



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	22 October 2020	
Agenda Item:	P1-172-20	
Title:	CQC Whistleblowing 3; Outcomes & Updates	
Report prepared by:	Karen Kay; Deputy Director of Nursing	
Executive Lead:	Sheila Lloyd; Director of Nursing & Quality	
Status of the Report:	Public	Private
		X

Paper previously considered by:	Quality Committee
Date & Decision:	22 October 2020

Purpose of the Paper/Key Points for Discussion:	<p>The purpose of this report is to inform Trust Board on the outcome and progress to date regarding the Clatterbridge Cancer Centre (CCC) anonymous whistleblowing concern (ENQ-9625437371) highlighted to CQC 2nd October 2020.</p> <p>CQC closed this enquiry on 7th October 2020 following review of all the evidence provided by CCC, concerns raised were not substantiated.</p>
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Action Required:	Discuss	
	Approve	
	For Information/Noting	x

Next steps required	Quality Committee is requested to; <ul style="list-style-type: none"> Note the content of this report
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally	X	Collaborative system leadership to deliver better patient care	X
Retain and develop outstanding staff	X	Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	X
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



Karen Kay: Deputy Director of Nursing

CQC Whistle Blowing Outcome and Update (ENQ-9625437371)

12th October 2020

1.0 Purpose

The purpose of this report is to inform Trust Board on the outcome and progress to date concerning Clatterbridge Cancer Centre (CCC) anonymous whistleblowing concern (3) highlighted to the Care Quality Commission (CQC) 2nd October 2020 (ENQ-9625437371).

2.0 Introduction

The Trust received formal contact from CQC via an email (2nd October 2020) and follow up call (7th October 2020) concerning a “Whistle Blowing” concern.

From early this year CCC has undertaken a substantial programme of change. The organization is managing their part of a global pandemic (Covid 19), supporting the system to respond and has moved the trust main hospital site and inpatient facility from a stand-alone site on the Wirral (CCCW) into a brand new Cancer Centre in a city centre location (CCCL).

In anticipation of such a challenging situation a programme of pre and post move support was implemented across the Trust for example, resilience sessions for managers and staff, weekly communication bulletins including spotlight reports from members of the Executive team, town hall events led by the Chief Executive, daily trouble shooting meetings etc. Focus Group meetings with staff post move were also planned.

Since the initial whistleblowing concern (ENQ – 9279655701) we have undertaken eight staff focus groups, including two during a night shift, to hear their experiences, learn from their feedback and respond to their suggestions and any concerns. An action plan is in place and being implemented within the directorate. Themes from the staff focus groups were fed back through the Quality Committee in September 2020. I have attached this report in Appendix1.

Some of the issues in this most recent whistleblowing concern overlap with those raised on 10th and 28th July 2020, which were closed by CQC on 17th July and 8th August 2020 respectively. This most recent concern relates to Ward 3 (formerly Conway Ward) only.

3.0 Incident

On 2nd October 2020 the Trust received formal contact (email) from CQC concerning a “Whistle Blowing” incident . A follow up telephone took place on 5th October 2020. The detail comprised the following;

1. Concerns regarding the staff to patient ratio
2. Concerns regarding a lack of breaks during 12.5 hour shift
3. Concerns regarding staff are stressed and anxious
4. Concerns regarding Patient Safety Incidents
5. Concerns regarding “nobody” comes to the ward when staffing levels are un-safe
6. Concerns regarding the ward manager staying extra hours

7. Concerns regarding “CQC Mock inspections” being undertaken when ward is overstaffed.

Following a full review there were no concerns to suggest patient safety had been compromised at CCC and no evidence of issues in relation to all the other points raised. The Matron and ward manager are assured that safe staffing ratios are achieved.

CQC closed this enquiry on 7th October 2020 following review of all the evidence provided by CCC, concerns raised were not substantiated.

4.0 Raising Concerns

As an organisation we are committed to listening to our staff, learning lessons and improving patient care and supporting an open and honest culture where staff feel comfortable and safe to speak up.

We continue to actively encourage staff to raise concerns through their line management structure but we recognise that staff will not always want to use this route.

There are a number of ways in which staff can raise concerns they have around patient safety. Concerns can be raised in confidence with a number of people across the Trust by phone or in writing (including email). These include; Directorate, departmental and line manager, Freedom to Speak up Guardians (FTSU) which is anonymous, trade union representatives or professional organisations and the safeguarding team. Consideration is also being given to an upgrade of the Datix risk management system (end of 2020) to raise anonymous concerns to the F2SU guardians.

5.0 Conclusion

The whistleblowing concerns raised were not upheld and we are confident we have systems and processes in place to capture patient safety incidents and concerns. However, the organisation has been through unprecedented times ie: emergency planning during covid-19 and opening a new hospital in Liverpool city centre. This has resulted in teething problems as part of a new build, whilst working in a new environment. Supporting staff throughout this really difficult time has been of paramount importance to the corporate nursing team, ensuring teams/individuals were thanked for all their hard work and acknowledged regarding the immense pressure they were experiencing, ensuring our patients were cared for in a safe environment.

Following the move to CCCL the senior leadership team continues to visit clinical areas daily to ensure visible support is recognized and available to staff. The Director of Nursing and Quality and the Deputy Director of Nursing undertake regular “walkabouts” to talk to the staff on the shop floor regarding any concerns/worries/questions/issues they may want to raise. Focus groups with all inpatient areas have been completed as planned and a robust action plan created. The action plan is led and owned at directorate level and staff have received regular feedback on progress (you said/we did model), with a large number of actions

already completed. Additional cultural work (Led by Deputy Director of Nursing and Head of Learning and Organisational Development) planned for December 2020 and Human Factors training to be delivered in early 2021, will provide support to our staff whilst they adjust to their new working environment. CCC continue to have several avenues open to staff to raise their concerns and staff are reminded of this through regular communications and engagement.

The trust is not complacent however and we continue to monitor the above situation very closely. It is recognised that some staff are still adjusting to the unprecedented change they have experienced over the last 6 months and as a trust we are sympathetic to the sense of loss that some staff have about their previous Wirral ward environment and model of working.

Recommendation

Quality Committee are asked to note the content of this report



**The Clatterbridge
Cancer Centre**
NHS Foundation Trust

7 October 2020

Samantha Davies
Inspector
Care Quality Commission North West Region
Hospitals Directorate

Clatterbridge Road
Bebington
Wirral
CH63 4JY

Tel: 0151 556 5000
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Dear Sam

RE: Whistleblower concerns ENQ-9625437371

Following the email received from your colleague Katherine Lamb on 2nd October 2020, and your follow-up telephone call on 5th October with myself, Karen Kay, Deputy Director of Nursing (DDON) and Thomas Lyttle, CQC inspector, I write in response to provide the information and assurance requested about Clatterbridge Cancer Centre – Liverpool (CCC-L). I also refer to our response on 4th August 2020, which covered some of the same subjects.

It is now three months since we opened the new hospital on 27th June, which offers significant clinical advantages for the care of our most complex and seriously unwell patients due to its location next door to a major acute trust, Liverpool University Hospitals NHS Foundation Trust (LUHFT). The move to the new site was based on a strong clinical case for change. The adjacencies to LUHFT and the University of Liverpool will enhance patient safety and experience, and enable a much greater range of cancer research including first-in-human clinical trials.

As we noted in our letter of 4th August, we fully acknowledge and appreciate the scale of change this has involved for our staff, especially when combined with the COVID-19 pandemic. Since the initial whistleblowing concern (ENQ – 9279655701) we have undertaken eight staff focus groups, including two during a night shift, to hear their experiences, learn from their feedback and respond to their suggestions and any concerns. An action plan is in place and being implemented within the directorate. Themes from the staff focus groups were fed back through the Quality Committee in September 2020. I have attached this report in Appendix 1.

Some of the issues in this most recent whistleblowing concern overlap with those raised on 10th and 28th July, which were closed by the CQC on 17th July and 18th August respectively. This most recent concern relates to Ward 3 (formerly Conway Ward) only.

Ward 3 is a 29-bedded area which accommodates 23 single en-suite patient rooms, two step-up beds and 4 RED zone beds (which can flex according to demand) for identified/suspected positive Covid-19 patients.

I have responded to each of the concerns below, providing additional supportive information in the appendices that relate to Ward 3.

1. The staff to patient ratio

Staffing information for Ward 3 from 27th June to 30th September is shown in Appendix 2. Further information about our investment into the workforce, nurse-patient ratios and safer staffing levels is available in our response of 4th August 2020.

The ward manager has advised that there are currently two vacancies on Ward 3 and recruitment is well underway for both:

- 1 Band 5 vacancy – interviews are taking place Friday 9th October 2020.
- 1 Band 3 vacancy – this advertisement closed early as we received 50 applicants and shortlisting is underway.

2. Lack of breaks during 12.5 hour shifts

The CEO, Director of Workforce and OD, Deputy Director of Nursing and myself met with the Ward 3 Sister on 2nd October, to share the whistleblowing concerns and seek her opinion.

The new ward leader, Natalie Woolley, has been in post for 4 weeks; the permanent ward leader is currently on maternity leave. Natalie was the only candidate who applied for this post. She has worked for the Trust for 12 years and has been in a senior Band 6 role for many years. When we met, Natalie said she feels the ward is safely staffed and care is not compromised but she did note that w/c 21st September 2020 was a particularly busy week. Occupancy data confirms that the ward had between 66% and 88% occupancy levels that week. Two patients were being cared for in the RED zone for three days and one patient for three days. One night shift required an additional ANP to cover sickness.

Natalie explained that on occasion she has required staff to take breaks on their own rather than in groups.

3. Staff are stressed and anxious

In our response of 4th August, we described in detail the support we had put in place for staff before and after the move. We use several metrics to measure how staff are feeling. Our response rate for the Quarter 2 2020/21 Staff Friends and Family Test response rate, which took place from 17th August until 12th September 2020, was 30% (457 online responses). The survey results were:

- 94% of those staff who responded would recommend the Trust as a place for care or treatment.
- 66% of those who responded said that they would recommend CCC as a place to work.

Of the staff who responded:

- 84% agree they are enthusiastic about their role.
- 67% agree that the Trust takes positive action on health and wellbeing.
- 78% agree that their immediate manager supports health and wellbeing.
- 54% agree that they feel recognition and valued by the Trust.

Ward leader Natalie Woolley had already planned a ward meeting on Wednesday 7th October 2020 with her six senior Band 6 nurses to discuss any concerns and routine agenda items before receiving the CQC concern. When we met her on 2nd October, we discussed the benefits of having a deputy ward leader and we will explore this further to support Natalie in her role.

4. Patient safety incidents

The Patient Safety Thermometer for Ward 3 (June, July, August and September 2020), the harm free data from Ward 3 for August and September can be found in Appendix 3. Further information is also available in our response of 4th August where we supplied falls and pressure ulcer data.

Detailed work has taken place to review patient safety incidents for Ward 3 and we have not found an increase in incidents resulting in harm in this area since the move to Liverpool. We have a formal process to ensure patient safety incidents are reviewed on a daily basis corporately and via the directorate structure. Any incidents requiring a formal investigation are reviewed and triangulated at the monthly harm free care meeting. No concerns have been raised regarding Ward 3. Incident data, including any staffing-related incidents from 1st August to 30th September, is provided in Appendix 4.

5. Nobody comes to the ward when staffing levels are unsafe

The senior nursing staff (Head of Nursing and Matron) will continue to provide support, be present on wards twice daily as a minimum, and will attend staff meetings and safety huddles to pick up, action and escalate any concerns raised. We continue to monitor safe staffing / patient safety on a daily basis through:

- Daily safety huddles and moving staff across the hospital as required
- Daily incident review meetings
- Patient acuity measurement recorded via safe care 3 times a day. Bed occupancy and staffing levels are also reviewed.
- Utilisation of NHS Professionals to backfill gaps, as and when required
- Week day walkabouts by Matron and/or Head of Nursing are in place.
- Deputy Director of Nursing, who has been based at CCC-L since occupation, undertakes ad-hoc visits to all clinical areas.

- Director of Nursing and Quality and Medical Director undertake formal visits to clinical areas on a weekly basis and they report formally to Trust Board.
- 24/7 Bronze, Silver, Gold escalation plan in place.

As discussed on the call on 5th October, a formal safe staffing review is planned for January 2021, six months post-occupation. Following successful 1st stage implementation of the Safe Care/Allocate module, this review will be supported by six months of patient acuity data (recorded 3 x a day) across all inpatient areas at CCC-L. This information, together with professional judgement and triangulation of patient safety incidents, will ensure a rigorous process is followed. Additional training is in progress regarding the Shelford patient acuity model and dynamic utilisation, visibility of daily data via electronic ward boards, and the ability to download and analyse data/reports. This piece of work will be led by the Deputy Director of Nursing with support from the Head of Nursing and inpatient Matrons, as discussed on our call on 5th October.

6. The ward manager is staying extra hours

On the 2nd October, ward leader Natalie Woolley reported that on a few occasions she has stayed late but she understands her hours are flexible and there will be times she may leave early for personal reasons. She described that she currently does not feel tired or burnt out and is well able to escalate to her Matron if required.

7. Mock inspections are being undertaken when over staffed

We recommenced our mock inspection programme in September 2020. The Integrated Care Directorate (ICD) mock inspection was undertaken on Tuesday 29th September. Due to the current Covid-19 restrictions, this was a table-top review with only one member of staff at a time visiting Ward 3 on four occasions throughout the day. The Deputy Director of Nursing observed the safety huddle at 8am, and was joined by a pharmacist to review medicines safety, a matron to talk to staff and patients and the IPC matron to review IPC compliance. The planned staffing on Ward 3 for that day was based on their current agreed safe staffing ratio.

We continue to encourage staff via regular communications to raise concerns through the various routes available to them:

- Directorate, Departmental and Line Manager
- The Workforce and Organisational Development Team (WOD)
- Freedom to Speak Up Guardians
- Trade Union Representatives or Professional Organisations (TU)
- Health & Safety Team
- Local Security Management Specialist
- Occupational Health Team
- Safeguarding Team
- Chaplaincy

Natalie Woolley and the other ward managers have also recently introduced suggestion boards in the staff beverage area to allow staff to identify any potential issues and solutions for change at ward level.

To conclude, I am satisfied with regards to patient safety following transition to the new building in Liverpool but we are not complacent and continue to monitor it closely. However, I recognise some staff are still adjusting to the change and we are sympathetic to the sense of loss that some of the staff have about their previous Wirral ward environment.

I hope this response provides you with the assurance required. Please do not hesitate to contact me should you require any further information.

Yours sincerely,



Gill Murphy
Associate Director of Improvement

Appendix 1 Quality Committee report updating them on recent concerns raised.

Appendix 2 Staffing data for Ward 3 from 27 June – 30 September

Appendix 3 Recorded incidents, including staffing related incidents for Ward3 June-September 2020

Appendix 4 Patient harm data for Ward 3 (August, September 2020)



Report Cover Sheet

Report to:	Quality Committee	
Date of the Meeting:	17 September 2020	
Agenda Item:	QC-150-20	
Title:	CQC Whistleblowing Outcomes & Updates	
Report prepared by:	Gill Murphy	
Executive Lead:	Sheila Lloyd	
Status of the Report:	Public	Private

Paper previously considered by:	
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	The purpose of this report is to inform Quality Committee(QC) on the outcome and progress to date concerning 2 Clatterbridge Cancer Centre (CCC) anonymous whistleblowing concerns highlighted to CQC July 2020.
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Action Required:	Discuss	
	Approve	
	For Information/Noting	x

Next steps required	
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally		Collaborative system leadership to deliver better patient care	
Retain and develop outstanding staff		Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		
Disability		
Gender		
Race		
Sexual Orientation		
Gender Reassignment		
Religion/Belief		
Pregnancy and Maternity		

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

Position Statement: CQC Whistle Blowing Outcome and Update

September 2020

Situation

The purpose of this report is to inform Quality Committee(QC) on the outcome and progress to date concerning 2 Clatterbridge Cancer Centre (CCC) anonymous whistleblowing concerns highlighted to CQC July 2020.

Background

On Friday 10th July 2020 the trust received formal contact from CQC concerning a “Whistle Blowing” incident. The detail comprised of the following;

1. Concerns regarding a rise in inpatients developing Pressure Ulcers (PU)
2. Concerns regarding a rise in inpatients Infections (HCAI's)
3. Concerns regarding unsafe Staffing levels

Following a full review there were no concerns to suggest patient safety had been compromised at CCC and no evidence of issues in relation to pressure ulcers, infection rates or safe staffing. (appendix 1)

CQC closed this enquiry on 17th July 2020 following review of all the evidence provided by CCC, concerns raised were not substantiated.

On Tuesday 28th July 2020 the trust received formal contact (via letter) from CQC concerning a further “Whistle Blowing” incident. The detail comprised of the following;

1. The staffing size for the wards at CCCL are adequate and patient care is maintained
2. Processes and procedures are in place for patients in side rooms in relation to patient falls
3. Sufficient capacity for social distancing for staff during break times
4. Medication errors are monitored and appropriate actions are taken
5. Staff have a supportive culture

Following a full review there were no concerns to suggest patient safety had been compromised at CCC and no evidence of issues in relation to patient falls in side rooms, medication errors, safe staffing and safe staff rest arrangements. (appendix 2)

CQC closed this enquiry on 18th August 2020 following review of all the evidence provided by CCC, concerns raised were not substantiated and were they reassured that a supportive culture was in place.

Assessment- Current Position

CCC undertook a substantial programme of change during unprecedented times. The organization was managing their part of a global pandemic (Covid 19), supporting the system to respond, as well as moving the main hospital site and inpatient facility from a stand-alone site into a brand new Cancer Centre facility in a city centre location.

In anticipation of such a challenging situation a programme of pre and post move support was implemented across the trust eg) resilience sessions for managers & staff, weekly comms bulletins including spotlight reports from members of the executive team, town hall events led by the Chief Executive, daily trouble shooting meetings etc. Focus Group meetings with staff post move were also planned.

Following the move to CCCL the senior leadership team (SLT) continue to visit clinical areas daily to ensure visible support is recognized and available to staff. Focus groups with all inpatient areas have been completed and a robust action plan created. The action plan is led and owned at directorate level and staff have received regular feedback on progress (you said/we did model). Examples of issues already addressed are:

- Shuttle bus times amended to support staff leaving the hospital following a late shift and arriving at the hospital for an early shift
- Controlled Drug cupboards relocated to enable easy access for staff
- Front revolving door now active from 7.00am to enable improved staff access

Supporting staff throughout this really difficult time has been of paramount importance to the corporate nursing team, ensuring teams/individuals were thanked for all their hard work and acknowledged regarding the immense pressure they were experiencing ensuring our patients were cared for in a safe environment.

The Director of Nursing and Quality (DoNQ) and Deputy Director of Nursing (DDoN) undertake regular “walkabouts” to talk to the staff on the shop floor about any concerns/worries/questions/issues they may want to raise.

During Covid 19 the trust professional nurse forums were suspended although these are now coming back on line to enhance the opportunity for continued support from the senior team as well as peers. An example of peer support, based on lessons learned involves the inpatient ward managers

- the ICD ward managers/matrons have met with HO ward managers/matrons to talk through their experiences from their move to CCCL

The Deputy Director of Nursing and Head of Learning and Organizational Development will be undertaking cultural work with the nursing teams, planned for December 2020.

Human factors training continues with further sessions to be delivered by AQUA planned for early 2021.

Raising concerns

As an organisation we are committed to listening to our staff, learning lessons and improving patient care and supporting an open and honest culture where staff feel comfortable and safe to speak up.

We continue to actively encourage staff to raise concerns through their line management structure but we recognise that staff will not always want to use this route.

There are a number of ways in which staff can raise concerns they have around patient safety. Staff can raise concerns in confidence with any of the people listed below in person, by phone or in writing (including email).

- Directorate, Departmental and Line Manager

- The Workforce and Organisational Development Team (WOD)
- Freedom to Speak Up Guardians (FTSU)
- Trade Union Representatives or Professional Organisations (TU)
- Health & Safety Team
- Local Security Management Specialist
- Occupational Health Team
- Safeguarding Team
- Chaplaincy

The risk management system Datix is being upgraded and we plan by the end of 2020 to develop a way that staff can use the Datix system, which they are already familiar with, to raise anonymous concerns to the FTSU guardian.

Conclusion

The whistleblowing concerns raised were not upheld and we are confident we have systems and processes in place to capture patient safety incidents and concerns. However the organisation has been through unprecedented times ie: emergency planning during covid-19 and opening a new hospital in Liverpool city centre. This has resulted in teething problems as part of a new build whilst working in a new environment. The action plan developed from the focus groups held with staff coupled with cultural work planned for December 2020 will provide support to our staff whilst they get use to their new working environment. CCC continue to have several avenues open to staff to raise their concerns and staff are reminded of this through regular communications and engagement.

Recommendation

Quality Committee are asked to note the contents of this report

Karen Kay Deputy Director of Nursing

Clatterbridge Cancer Centre
Response to CQC Whistleblowing concern raised : Friday 10th July 2020

On Friday 10th July 2020 the trust received formal contact from CQC concerning a "Whistle Blowing" incident. The detail comprised of the following;

1. Concerns regarding a rise in inpatients developing Pressure Ulcers (PU)
2. Concerns regarding a rise in inpatients Infections (HCAI's)
3. Concerns regarding unsafe Staffing levels

1 Pressure Ulcers

- ❖ April 2020 - 3 Pressure Ulcers (PU) were reported. 2 PU presented on admission and 1 category 2 PU developed due to a nasogastric bridge. Full RCA investigation completed and reviewed at "Harm Free Collaborative" (Monthly patient safety meeting)

Lessons learned; refresh re: medical device awareness, (1st issue concerning bridge for CCC) and immediate collaboration with nutritional specialist nurses (subject matter experts) to ensure all potential issues considered.

- ❖ May 2020 - 6 PU reported on Datix (Incident reporting system). 5 PU category 2, all present on admission and 1 moisture lesion.
- ❖ June 2020 - 8 PU reported on Datix of which 6 were present on admission at category 1 & 2. The remaining 2 were both category 2 and attributable to CCC, full RCA investigation completed and reviewed at Harm Free Collaborative". Both noted as low harm with no lapse in care identified. Both were patients on Mersey Ward.
- ❖ To date in July 2020 - 6 PU have been reported via Datix, 3 present on admission category 1 or 2 across wards all wards. There were three hospital acquired PU on ward 2; 2 category 2 and 1 category 1. All planned to be discussed at Harm Free Monthly patient safety group. All relevant nursing care has been documented e.g.) Pressure Ulcer Care plan in place, pressure relieving mattress used , turning charts in situ, appropriate dressing used etc.

April 2020	3 PU reported	2 present on admission	1 PU developed CCC	Category 2	Low Harm	No lapse in Care
May 2020	6 PU reported	5 present on admission	0 PU developed CCC			
June 2020	8 PU reported	6 present on admission	2 PU developed CCC	Category 2 = 2	Low harm	No Lapse in Care
July 2020 (Move to CCCL)	6 PU reported	3 present on admission	3 PU developed CCC	Category 2 = 2 Category 1 = 1	RCA in progress	To be reviewed at next Harm Free Collaborative

There is no evidence to support an increase in PU at CCCL. There is evidence however that trust processes have been strengthened resulting in early identification and appropriate treatment administered for any pressure ulcer development. No themes/trends have been identified. The majority of PU present on admission developed at home, with no Health and Social Care service intervention identified.

2 Infections (HCAI's)

- ❖ April 2020 1 HCAI reported.
 - 1 E.coli identified 10Z (Haemato-Oncology based in RLH). Post Infection Review (PIR) completed. Patients' clinical condition was extremely poor and there had been numerous previous admissions where E.coli was identified. The patients' diagnosis was multiple myeloma and therefore the E.coli was treated as an on-going infection, source unclear. He sadly passed away on 22.4.20.
- ❖ May 2020 0 HCAs reported.
- ❖ June 2020;3 HCAI reported.
 - 1 Clostridium difficile Mersey ward –PIR undertaken. Patient treated for UTI appropriately. Following review no learning points identified and infection considered unavoidable
 - 1 MSSA bacteremia in 7Y (Haemato Oncology currently based at RLH). PIR undertaken. MSSA identified in both PICC and peripheral culture, therefore indicative of potential line infection. Line replaced, review of line care undertaken with no red flags identified. Patient treated accordingly.
 - 1 CPE bacteremia 10Z (HO) – PIR in progress

There has been no HCAI's identified since the move to CCCL and there is no evidence to support an increase in prevalence.

3 Staffing levels

- ❖ 9th July 2020 Ward 2 has 22 beds Datix received - Night staff numbers were reduced (Planned RN = 4 Actual RN = 2). NHSP request for additional staff to support was actioned and secured. Short notice cancellation received. Staff were asked to work extra shift if able to cover, including day staff moving to night duty, unfortunately no staff were available. Regular staffing meetings were held with Matron (Supported by Head of Nursing) and patient flow team during the day to monitor the situation. Extra HCA support was secured. Band 6 day shift stayed to support night staff to administer controlled medication. Extra HCA staff secured. Planned = 2, Actual = 4. Overall staffing ratio achieved <1:4, patients to staff and RN = 1:11. These ratios were within the agreed Covid 19 emergency planning staffing ratios implemented by the trust during the Covid-19 pandemic.

Following the move to CCCL this is the only inpatient staffing incident to have occurred.

No other inpatient Datix re; staffing levels have been reported.
Appendix 1 identifies staffing levels on wards at CCCL from 28.06.2020

To conclude, following a full review there are no concerns to suggest patient safety has been compromised at CCC and there are no issues in relation to pressure ulcers, infection rates or safe staffing.

4th August 2020

Samantha Davies
Inspector
Care Quality Commission North West Region

Tel: 0151 556 5000
Web: www.clatterbridgecc.nhs.uk

Dear Samantha

RE: Whistle blower concerns ENQ1-9279655701

Thank you for your letter sent, via email, on 28th July 2020. I write in response to provide the information and assurance you requested about Clatterbridge Cancer Centre Liverpool (CCC-L).

It is now just over a month since we opened the new hospital on 27th June, which offers significant clinical advantages for the care of our most complex and seriously unwell patients due to its location next door to a major acute trust, Liverpool University Hospitals NHS Foundation Trust (LUHFT). However, we fully acknowledge and appreciate the scale of change this has involved for our staff, especially when combined with the COVID-19 pandemic. As might be expected with any new building, there are some operational teething issues that are managed via a daily 'troubleshooting' meeting, led by Chief Operating Officer Joan Spencer and attended by clinical, operational and service leads. This is an open and honest forum where teams can flag up any issues they are experiencing so we can work through and resolve them with support from colleagues across the Trust.

I will now address each concern separately.

1 The staffing size for the wards at The Clatterbridge Cancer Centre Liverpool is adequate and patient care is maintained.

The Trust has invested an additional £5.14m into our workforce in preparation for the expansion of our services into Liverpool. This includes a significant investment within nursing, pharmacy, radiation services and administration & clerical staff.

The investment into the inpatient nursing workforce supports the following staffing levels

- Days: 1 RGN to 5 patients
- Nights: 1 RGN to 6 patients across all inpatient areas.

This equates to 1.6WTE (registered and non-registered) staff per bed.

The Safecare module, within the electronic rostering system, went live on 18th June 2020 across all inpatient wards. Acuity and staffing levels are recorded three times a day, allowing senior nurses to review staffing across all wards and redeploy staff to areas of higher activity, if

and when required. At present, bed occupancy is low and staffing levels are safe across all wards.

During July 2020, one incident relating to safer staffing was recorded on Datix. A summary of staffing levels, bed capacity and incidents is provided in Appendix 1.

All incidents continue to be reviewed through the daily incident meeting. No other incidents re: inpatient staffing levels have been reported to date. One delayed medication incident (5 min) referred to 'lack of staff', but following review by the ward leader and matron, this was found not to be the case.

A Nursing dashboard is presented bi-monthly to the Quality Committee and the Trust Board (Appendix 2a & 2b). The dashboard clearly demonstrates that more 'care hours per patient day' (CHPPD) have been available in Q1 2020/21 across the inpatient areas to support the delivery of safe care to our patients.

2 Processes and procedures are in place for patients in side rooms in relation to patient falls.

Following review of falls data (Appendix 3), there is no evidence of an increase in falls and no correlation with patients being cared for in a side room. A number of interventions have already been put in place during 2019/20 to support falls management i.e. Green leaf above bed, falls risk assessment on admission, and the use of Rambleguards. All falls are monitored, discussed and actioned through the daily incident meeting and monthly harm free meeting, reporting into the Integrated Governance Committee, via the Triple A report (Appendix 4). The systems and processes in place to monitor at-risk patients are detailed in Appendix 3.

In comparison with other trusts, The Clatterbridge Cancer Centre is not an outlier for falls.

3 There is sufficient capacity for social distancing for staff during break times.

In line with the Government's guidance on Working Safely During Coronavirus (COVID019), managers and departmental leads have completed risk assessments and implemented tools to support social distancing and safe working practices across all sites. The measures in place include hand hygiene stations, maximum numbers per room, and social distancing markers.

When CCC-L opened, we had an isolated issue with social distancing in the Staff Lounge on Level 2. Colleagues who worked closely and adhered to all PPE guidance in their work areas were not socially distancing in the Staff Lounge and were not wearing masks because they were eating and drinking.

. This was raised as a concern on 16th July 2020 at Silver command and at the 11am CCC-L operational meeting. We acted promptly to keep staff safe. The Deputy Director of Nursing (DDoN), Infection Prevention and Control (IPC) team and Health and Safety lead completed a further Covid-19 risk assessment and implemented additional measures to support adherence to IPC requirements. This was further supported by a spotlight communication from myself on 24th July 2020 (Appendix 5).

4 Medication errors are monitored and appropriate actions are taken.

Medication incidents are reported via Datix and reviewed through the daily incident meeting and the monthly drugs and therapeutics committee, which reports into Integrated Governance committee Triple A report (Appendix 6).

There were a total of 116 medicine incidents reported during Q1. Of these, 92 incidents have been reviewed and closed and none have been reported as causing moderate harm or above. Main themes have been:

- Delayed Administration - 9 incidences
- Medicine not supplied - 8 incidences
- Medication not prescribed – 8 incidents
- Administered at wrong frequency – 7 incidents
- Missed dose – 7 incidents

All medication incidents are reviewed in partnership by the department lead, medicines safety lead and medicines safety pharmacist.

5 Staff have a supportive culture.

5.1 Staff Retention

The expansion into Liverpool and the transfer of our inpatient wards from Wirral to the Liverpool site has, perhaps unsurprisingly, been a huge challenge for a significant number of staff. Many staff live on the Wirral peninsula and enjoyed a short journey to work.. A number of staff left the organisation prior to the move to CCC-L, and some are currently working their notice period.

As a result, we expected to see an increase in staff turnover during 2019/20 as staff made choices about their working arrangements. In anticipation of this, we put recruitment and retention plans in place corporately and for specific staff groups such as nursing. The monthly turnover figure for nursing staff has been declining since August 2019, except for a 0.5% increase in March 2020. In July, the turnover rate for nursing was 1.7% and the rolling 12-month turnover is 13.7%.

The move to CCC-L has been discussed with all staff, through a wide variety of communications and engagement events including ward level sessions with managers and matrons, regular 'town hall' events open to all staff and weekly CEO video updates and Q&A. This provided the opportunity for a two-way exchange and staff were encouraged to ask questions either at the sessions or in advance. A number of retention packages to support staff were put in place:

- Allocated parking spaces based on agreed criteria
- Free parking in line with national guidance
- Comprehensive excess travel scheme including incentivised public transport costs
- Management training and development to support flexible working
- Staff travel pass loans
- My Personal Move Plan issued to all staff

5.2 Staff Morale

The change to the working environment additional travel and adjustment to off-site parking continues to affect staff morale. As I'm sure you can appreciate there have been a number of discussions with staff about reduced car parking capacity. The issue with travel has been addressed and, on an interim basis, to support staff not wishing to use public transport during COVID-19, we have been able to support staff choice for travel to CCC-L and this has been appreciated by staff.

Some staff expressed they were pleasantly surprised when they visited the new building and have adjusted well to their new place of work. Staff have also acknowledged the improvement in patient facilities and estate compared to the Wirral ward environment.

A range of support measures were put in place to support all staff during and after the move and in particular during the coronavirus pandemic. Several supportive initiatives will remain in place:

Pre move support

- 24/7 Employee Assistance Programme
- Coaching support offer
- Occupational Health support including Covid support line
- Resilience sessions for all staff
- Manager Resilience Programme
- Weekly '2020' staff communications, Executive blogs, Spotlight briefings, managers checklist and town hall events as a method of communicating and engaging with staff.
- Leadership Toolkit developed and launched
- Enhanced E-learning offer Access to Mental Health First Aider
- Access to Team Time sessions delivered via our Psychologist Team
- Risk Assessments for vulnerable staff groups with appropriate mitigation in place
- Personal gift packs for all staff

Post move support

- Daily and weekly bulletins
- Daily "troubleshooting" meetings with Executive team and senior managers to resolve any operational challenges at the new site.
- Access to free bus service to and from the staff car park.
- Opportunity to participate in staff focus groups planned throughout August and September, commencing Thursday 6th August 2020.

The organisation uses several metrics to measure how staff are feeling. Quarter 1 2020/21 Staff Friends and Family Test Results Analysis response rate was 33% (491 online responses), which is an increase from 30% (3pp increase) in Q4 (2019/20), the last survey which took place throughout February and March. The results were:

- 95% of those staff who responded would recommend the Trust as a place for care or treatment (95% in Q4 2019/20).
- 73% of those who responded said that they would recommend CCC as a place to work (66% in Q4), a 7pp increase compared to Q4 2019/20 (66%). This improvement is seen across the majority of our Directorates.

In Q4, four additional questions were included as a pulse check of our progress. Out of those staff who responded:

- 89% agree they are enthusiastic about their role.
- 75% agree that the Trust takes positive action on health and wellbeing.
- 81% agree that their immediate manager supports health and wellbeing.
- 60% agree that they feel recognition and valued by the Trust.

5.3 Patient Visitors

Lack of visitors to wards has been a source of concern for nursing staff. On occasion, staff have held some very challenging conversations with extremely anxious family members regarding the Trust policy of no visitors during COVID-19. Staff have recognised the important

role visitors play in ensuring patients don't feel isolated. On occasions, when available, student nurse volunteers are allocated to wards to sit and talk with . Visitors have also been allowed on a case-by-case basis, discussed through the daily safety huddle. This information is regularly communicated across social media for our patients and their families. Our policy is in line with all hospitals across Cheshire and Merseyside for consistency.

We understand how difficult it is for patients and their families during the coronavirus pandemic. We are currently running a patient and visitors questionnaire, through to the end of August 2020, to gain their feedback. The findings will be presented and actioned through the patient inclusion and experience group, reporting to Integrated Governance Committee in Autumn 2020.

5.4 Senior Nursing Staff Visibility.

Senior nursing visible leadership is present at all times. Previously, some junior staff did not recognise senior nursing support when leaders were in their own clothes. Therefore, a decision was made prior to the CCC-L move that, to support visible leadership for staff, both the Deputy Director of Nursing (DDoN) and Strategic Lead for Safeguarding / Head of Nursing (SLS/HN) would be in uniform (red) on a daily basis. The SLS/HN conducts a walkabout on all wards and clinical areas at least twice daily, attends the daily staffing meeting, and reviews safe staffing compliance on a daily basis. (This was also the case prior to the move to Liverpool, but because a clinical uniform was not worn at all times nursing teams may not have realised this.) The DDoN walks the wards on an ad hoc basis and is in close contact with matrons, Clinical Nurse Specialists and ward leaders. I was the executive director on call during the first week of the move and was on site also in uniform (red) supporting the clinical teams during the transition into Liverpool. I continue to be visible across the Trust, as do my other executive colleagues.

Ward managers, matrons or senior nursing leaders have not received any reports of patient care being compromised and not delivered to a high standard during daily walkabouts or daily staffing meetings. No incidents have been recorded on Datix or raised on the daily incident calls. There have been no formal complaints since the move to CCC-L regarding patient care not being delivered to a high standard, although one patient's relative has requested that we work with Liverpool University Hospitals (LUHFT) to improve the patient transfer pathway. This request has already been actioned in partnership with our LUHFT colleagues.

5.5 Ward Environment at CCC-L

Staff acknowledge the increase in size of the new wards and the nursing of patients in a fully-single-room facility is very different. As a result, a period of adjustment has taken place, supported by visible senior leadership. Staff are now reporting the positive aspects of the new build for staff and patients. A summary of feedback from patients and staff is provided in Appendix 7.

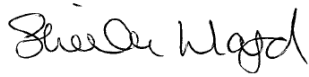
To conclude, I am assured, at this current time, that there are no concerns relating to patient safety following transition to the new building in Liverpool and we continue to monitor it closely. However, I recognise some staff are still adjusting to the change. Senior nursing staff will continue to provide support, be present on wards twice daily, and will attend staff meetings and safety huddles to pick up, action and escalate any concerns raised. In addition, our staff side representatives are working closely to listen to staff and discuss immediate concerns with matrons and DDoN. Outputs from the staff focus groups will be fed back through the Integrated Governance Committee in September 2020.

We encourage feedback from colleagues across the Trust and from our patients/carers. In addition, we are always working to continually improve the care we provide to patients and the

support we provide to colleagues. We are not complacent and remain focused not just on realising the clinical benefits of the new hospital for patient care, but also on supporting our teams across all our sites with the personal and professional challenges of new ways of working and COVID-19.

I hope this response provides you with the assurance required. Please do not hesitate to contact me should you require any further information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sheila Lloyd'.

Sheila Lloyd
Director of Nursing and Quality

Appendix 1	Safer staffing data and reported incident
Appendix 2a	Bi-Monthly registered Nursing dashboard presented to QC July 2020
Appendix 2b	Bi-Monthly non-registered Nursing dashboard presented to QC July 2020
Appendix 3	Falls data
Appendix 4	Harm Free Care Triple A report to ICD July 2020
Appendix 5	Spotlight Briefing, Covid -19 and Infection Control
Appendix 6	Drugs and Therapeutics Committee Triple A report to QC July 2020
Appendix 7	Summary of staff and patient feedback to date re: CCCL.

Ward 3 – Workforce Information Data

1.0 Purpose

This report details the workforce information for Ward 3 at the Clatterbridge Cancer Centre for a 3 month period ending on 31st September 2020.

2.0 Budgeted Establishment / Actual Establishment

The department budgeted and actual establishment position as at 31.09.2020 is as follows:-

Role	Budgeted WTE	Actual WTE	Difference WTE	Notes
Band 5 Registered	19.00	16.72	2.28	0.96 on maternity / adoption leave
Band 6 Registered	5.80	5.80	0.00	3.00 on maternity / adoption leave
Band 7 Registered	1.00	2.00	-1.00	Over recruit in September to cover handover for maternity leave
Band 3 Non Registered	5.60	5.48	-0.12	0.96 Career break
Band 2 Non Registered	11.00	8.92	-2.08	

This shows that there are currently 2.28 WTE Band 5 registered vacancies within the team and 2.20 WTE non registered vacancies.

3.0 Vacancy Pipeline

Job title	Grade	Vacancy Stage	Authorisation started at	Booked start date	Estimated Start Date	Month Start Date	Comments	Registered or Non registered	Reason for Recruitment
Health Care Assistant	Band 2	Starting	30/01/2020 00:00	05/10/2020		October		NonRegistered	New Post
Health Care Assistant	Band 2	Starting	03/04/2020 00:00	26/10/2020		October	Retire and Return	Non Registered	Current post holder has reduced their number of hours
Senior Health Care Assistant	Band 3	Shortlisting	09/09/2020 00:00						
Staff Nurse	Band 5	Interview	21/05/2020 00:00						
Staff Nurse	Band 5	Offer	21/05/2020 00:00		22/11/2020	November	Awaiting Employment Checks	Registered	Replacement
Staff Nurse	Band 5	Starting	03/04/2020 00:00	05/10/2020		October		Registered	Replacement

There are currently 2.64 WTE Band 5 registered and 2.48 WTE non-registered positions progressing through the recruitment process.

4.0 Sickness Absence profile

	Staff Group	Jul-20		Aug-20		Sep-20		Absence FTE %	Absence Occurrences
		Absence FTE %	# Absence Occurrences	Absence FTE %	# Absence Occurrences	Absence FTE %	# Absence Occurrences		
158 Ward 3 Team 906021	Non Registered	8.97%	3	11.24%	7	12.19%	6	10.78%	12
158 Ward 3 Team 906021	Nursing and Midwifery Registered	3.53%	2	3.74%	3	5.42%	5	4.25%	8
Grand Total		5.46%	5	6.35%	10	7.75%	11	6.52%	20

Of the 20 episode of sickness absence in the reporting period 3 were long term and 17 short term.

The 3 highest reason for absence were

- Anxiety (4)
- Ear Nose and Throat (3)
- Other known causes –not classified elsewhere (3)

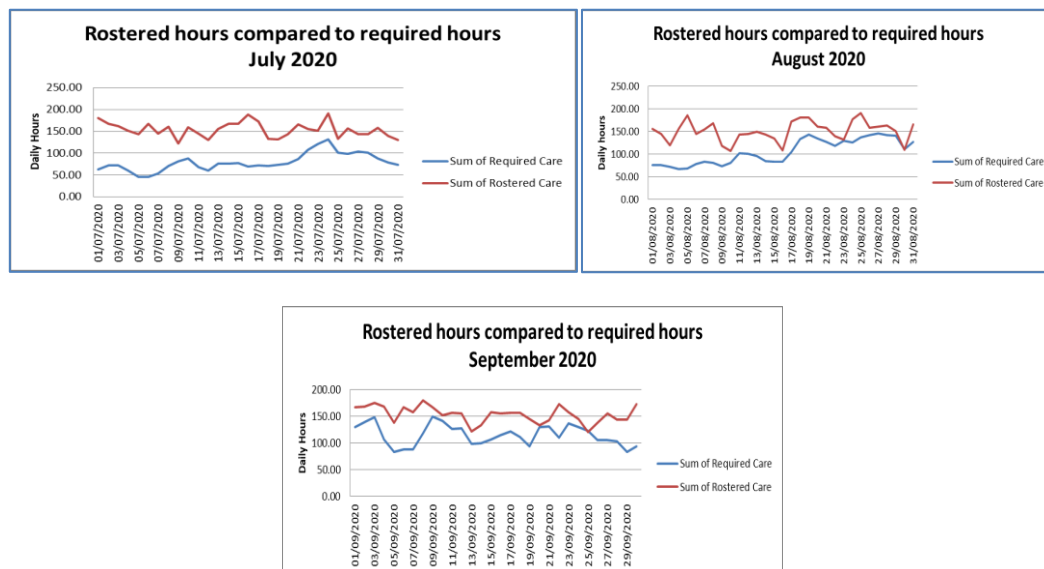
5.0 Hours Worked on Ward 3

5.1 Hours Vs Actual

For the 3 month period July- September 2020

	Total Contracted Hours	Total Hours Worked	Difference	Total Unavailability (e.g. sickness, study leave)	Total Overtime
Non-Registered	7,857.07	7,958.5	101.43	2352	0
Registered	13,590.65	13,591.50	0.85	4571	0
Total	21,447.72	21,550	102.28	6923.5	0

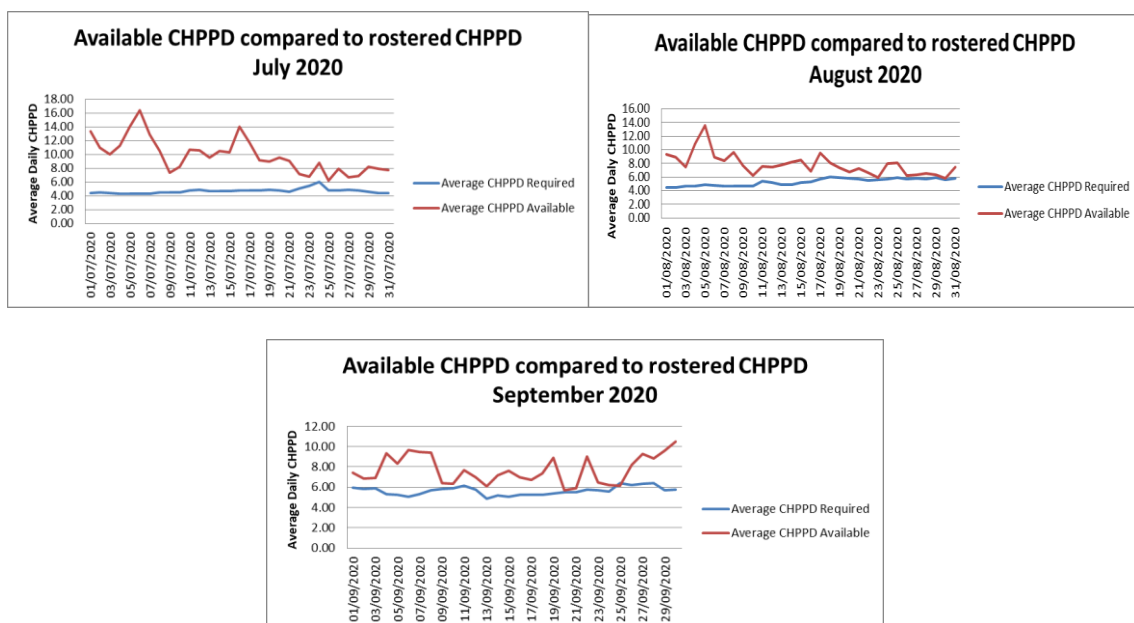
5.2 Rostered Hours compared with Required Hours



The charts above indicate that there are sufficient hours rostered to meet the monthly required hours based on patient acuity (extracted from SafeCare). These charts do not include bank workers booked through NHSP, and for the same period 2030 hours have been filled by NHSP.

5.3 Care Hours Per Day (CHPPD)

CHPPD is determined from the patient acuity on a shift by shift basis and is shown as the average each day.



The above charts show that overall staffing levels are consistently meeting the care hours per day requirements.

6.0 NHS Professionals

The following information shows NHSP bookings within Ward 3 for the 3 month period July – September 2020.

Months	Reason	Registered (Hours)				Non Registered (Hours)				Total Demand
		Bank Filled	Bank Fill %	Unfilled	Demand	Bank Filled	Bank Fill %	Unfilled	Demand	
Jul	Additional Beds	262.5	68%	125	387.5	244	91%	25	269	656.5
	Sickness	75	75%	25	100	62.5	63%	37.5	100	200
	Vacancy	25	25%	75	100	0	0%	12.5	12.5	112.5
	Jul Total	362.5	62%	225	587.5	306.5	80%	75	381.5	969
Aug	Additional Beds	194	84%	37.5	231.5	198	94%	12.5	210.5	442
	COVID19	0	0%	0	0	6.5	100%	0	6.5	6.5
	Sickness	62.5	66%	32	94.5	94	68%	44	138	232.5
	Unplanned Leave	12.5	100%	0	12.5	55.5	82%	12.5	68	80.5
	Vacancy	88	70%	37.5	125.5	87.5	93%	6.5	94	219.5
	Aug Total	357	77%	107	464	441.5	85%	75.5	517	981
Sep	Additional Beds	0	0%	0	0	12.5	100%	0	12.5	12.5
	COVID19	0	0%	12.5	12.5	0	0%	12.5	12.5	25
	Sickness	52	39%	82	134	75	80%	19	94	228
	Specialing	0	0%	0	0	0	0%	6.5	6.5	6.5
	Unplanned Leave	0	0%	0	0	11.5	48%	12.5	24	24
	Vacancy	137.5	65%	75	212.5	274	79%	71	345	557.5
	Sep Total	189.5	53%	169.5	359	373	75%	121.5	494.5	853.5

7.0 Leavers

Leaving Reason	Band 2	Band 3	Band 4	Band 5	Grand Total
End of Fixed Term Contract		1	1	2	4
Retirement Age	1				1
Voluntary Resignation - Promotion	1				1
Voluntary Resignation - Work Life Balance		1			1
Grand Total	2	2	1	2	7

The 4 that left due to end of fixed term contract;

- 2 retired nurses returning due to COVID on a fixed term basis only
- 2 deployed student nurses due to COVID on a fixed term basis only

The one leaver due to Work Life Balance, this is the reason stated on the leaver form, however it also stated that it was due to the move to Liverpool and a note to say “struggling with transport and new ward layout”. This needs to be explore further with the Ward Manager.

The other two didn’t have any further details other than retirement and a promotion.

ID	Incident date	Department	Location (type)	Location (exact)	Manager	Category	Sub category	Please state other type of category	Description	Action taken	Action taken (Investigation)	Lessons learned	Severity	Closed	Approval status
10885	13/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 17	Doran, Kiki	Patient wound (Not PU)	Skin tear		alerted to the fact patient has foot ulcer to right foot - see photo this has been looked after by district nurses at home. patient is diabetic	dressed with dressing. photograph taken. foot is elevated when possible	patient was admitted with this. photograph taken. datix completed. appropriate care plan in place. regular dressings	to continue appropriate admission skills	None (no harm caused)	25/08/2020	Closed incidents
11052	25/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 8	Williams, Kathryn	Transfer/DischARGE	Lack of handover from within the Trust	Admission	Patient admitted from ward 28 Aintree. No handover received from nursing staff, patient arrived on ward with paramedics. Trachy in situ which staff were unaware off. No small trachy tubes sent with patient.	Head and neck team informed of patients arriving on ward, they will review tomorrow.	Ward manager spoke to staff from aintree hospital transferring ward. Made them aware of no handover being given. Apologies given due to staffing on the day they had forgot to inform ward of patient leaving ward. Asked that on transfer next time due to being an airway patient they make staff aware. So that staff can ask relevant questions and be prepared for patients admission	Staff to call transferring ward on day of admission if no handover and ask for handover to be given. To ensure safe delivery of care. No harm to patient	None (no harm caused)	17/09/2020	Closed incidents
11190	04/09/2020	Inpatient Wards	Ward 3	Unknown	Williams, Kathryn	Communication	Between staff		04/09/2020 Immunotherapy induced colitis grade 3 Discharged on 27/08 from CCC-L not referred into Immunotherapy team on discharged, patient on high dose steroids' spoke about him in office and contacted at home. 60mg oral prednisolone now on 30mg day 2 then reduce by 5mg every 5 days on meditech noted that he had been asked to refer in on his discharge. telephone numbers and email address in all Doctors office for Immunotherapy team	contacted patient for review datix completed telephone numbers and email address in all Doctors office for Immunotherapy team	E-mailed staff member involved in patients discharge. Reply sent back: Staff member was meant to follow up the next day, as was on shift. IO lead had been spoken to on day of discharge who said it was supposed be the doctors who referred the patient to the IO team. She asked IO admin support to send the forms which he did. The staff member filled it out and left it in the drs office, She has then forgot the next day to ask them to fill in the blanks. IO lead had said she was going to ring patient the next day and follow him up at home.	Staff members to ensure that they communicate effectively with the Drs on the ward. Outstanding jobs to be written in the Drs to do book so such jobs arent forgotten and done in a timely manner. Staff member is aware of her error and will ensure she follows correct procedures next time.	None (no harm caused)	14/09/2020	Closed incidents
11098	24/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 1	Doherty, Caroline	Drug / Medication	Delayed administration		Patient under the palliative care team. Has Lung cancer with back pain. Palliative Consultant advised lidocaine patch. After 24 hours i was informed by nursing staff awaiting patch from pharmacy. At that time a diligent HCA went to another ward to try to get a patch. It took 48 hours for this to be applied. Result Delayed pain control for the patient Increased length of stay in hospital	I will discuss with a pharmacist on the ward	Investigated through Meditech and discussion with team. Lidocaine patches were prescribed at 17:13 on 24/8/2020, verified by ward pharmacist at 15:25 on 25/8/2020 and then supplied by PharmaC at 16:09 and were signed for on the ward at 17:00 on 25/8/2020. The patches were then in the patients locker. I looked at this last week. The lidocaine patches were ordered as pharmacy have said. The staff nurse has documented that the patches weren't available when she has done her writing at 14:49. The MAR has the patch prescribed to give at 10:00, so when the nurse has done her medication round this wouldn't of been flagged to give. This is more of speaking to the staff nurse to get her to speak to the drs and have the medication prescribed for a later time when it was available. The patch was put on the next day at 10:09. No harm as the patient as he was still having regular pain relief 12/09/20 Deputy chief pharmacist - there was pain control on ward with prns etc there had been a day where medicine had not been administered as it was in the locker.	Lidocaine patches supplied by PharmaC and in patients locker on 25/8/2020 - further investigation will be required to determine why patch was not applied until 26/8/2020. Pharmacy - we need a focus medicines day/week as I think we need to have a cohesive approach to meds man on wards as we all have our part to play.	Low (minimal harm caused)	14/09/2020	Closed incidents
11219	07/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 7	Woolley, Natalie	Lab Processes	Interpretation delayed		when booking transport for patient discharge it was noted that covid 19 swab was not back from admission date On 1.9.20, labs did not call ward to tell us to send repeat as sample was mislabeled	repeat swab taken lab aware to call ward	Lab incidents sent weekly to LUHFT	Importance of communication between teams at CCC-L & LUHFT	None (no harm caused)	19/09/2020	Closed incidents
11321	11/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 11	Woolley, Natalie	Patient wound (Not PU)		moisture lesion	Patient has moisture lesion.	Patient given proshield cream already nursed on air mattress already. Patient repositioned regularly. Covene in situ as patient incontinent of urine.	barrier cream changed to proshield and conven but in place as patient incontinent and confused patient nursed on pressure relieving mattress	barrier creams to be encouraged when necessary area improved when conven but in place	None (no harm caused)	02/10/2020	Closed incidents
11322	13/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 2	Brammer, Caroline	Drug / Medication	Contraindicated due to current clinical condition		Patient given 2500units Dalteparin at 20:37 on the 13/09. Platelets were 35 from bloods taken that morning. No documentation to state that dose should have been given. Dose should have been omitted.	Dalteparin has been put on hold. Dr's and nursing staff made aware.	ICD Gov Lead sends patient details and Drs names and also requested educational supervisors names for the two doctors involved in this incident CD has sent to educational supervisor to pick up with individual doctor	Doctors to reflect on prescribing errors	None (no harm caused)	19/09/2020	Closed incidents
11444	18/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 26	Pritchard, Rachel	Drug / Medication	Medication not prescribed		Patient admitted from aintree to commence radiotherapy. Was taking pregabalin 150mg bd at Aintree, this as recorded in the notes but not prescribed on admission so he has now gone three days without one of his regular analgesic medications	Restarted today (21/9/20) at half dose (cannot restart at full dose following such a delay)	Palliative care document written on 18/9/2020 at 17:39 listed all patient medications including pregabalin dose. The acute oncology admission document was written on 18/9/2020 at 18:54 also documented pregabalin dose, the same doctor then prescribed all other medications listed. At this time all staff had access to the transferring hospital transfer documents including the medication list which stated patient was on pregabalin 150mg BD. Ward pharmacist came next day to update and complete medication history documenting all medications on transfer document including pregabalin dose. Patients list of medications including the pregabalin dose was available from admission prior to the pharmacist doing the medication history so no reason as to why doctors and prescribers etc couldn't prescribe it as dose was confirmed on transfer document from 18/9/20	Doctors and prescribers listing patients medications perhaps tick off as a checklist medications once prescribed to ensure they do not miss any as they go along. Ward pharmacist to highlight any missed medications they find from doing medication history to doctors via the doctors job book and note on meditech. If during normal working hours escalate to pharmacist prescriber or 8a who can add regular medicines as per enabling policy (however due to this being a weekend no staff available to do this, pharmacist admitted also forgot to document that pregabalin was outstanding to be prescribed). However not solely pharmacist responsibility.	None (no harm caused)	28/09/2020	Closed incidents
11468	22/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 25	Holemans, Julie	Equipment/ Medical Devices	Lack of equipment	Oxygen	I accompanied the patient to CT scan as he was desaturating. Patient required 15l non-rebreather for transfer. x2 portable oxygen cylinders taken with us from ward. Portable oxygen tanks ran down quite quickly due to amount of oxygen patient was requiring. I asked CT if they had any portable oxygen as no piped wall oxygen in CT. CT reported they only had 1 which they brought to the patient. Porters were contacted & asked to bring another x2 portable oxygen cylinders as urgent. After approx. 10-15 minutes oxygen still not arrived. Porters contacted again & it was reiterated that the oxygen was required urgently. Porters arrived with portable oxygen & advised that all areas should have at least 2 portable oxygen cylinders. No harm was caused to patient as oxygen did not run out.	See above.	ICD Gov Lead - Discussed on daily call. Radiology and members agree that CT possibly need another oxygen cylinder in CT On investigation there are 2 cylinders available on floor 0 and all staff are aware of location. I have included JH in the investigation as the patient was a Diagnostic patient and I am unaware of the issues associated to that patient.	To ensure that all staff know where to locate the portable oxygen cylinders which are kept in the clean utility room. There are now 3 oxygen cylinders	None (no harm caused)	02/10/2020	Closed incidents
11484	23/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 3	Williams, Lauren	Drug / Medication	Medication not prescribed		Patient commenced on 21/09 on triple therapy IV antibiotics for a non-healthcare related gastro infection (biliary sepsis) as per RLUTH guidelines. Started on amoxicillin, metronidazole and gentamicin. However, only gentamicin stat given, and it was not continued. Picked up today as patient did not receive gentamicin yesterday so therefore received no gram negative cover.	Escalated to ward doctor, documented in the Drs handover book and wrote a pharmacist note on the patients MT profile to ensure escalated. Gave suitable dosing options and also provided the RLUTH step down plan if the patient was to move to oral antibiotics instead of continuing IV.	Will discuss with people involved Patient was clinically well and stepped down to oral therefore stat dose was probably appropriate ICD gov lead has sent to educational supervisor of prescribing dr	Staff must inform clinicians/pharmacy staff of gentamicin level Pharmacists should hand any TDM over to follow up levels	Low (minimal harm caused)	24/09/2020	Closed incidents
11597	28/09/2020	Inpatient Wards	Ward 3	Not Applicable	Armitage, Nick	Transfer/DischARGE	Delayed discharge		TTO's written by doctors at 1.30pm and 2pm. Both ward pharmacist and technician were on ward all afternoon. No attempts made by doctors or staff to contact them to alert TTO's were to be checked and dispensed. First they were told about the three TTO's were at 16:45 when the staff nurse asked them were they were up to with the patients TTO's When the staff nurse asked the doctor why they hadn't told pharmacy they explained they didn't know they had to. This then delayed patients going home as TTO's were processed and dispensed straight away but didn't arrive to the ward until after 6pm.	Doctor was told if they write or make any changes to a TTO they must inform the pharmacist. This is in line with the prescriber responsibilities detailed in the discharge prescription SOP, which states "The prescriber should inform the ward pharmacist when a discharge has been actioned and the nursing staff looking after the patient. Further additions and updates can be made to the TTH after pharmacy have processed it; however these must be communicated to the pharmacy team." As neither the pharmacist or technician were informed of anybody potentially going home they did not monitor the patients to see if discharges had been written and there is no alert system on meditech highlighting to pharmacy when a TTO is written or updated. