe. Failure to discuss/manage/treat ongoing symptoms subsequent to surgery; hoarse voice, breathlessness, daily coughing fits, difficulty keeping food down, damage to taste buds. Also records disclosure – notified Oct 22	Damages reserve: tba Claimant's costs reserve: tba Defence cost reserve: tba
Q32223-18CL	Potential clinical negligence claim. Alleged failure to prevent the development of pressure sores whilst the Claimant was an inpatient in July 2022 (redo mitral valve surgery) Also Records Disclosure received Nov 22	Damages reserve: £50,000 Claimant's costs reserve: £30,000 Defence cost reserve: £2,000
Q22021-13CL	Alleged negligent care and management of ET tube leading to irreversible damage to tongue. CUH and NWAFT co defendants	Damages reserve: £500,000 Claimant's costs reserve: £80,000 Defence cost reserve: £40,000
Closed Claims Q3- Letters of Claims		
Q21718-07CL	Claim for clinical negligence relating to a delayed diagnosis of lung cancer. Joint claim with Peterborough and Stamford NHS FT	Settled claim - Closed 14/10/22 Damages: £100,000 Claimants Cost: £47,750 Defence costs: £14383.02
Q32021-21CL	Patient underwent mitral valve repair through a minimally invasive approach in November 2018. Unfortunately, the patient suffered a post-operative stroke, resulting in significant deficit and prolonged rehabilitation.	Solicitors advised no longer instructed and case closed. Closed Nov 2022.

Table 11: Data extracted from Claims Spreadsheet 31/01/2023

Total number of Claims currently open with the NHSR at the end of Q3 2022/23 is 18. Inquest funding on NHSR for 3 cases open.

Non-clinical claims

There were no new non-clinical claims brought against the Trust during Q3.

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 Q3, we have received 11 formal complaints and 20 informal complaints. This is a decrease from the previous quarter for formal complaints as seen in Figure 3 below, showing the number of formal complaints received in previous quarters (Q1; 28, Q2; 26). We have seen a rise in informal complaints this was expected as we have been encouraging recording of all concerns raised at ward level and through our PALS service. The rise in informal complaints also reflects that we were able to support a local resolution of a few formal complaints, and these were able to be managed as an informal complaint, at the complainant's request/agreement.

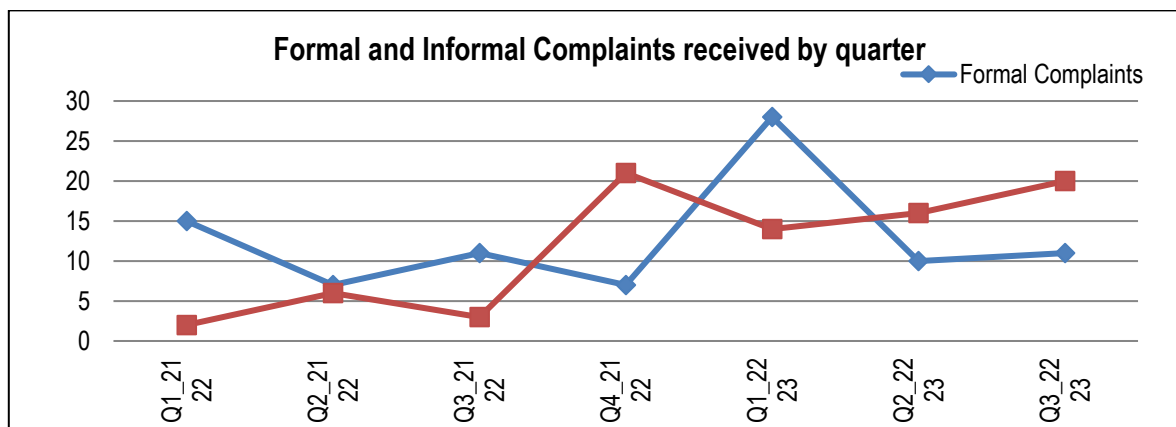


Figure 3: Number of Formal and Informal Complaints received by quarter (source – Datix 09/02/2023)

Of the 11 formal complaints received in Q3, 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, 5 that have been partially upheld/upheld (table 12).

Month	No. formal complaints received in Q3 (October - December 2022)	No of complaints closed Upheld/Part Upheld	No. Informal Complaints
October	5	1	6
November	3	3	8
December	3	1	6
Total	11	5*	20

Table 12: Numbers of Formal and Informal Complaints (source: Datix 09/02/2023)

*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, remain the highest categories for complaints within the Trust. Table 13 shows the primary subject of complaints compared with the previous quarters.

Subject	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Clinical Care/Clinical Treatment - General Medicine Group	7	2	2	1	4	5	5	26
Clinical Care/Clinical Treatment - Surgical	4	1	1	0	1	0	3	10
Clinical Care/Clinical Treatment - Radiology	0	0	1	0	0	0	0	1
Clinical Care/Clinical Treatment - Oncology	0	0	0	0	2	0	0	2
Communication / Information	2	1	4	2	9	3	1	22
Delay in Diagnosis / Treatment or Referral	1	0	0	1	2	0	0	4
Environment - Internal	1	0	0	0	0	1	0	2
Privacy, Dignity and Wellbeing	0	0	1	0	0	0	0	1

Medication Issues	0	1	0	0	0	0	0	1
Nursing Care	0	1	1	0	3	0	0	5
Parking/Transport	0	0	0	0	0	0	0	0
Staff Attitude	0	0	0	1	4	1	1	7
Other	0	1	1	2	3	0	1	8
Total	15	7	11	7	28	10	11	89

Table 13: Primary subject of Formal Complaints by Quarter (source: Datix 09/02/2023)

The Clinical Speciality/Divisions receiving formal complaints during Q3 are shown in Table 14 below. The number of complaints received per clinical speciality/division is highlighted through quarterly reporting. The number of complaints in Cardiology remained the same (4) in Q3.

