Royal Papworth Hospital
NHS Foundation Trust

Quality and Risk Report Quarter 4 and Annual Summary 2022/23

2022/23

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Quality and Risk Report

Quarter 4 and Annual Report 2022/23

PATIENT SAFETY

1.1 Patient Safety Incident Trends and Actions

There was a total of 762 patient incidents reported during Q4 22/23 (Figure 1), which is slightly higher the same Q4 in 21/22 (752); similar numbers have been reported across the last 4 quarters. At the time of reporting there were in Q4, 47 near miss incidents and 715 actual incidents reported on Datix (table 1).

The total number of incidents reported in 22/23 was 3,016 of these there were 153 near miss incidents and 2,863 actual patient related incidents. This is a slightly increased number on 21/22 that was 2,943 in total reported incidents for patient safety. Where appropriate these have been reported to CQC via the National Reporting and Learning System (NRLS).

Patient incidents by Severity	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Near Miss	31	39	36	47	153
Actual incidents	719	765	664	715	2,863
Total	750	804	700	762	**3,016**

Table 1: Numbers of patient safety incidents reported in 2022/23 (Data source: DATIX As of 24/04/2023)

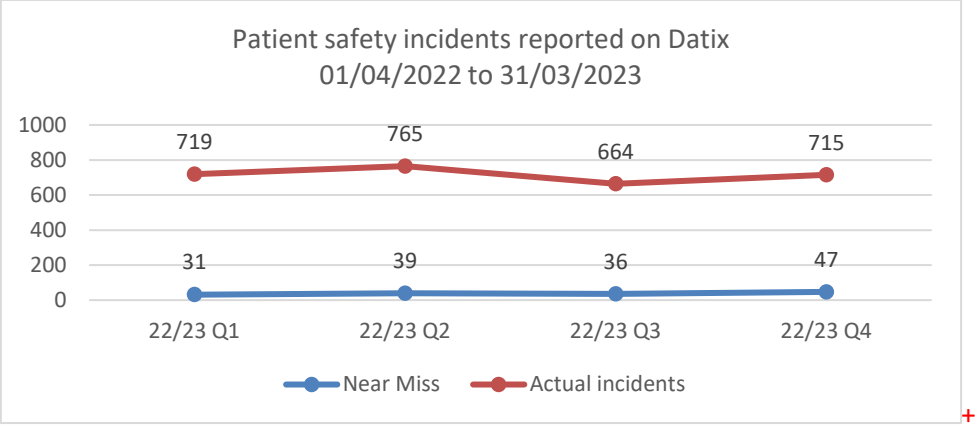


Figure 1: Patient Safety Incidents Actual v. Near miss (Data source: DATIX 24/04/2023)

Table 2 shows the numbers of patient safety incidents reported in Q4 by the "Type". Main types are relating to Medication/Medical Gases and Nutrition, Pressure Ulcers, Treatment and Procedure, Administration, Documentation and Accidents.

Patient Incidents by Type	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total for 22/23
Accidents	45	46	50	49	190
Administration - admission/discharge/transfer/waiting list	98	62	65	78	303
Anaesthetics	6	10	1	3	20
Behaviour/Violence Aggression	15	10	7	9	41
Blood Plasma Products	20	14	17	14	65
Communication/Consent	38	30	26	18	112
Data protection	18	13	14	23	68
Diagnosis Process/Procedures	26	28	25	21	100
Documentation	46	76	40	54	216
Environmental Hazards/Issues	10	6	2	3	21
Fire Incidents	0	1	0	0	1
Infection Control	43	53	32	35	163
Information Technology	19	18	8	8	53
Medical Devices	24	36	24	43	127
Medication/Medical Gases/Nutrition	126	133	130	130	519

Patient Incidents by Type	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total for 22/23
Nutritional Feeding (Prescribed Feeds)	3	3	4	5	15
Organisational Issues/Staffing	25	28	29	30	112
Pressure Ulcers	89	98	116	109	412
Radiology\Radiation	8	11	13	9	41
Security incidents	6	2	6	7	21
Treatment/Procedures	85	126	91	114	416
Total	750	804	700	762	**3016**

Table 2: Numbers of patient safety incidents by Type reported in Q4 2022/23 (Data source: DATIX 24/04/2023)

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.

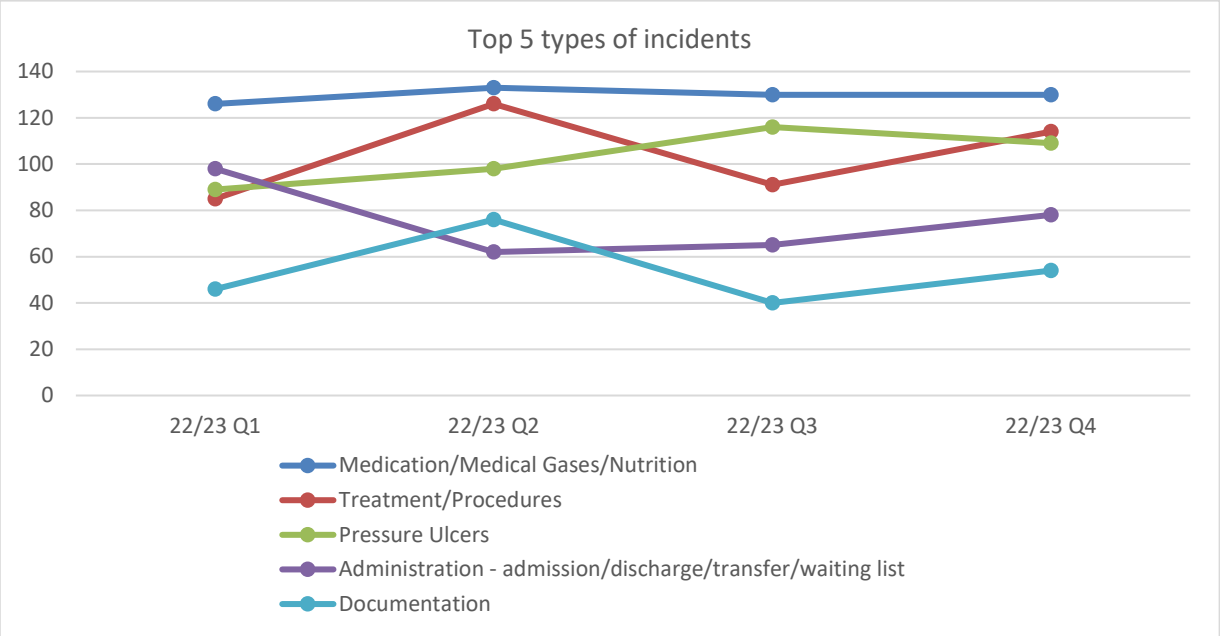


Figure 2: Patient Safety Incidents Q4 2022/23 (Data source: DATIX 24/04/2023)

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= 78) as per table 2. Of those the majority are related to transfer between units/care setting insufficient/ incorrect/ incomplete/delayed and appointment processes insufficient/incorrect/incomplete.

Treatment and Procedures
During Q4 the numbers of treatment and procedure incidents have increased compared to previous quarter (n=114) as per table 2.

All incidents have been graded, a majority with a severity of no/low harm/near miss, seven graded as moderate harms and one serious incident with a severity of “death caused by the incident”, this will be reviewed once the investigation has concluded.

All incidents which have an initial grading of moderate or severe harm are reviewed at the Serious Incident Executive Review Panel (SIERP), as part of the scrutiny, confirmation of grading and type of investigation.

Medication
During Q4 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 Q4 the number of pressure ulcer incidents have reduced compared to Q3 (n=109) 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.

Documentation
During Q4 documentation incidents have increased compared to the Q3 (n=54) as per table 2. The most common type of documentation incidents reported in quarter have been related to paper medical record – information misfiled. All incidents have been graded, with a severity of near miss or no/low harm and death unrelated to the incident.

1.3 Severity of Patient Safety Incidents

In Q4, incidents graded as near miss, no harm, low harm have all had slight increases. (Table 3a). Furthermore, 11 incidents have been reported as moderate harm, one severe harm and one as death caused by incident. 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).

Severity	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total for 22/23
Near Miss	31	39	36	47	153
No harm	413	460	336	346	1555
Low harm	294	293	322	354	1263
Moderate harm	6	8	3	11	28
Severe harm	1	1	0	1	3
Death caused by the incident	0	0	0	1	1
Death UNRELATED to the incident	5	3	3	2	13
Total	750	804	700	762	**3016**

Table 3a – Patient Safety Incidents by Severity (Data source: DATIX 24/04/23)
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	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Cardiology	0	0	2	2	4
Cath Labs	1	0	0	1	2
Radiology	1	1	0	1	3
Surgical	3	4	1	2	10
Theatres, Critical Care and Anaesthesia	2	1	0	6	9
Thoracic	0	3	0	1	4
Total	7	9	3	13	**32**

Table 3b – Incidents by Division - Moderate Harm (Data source: DATIX 24/04/23)
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 presented to SIERP in Q4 and 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).

Trust reference	Date of incident	Details	Duty of Candour	Actions
Moderate/Severe harm/Death caused by incident- incidents reported to SIERP in Q4 22/23				
WEB46215	10/01/2023	Ventilator detached from tracheostomy, patient found unresponsive but did not lose cardiac output.	Yes	After Action Review completed Report/actions being agreed.
WEB46362	21/01/2023	Possible missed doses of anticoagulation- PeAF ablation Patient, suffered stroke following discharge and admitted to local DGH A&E, possible missed doses of anticoagulant (apixaban) noted	Yes	Investigation Underway
WEB46460	02/02/2023	Inadequate medication follow-up and monitoring (Heparin)	Yes	Investigation Underway
WEB46681	03/02/2023	Recognised complication during PPM lead extraction procedure requiring surgical repair	Yes	Investigation Underway
WEB46480	07/02/2023	Incorrect storage of donor lung prior to transplant procedure	Yes	Investigation Underway
WEB46485	08/02/2023	Patient accepted and transferred to RPH Critical Care Unit from DGH. Patient arrested shortly after arrival on RPH Critical Care and died.	Yes	Investigation Underway
WEB46548	12/02/2023	Failure of a chest drain, required removal in theatres	Yes	Investigation Underway
WEB46561	13/02/2023	Mismanagement of Vancomycin / deterioration in renal function	Yes	Investigation Underway
WEB46719	24/02/2023	Inadvertently placed central line into carotid artery	Yes	Investigation Underway
WEB46844	07/03/2023	Delay in escalation of care for a deteriorating patient and inappropriate transfer of from Cath Lab to CCU	Yes	Investigation Underway
WEB46964	16/03/2023	Disconnection of line in BIVAD circuit.	Yes	Investigation Underway
SUI-WEB46547	13/02/2023	Suboptimal care of deteriorating patient	Yes	Investigation Underway

Table 4 – Monitoring of SI and Moderate/Severe Harm Incidents (Data source: Datix 24/04/23)

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 seven requests for investigation / feedback in Q4.

Date	Requester	Summary details
06/01/2023	East Norfolk Medical Practice	WEB46134- Incorrect medication information on discharge summary
09/01/2023	Cambridgeshire University Hospital	WEB46170- Insufficient preparation in Cath Lab to receive patient transferred to Royal Papworth Hospital via STEMI pathway
18/02/2023	North West Anglia Foundation Trust	WEB46442- patient went to Hinchingbrooke Hospital Emergency department with cannula still in situ from RPH- Cannula site bruised and swollen
20/02/2023	North West Anglia Foundation Trust	WEB46659- Patient transferred from Royal Papworth to Peterborough Hospital, discharge notes were for a different patient.
06/03/2023	North West Anglia Foundation Trust	WEB46936- Patient not accepted via PPCI pathway
21/03/2023	East of England Ambulance Service	WEB47049- EEAST require assistance in obtaining information regarding a patient that was brought in via PPCI. They report the incident is currently under review by their serious incident panel and they require further information to assist with the review
29/03/2023	East of England Ambulance Service	WEB47158- EEAST is requesting assistance in obtaining information regarding a patient that was brought to Papworth as a PPCI pre-alert. The incident is currently under review by their serious incident panel, and require further information to assist with the review

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

1.6 Harm Free Care

Venous Thromboembolism (VTE) Monitoring

VTE DATIX Events January – March 2023

There were two VTE incidents reported in Q4. All Hospital Associated Thrombosis cases should be reported via DATIX at the point where the diagnosis is made and should be completed, under the direction of the Consultant, and a root cause analysis investigation undertaken.