Clinical Specialty	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Cardiology	6	2	1	2	7	4	4	26
Clin Gov and Risk	0	0	0	0	2	0	0	2
Clinical Administration	0	0	0	0	2	0	1	3
Estates	1	0	1	0	1	0	0	3
Royal Papworth Private Care	0	0	1	0	0	0	1	2
Surgical	1	1	2	0	5	0	2	11
Theatres, Critical Care and Anaesthesia	1	1	3	1	1	1	1	9
Thoracic	3	3	3	2	9	3	2	25
Transplant	0	0	0	1	0	2	0	3
Total	12	7	11	6	27	10	11	84

Table 14: Complaints by Clinical Speciality/Division (Source Datix 09/02/2023)

In total, 10 complaints were closed in Q3, we had an overall response rate of 90% for Q3. Of which 3 were closed within 25 working days, 1 was closed within 35 working days, 3 were closed within 45 working days. There were 2 were extended due to the complex nature of the concerns raised and 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. One was overdue by 1 day (26 days) when the agreed timescale was 25 days, this was due to additional scrutiny required at the signing off stage.

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

Quality Dashboard Monitoring – Q3		
Number of complaints responded to within 25-day timeframe	3	30%**
Number of complaints responded to within 35-day timeframe	1	10%**
Number of complaints responded to within 45-day timeframe	3	30%**
Number of complaints responded to with 60 days' timeframes	2	20%**
Number of responses overdue within the quarter	1	10%
Number of PSHO referrals in quarter	0	0
Number of PSHO referrals returned upheld with recommendations and action plans	0	0

Table 15: 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 Q3 22/23

In Q3 we received 20 informal complaints as seen in Table 16. 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 verbal, in a meeting or via email. Of those closed outside of the 15-day timeframe, these were resolved through either a face-to-face meeting with the complainant or through further discussion with the clinical team which required additional time to arrange.

ID	Opened	Location (type)	Subject (primary)	Description	Closed
15430	05/10/2022	Outpatients	Delay in diagnosis, treatment or referral	Patient's procedure was cancelled and is requesting further information and confirmation of next procedure date	Closed on 06/10/2022 Spoke to booking team to confirm date for procedure, information shared with patient and confirmed letter will also be sent with full details.
15428	06/10/2022	Outpatients	Delay in diagnosis, treatment or referral	Private patient waiting for aortic valve replacement. Patient's referral was closed without notification and patient has now waited for surgery for over a year.	Closed on 18/01/2023 Findings of review shared with patient, confirmed the patient referral was closed as a result of human error. Apologies and reassurance given. Patient has now had required procedure. Feedback shared with team for their learning and reflection.
15436	11/10/2022	Day Ward	Delay in Diagnosis / Treatment or Referral	Patient experienced on the day cancellation, requesting details of the cancellation and what they can expect to happen now.	Closed on 20/10/2022 Clinical team spoke directly with complainant and has been advised of a new appointment date for the procedure. Patient has confirmed they are happy with the action taken and satisfied with the information provided.
15435	11/10/2022	Outpatients	Communication / Information	Patient has raised concerns regarding their care and the communication associated with the care they have received and the decisions regarding their future care.	Closed on 02/11/2022 Face-to-face meeting arranged with the clinical team and patient to discuss and address concerns raised. Complainant is happy with outcome and action taken.
15475	17/10/2022	Outpatients	Information / Advice Requests	Unhappy with attitude of staff regarding monitor	Closed on 20/10/2022 Clinic coordinator contacted complainant directly to apologise for their experience and address concerns raised. Feedback shared with the team.
15504	27/10/2022	Outpatients	Clinical Care/Clinical Treatment - General Medicine Group	Patient with breathing difficulties was told that they would have a CT scan of their lungs and trachea, however only a CT of the heart was undertaken, and the cause of the patient's breathing difficulties has not been ascertained.	Closed on 19/01/2023 Following additional information from Consultant Cardiologist, response to concerns sent to patient via email. Patient advised to contact PALS if they have any further concerns.
15539	04/11/2022	South Surgical	Discharge Arrangements	Nursing home have raised concerns regarding the patient's discharge and lack of information.	Closed on 24/11/2022 Ward Sister contacted the nursing home and apologised for poor communication. Feedback from the nursing home shared with the team and reminder to ensure all information is passed on to relevant individuals prior to a patient being discharged.
15576	07/11/2022	Outpatients	Medication Issues	ICB raised concern from patient's GP in relation to the request to prescribe an OTC medication and the resulting additional pressures on the GP practice.	Closed on 15/11/2022 Member of pharmacy staff spoke to GP surgery and apologised for error and explained feedback would be shared with the team for learning and reflection.
15597	18/11/2022	Outpatients	Information / Advice Requests	Patient has raised some concerns regarding why he was unable to obtain a follow up appointment following an	Closed in Q4- to be reported on next month.

ID	Opened	Location (type)	Subject (primary)	Description	Closed
				ablation two month prior and process for arranging ECGs.	
15604	22/11/2022	South Surgical	Clinical Care/Clinical Treatment - General Medicine Group	Patient unhappy with the care and treatment they have been receiving on the ward from various staff.	Closed on 02/12/2022 Matron spoke to patient to apologise for their experience and resolved the concerns raised alongside the ward sister.
15602	23/11/2022	Ground Floor	Communication / Information	Patient raised concerns regarding results of MRI not being sent to Bedford Hospital	Closed on 22/12/2022 Apology given and reassurance given that information had been sent to referring DGH as requested.
15628	29/11/2022	Ground Floor	Communication / Information	Email received via CF nurses as patient has been receiving unsolicited messages from a member of staff	Closed on 29/12/2022 Following discussion with the Estates and Facilities Team an overview of the action taken was provided to the complainant in an email. Complainant was happy with action taken.
15633	30/11/2022	Ground Floor	Communication / Information	Family raised concerns regarding the information provided to the patient was regarding another patient and contain their details.	Closed on 02/12/2022 Ward Sister contacted the complainant to discuss their concerns and apologised for their experience. Complainant was happy with the discussion with ward sister and reassurances that the team will investigate how the incorrect paperwork was sent out and share feedback with team.
15625	30/11/2022	North/South - Respiratory Specialties	Clinical Care/Clinical Treatment - General Medicine Group	Patient has concerns regarding continued difficulties they are experiencing in their left wrist following insertion of an arterial line.	Closed in Q4- to be reported on next month.
15637	02/12/2022	3 South Cardiology	Communication / Information	Patient's family provided feedback in relation to recent inpatient experience specifically poor discharge information and poor communication with the family.	Closed on 22/12/2022. Cardiology Matron spoke directly with the family to address their concerns and provide reassurance that learning will be taken from the patient experience and feedback.
15675	22/12/2022	5 North Surgical	Communication / Information	Patient has raised some concerns regarding the communication with staff they have experienced both pre and post operatively.	Closed on 12/01/2023 Surgery Matron provided feedback and learning from concerns raised. Feedback provided to the complainant who confirmed he was happy with action taken and response to concerns raised.
15678	22/12/2022	Imaging	Staff Attitude	Patient experienced very unfriendly and rude staff in Outpatient's reception area when attending RPH for CT.	Closed on 23/12/2022 Matron for Outpatients contacted the complainant to give an apology for their experience and to provide reassurance that their feedback will be shared with the team for their learning and reflection.
15676	22/12/2022	3 North Thoracic	Communication / Information	Patient has received another patient's discharge letter in error. Patient concerned that his discharge summary has been sent to wrong patient.	Closed on 27/01/2023 Reviewed and response provided by Team Leader, confirmed that mistake occurred due to human error (incident reported) and learning had been identified as a result. Feedback and patient experience shared with team for their learning and reflection.
15680	29/12/2022	Outpatients	Delay in Diagnosis / Treatment or Referral	Patient has raised concerns regarding the care that she they received and the delay in referring them for further review.	Closed on 03/02/2023 Response from clinician fed back to patient and apologies given for patient experience.
15684	30/12/2022	4 North/South - Respiratory Specialties	Clinical Care/Clinical Treatment - General Medicine Group	Request from local DGH for information regarding recent inpatient stay at RPH to assist DGH complaint investigation.	Investigation ongoing

Table 16: Informal Complaints (Enquiries) received in Q32022/23 (Source Datix 09/02/2023)

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

We closed a total of 10 formal complaints in Q3; 5 of these were upheld or partially upheld whilst 5 were not upheld. All complainants receive a full explanation and an appropriate apology. Actions are agreed from the lessons learned. Further details on the next page.

Table 17 below shows the outcome and actions agreed of Q3 close complaints.

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
15375	A transplant patient raised a formal complaint regarding their outpatient appointment and the discussion and interaction they had with the Consultant. The outcome of the complaint investigation revealed that whilst it was not the Consultant's intention the patient was left feeling distressed and upset after the consultation.	Partially Upheld	As a result of the complaint learning and actions were identified, to highlight and reiterate to the Transplant Team the importance of clear supportive communication when discussing sensitive or upsetting issues such as potential complications and life-threatening concerns during consultations. Highlight and anonymously share the patient's experience and feedback with the Surgery, Transplant and Anaesthetic Directorate for their learning and reflection. Date Closed: 21/10/2022.
15392	A cardiology patient raised concerns regarding their diagnosis, the communication and information they received regarding their clinical condition. The outcome of the investigation revealed there had been no change in the patient's clinical diagnosis and the patient had been receiving the correct treatment for their condition. However, the patient had experienced a delay in obtaining a follow up appointment and there was administration error in the clinic letter.	Partially Upheld	As a result of the complaint learning and actions were identified, the patient's feedback and experience would be shared anonymously with the Cardiology Team for their learning and reflection, with reminders to check clinic letter details and medications. To ensure that the requirement for all booking teams to complete a booking as the patient accepts an appointment is implemented within the Clinical Administration Team. Date Closed: 25/10/2022
15408	A thoracic patient raised a formal complaint regarding the behaviour and attitude of a member of staff when they came into the hospital to collect a replacement device. The patient was concerned that the device was not suitable to their needs.	Partially Upheld	The outcome of the complaint investigation revealed that the team were unable to provide the patient with the preferred device as smaller travel CPAP devices are not currently available from the NHS, however communication with the patient regarding the size of the device could have been improved. As a result of the complaint learning and actions were identified, the patient's feedback and experience will be shared anonymously with the Respiratory Support and Sleep Centre (RSSC) and CPAP team for their learning and reflection. Staff will be reminded of the importance of clear communication regarding the availability of devices. Date Closed: 28/10/2022
15374	The family of a cardiology patient raised concerns regarding the care and treatment the patient received at RPH and why the patient was not seen in a timelier manner.	Not Upheld	The outcome of the investigation revealed the patient was seen in clinic within appropriate timeframe of RPH receiving the referral, at this appointment there was no indication that an admission was required, and the patient was referred back to the GP, as cardiac related issues were secondary to the patient's other health conditions. The patient died in 2019 (not at RPH). Apology and a meeting offered to family to further discuss the concerns raised. Date Closed: 08/11/2022
15400	A transplant patient raised a formal complaint regarding a telephone call they received during which the patient was given incorrect information regards to test results which has led to significant distress for the patient and their family.	Upheld	The outcome of the investigation revealed that the patient had received a telephone call where test results performed at another hospital were relayed, however the wrong results were given. As a result of the complaint learning and actions were identified; reiteration to the Transplant Team that information or details regarding any tests/investigations should be given by the patient's consultant. Staff have also been reminded that patients are referred to their investigating hospital for results. The overall patients experience has been shared anonymously with the Surgery,

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
			Transplant and Anaesthetic Directorate to highlight the importance of providing relevant information to patients. Date Closed: 10/11/2022
15483	A cardiology patient's family raised concerns regarding the poor correspondence and information provided to adequately prepare for the patient to come into outpatients for a cardiology test.	Not Upheld	The outcome of the complaint investigation was that the patient had been given the information required by letter and leaflet as given to all patients. However, apologies were offered as the letters have become very complex due to the covid information being added and we committed to refresh our letters to aid patient understanding. As a result of this complaint, the patient's feedback has been included within the current Trust-wide project to review all letters and documentation sent to our patients. Date Closed: 16/11/2022
15488	A cardiology patient raised a formal complaint in relation to their treatment following an emergency admission to RPH and the nursing care they subsequently received.	Not Upheld	The outcome of the investigation revealed the patient was appropriately counselled regarding treatment options, their specific anxieties were taken into account and the patient was supplied with all relevant information regarding their admission. Apologies were offered for the patient's experience, and their feedback was shared anonymously with the team for their learning and reflection. Date Closed: 23/11/2022
15466	A surgical patient raised a formal complaint regarding the ongoing pain and discomfort they are experiencing 10 months after their procedure. Patient also has concerns about the procedure itself.	Not Upheld	The outcome of the complaint investigation revealed the patient was provided with a full explanation of the risks of surgery during their pre-operative assessment and was given an accurate diagnosis, unfortunately the pain and ongoing issues are related to the known complication of their procedure. A full explanation was given to the patient with apologies for their experience and a meeting offered if further clarity is required. Whilst the complaint was not upheld the patient's feedback was shared with the Surgery, Transplant and Anaesthetic Directorate for their learning and reflection. Date Closed: 01/12/2022
15418	The family of a CCA patient have raised a formal complaint in relation to the patient's clinical care and treatment following their transfer from DGH.	Not Upheld	The outcome of the investigation revealed all procedures were undertaken in accordance with clinical guidelines but due to the patient's condition the team were unable to proceed with the proposed treatment plan. Whilst this was communicated to the family, apologies were given to family for their experience and for not receiving the level of communication they needed. The family's feedback and experience will be shared anonymously with the Critical Care and Cardiology team for their learning and reflection. Date Closed: 07/12/2022
15530	-A cardiology patient raised a formal complaint regarding complications they experienced following their procedure and the aftercare they received.	Partially Upheld	The outcome of the complaint investigation revealed that the patient was transferred to the ward not in accordance with Trust procedure, which may have pre-empted the complication. As a result of the complaint learning and actions were identified, including ensuring the need for all post ablation patients to be transferred lying flat and information about complications on discharge. The patient's experience was shared with the Cardiology, Day Ward and Cath Lab Teams for their learning and reflection. Date Closed: 08/12/2022

Table 17: Identified actions arising from complaints upheld or partially upheld in Q3 22/23 (Source: Datix 09/02/2023)

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 LIAISON SERVICE

3.1. Patient Advice & Liaison Service (PALS) summary

During Q3 2022/2023, the PALS Service received a total of 916 contacts, a slight decrease from the previous quarter (Q1; 926, Q2; 942 contacts). We have been separating the enquiries into immediate resolutions and PALS concerns / enquiries. Out of the total of 916 contacts, 719 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.

Alongside the immediate resolution enquiries, the PALS team also supported 197 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.

3.2. Immediate resolution enquiries

Out of the total of 916 contacts to the PALS team, 719 were classified as immediate resolution enquiries, those enquiries 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)

3.3. PALS Enquires

The PALS team supported 197 enquiries raised by patients or their relatives in Q3 (out of the 942 total contacts). Figure 6 shows the themes from these enquiries for Q3 2022/2023.

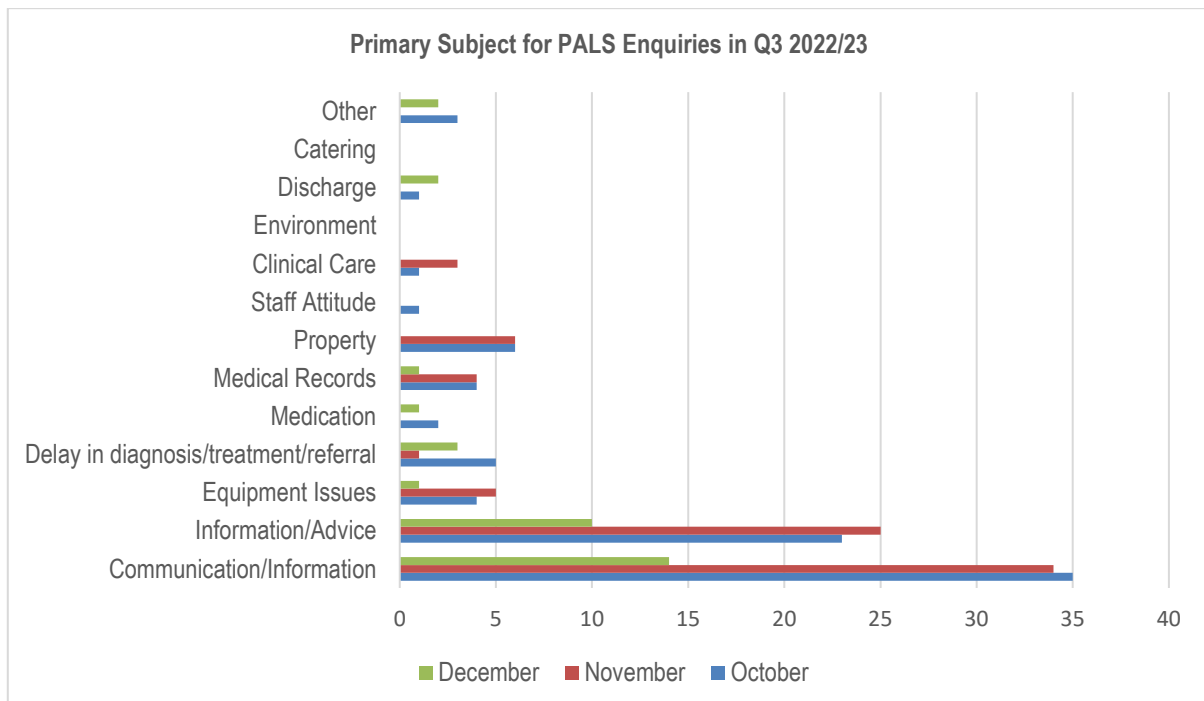


Figure 6: Main subjects for PALS enquiries in Q2 (Source Datix 20/02/2023)

The main sub-subjects for Communication, Information and Advice PALS enquiries in Q3 in shown in Figure 7.

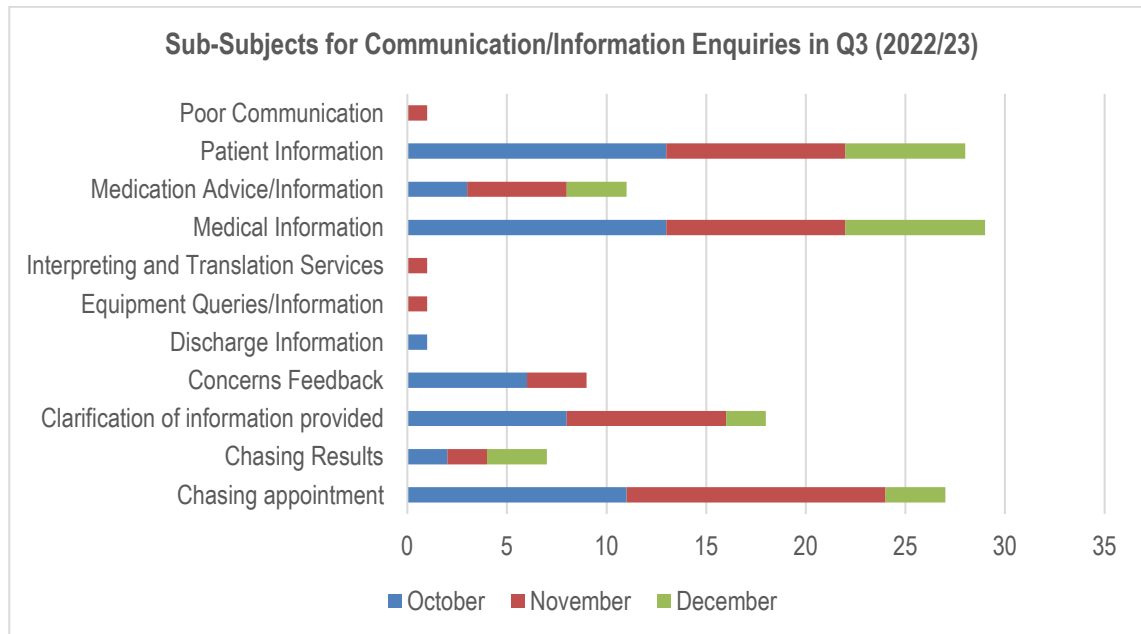


Figure 7: The main sub-subjects for Communication, Information and Advice PALS enquiries received In Q3 (Source Datix 20/022023)

In Q3, there were no PALS enquiries escalated to formal complaint process.

3.4. Compliments

In Q3, we received a total of 4,606 compliments, of these 4,354 compliments were received via the Friends and Family Test (FFT) Survey and 252 were received via cards, letters, emails, or verbally through the PALS team.

The main themes from the compliments received in Q3 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 Complimentary feedback received in Q3 22/23:

- “Thank you, all your kindness, care and dedication, you are all worth your weight in gold” (Ward 4NW).
- “Incredibly impressed with all your professionalism and compassion” (Physio’s).
- “The service I received whilst in the RPH was excellent from all of those involved in my care during that time and I would like to thank them all for the care I received over those few days (Ward 3SE).
- “Thank you for everything and your professionalism (CCA)”.
- “I’m just writing to say thank you to all the staff in the MRI unit. They made me feel relaxed and confident about the Cardio MRI. It all went well and when I came out I was treated to a round of Happy Birthday and given a little cake, very much appreciated” (Radiology).
- “I simply wanted to thank and recognise all of the people involved in my care yesterday. From entering the hospital to exiting I was treated with respect and kindness, a real credit to the NHS, the staff and management. I have had nothing but excellent care in my visits to your hospital!” (Day ward)
- “The post-surgery care was, in the main, excellent and the room was very nice with good facilities and super attentive nursing staff. The nurses were exceptional” (ward 5NE)
- “All staff - thank you for your care and kindness, we cannot express our thanks enough for all you do for us all” (Ward 5S)
- “You all are incredible group of individuals who gave me so much care, support, kindness and helped me back on a speedy road to recovery. Without you all this would have been much longer” (ward 5N).

- “I would like to take this opportunity to thank you all for all the care you gave me after my major operation, I will be forever grateful to you all” (CCA).

3.5. Bereavement and bereavement follow up services

- 46 patients passed away in Q3. None of the deceased patients required a rapid release.
- 18 referrals were made to the coroner, of those 9 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 13 bereavements follow up letters in Q3 and 1 of the NOKs made enquiries after they had received the follow up letter, this related in a Cardiology patient. The family were seeking further information to understand the details of how and why the patient died, to support the family in understanding what happened.
- In Q3 a total of 16 palliative care bereavement surveys were sent as a part of Palliative Care feedback from relatives regarding the care their loved one received.

3.6. Volunteers

In Q3, we have continued our recovery plan to build our volunteer workforce after the covid pandemic. Our volunteers project coordinator is supporting the return of the volunteers to a variety of roles, these include Ward Visitor, Meet and Greet in the main atrium, Pharmacy volunteers and the Chaplaincy volunteers.

Work continues developing of the new Better Impact Database which will support us with the recruitment, daily management and scheduling of volunteers going forward. The plan is for this system to go live from April 2023.

During Q3, we had an amazing 663 volunteer hours of support to our hospital teams (see table below). This was the highest of hours this year, with Q1 being 402 hours and Q2 being 456 hours.

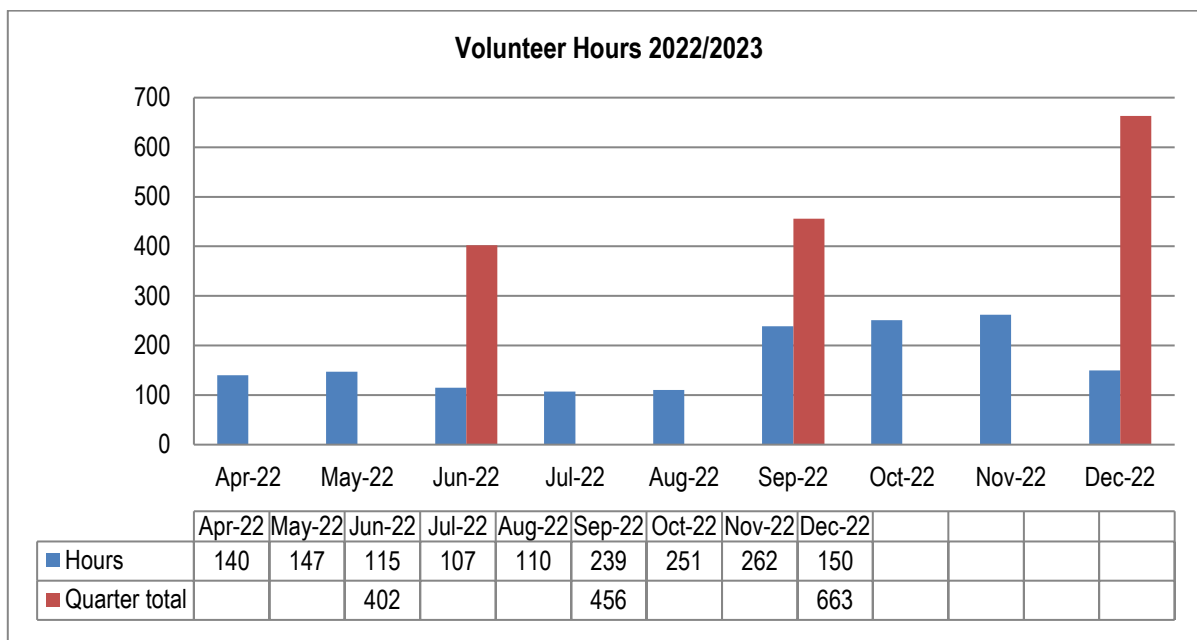


Figure 8: Total number of Volunteer Hours per month (Source Volunteer Spreadsheet 20/02/2023)

3.7 Patient Carer Experience Group (PCEG) Meeting

The last Patient Carer Experience Group (PCEG) meeting was held in December 2022. This meeting is chaired by the Deputy Chief Nurse. The agenda includes the presentation of a patient story, current issues, updates from patient representatives on groups and committees within the

Trust, updates from Healthwatch, PALS, Royal Papworth Charity, the Chaplaincy service and support groups.

During the meeting the group heard a patient story, told by a member of the Transplant Team on behalf of a recent transplant patient who had been listed for a transplant in September 2018. The patient thanked everyone involved in their care. The Transplant Coordinator highlighted that on the day of this patient's transplant the Trust accepted another two hearts for transplantation which is highly unusual, and only happened due to the extra efforts of staff members who ensured patients were able to receive their transplants.

4.0 Incident and Risk Management

4.1 Non-Clinical Accidents/Incidents

During Q3 there were 361 accidents/incidents (including near misses) which involved staff/contractors/organisation or visitors (Table 18). 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=113) which has significantly increased compared to the last quarter: Insufficient numbers of healthcare professionals and inadequate check on equipment/ supplies remains as two main categories reported.

Table 18 shows the incidents by type. Other types of commonly recorded incidents include Accidents (n=27), Administration (n=26), Medication/medical gas/nutrition (n=26), medical device (n=26), Behaviour/Violence Aggression (n=24) and Infection Control (n=24)

Organisational/staffing incidents by type	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Accidents	25	17	22	13	27	104
Administration - admission/discharge/transfer/waiting list	4	22	21	17	26	90
Anaesthetics	0	0	0	1	0	1
Behaviour/Violence Aggression	35	15	22	37	24	133
Blood Plasma Products	1	5	3	4	6	19
Communication/Consent	14	11	11	23	15	74
Data protection	6	6	11	11	8	42
Diagnosis Process/Procedures	0	2	4	2	4	12
Documentation	6	5	7	8	8	34
Environmental Hazards/Issues	5	18	21	12	14	70
Ethnicity Diversity and Inclusion	0	0	0	0	3	3
Fire Incidents	4	3	5	1	2	15
Infection Control	32	31	27	33	24	147
Information Technology	21	24	31	16	18	110
Medical Devices	14	14	31	27	26	112
Medication/Medical Gases/Nutrition	18	21	23	32	26	120
Nutritional Feeding (Prescribed Feeds)	1	0	0	0	0	1
Organisational Issues/Staffing	103	66	40	80	113	402
Pressure Ulcers	0	0	0	0	2	2
Radiology\Radiation	2	1	1	3	0	7
Security incidents	13	18	21	19	8	79
Treatment/Procedures	2	2	10	5	7	26
Total	306	281	311	344	361	1603

Table 18: Non-clinical Incidents Reported for 2022/23 (Data source: DATIX 19/01/2023)

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

During Q3 there was two new RIDDOR reportable incidents (see Table 19) reported to the Health & Safety Executive (HSE); WEB4556- staff member suffered a back strain after rolling a bariatric patient. WEB45582- Staff member twisted their wrist after lifting the bed mattress. 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 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	Total
Infection	1	0	0	0	0	1
Medical device	0	0	1	0	0	1
Moving and handling	0	0	0	0	2	2
Sharps	0	1	0	0	0	1
Slip, Trip or Fall	0	0	0	1	0	1
Total	1	1	1	1	2	6

Table 19: RIDDOR Incidents by Category (Data source: DATIX 19/01/2023)

4.3 Risk Register

Open risks as of 04/01/2023 – There are currently a total of 567 open - BAF (20), corporate (333), H&S (177), charity (28) and safety alert (9) risks. Of these 25 are in draft and require approval by Divisions and as of 1st January 2023 will not be listed in formal reports until fully completed.

The number of overdue risks continues to fluctuate with 152 of the 567 open risks overdue (27%) compared to 110 (20%) in October 2022. Of these 6 have an RRR of 15-16 (Extreme) and 29 have an RRR of 12-14 (High risk). These risks require monthly update and Divisions are asked to focus on updating these risks and to have a plan for ensuring that all grades of risks are kept in date. The average number of days since the risk was last updated is 57 days, however the maximum number of days equates to 222 days. (Table 20a below). NB: data for November 2022 has been excluded from the report as data extracted using different criteria.

Overdue Risk Data	Dec- 22	Oct- 22	Sep-22	Aug-22	Jul-22	Jun-22
Total No. of Open Risks	567	561	575	580	561	568
Total No. of Overdue Risks	152	110	173	187	115	126
Average no. of days since updated	57	65	71	63	70	71
Maximum no. of days overdue	222	315	574	434	385	476
Percentage of overdue Risks	27%	20%	30%	32%	20%	22%

Table 20a: – Top 5 risk themes reported by RR (Data source: DATIX 04/01/23)
(November 2022 data omitted from Table as figures cannot be replicated retrospectively)

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

The top 5 types of risk are listed below in Table 20b:

Top 5 Categories of Risk	Low Risk	Moderate Risk	High Risk	Extreme Risk	Total
Clinical	9	37	43	5	94
Staffing	1	12	29	3	45
Information Technology	5	13	19	2	39
Medical Devices	1	9	15	1	26
Financial	1	11	9	0	21
Total	17	82	115	11	225

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 Q3 2022/23 the Trust has received 41 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 41 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 Q3.

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 Q3, there was no National Audit reports relevant to RPH

Local audit – Q3 Audit

There were 18 local audits completed in Q3.

The clinical audit team is working hard and continuing to update the clinical audit forward plan for FY 22/23. The clinical audit manager/co-ordinators are in discussions with each departments' audit leads to confirm progress/assurances are in place for completion in Q4. This includes any reviews ranging from serious incidents, safety alerts, through to quality improvements. Any audits not able to be completed will be discussed and carried forward to the next year.

As we are approaching the new financial year the team will be working closely with all the clinical audit leads within their division to plan for new audits to be proposed in the new clinical audit forward plan for FY23/24.

Local audits completed in Q3 can be seen in Appendix 2.

5.3 NICE Guidance

In quarter 3 there were 51 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 Q3, a status update is provided below:

- 1 has a baseline assessment for compliance in progress
- 19 are being reviewed by the Drugs and Therapeutics Committee

In addition to these new publications, the Trust is currently responding to 17 NICE publications, published prior to Q3:

- 10 have baseline assessments for compliance in progress

- 7 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 team have completed a basic and advanced training course on clinical audits. This has proved very beneficial to the audit department as there is more knowledgeable in the tools required for Clinical Audits (CA), have a better understanding of good practices for carrying out CA, better project management in CA and how this can lead to QI of a service/department and ultimately the safety and well-being of patients.

The Clinical Audit Manager has also 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 last year due to the pandemic. The course has been deferred to 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.

Specialty	Cumulative discharges	Cumulative deaths	Cumulative crude mortality	2022/23 Q3 crude mortality	2022/23 Q2 crude mortality	2022/23 Q1 crude mortality	2021/22 Q4 crude mortality
Cardiac Surgery	1736	33	1.90%	2.53%	1.89%	2.00%	1.17%
Cardiology	8207	81	0.99%	1.14%	1.05%	1.02%	0.74%
Cystic Fibrosis	362	0	0.00%	0.00%	0.00%	0.00%	0.00%
ECMO	42	14	33.33%	25.00%	33.33%	33.33%	40.00%
Lung Defence	496	5	1.01%	0.74%	1.41%	0.00%	1.79%
Oncology	792	0	0.00%	0.00%	0.00%	0.00%	0.00%
PTE	149	4	2.68%	0.00%	2.17%	8.57%	0.00%
PVDU	1295	1	0.08%	0.33%	0.00%	0.00%	0.00%
Respiratory Medicine (inc ILD)	622	1	0.16%	0.00%	0.00%	0.00%	0.58%
RSSC	5924	6	0.10%	0.14%	0.00%	0.12%	0.16%
Thoracic Surgery	680	6	0.88%	1.14%	2.61%	0.00%	0.00%
Transplant	467	24	5.14%	3.15%	5.45%	7.32%	4.67%
Grand Total	20772	175	0.84%	0.89%	0.84%	0.95%	0.69%

Table 21 *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

Completed Audits: There have been 18 trust wide local audits completed and reported on in Q3.

1. **Resuscitation Trolley Audit Report 2022 (N-CA-81):** Produced by Annemarie Harris (Lead Resuscitation Officer) and Polly Hine (Resuscitation Officer) with clinical audit support from Hazel Yates
2. **ALERT Scoop and Run Audit 2022 (N-CA-278):** Produced by Judy Machiwenyika (Nurse Consultant Alert Team/Surgical ANPs) with assistance from Hazel Yates (Clinical Audit Project Co-ordinator)
3. **Linen Audit 2022 (N-CA-181):** Produced by Hazel Yates (Clinical Audit Co-ordinator) With support from Katy Rintoul (Clinical Nurse Specialist Infection Control) and Clare Wayman (Data Administrator)
4. **Quality of transfer for patients transferred from CCA (N-QI-225):** Produced by Dr Tim Nye and Dr Mae Bethell with support from Dr Nicola Jones Critical Care, Royal Papworth Hospital
5. **Urine Dipstick Optimisation - An audit into diagnosis and treatment guidelines for urinary tract infections (N-CA-171):** Project Lead: Cristiano Serra, Antimicrobial Pharmacist, Undertaken by Joshua Holroyd, Trainee Pharmacist
6. **PVDU Journal Club QI project (TA-QI-246):** Produced by: Dr Emmanuel Tasos, Dr Elisavet Lyka, Dr Theo Clarke Supported by: Dr Katherine Bunclark
7. **Audit Report PMehr October 2022 (STA-CA-238):** Produced by Seyed Pouriya Hosseini Mehr, Yuliia Dzekunova and Samail Shahjahan with support from Mr Giuseppe Aresu and Mr Aman Coonar
8. **Re-Audit of Documentation of Anticoagulants Consultations in The Clinical Record (STA-CA-314):** Produced by Emma Hunt, Kanjana Promduang and Christopher McCorquodale
9. **Audit of the diagnosis and antimicrobial prescribing on post-surgical HAP patients (STA-CA-298):** Produced by Silvia Farinha (Senior Rotational Pharmacist), with assistance from Netta Tyler (Lead AMS Pharmacist), Dr Sumita Pai (Consultant Microbiologist), and Cristiano Serra (AMS Pharmacist)
10. **CMV Prophylaxis in post-heart TX Patients (STA-CA-323):** Produced by Dr Adegboyega, Dr Watson and Dr Pettit
11. **SALT Cardiology Audit Report (C-CA-307):** Produced by Pradeep Phull (Speech and Language Therapist) and Corinne Mossey-Gaston (Speech and Language Therapy Lead)
12. **Blood Collection Audit 2022 Final (BT-CA-248):** Produced by Michaela Lewin (Advanced Transfusion Practitioner)
13. **Aspirin suppository audit November Final (STA-CA-229):** Produced by Oluwanifemi Akintoye, Muhummed Alshuaibi, Rike Talukder, Aabha Divya, Mr S Farid
14. **2022 Protected Mealtimes Audit (N-CA-269):** Produced by Catherine Garters (Dietetics Assistant), Carol Holder (Specialist Dietitian) with support from Hazel Yates (Clinical Audit Co-ordinator)
15. **Essential Frailty Toolset vs Rockwood Final 2022 (C-CA-286):** Produced by Department of Interventional Cardiology: Patel N, Teh W, Omoniyi O, Martin W, Hey CY, Weir-McCall J, D'Errico L, O'Sullivan M, Davies W, Costopoulos C, Costanzo P
16. **Surgical Prophylaxis Audit Report all cycles Jun-Nov 2022 (STA-CA-262):** Produced by Antimicrobial Stewardship Team: Cristiano Serra, AMS Pharmacist, Simon Day, AMS Pharmacy Technician, Netta Tyler, Lead AMS Pharmacist, Dr Sumita Pai, Consultant Microbiologist
17. **Dietetics Department Record Keeping Audit 2022 (N-CA-271):** Produced by Catherine Garters (Dietetic Assistant) with the support of Debbie Harman (Specialist CCA Dietitian) and Hazel Yates (Clinical Audit Co-ordinator)
18. **Bronchiectasis Audit (TA-CA-220):** Produced by Dorothy Grogono (Consultant Respiratory Physician)