The last VTE event where there were omissions in practice was in February 2022 (WEB42395). Imaging suggested acute/subacute PE on chronic PE.

The investigations for those reported in Q4 are outlined below, these are discussed at the VTE scrutiny panel following root cause investigation by local clinical team.

VTE incidents requiring investigation in Quarter 4

WEB number	Date	Impact severity	Action status
WEB47191	01.03.2023	Low Harm	Investigation underway by STA division
WEB46445	05.01.2023	Low Harm	Unavoidable Hospital Associated Thrombosis

Table 6: Source: data extraction Datix system 28.04.2023

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. Extracted from Monthly report circulated by Clinical Audit*

Ward	Jan-23	Overnight Admissions	Feb-23	Overnight Admissions	Mar-23	Overnight Admissions
3 North	92.1%	38	90.9%	55	91.9%	62
3 South	91.8%	146	91.5%	142	87.9%	157
4 North West	87.7%	65	87.5%	40	74.4%	43
4 South	87.5%	80	88.7%	53	85.9%	71
5 North	75.9%	29	100.0%	13	88.2%	34
5 South	82.8%	29	94.4%	18	90.9%	33
Cath Labs	96.4%	83	93.9%	49	88.1%	67
CCA	100.0%	7	85.7%	7	73.3%	15
Day Ward	95.1%	122	93.3%	104	94.6%	129
Theatres	N/A	0	N/A	0	100.0%	1
Echo Lab	N/A	0	N/A	0	N/A	0
Total	91.0%	599	91.7%	481	88.3%	612

**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.*

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

For the year 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 are an area of interest within and outside the organisation.

Actions undertaken in Q4 to improve compliance
Communication plan implemented with the Communication and Digital teams to deliver new initiatives to raise awareness of VTE risk amongst clinical staff. This now includes patients and public e.g., the visual electronic screens in public areas such as the Atrium and Outpatients.

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. For example, provision of breakdown report of patients who did not have an assessment within 24hour. Medical VTE champions can request this monthly, and areas have identified junior doctors to get involved in the audit of reviewing for themes, omissions, errors, and trends.

The VTE clinical indictor view has been optimised to better hi-light patients in need of VTE risk assessment before 24h target is breached.

VTE oversight group updated DN500. It is in line with NICE VTE prevention (NG89) guidance. It provides granularity around cohort exemptions, roles, and responsibilities and in place Q4.

VTE and Bleeding Risk Assessment Lorenzo prompt
Investigation of opportunities that do and do not exist in the Trusts Electronic record system and digital options continue to be explored and were reviewed at Clinical Decision Cell (CDC) meeting within Q4.

Falls
During the quarter there were 42 (compared to 39 in Q3) patients who fell or were lowered to the floor; 159 falls in total across the financial year. 100% (n42) were graded as near miss or no/low harm. A total of 41 of the 42 incidents occurred in hospital ward environments, with the remaining 1 incident occurring in the Radiology department. 27 of these were unwitnessed with 18 occurring in the surgical wards. We are always aware of increasing numbers of falls being reported, this represents natural variation impacted by patient acuity and patients wishing to mobilise independently as part of their recovery post procedure, however preventing falls in this group of patients remains a priority.

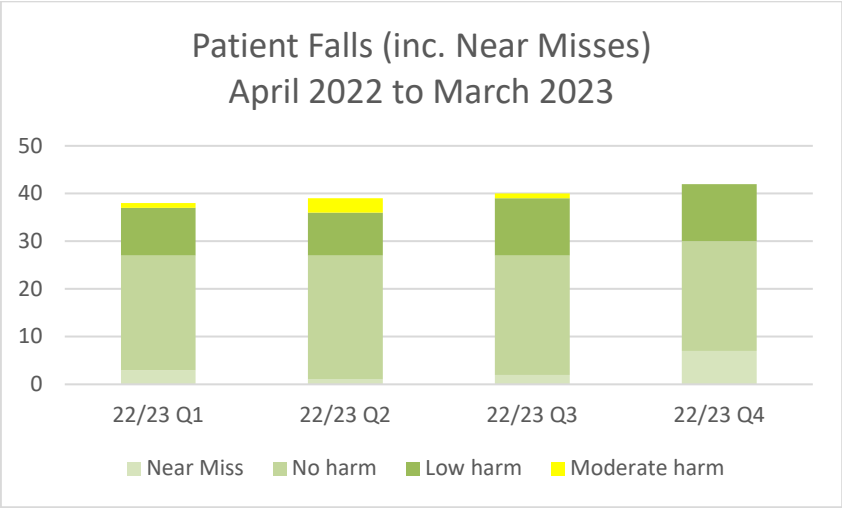


Table 9: Patient falls and grading of harm - Data extracted from Datix 11/05/2023

All falls' incidents continue to be reviewed by the Falls Prevention Specialist Nurse. A review of these incidents continues to highlight that most patients 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. In particular, patients mobilising to the bathroom, or transfer from their bed to their chairs become unbalanced and fall to the floor resulting in injury. 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 leads 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.

It is recognised that there is a balance of reducing the incidence of falls while still promoting patient independence, one of the focus areas looking forward, will be the early identification of frailty and improving assessment of patients post procedure. A revised Falls Prevention and Management Policy is nearing completion and the Trust is re-establishing the Falls Prevention and Management Group.

Pressure ulcers

There were 61 reported pressure ulcers and moisture associated skin damage in quarter 4 compared to 72 in quarter 3. This represents routine fluctuations throughout the financial year. The majority of incident reports throughout the year are associated with Medical Device Related Pressure Ulcers (MDRPU) (77), Moisture Associated Skin Damage (MASD) (94) and category 1 pressure ulcers (43) where the skin experienced a pressure insult of superficial depth with no corresponding skin breakdown. The quarter has seen a continued 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 throughout the year 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 continuing in this quarter included the now joint 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.

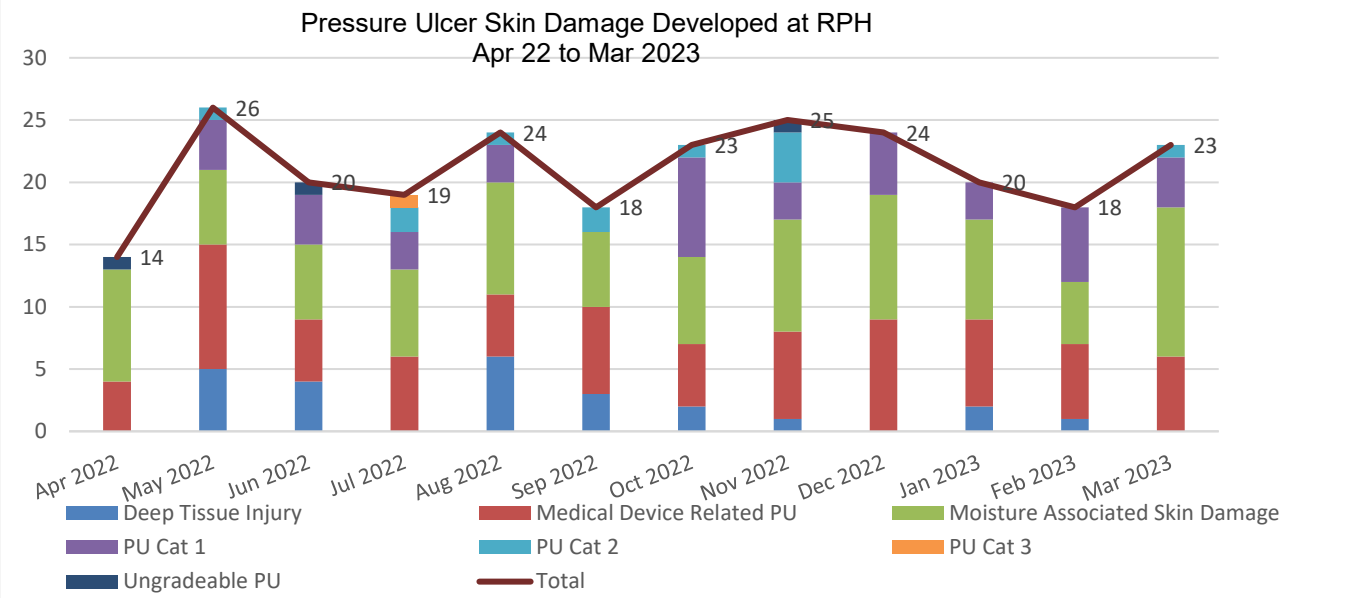


Table 10: Patient Pressure Damage Incidents - Data extracted from Datix 12/05/2023

In summary, there has been a fluctuating picture of pressure ulcer/skin damage reporting throughout the year, a reduction in category 2 superficial depth pressure ulcers was noted in quarter 2 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 Q4 there were 15 inquest hearings: 7 of these required representation from Royal Papworth Hospital, 6 were "Read Only" inquests and 2 inquests where the Trust was required to provide information to support the inquest but not an Interested Person.
In addition, there was one inquest heard for two days in Q4, but adjourned as further witness evidence was requested and is to be relisted for conclusion in July 2023.

Any learning points identified at Inquest are discussed at QRMG in quarter. There was no further action required following conclusion of these 15 inquests. A summary of inquests heard in month is presented in the Clinical Governance Monthly report presented at QRMG.

Pre-Inquest Review Hearings (PIRH)
The Trust attended two 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.

New Inquest notifications
The Trust has been notified of 18 new Inquests/coroner's investigation in Q4 and statements and clinical records have been requested.
The number of cases currently with the Trust under the Inquest process is 109 (as at 31/03/2023).

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 – 2022/23
During 2022/23 the Trust gave evidence at 36 Inquests, this a significant increase on the previous year 2021/22 (26).

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.

HM Coroner has held 14 Pre-Inquest Review hearings which the Trust has attended which is a decrease compared to the previous year (31).

1.8 Clinical and Non-Clinical Negligence Litigation

In Q4 2022/23 the Trust received 0 new requests for disclosure of records for potential claims and 2 Formal Letters of Claim.

Within Q4 there were 5 cases closed; 1 disclosure of records for a potential claim and 4 Letters of Claim. Table 8 shows all claims activity in Q4.

Clinical Claims Activity Q4 22/23		
New - Opened Claims Q4 22/23		
Q32223-18CL	Clinical negligence claim. LOC received in Jan 2023, previously a records disclosures received in 2022. Alleged failure to prevent the development of pressure sores whilst the Claimant was an inpatient in 2022 (redo mitral valve surgery).	**Letter of Claim - Uploaded to NHSR Jan 2023**

Clinical Claims Activity Q4 22/23		
New - Opened Claims Q4 22/23		
Q22021-12CL	Clinical negligence claim. LOC received in Jan 2023 previously a records disclosure received in 2020. Alleged negligent coronary artery bypass surgery in 2013.	**Letter of Claim – Uploaded to NHSR Jan 2023**
Closed - All Clinical Claims Q4 22/23		
Q42021-22CL	Clinical negligence claim. Breach of duty and causation with regards to the failure to carry out effective treatment from early 2018 to 2019.	**Letter of Claim** Discontinued by Claimant – **CLOSED** Damages: Nil Defence costs: £1,730.00 Total: £1,730.00
Q31617-14CL	Clinical negligence claim. Patient transferred to Papworth from DGH with ECMO. Subsequently had VADs and heart transplant. Patient alleged suffered brain injury prior to or at the time of transfer to Papworth.	**Letter of Claim** Discontinued by Claimant - **CLOSED** Damages: Nil Defence costs: £54,807.42 Total: £54,807.42
Q42122-12CL	Clinical negligence claim. Pt admitted 2019 to RPH as a same day admission for cardiothoracic surgery (coronary artery bypass grafting). Concerns were raised regarding deterioration, lack of escalation to medical team and lack of observations overnight prior to arrest.	**Letter of Claim** It is accepted that there was a failure to review the Claimant for one area of care, other allegations regarding breach of duty and causation are denied - **CLOSED** Damages: Nil Defence costs: £2,135.00 Total: £2,135.00
Q32122-08CL	Clinical negligence claim. Patient experienced acute deterioration within days post angioplasty requiring emergency intervention via Primary Percutaneous Coronary Intervention (PPCI pathway) to aspirate thrombus from site of recent stent. RIP. Inquest held and Trust and GP found not to have dispensed an anticoagulant medication.	**Letter of Claim** Settled – Damages agreed by NHSR - **CLOSED** Damages: £8,500.00 Claimant's costs: £5,000.00 Defence costs: £408.00 Total: £13,908.00
Q32223-22CL	Potential clinical negligence claim. Alleged failure to diagnose stroke following surgery in 2021.	**Potential Claim - Records Disclosure** Solicitors no longer instructed by client. - **CLOSED**

Table 8: Claims Activity NHS Resolution Q4 22/23: Data Source: NHS Resolution 02/05/2023.

Total claims activity for 2022/2023:

Total Claims Activity for 2022/23	
Records Disclosure Requests received	20
Letter of Claim (LOC) received: *(*Of these 7 LOCs, 2 were new LOCs & 5 were previous records disclosure received by The Trust.*	7
Closed - LOCs Settled	7
Closed - Records Disclosure Requests Closed - No Further Action	9
Total Inquest Funding Activity	
Requests to NHSR for Inquest Funding	6

Table 9: Claims Activity 22/23 - Data Source: NHS Resolution 02/05/2023.

Outstanding Claims as at Q4 2022/23

Table 10 below summarises the 18 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	Total damages reserve	Total claimant costs reserve	Total defence costs reserve	Total outstanding estimate
18	£18,418,017	£2,642,500	£676,128	£19,508,356

Table 10: The total costs of claims if these were accepted as breach of duty - Data source: NHS Resolution 02/05/2023.

The graph below shows the total number of formal letters of claims and early notification claims that have been uploaded to NHSR over the last 2 years compared to the national average per quarter. For the year of 22/23 this total was 11, which included the 7 received in year and an additional 4 uploaded in relation to claims accepted under the early notification process.

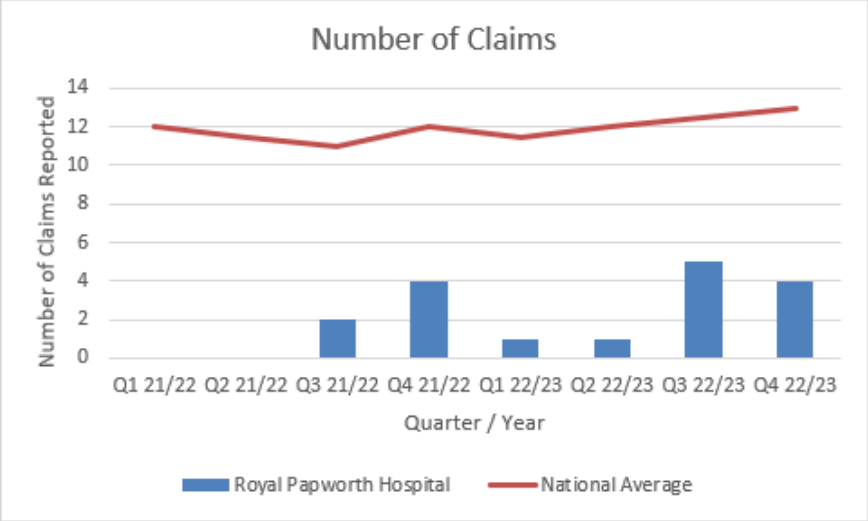


Figure 3: The total number of claims reported to NHSR compared with national numbers – Data source: NHS Resolution 03/05/2023

Non-clinical claims

There was one new claim brought against the Trust during Q4; this related to a patient fall linked to accident that occurred. 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

In 2022/23 Royal Papworth Hospital received 58 formal complaints from patients and or their families. Of the 58 complaints reported (28 inpatient and 30 outpatient complaints) 56 were relating to NHS provided services with 2 complaints related to private patient services at Royal Papworth Hospital.

The overall numbers of complaints received has increased in the numbers received during the previous year when 40 complaints were received (an 45% increase from 2021/22) as seen in Figure 4 below, showing the number of formal and informal complaints received during the previous five years.

The Trust received 73 informal complaints in 2022/23, a significant increase from the previous year (32 in 2021/22). We have seen an increase in the number of informal complaints received in 2022/23 because 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 to the concerns raised.

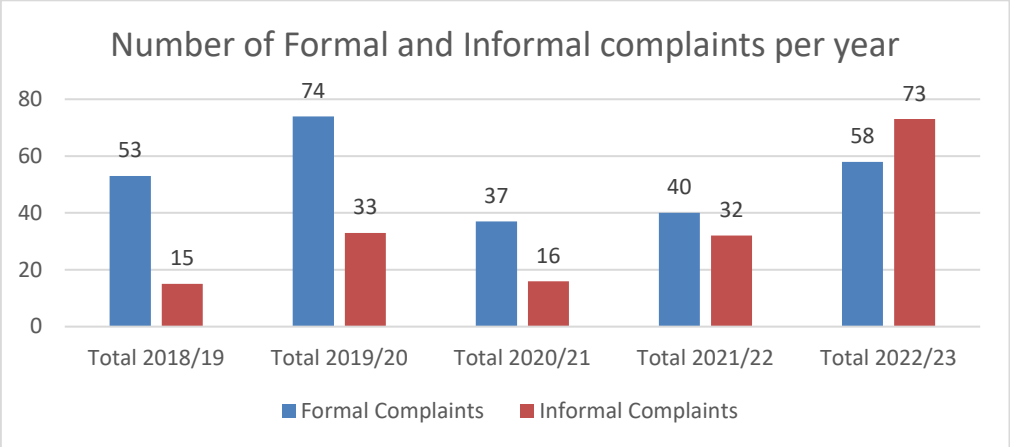


Figure 4: Number of Formal and Informal Complaints received by year (source – Datix 27/04/2023)

The Trust uses the Model Hospital Metric to bench mark the numbers of formal complaints. This is calculated by the number of written complaints made by or on behalf of patients about an organisation per 1000 staff (WTEs). This is reported monthly as part of the Papworth integrated Performance Report (PIPR) as a rolling 3-month average of the number of written complaints per 1000 WTE. The data from 2022/23 is shown in the table below.

April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	March 2023
6.1	10.7	14.3	13.4	9.2	5.1	6.1	6.2	5.7	5.2	5.1	4.8

All formal complaints received are subject to a full investigation, and throughout the year service improvements have been made as a result of analysing and responding to complaints. Not all complaints are upheld following investigation. Out of the 58 complaints received in 2022/23, 44% were upheld or partly upheld following investigation, an increase of 6% from 2021/22 (38%). Table 11 shows the number of complaints received and of those, the numbers upheld, or part upheld in 2022/23. Those closed in the quarter may relate to complaints opened in the previous quarter, for example Q2, and not all complaints for Q4 have been closed.

Quarter	Number of complaints received (including private patients)	Complaints upheld/ Part upheld
Q1 2022/23	28	3
Q2 2022/23	10	13*
Q3 2022/23	11 (1 Private Patient)	5
Q4 2022/23	9* (1 Private Patient)	5

Table 11: Numbers of Formal Complaints (source: Datix 27/04/2023)

We closed a higher number of complaints in Q2 than received as the complaint was received in the previous quarter (Q1) but not closed until Q2.

Overall, the primary subject of complaints received at Royal Papworth Hospital remains clinical care and communication, although we have noticed an increase in the number of concerns relating to discharge and follow up care following discharge from RPH.

In 2022/23, 38% of complaints received related to clinical care and 28% relate to communication, in comparison to 38% clinical care; 23% communication in 2021/22, these subjects remain the highest cause for complaints. Table 12 shows a comparison of complaints raised by primary subject by year.

Complaints received by primary subject	2022/23	2021/23	2020/21	2019/20	2018/19
Clinical Administration and Appointments	1	0	2	3	0
Staff attitude	6	3	0	0	1
Clinical Care/Clinical Treatment	22	15	13	28	12
Patient Care (including nutrition and hydration)	0	5	5	0	0
Nursing Care	4	2	0	1	0
Catering	0	0	0	0	1
Patient Charges	2	0	0	0	0
Communication/Information	16	9	8	27	28
Delay in diagnosis/treatment or referral	1	2	0	7	10
Admissions, discharge and transfers	2	2	2	1	1
Consent	0	0	1	0	0
Equipment Issues	0	0	0	0	0
Privacy and Dignity	0	0	1	1	0
Environment - Internal	1	0	0	3	0
Medication issues	0	0	0	2	1
Facilities including Parking and Transport	0	1	4	1	0

Complaints received by primary subject	2022/23	2021/23	2020/21	2019/20	2018/19
Other	3	1	1	0	0
Totals	**58***	**40***	**37***	**74***	**53***

Table 12 Complaints by primary subject (Data source DATIX 20/04/2023
*The total number of complaints includes those related to Royal Papworth Private Care

Figure 5 shows the primary subject of complaints comparing with the previous quarters in 2022/23.

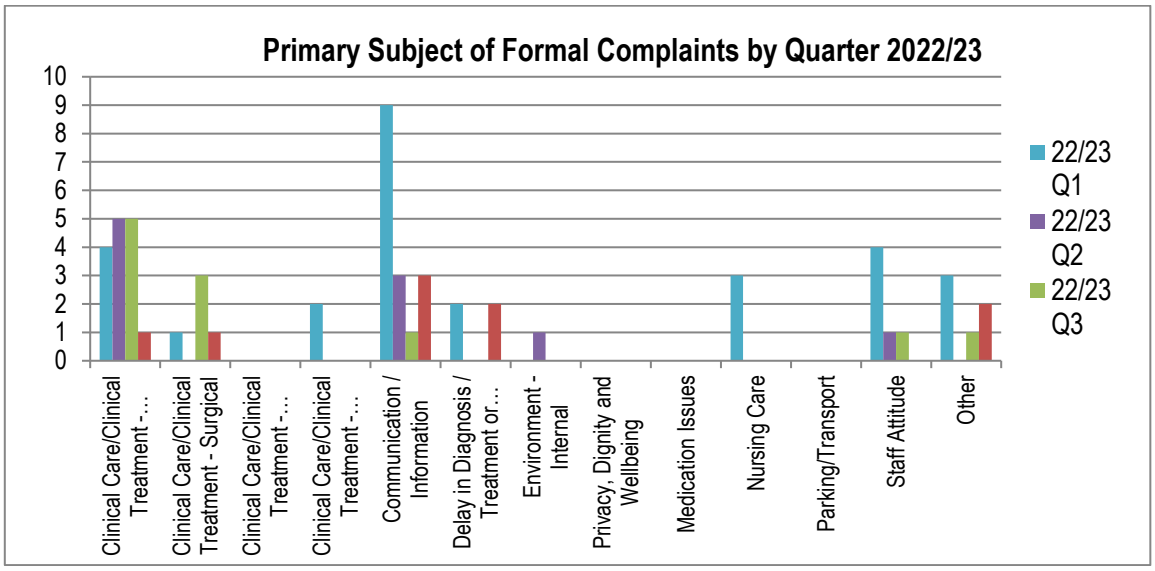


Figure 5 Primary subject of Formal Complaints by Quarter (source: Datix 27/04/2023)

The Clinical Speciality/Divisions receiving formal complaints during 2022/23 in comparison to the last five years is 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 division have decreased this quarter from 5 in Q3 to 3 in Q4. The number for RSSC and Royal Papworth Private Care remain consistent with the number received in previous quarters.

Clinical Speciality/Division	2022/23	2021/22	2020/21	2019/20	2018/19
NPH Cardiac Surgery	7	6	1	12	0
NPH Cardiology	18	13	7	26	15
NPH Cath Labs	0	0	0	1	0
NPH Critical Care	3	3	4	3	0
NPH Interventional Cardiology	0	0	0	1	0
NPH Lung Defence	0	1	2	2	0
NPH Oncology	2	0	0	4	0
NPH Outpatients	0	1	7	5	8
NPH Thoracic Services	2	4	0	2	0
NPH PVDU	0	0	1	0	12
NPH Respiratory Physiology	0	0	0	2	0
NPH Royal Papworth Private Care	2	0	3	5	0
NPH RSSC	13	5	1	7	0
NPH Thoracic Surgery	0	0	3	1	0
NPH Surgical/Transplant	5	3	7	2	14
Other	6	4	1	1	4
Total	**58**	**40**	**37**	**74**	**53**

Table 13: Complaints by Clinical Speciality/Division per year (Source Datix 27/04/2023)

From May 2022, following agreement with our Executive Team our formal complaint responses times were extended from 25 to 35 working days to support our business continuity plans and to align our practices with other Trusts within the Cambridgeshire & Peterborough Integrated Care System (ICS).

In total 12 complaints were closed in Q4, of which six were closed within the 35 working days designated timeframe. One was closed within 44 working days, and one was within 45 days, the response time was extended in agreement with the complainant, to allow for further scrutiny and whilst additional information was sought. We recognise for some complaints, for example those that relate to five or more issues within the same service, or involve other Trusts, will require a longer response time. A total of 4 complaints in Q4 fulfilled this criterion due to the number of issues raised or that it involved other NHS Trusts. The response time was agreed with the complainant on receipt of the complaint.

There were no Parliamentary and Health Service Ombudsman (PHSO) referrals in 2022/23.

Quality Dashboard Monitoring – Q4		
Number of complaints responded to within 35 day timeframe	6	100%**
Number of complaints responded to within 45 day timeframe	2	100%**
Number of complaints responded to within 60 day timeframe	4	100%**
Number of PSHO referrals in quarter	0	0
Number of PHSO 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 22/23

In Quarter 4 the Trust received 22 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
15713 13/01/2023	NPH Ground Floor	Transport Issues	7 hours wait after appointment to be returned home by patient transport services.	**Closed on 17/01/2023** Patient Transport team contacted Transport provider for a response to the concerns raised. Response provided addressing concerns raised and apology given for the patient experience. Patient was happy for complaint to be closed.
15716 17/01/2023	NPH Critical Care	Clinical Care/Clinical Treatment - General Medicine Group	Patient has concerns regarding the medical care they received and the communication with their family regarding treatment plan.	**Closed on 17/02/2023** CCA Charge Nurse provided a detailed response to the patient concerns and apologised for the poor communication the patient experienced. Response emailed to the patient.
15715 17/01/2023	NPH Outpatients	Communication / Information	Patient has raised concerns regarding the conduct of the interpreter who attended their appointment.	**Closed on 31/01/2023** Response received from Cintra following investigation. Response shared with patient and apologies given for their experience. Complaint closed, no further action.
15722 20/01/2023	NPH Critical Care	Clinical Care/Clinical Treatment - Surgical	Concerned at inappropriate comments / professionalism from Nurse on ward and concerns about current inpatient treatment as have been advised about potential brain damage.	**Closed on 14/02/2023** Clinical and nursing team met with family to address concerns. Family satisfied with outcome of the meeting and happy for complaint to be closed.
15735 30/01/2023	NPH 4 North/South - Respiratory Specialties	Communication / Information	Family have raised concerns regarding the Lack of information and poor communication.	**Closed on 23/02/2023** Clinician provided response to the concerns raised and offered to meet with the family to discuss their concerns in further detail. Family declined meeting at this time but accept response provided.

Trust Ref/Date Opened	Location	Subject	Description	Outcome/Date Closed
15741 31/01/2023	NPH 5 South Surgical	Staff Attitude	Patient concern over staff attitude and behaviour towards them	**Closed on 20/03/2023** Deputy Lead Nurse provided a response to patient concerns and apologies for the patient experience. Patient happy with response and to close complaint.
15747 03/02/2023	NPH Outpatients	Clinical Care/Clinical Treatment - General Medicine Group	Mother of patient (RIP) has raised questions about their referral to RPH, why they were seen in clinic and not given a date for surgery when they were told it was a priority. Seeking a joint meeting with local DGH to understand decision making.	Local Investigation to resolve enquiry/concerns
15764 14/02/2023	NPH 3 South Cardiology	Nursing Care	Family raised concerns regarding manual handling of patient and care currently being provided.	**Closed on 27/02/2023.** Cardiology Matron spoke directly with the family to address their concerns and provide reassurance that their feedback will be shared with nursing team. A review of training and competency checks on those staff that had been identified as being involved in some aspects of patient's care will also be undertaken.
15768 15/02/2023	NPH Ground Floor	Clinical Care/Clinical Treatment - General Medicine Group	Solicitors have sent a letter to the complaint department detailing patient history. No reason for complaint investigation identified and no patient consent provided. Patient currently open to Claims team and NHSR are liaising with the solicitors.	**Closed on 24/02/2023** Confirmation received from Solicitor that this is a claim not a complaint at this stage. Claim to be supported by NHSR. Closed no further action.
15793 19/02/2023	NPH Outpatients	Delay in Diagnosis / Treatment or Referral	Patient has raised concerns regarding the length of time they have had to wait for their procedure.	**Closed on 23/03/2023** Consultant Cardiologist reviewed concerns and provided a response, no delays in treatment or tests identified. Patient was added to the waiting list but delay due in room availability and anaesthetist availability. Apology given and confirmed patient is booked for procedure.
15794 20/02/2023	NPH Cath Labs	Communication / Information	Family have raised concerns regarding the delay in CO investigation following patient's sad death at RPH.	**Closed on 26/04/2023** Family seeking update re Coroner investigation, no updates since 2020. Family signposted to Coroner's Office for update in relation to investigation.
15782 22/02/2023	NPH Outpatients	Clinical Care/Clinical Treatment - General Medicine Group	Patient has raised concerns regarding the poor treatment and lack of diagnosis for condition since being treated at RPH.	**Closed on 10/03/2023** Concerns flagged with Private Patient team, patient liaising directly with the team to address concerns but advised to contact PALS if they have any further concerns.
15790 24/02/2023	Patient's Home	Medical Records	Patient has concerns of his differing treatment, lack of communication, and exacerbation of Heart condition over the years.	**Closed on 28/02/2023** Patient received a letter from clinician addressing concerns and confirming date of the patient's MRI. Patient satisfied with response and wished to close complaint.
15814 06/03/2023	NPH Ground Floor	Communication / Information	Patient concerned that clinicians name appears on their test results, would like the clinicians name removed from all test relating to their treatment at RPH.	**Closed on 10/03/2023** Clinician confirmed that the Consultant's name could be amended to show correct name of consultant requesting test. The information to be changed accordingly and patient updated. Patient given appropriate information regarding how to contact DGH with additional concerns relating to DGH medical records.
15825 16/03/2023	NPH 4 North/South - Respiratory Specialties	Nursing Care	Concerns raised over pain management post procedure	Local Investigation to resolve enquiry/concerns
15839 16/03/2023	Patient's Home	Communication / Information	In person and Email. Patient wanting to discuss differing opinions provided over ongoing treatment, concerns this has impacted on health deterioration.	Local Investigation to resolve enquiry/concerns

Trust Ref/Date Opened	Location	Subject	Description	Outcome/Date Closed
15823 16/03/2023	Patient's Home	Discharge Arrangements	Concern over suitability and nature of discharge of patient	**Closed on 29/03/2023** Ward Sister spoke directly with the family to address their concerns and provide reassurance that learning has been taken from their feedback and shared with the wider team. Family satisfied with response provided and happy to close complaint.
15847 19/03/2023	NPH Outpatients	Information / Advice Requests	Patient concerned regarding the length of time they have had to wait for an appointment for their Cardiology procedure.	**Closed on 21/04/2023** Clinician provided a response to the concerns raised, apology given for the lack of clarity and poor communication and provided patient with update regarding wait for procedure.
15842 21/03/2023	NPH 5 North Surgical	Communication / Information	Complication potentially through surgery, lack of communication from staff.	**Closed on 13/04/2023** Clinician provided response to the patient concerns which was shared with the patient. Apologies given for the patient experience and a meeting was offered to the patient if they have any outstanding concerns.
15844 23/03/2023	NPH 5 North Surgical	Clinical Care/Clinical Treatment - General Medicine Group	Patient has concerns over medication, believes a mistake was made	**Closed on 14/04/2023** Advanced Nurse Practitioner reviewed and provided response to the concerns raised. Apologies given for patient experience. Patient unhappy with response provided therefore offered a meeting to address concerns. Patient to confirm how they wish to proceed.
15853 28/03/2023	NPH 5 South Surgical	Clinical Care/Clinical Treatment - Surgical	Unknown how or why cannulas put in arm, has since deteriorated and use of has lessened.	**Closed on 05/04/2023** Appointment arranged for patient to see Consultant to discuss current symptoms and agree appropriate treatment plan. Patient satisfied with action taken and happy for complaint to be closed.
15855 30/03/2023	NPH 5 North Surgical	Nursing Care	Family have raised concerns regarding the unwitnessed fall the patient experienced and the nursing care they are currently receiving.	**Closed on 04/04/2023** Ward Sister and Matron spoke to NOK and family to address concerns and provide update in relation to patient transfer. Apology given for their experience. Family happy with response provided.

Table 15: Informal Complaints (Enquiries) received in Q4 2022/23 (Source Datix 27/04/2023)

2.3 Formal Complaints; Details of Those Closed and the Outcomes in Q4 22/23

The Trust has closed five 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
15580	A cardiology patient raised a formal complaint in relation to their same day discharge following their procedure and subsequent effects the following day.	Partially Upheld	The outcome of the investigation revealed all procedures were undertaken in accordance with clinical guidelines and the patient was fit for same day discharge; the effects that the patients suffered were known complications of the procedure. It was agreed the patient's admission letter had been misleading as this had stated an overnight stay. A full explanation was given to the patient with apologies for their experience and a meeting for further clarification was offered. The admission letter template has been updated as a result of the patient's feedback. **Complaint Closed 12/01/2023**
15644	A private cardiology patient raised a formal complaint regarding an invoice received following treatment.	Partially Upheld	The outcome of the complaint investigation revealed the devices used during the patient's procedure were of a higher cost than originally estimated and the difference was invoiced to the patient as per our policies, however two of the invoiced items were unable to be definitively proven as being used in the procedure. These two items were removed from the invoice and a revised invoice was sent to the patient with an

Trust Reference	Summary of Complaint	Outcome	Action(s) identified – Highlighted actions are outstanding and monitored via the Quality and Risk Management group for completion
			explanation and apologies. The patient's feedback was shared with the Finance/Cardiology Team for their learning and reflection. This complaint has subsequently been re-opened for an internal appeal as per private patients' complaints process. **Complaint Closed 13/01/2023**
15652	Family of an RSSC patient raised a formal complaint regarding their outpatient experience including incorrect advice on collecting an oximeter, unprofessional staff behaviour and inappropriate seating.	Upheld	The outcome of the complaint investigation revealed the patient was incorrectly advised on attending an earlier appointment, and this error was managed poorly by the member of staff on arrival. A full explanation was given to the patient with apologies for their experience. As a result of the complaint, learning and actions were identified including a request for additional sleep monitors to aid a flexible service, review of available seating in outpatients and refresher communication training for the staff member, with support by their line manager. (Extension was required and agreed as Finance team needed time for additional scrutiny due to invoice issues, agreed by complainant) **Complaint Closed 19/01/2023**
15487	The husband of a deceased surgical patient raised a formal joint complaint regarding the inpatient care and treatment provided to the patient prior to passing away at RPH and care provided by two additional NHS Trusts.	Partially Upheld	The outcome of the complaint investigation for RPH revealed all care provided to the patient during their inpatient stay was suitable, however agreed there was a delay in a dietician referral and there was room for improvement in communication with the family. The complainant's experience was shared with the surgical, CCA and dietetics teams for their learning and reflection, with reminders on the importance of providing families with updates and that dietician referrals should be made in a timely manner. (This complaint required an agreed extension due to one NHS Trust delayed response as part of this joint compliant, agreed by complainant). This complainant was offered a joint Trust meeting as part of this feedback, which was accepted and was held in Q4. **Complaint Closed 27/01/2023**
15531	The family of a Cardiology patient raised concerns regarding the clinical care, communication, and nursing care the patient received following transfer from their DGH.	Partially Upheld	The outcome of the investigation revealed that the clinical care the patient received was appropriate and provided in a timely manner. However, the wrong information had been given to the family and the nursing care provided overnight in 2022 fell below our expected standards. As a result of the complaint learning and actions were identified, provide further support to patients regarding mental wellbeing by ensuring specific information is widely available and sharing the patient experience with the ward staff for their learning and reflection. **Complaint Closed 02/02/2023**

Table 16: Identified actions arising from complaints upheld or partially upheld in Q4 22/23 (Source Datix 27/04/2023)

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. A selection of the actions taken in 2022/23 to improve practice because of a formal complaint is shown below.

Selection of actions taken as a result of upheld and part upheld complaints – 2022/23
For families who raise concerns regarding patient discharge will be given further time with the relevant clinicians to discuss, plan and elevate these concerns before the patient is discharged.
Share the patient experience at our REALM/ Radiology discrepancy meeting to aid any further reflections or any learning that can be taken from the concerns raised.
A telephone log was implemented following the patient feedback to ensure all patient telephone enquiries are documented in the relevant patient records and appropriate action can be taken in a timely manner.
Staff have been reminded to ensure patients are aware who their allocated nurse is and we continue to raise awareness across the Trust regarding how isolated patients can feel within their bedspaces and look at alternative ways to support patients.

All Complaints are detailed in the Quarterly Quality and Risk report available on our public website and reviewed at the relevant Business Units and speciality groups for shared learning. Further information is available in our quarterly Quality and Safety Reports which are on our web site at: **https://royalpapworth.nhs.uk/our-hospital/information-we-publish/clinical-governance**

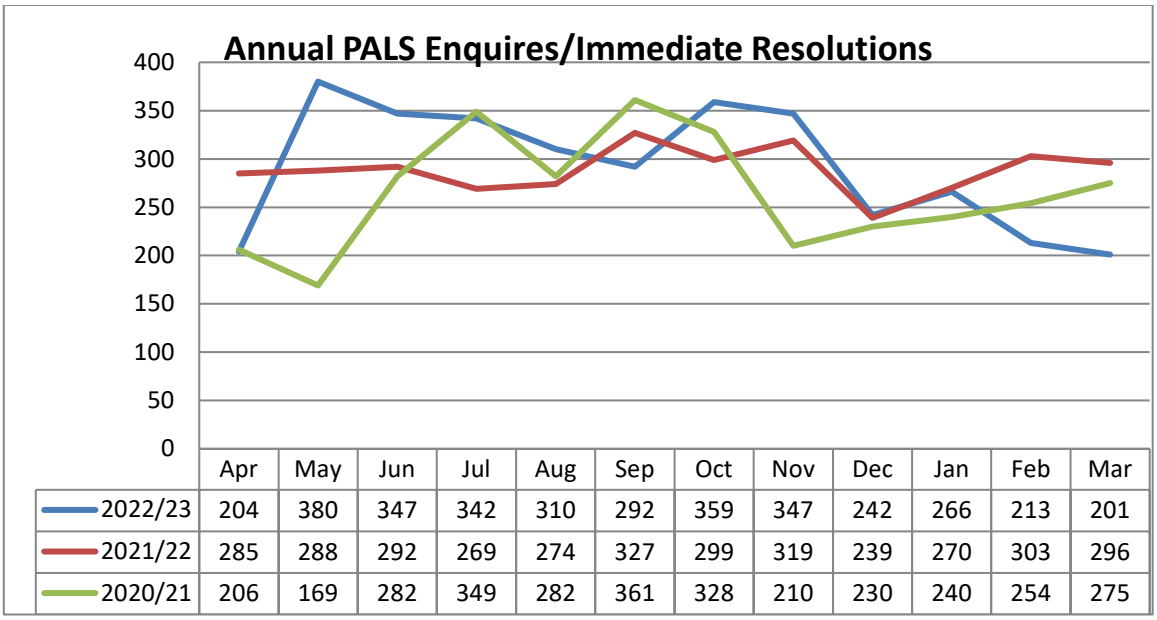
3 PATIENT ADVICE AND LIASION SERVICE

3.1 Patient Advice & Liaison Service (PALS) summary

In 2022/23, the PALS service received 3103 enquiries from patients, families, and carers. This is a decrease of 358 enquiries on the number recorded in 2021/22.

During Q4 2022/23, the PALS Service received a total of 680 contacts (as seen in Figure 6). Out of the total of 680 contacts 553 were immediate resolutions which are straightforward enquiries that the PALS team either responded to directly or signposted to the correct team or service. These are not recorded on Datix.

Alongside the immediate resolution enquiries, the PALS team also supported 127 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 in addition to informal complaints.

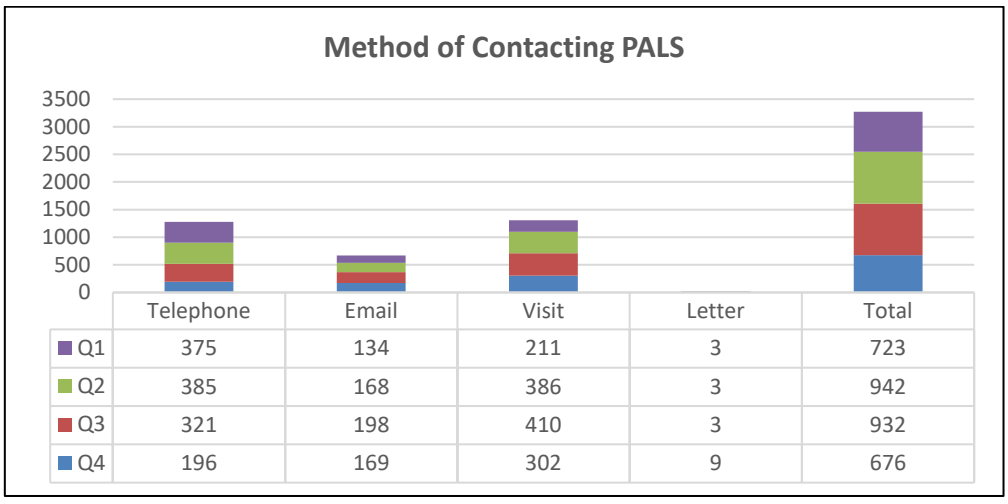


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	204	380	347	342	310	292	359	347	242	266	213	201
2021/22	285	288	292	269	274	327	299	319	239	270	303	296
2020/21	206	169	282	349	282	361	328	210	230	240	254	275

Figure 6: Total PALS contacts incl. immediate resolutions, enquiries, concerns
(Source Datix and Immediate Resolution spreadsheet 27/04/2023)

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 (as seen in Figure 7). In 2022/23 PALS received the majority of enquiries by visits to the PALS office (42%).



	Telephone	Email	Visit	Letter	Total
Q1	375	134	211	3	723
Q2	385	168	386	3	942
Q3	321	198	410	3	932
Q4	196	169	302	9	676

Figure 7: Methods of contacting PALS (Source Datix and IR Spreadsheet 27/04/2023)

3.3 Immediate resolution

Of the 680 contacts to the Patient Advice & Liaison Service in Q4, 553 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 680 concerns/enquiries raised by patients or their relatives in Q4. Figure 8 shows the key themes from these enquiries, both immediate resolutions and PALS enquiries, for 2022/23 in comparison with those enquiries received in 2021/22.

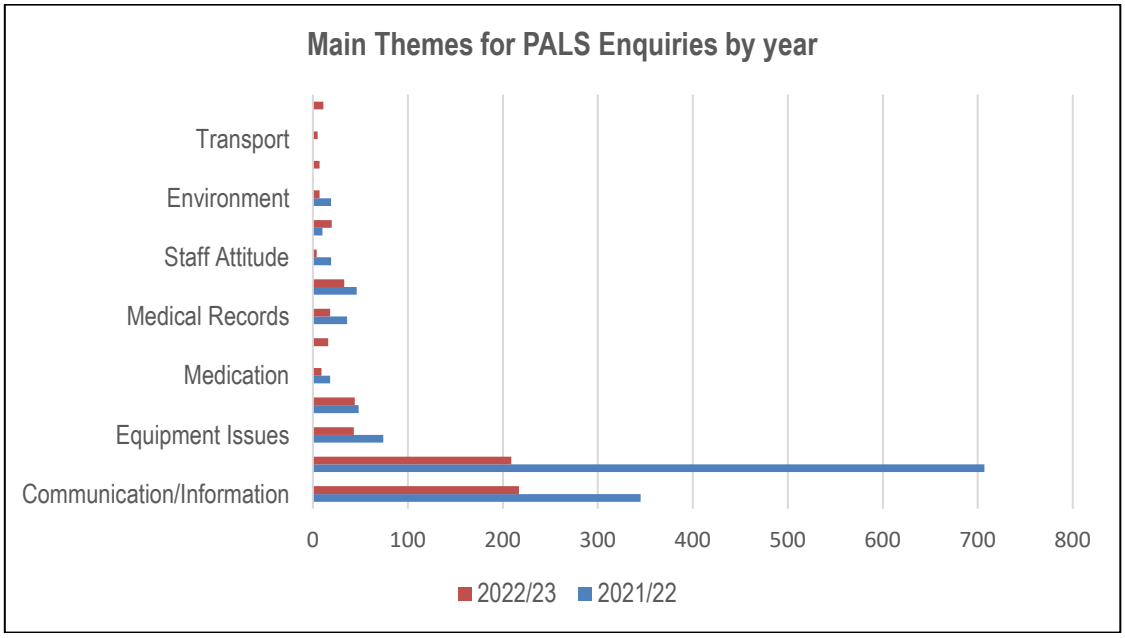


Figure 8: Key themes for PALS enquiries by year (Source Datix and IR Spreadsheet 27/04/2023)

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 426 enquiries regarding these areas in Q4. 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

The main sub-subjects of the PALS enquiries received in 2022/23 is shown in Figure 9.

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

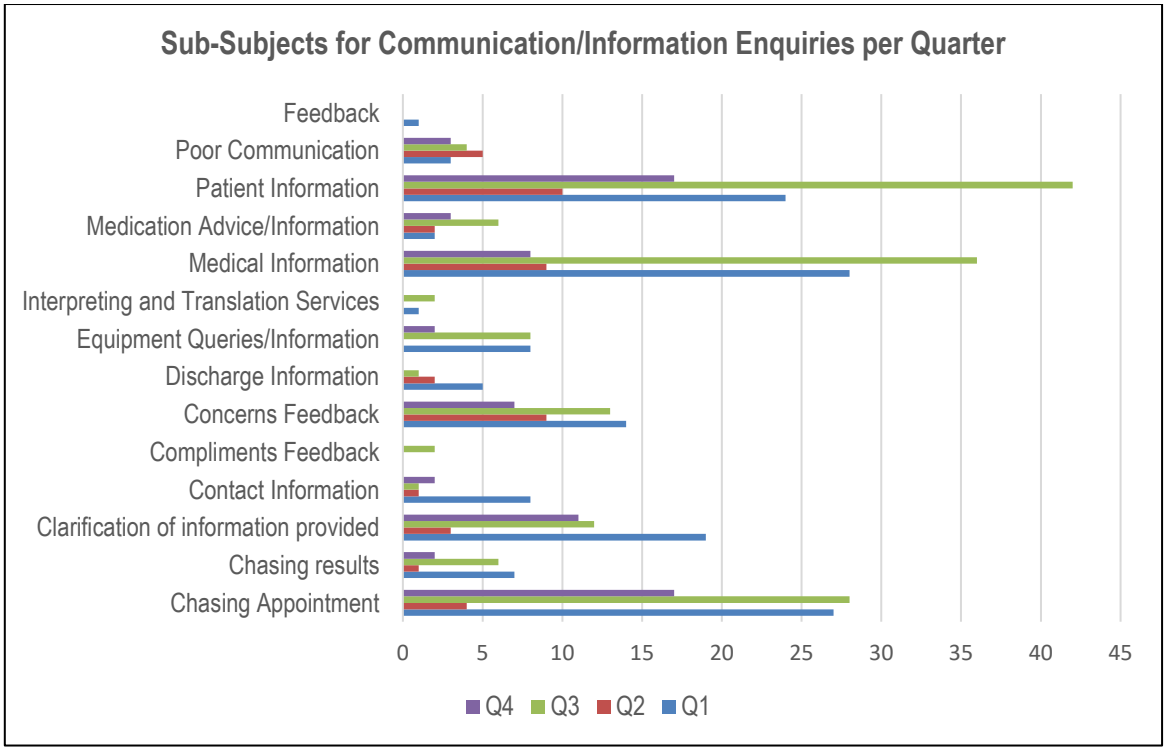


Figure 9: The main sub-subjects of PALS enquiries received per quarter (Source Datix and IR Spreadsheet 25/04/2023)

3.5 Compliments

There were 2179 compliments received across the Trust during 2022/23. This was an increase of 534 compared to the total number of compliments received during the previous year (2021/22; 1645). Compliments take a variety of forms – verbal, letters, thank you cards, e-mails, Friends and Family surveys and suggestion cards. The main themes from the compliments received via PALS is shown in Figure 10. The compliments were analysed for key themes and the top three themes for the year were:

- General thank you/dedication/hard work.
- Care/support
- Professional care/teamwork

Examples of Compliment Feedback received in Q4:

"I would like to feedback a compliment of the wonderful care that my uncle recently received. I would like to thank all at Royal Papworth for the care that he received. He was on palliative care and the way they treated my family and Uncle was spectacular". (5 North West)

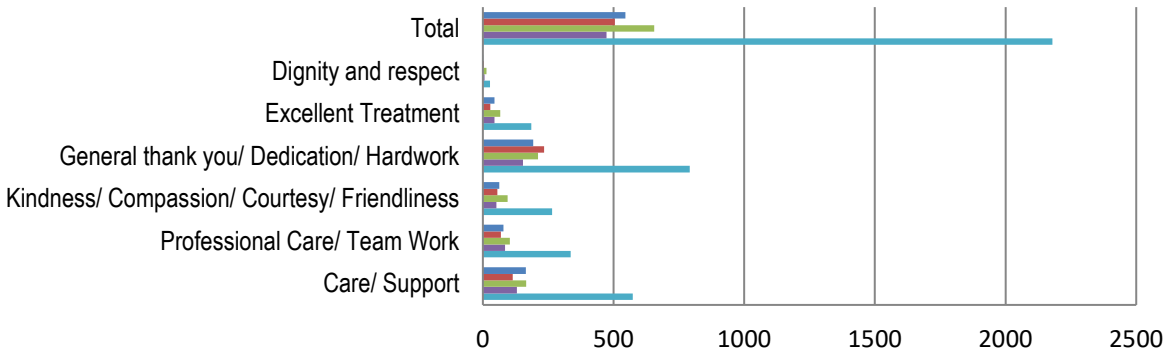
"I wish to say thank you the team for their professionalism, patience and kindness in getting me functioning again". (Physiotherapists)

"Thank you for the amazing care". (4 North West)

"Thank you for your highly professional care whilst I was with you". (3 South)

"Can I thank you and your teams for yours/theirs amazing work overcoming very difficult times and yet keeping patients happy!" (CPAP)

"I would like to express my sincere thanks to everyone that helped and supported me last Friday in your ward. The professionalism, coupled with the friendly approach put me at ease and I felt safe at my most vulnerable moment". (Day Ward)



	Care/ Support	Professional Care/ Team Work	Kindness/ Compassion/ Courtesy/ Friendliness	General thank you/ Dedication/ Hardwork	Excellent Treatment	Dignity and respect	Total
Q1	164	79	63	193	44	2	545
Q2	114	69	55	234	29	4	505
Q3	166	103	95	211	67	14	656
Q4	130	85	52	154	45	7	473
Total	574	336	265	792	185	27	2179

Figure 10: Main compliment themes (Source Compliments spreadsheet 27/04/2023)

3.6 Bereavement and bereavement follow up services.

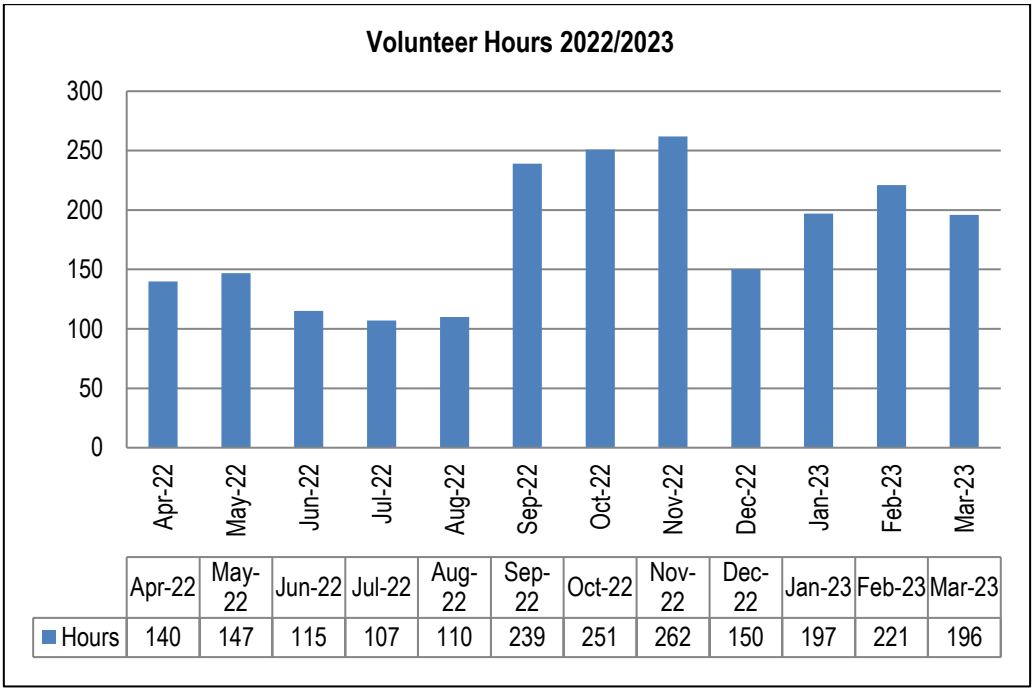
The PALS service continues to provide a bereavement service for our families. PALS support and provide information regarding bereavement, bereavement follow up, the coroners process and the Medical Examiner process to families and staff across the Trust. The PALS team continue to work closely with our ward clerks, medical examiners, medical examiner officers and in addition the mortuary team at CUH.

- In 2022/23, 203 patients passed away and none of these required a rapid release.
- 98 referrals were made to the coroner and 44 of these cases were 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.
- In 2022/23 PALS contacted 119 NOK/families and there have been 15 NOK/families who have taken up the offer of the Bereavement Follow Up Service. The Bereavement follow up service gives families the opportunity to ask questions, discuss any concerns and provide feedback regarding the care and treatment their loved one received.
- PALS communicate with the medical and nursing teams, so that answers to questions and any concerns can be addressed this is either through a phone call with the clinical team or a meeting facilitated by PALS between the family and the medical/nursing team.
- The main concerns related to lack of communication and understanding what happened to their loved one leading up to them passing away.
- A total of 114 Palliative Care Bereavement Surveys were sent in 2022/23 as a part of Palliative Care feedback from relatives regarding the care their loved one received.

3.7 Volunteers

Following the successful bid through the NHS England and Improvement Volunteering Services Fund, our volunteer coordinator continues to support the Trusts volunteer recovery programme. In 2022/23 additional funding has been secured through Charity funding and with this additional role we have been able to support the Patient Advice and Liaison Service (PALS) Team in enabling the return of 14 volunteers, 8 existing and 6 new to the organisation from September 2022.

Our volunteers are currently undertaking several roles such as Ward Visitor, Meet and Greet, Pharmacy and Chaplaincy volunteers in several areas across the Trust including Critical Care Area, Day Ward, Levels 3, 4 and 5 and in the main atrium. Since April 2022, our volunteers have contributed a total of 2,135 hours in supporting our staff make a real difference to our patients, their families, friends, and relatives. Figure 11 below shows the total number of Volunteer hours for each month in 2022/23.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Hours	140	147	115	107	110	239	251	262	150	197	221	196

Figure 11: Volunteer hours by month in 2022/23 (Source Volunteer spreadsheet 27/04/2023)

The volunteer coordinator is continuing to support the PALS team and our volunteers by providing regular support and feedback whilst ensuring our policies and procedures are up to date and fit for purpose.

The NHS England and Improvement Volunteering Services Fund enabled the Trust to procure the Better Impact database. Throughout the year the volunteer coordinator has been populating and developing this all in-one platform to enable the effective recruitment, screening, onboarding of new volunteers. Going forward the Better Impact database will assist the PALS team in communicating, scheduling and the time logging of all our volunteers whilst enabling the team to report meaningful data regarding our volunteer hours and feedback.

3.8 Patient Carer Experience Group (PCEG) Meeting

The last Patient Carer Experience Group (PCEG) Meeting was held in March 2023. This meeting is chaired by the Deputy Chief Nurse. The purpose of the group is to work concurrently with other patient and public involvement bodies in the Trust and within the wider health and social care community in Cambridgeshire to ensure patients' and carers' views are heard at every stage of organisational development and quality improvement. The agenda includes a presentation of a patient story, discussion of current issues within these areas, updates regarding volunteers, Charity and Chaplaincy, updates from patient representatives on committees, support groups, friends, and family survey information and Healthwatch. At the last meeting, the group heard a patient story from our Chaplaincy service, updates from our Specialist Patient Outreach Librarian and the group had an opportunity to comment and provide feedback on the proposed Patient and Carer strategy for 2023/24.

4.0 Incident and Risk Management

4.1 Non-Clinical Accidents/Incidents

During Q4 there were 376 accidents/incidents (including near misses) which involved staff/contractors/organisation or visitors (Table 17). There is an increase in the figures compared to the previous quarter. The most common type of incident continues to be Organisational issues/staffing (n=114) which has remained almost the same compared to the last quarter:

Insufficient numbers of healthcare professionals and inadequate check on equipment/ supplies remains as two main categories reported.

Table 17 shows the incidents by type. Other types of commonly recorded incidents include medical device (n=45), Infection Control (n=40), Behaviour/Violence Aggression (n=28), Security incidents (22) and Medication/medical gas/nutrition (n=20).

Organisational/staffing incidents by type	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Accidents	17	22	13	29	16	97
Administration - admission/discharge/transfer/waiting list	22	21	17	25	13	98
Anaesthetics	0	0	1	0	0	1
Behaviour/Violence Aggression	15	22	37	23	28	125
Blood Plasma Products	5	3	4	6	6	24
Communication/Consent	11	11	24	16	11	73
Data protection	6	11	11	10	7	45
Diagnosis Process/Procedures	2	4	2	4	2	14
Documentation	5	7	7	10	8	37
Environmental Hazards/Issues	18	21	12	15	9	75
Ethnicity Diversity and Inclusion	0	0	0	3	0	3
Fire Incidents	3	5	1	2	0	11
Infection Control	31	27	33	23	40	154
Information Technology	24	31	16	18	22	111
Medical Devices	14	31	27	26	45	143
Medication/Medical Gases/Nutrition	21	23	32	26	20	122
Organisational Issues/Staffing	66	40	80	114	114	414
Pressure Ulcers	0	0	0	2	0	2
Radiology\Radiation	1	1	3	0	3	8
Security incidents	18	21	19	8	22	88
Treatment/Procedures	2	10	5	6	10	33
Total	281	311	344	366	376	1678

Table 17: Non-clinical Incidents Reported for 2022/23 (Data source: DATIX 25/04/2023)

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

During Q4 there were six new RIDDOR reportable incidents (see Table 18) which required reporting to the Health & Safety Executive (HSE) as staff required time off work due to their injuries:

- WEB47048, WEB46732, WEB46534 moving and handling injuries
- WEB46464, WEB46150 violence and aggression linked to patient's with delirium
- WEB46137 slip/trip/fall

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	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Violence and Aggression	0	0	0	0	2	2
Contact with sharps – dirty needlestick	1	0	0	0	0	1

RIDDOR incidents by Category	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Device incorrectly assembled	0	1	0	0	0	1
Moving & handling - inanimate loads	0	0	0	1	2	3
Moving & handling - patients	0	0	0	2	1	3
Slip/trip/fall - mobilising independently	0	0	1	0	0	1
Slip/trip/fall - same level	0	0	0	0	1	1
Total	1	1	1	3	6	12

Table 18: RIDDOR Incidents Reported for 2022/23 (Data source: DATIX 03/05/2023)

4.3 Risk Register

There are currently a total of 552 open BAF corporate, H&S, charity and safety alert risks (as of 03/05/2022); compared with 566 in the previous quarter which demonstrates active recording and review of risks across the organisation and at all levels. However, 107 are overdue compared with 156 in the previous quarter, which equates to 19% of the risk being out-of-date (previously 27%).

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 is 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	14	39	54	7	114
Staffing	1	15	22	7	45
Medical Devices	8	20	15	0	43
Governance	11	14	18	0	43
Moving and Handling	11	20	10	0	41
Total	45	108	119	14	286

Table 19: – Top 5 risk themes reported by RR (Data source: DATIX 03/05/23)

4.4 Safety Alerts

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

In quarter 4 2022/23, the Trust received 15 formal Safety Alerts and Field Safety Notices, raised by manufacturers (86 safety alerts and field safety notices through the year 2022/23). These figures do not account for medication safety alerts which are managed by the pharmacy team or Estates/Security alerts managed by Estates. All 15 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 the financial year of 22/23 there were 21 national clinical audits that were relevant to Royal Papworth Hospital NHS Foundation Trust.

The national clinical audits and national confidential enquiries that were relevant at Royal Papworth Hospital NHS Foundation Trust, and for which data collection was completed during 2022/23 will be indicated with 100% compliance and are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits relevant to Royal Papworth Hospital Participation Rate 22/23			
No.	**Audit Title/Description**	**Divisional/Department Ownership**	**Compliance with audit terms**
1	National Cardiac Audit Programme - National Congenital Heart Disease (NCHDA / GUCH)	Cardiology Supported by Clinical Audit	100%
2	National Cardiac Audit Programme - Myocardial Ischaemia National Audit Project (MINAP / Heart Attack Audit)	Cardiology Supported by Clinical Audit	100%
3	National Cardiac Audit Programme - National Audit of Cardiac Rhythm Management (CRM)	Cardiology Supported by Clinical Audit	100%
4	National Cardiac Audit Programme - National Audit of Percutaneous Coronary Interventions (PCI)	Cardiology Supported by Clinical Audit	100%
5	Learning from lives and deaths of people with a learning disability and autistic people – LeDeR *(previously known as Learning Disability Mortality Review Programme)*	Nursing Safeguarding team	As required 100%
6	Maternal and Newborn Infant Clinical Outcome Review Programme	Clinical Governance	As required 100%
7	Medical and Surgical Clinical Outcome Review Programme – NCEPOD	All Divisions Supported by Clinical Audit	As required
8	National Cardiac Arrest Audit (Alert)	Nursing Resuscitation Officer	100%
9	National Adult Diabetes Audit – National Diabetes Inpatient Safety Audit	Nursing Diabetic Nursing Team	N/A to RPH
10	National Audit of Cardiac Rehabilitation	Nursing Cardiac rehabilitation team	100%
11	National Audit of Care at the End of Life (NACEL)	Supportive & Palliative Care Consultant in Palliative Medicine	100%
12	Perioperative Quality Improvement Programme	STA	N/A to RPH
13	National Cardiac Audit Programme - National Adult Cardiac Surgery Audit (NACSA)	STA Supported by Clinical Audit	100%
14	Case Mix Programme (Critical Care) (ICNARC)	STA Critical Care	100%
15	UK Cystic Fibrosis Registry	Thoracic Medicine	100%
16	National Audit of Pulmonary Hypertension	Thoracic Medicine	100%
17	National Lung Cancer Audit	Thoracic Medicine Cancer Pathway Manager for Oncology	100%
18	Adult Respiratory Support Audit	Thoracic Medicine	N/A to RPH
19	Serious Hazards of Transfusion UK National Haemovigilance Scheme	Blood Transfusion	N/A as reporting scheme
20	National Acute Kidney Injury Audit Addenbrookes uploads AKI data on behalf of RPH.	100%	100%
21	Falls and Fragility Fracture Audit Programme (FFFAP) - National Audit of Inpatient Falls Addenbrookes are responsible for diagnosing and reporting the fracture/fall on behalf of RPH	Addenbrookes on behalf of RPH e.g. ongoing management of fractured hip	As required

Local audit – Q4 Audit

There have been 12 local audits and 1 QI project completed in Q4.

The Clinical Audit Team finalised the 2023/24 clinical audit forward plan, which contains a comprehensive list of all local audits the Trust aims to complete and a list of all the national audit the trust must participate in. 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 objective for Q4 was to focus on the harm free trust wide audits; Diabetes, Stroke, Pressure Ulcer, Falls, and VTE to ensure these will be managed effectively and to allow adequate time and capacity for these to be completed in a timely manner with support from the clinical audit leads in each of these areas.

Summaries of each completed project, their findings and associated recommendations can be found in Appendix 2.

Local audit – Annual Audit
The trust reported 56 completed clinical audits in FY2022/23. 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 60 NICE Guidance publications disseminated. Of these, 14 publications were deemed applicable to Royal Papworth Hospital (RPH) services (see Appendix 3). All publications identified as relevant to RPH were disseminated to organisational leads for input.

For publications during Q4, a status update is provided below:

- 2 baseline assessments for compliance in progress
- 2 quality statement assessments in progress
- 6 closed
- 4 reviewed by the Drugs and Therapeutics Committee

In addition to these new publications, the trust is currently responding to 7 NICE publications, published prior to Q4:

6 have baseline assessments for compliance in progress
1 has a quality statement assessment in progress

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

Escalations:
NG212 - Mental wellbeing at work – awaiting copy of completed baseline assessment.
NG215 - Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults – awaiting completion of baseline assessment.
NG227 - Advocacy services for adults with health and social care needs – awaiting completion of baseline assessment.

5.4 National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

The "Transition from child to adult health services" study which RPH participated in FY 22/23 has now been closed and the report is currently being written. The report is due to be published in June 2023. The aim of the study was "To explore the barriers and facilitators in the process of the transition of young people with complex, chronic conditions from child to adult health services"

5.5 Quality Improvement

The Clinical Audit Manager met with the director of the Eastern Academic Health Sciences Network EAHSN in February 2023 and following from this discussion it has been agreed for the QI techniques and methodologies course to start in July 2023 after being deferred since the pandemic. The course will consist of:

- Six half day sessions for the training and mentoring for up to 8 members of staff, focussing on key quality improvement techniques and methodologies (For QI leaders and champions).
- Access to a series of self-led bitesize videos, to get colleagues to a position ready for the more advanced in person 6 session course above.
- EAHSN has sent a schedule for the course and we are in the process of identifying the attendees for this programme. The target audience will be clinical audit leads, plus 2 or 3 medic/nursing/AHP staff to start building the QI champion network within the Trust.
- The clinical audit team is currently drafting the course contents so it can be uploaded onto the intranet by the end of April 2023.

Appendix 1

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 and annual figure for 2022/23 is presented below by speciality.

Specialty	2022/23 Total Discharges	2022/23 Total Deaths	2022/23 Annual crude mortality	Q1 crude mortality	Q2 crude mortality	Q3 crude mortality	Q4 crude mortality
Cardiac Surgery	1766	52	2.94%	2.95%	1.89%	2.53%	4.39%
Cardiology	8029	89	1.11%	1.19%	1.05%	1.14%	1.06%
Cystic Fibrosis	399	0	0.00%	0.00%	0.00%	0.00%	0.00%
ECMO	29	8	27.59%	40.00%	33.33%	25.00%	20.00%
Lung Defence	520	5	0.96%	0.68%	1.41%	0.74%	1.04%
Oncology	780	2	0.26%	0.93%	0.00%	0.00%	0.00%
PTE	158	3	1.90%	4.65%	2.17%	0.00%	0.00%
PVDU	1324	4	0.30%	0.30%	0.00%	0.33%	0.57%
Respiratory Medicine (inc ILD)	656	2	0.30%	0.00%	0.00%	0.00%	1.01%
RSSC	6173	6	0.10%	0.07%	0.00%	0.14%	0.18%
Thoracic Surgery	705	12	1.70%	1.62%	2.61%	1.14%	1.57%
Transplant	453	20	4.42%	3.48%	5.45%	3.15%	5.94%
Grand Total	**20992**	**203**	**0.97%**	**1.03%**	**0.84%**	**0.89%**	**1.10%**

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 – Infection Prevention Control
AUDIT TITLE: Alcohol Hand Gel at Point of Care Audit (N-CA-180)
Produced by Hazel Yates (Clinical Audit Co-ordinator) with support from Katy Rintoul (Clinical Nurse Specialist Infection Control)

Audit description:
The purpose of this audit is to ensure alcohol hand gel is present at the point of care for all staff and patients. The aim is to audit against the standard listed in table 1 and provide trust wide feedback to the individual clinical areas, the Infection Control Pre-Perioperative Care Committee and the Estates team.

Findings
- 245 out of 264 (93%) of the alcohol gel dispensers audited, are available at the point of care across the organisation.
- 10/14 areas achieved >95%, this is an improvement on the last audit where only 2/15 achieved >95%
- Areas showing low compliance are 3NE, 3NW, Cath Labs/Bronchoscopy, Corridors/communal areas.
- Findings of the audit have been reported to OCS

AUDIT DIRECTORATE – Infection Prevention Control
AUDIT TITLE: Evaluation of the use of ChloraPrep surgical site preparation against agreed guidelines Re-Audit (N-CA-183)
Produced by Hazel Yates (Clinical Audit Co-ordinator) with support from Anita Frith (Clinical Nurse Specialist Theatres)

Audit description: The purpose of this re-audit is to determine if ChloraPrep skin preparation is used as outlined in the Royal Papworth Hospital Safety Standard for Operating Theatres DN702 section 10 Skin preparation (appendix b) and that ChloraPrep literature has been adhered to.

Actions/Recommendations/Shared learning:
- The results of this audit continue to show particularly good adherence to the 'Royal Papworth Hospital Safety Standard for Operating Theatres DN702' with 20 out of 21 standards achieving 100%.
- All newly employed Theatre Scrub Practitioners to undergo assessment into the Royal Papworth's procedures and protocols regarding prepping and draping before they are exposed to their new theatre environment.
- Thereafter theatre practitioners will need to be re-assessed annually.
- Up-dates will also be given each month on audit morning teaching sessions.

AUDIT DIRECTORATE – STA (Transplant)
AUDIT TITLE: Total Ischaemic Time Audit (STA-CA-334)
Produced by Lu Wang, Mr Marius Berman, Dr Stephen Pettit

Audit description:
- To examine whether our unit meets the target of maintaining the total ischaemic time less than 4 hours since the introduction of super-urgent heart allocation scheme
- To investigate the changes in the donor heart total ischaemic time over time
- To explore reasons behind the changes in donor heart total ischaemic time

Actions/Recommendations/Shared learning:

- Total ischaemic time did not change significantly since the introduction of super-urgent heart allocation scheme before COVID-19 pandemic
- Travel time considered when accepting hearts from distant donor hospitals

- Total ischaemic time became significantly longer since the COVID-19 pandemic
- More transplants with total ischaemic time longer than 240mins
- Logistically more challenging to coordinate and arrange for transport, especially if the donor heart needs to be transported by air
- Standing time did not change over the three periods
- Change in total ischaemic time (TIT) not completely explained with change in organ standing time in theatre – 14 cases with TIT >240mins, only 7 had ST > 15mins
- ?impact on outcome

AUDIT DIRECTORATE – STA (Anaesthetics and Theatres)
AUDIT TITLE: Anaesthetic chart Audit (STA-CA-224)
Produced by Ganesh Ramalingam, Nicole Muir & Thomas Howlett

Audit description: To audit the electronic availability and quality of anaesthetic record at a major tertiary referral hospital.

Actions/Recommendations/Shared learning:
- Audit plan to be presented to anaesthetic department during a monthly Morbidity and Mortality meeting. (completed)
- Further analysis of the results by quality and control members of the anaesthetic department.
- Quality and control members to institute change in systems where warranted, improvements to orientation and further education of anaesthesia department members.
- Re-audit at an appropriately spaced time (2023-2024), after improvement activities are able to be undertaken. 6 months may reasonable.

AUDIT DIRECTORATE – STA (Transplant)
AUDIT TITLE: Discussion of patients who died unexpectedly on the heart transplant waiting list or patients who had severe adverse event, severe PGD or died <90 days after heart transplantation

Discussion of patients who died unexpectedly on the lung transplant waiting list or patients who had severe adverse event, severe PGD or died <90 days after lung transplantation

Discussion of patients who died during mechanical circulatory support as a bridge to heart transplantation or VV ECMO support as a bridge to lung transplantation (STA-CA-325 -327)

Produced by Lu Wang, Stephen Pettit and Marius Berman

Actions/Recommendations/Shared learning:

- Good at discussing inpatient deaths, but less good as discussing deaths on the transplant waiting list.
    - To flag any unexpected deaths on the waiting list.
- Good at discussing mortality, but less good at discussing morbidity and adverse events.
    - To highlight important cases.
- An emphasis to discuss cases at next M&M meeting
- There is a risk of forgetting what we learn and important lessons learned should be incorporated into SOPs
    - Annual review of ‘lessons learned’ will be helpful

AUDIT DIRECTORATE – Microbiology
AUDIT TITLE: Re-Audit of Gentamicin TDM in Endocarditis patients at RPH
Produced by Dr Oluwanifemi Akintoye, Cristiano Serra, Dr Sumita Pai and Netta Tyler

Audit description:
To ensure that:

- Gentamicin treatment in infective endocarditis is being appropriately prescribed and monitored
- Dosing based on TDM is adjusted appropriately

- Patients are informed about toxicity risks (particularly ototoxicity and nephrotoxicity)
- Where problems have risen, they have been appropriately addressed.

Actions/Recommendations/Shared learning:
This audit demonstrates that the taking of pre-dose and post-dose levels at the appropriate times continues to be a challenge for nursing and medical staff and in fact the standard has worsened (71.84% versus 80.2% in 2020).

Key areas for improvement:

1 Confidence from clerking clinicians in applying our guidelines from admission
2 Knowledge of dosing in obese patients
3 Awareness of importance of timing of levels within different healthcare professionals (doctors, nurses, phlebotomists)
4 Prompt action when deranged levels detected
5 Patient counselling rate

AUDIT DIRECTORATE – Clinical Governance
AUDIT TITLE: Trust wide NICE Guidance Monitoring Audit
Produced by Lyn Currie (Clinical Audit Co-ordinator)

Audit description: The aim of this audit is to provide evidence of compliance to the Trust guideline for Implementation of the National Institute of Health & Care Excellence (NICE) Guidance - DN217.

Actions/Recommendations/Shared learning:
- There needs to be a robust process in place to ensure that any decisions made not to implement the guidance are then checked on a six-monthly basis, to determine whether there are any changes in these decisions not to implement the guidance. The Clinical Audit Coordinator will devise a process and share this with the Clinical Audit Administrator accordingly. This is to be implemented at the beginning of FY2023-24.
- There needs to be regular NICE Guidance meetings with the clinical leads to support the completion of baseline assessments.
- There remain 9 baseline assessments that need to be finalised, 4 of which published or updated in 2021. This is due to the backlog, since the pandemic years and the NICE Guidance implementation being returned to the Clinical Audit team end 2021. It is recognized that baseline assessments can be very lengthy and do take some time to complete – but are valuable in ensuring compliance and best practice. Escalations to QRMG will support this process.
- Datix will be utilized as part of process to improve current practice.
- Update DN217 “Implementation of NICE Guidance” to reflect the above changes.
- Reaudit in 2023/24 will include all NICE guidance to ensure a larger sample size.

AUDIT DIRECTORATE – Cardiology
AUDIT TITLE: Has the introduction of StatSeal decreased the incidence of access site bleeding and hospital length of stay following Transcatheter Aortic Valve implantation
Produced by James Krzowski with support from Alison Webb

Audit description:
To reduce the post-procedure length of hospital stay in the ward by using StatSeal® products.
To reduce the incidence of access site bleeding in the ward by 100%
To improve early heamostasis to facilitate early mobilization and discharge.

Actions/Recommendations/Shared learning:
- Identified two instances of issues with the StatSeal®.
    - One of which was a patient removed the seal prematurely resulting in fresh oozing and an extra day stay.
    - Secondly a member of staff was unfamiliar with how the StatSeal® should appear and referred to TVN unnecessarily resulting in added workload for the TVN nurse

and delay of the patient to be reviewed. Both of these are institutional issues that can be remedied with greater experience with the new product.

- Ongoing education for the ward staff (doctors, nurses, physios etc), to ensure all members of care team are familiar with the StatSeal® and its management and will be able to identify what is normal and abnormal. This could be a part of induction materials or ad-hoc teaching by the TAVI nursing team. This will help staff identify patients that are appropriate for the early-mobilization protocol
- Ongoing assessment of access site bleed and length of stay post TAVI. This could be performed by a member of the junior doctor team as a QIP to ensure there is no dropping of standards or systemic change that could improve patient care. Recently (on consultation with the manufacturer) the time the StatSeal® has been applied has been reduced from 48 hours to 24 hours so it will be important to ensure there is no increase in access site bleeding suggesting patients are mobilized prior to haemostasis being achieved.
- Patient education as to what it is and when it will be removed. This can be added to the patient consent form as it is due to be updated in August.
- Formal cost-benefit analysis
- Further assessment of early mobilization protocol to assess whether it is achieving its desired aim of reducing hospital length of stay.

AUDIT DIRECTORATE – Infection Prevention Control
AUDIT TITLE: Hand Hygiene observation audit (N-CA-182)
Produced by Hazel Yates (Clinical Audit Co-ordinator) with support from Katy Rintoul (Clinical Nurse Specialist Infection Control)

Audit description: The purpose of this audit is to provide evidence of hand hygiene compliance. The aim is to audit against the standards listed in table 1 and provide trust wide feedback to the individual clinical areas, the Infection Control Pre-Perioperative Care Committee (ICPPCC) and Quality and Risk Management Group (QRMG).

Actions/Recommendations/Shared learning:
The results of this audit are extremely positive with all standards showing 95% and above in each of the audit criteria.

- "Record staff designation" - has **increased** in compliance from 84% to 100% since the last audit.
- "Turn off tap using "no touch" technique either utilising paper towel or elbow-operated taps, if appropriate" - has **decreased** in compliance from 98% to 95%.
  Non-compliant areas: 3 North East & CCA
- "Any cut or abrasion is covered" - has **decreased** in compliance from 100% to 97%
  Non-compliant areas: 3 South & Theatres

<u>As a result of a low participation rate, this audit is unable to give a true reflection of hospital wide compliance for hand hygiene. Going forward it has been discussed and recommended that ward participation should be increased for future audits.</u>

AUDIT DIRECTORATE – Infection Prevention Control
AUDIT TITLE: The Safe Handling and Disposal of Sharps compliance audit (N-CA-176)
Produced by Hazel Yates (Clinical Audit Co-ordinator) with support from Katy Rintoul (Clinical Nurse Specialist Infection Control)

Audit description: The purpose of this audit is to identify that safe handling and disposal of sharps is appropriately managed at department level, to reduce the risk of health care associated injuries to patients and staff at Royal Papworth Hospital. The aim is to audit against the standards listed in table 1 and provide trust wide feedback to the individual clinical areas, the Infection Control Pre-Perioperative Care Committee and Qualtiy and Risk Management Group.

Actions/Recommendations/Shared learning:

- 5 areas did not return their audits Outpatients, 4 North East, Res Phys, Radiology, Day Ward.

- 6 of the 12 standards show compliance above 95% with 2 of the 6 continuing to remain at 100% since the last audit in 2021.
- The remaining 6 standards achieved 78% and above

AUDIT DIRECTORATE – ALERT
AUDIT TITLE: Deteriorating Patients audit (N-CA-304)
Produced by Judith Machiwenyika (Nurse Consultant) with support from Hazel Yates(Clinical Audit Co-ordinator)

Audit description: The purpose of this audit is to ensure that all patients triggering NEWS2 scores of 3 in 1 parameter or 5 or more are being reviewed as per the escalation algorithm, seen within 30 minutes of activation, with appropriate reporting in the patient electronic record

Actions/Recommendations/Shared learning:
- CCA Clinical director to be informed of the standard 5 audit score results and to put teaching in place for CCA junior doctors.
- ALERT team to aim review all patients with abnormal NEWS scores as per the DN538 escalation algorithm.
- Handheld devices to be upgraded to allow notification of abnormal NEWS scores to the ALERT team
- Further audit following the implementation of these changes, to provide a clearer picture of the standard of care of the deteriorating patient at Papworth.
- CCA clinical director to implement teaching for junior doctors as drug charts were not prescribed correctly on discharge from CCA
- Handheld devices are to be upgraded as there is technical issue with notifications of abnormal NEWS score results.
- Escalations pathways are to be discussed at ALERT team meetings as the ALERT team are not reviewing all patients in a timely manner.

AUDIT DIRECTORATE – Cardiology (Cath Lab)
AUDIT TITLE: Audit into the completion of the WHO checklist on patients undergoing Transoesophageal Echocardiography (TOE)
Produced by Robert Williams (Cardiac Physiology specialist) with support from Jenni Li (Clinical Audit Manager)

Audit description: The aim of the audit is to determine how often the WHO checklist is completed and documented (in the TOE Care pathway on Lorenzo) on patients undergoing TOE procedure undertaken by an imaging consultant.

Actions/Recommendations/Shared learning:
- All members of staff performing TOE procedures will be informed of poor compliance and shared learning of what findings have arisen and actions in place to resolve this.
- Educational/teaching competencies on completing WHO checklists for TOE procedures
- All staff to complete the documentation and Handover of care on the TOE care pathway.
- Updates from the monthly audits to be disseminated to all staff who perform TOE procedures for shared learning.
- To update DN735 “Local Safety Standard for Transoesophageal Echocardiography TOE LocSSIP”

AUDIT DIRECTORATE – ALERT
AUDIT TITLE: ALERT Team Response Times audit (N-CA-279)
Produced by Judith Machiwenyika (Nurse Consultant) with support from Hazel Yates(Clinical Audit Co-ordinator)

Audit description: This audit aims to ensure that all patients triggering NEWS2 scores of 5 or more are being reviewed as per the escalation algorithm, seen within 30 minutes of activation and to provide feedback to the Alert CPR steering group.

Actions/Recommendations/Shared learning:

- Audit results discussed at ALERT team meeting (18th March 2023)
- Refresher training on the filling in of the audit form to be given to the ALERT team at their monthly ALERT team meetings (to be added as a standing item on agenda).
- Follow up audit to be conducted within 6 months

Appendix 3

NEW PUBLICATIONS BY NICE

60 NICE Guidance published and disseminated to Royal Papworth Hospital NHS Trust during Quarter 4 of 2022/2023, 14 publications which were deemed relevant for review to the services provided at RPH. These are listed in Table 21 below, with their status of being reviewed:

Reference number	Title	Published/Updated	Status
CG103	Delirium: prevention, diagnosis and management in hospital and long-term care	18/01/2023	Baseline Assessment in progress.
CG181	Cardiovascular disease: risk assessment and reduction, including lipid modification	10/02/2023	Baseline Assessment to be completed.
QS9	Chronic heart failure in adults	10/01/2023	Quality Service Improvement Template in progress.
QS76	Acute kidney injury	23/03/2023	Quality Service Improvement Template in progress.
TA875	Semaglutide for managing overweight and obesity	08/03/2023	Reviewed by DTC, non-formulary.
TA876	Nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer	22/03/2023	To be reviewed by DTC.
TA877	Finerenone for treating chronic kidney disease in type 2 diabetes	23/03/2023	To be reviewed by DTC.
TA878	Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19	29/03/2023	To be reviewed by DTC.
TA864	Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted	01/02/2023	Reviewed by DTC, formulary. Closed.
NG191	COVID-19 rapid guideline: managing COVID-19	29/03/2023	Circulated for information only.
HTE4	CaRi-Heart for predicting cardiac risk in suspected coronary artery disease: early value assessment	09/03/2023	Circulated for information only.
QS208	Type 1 diabetes in adults	02/03/2023	Circulated for information only. No further action required.
QS209	Type 2 diabetes in adults	02/03/2023	Circulated for information only. No further action required.
NG122	Lung cancer: diagnosis and management	14/03/2023	Circulated for information – no further action required.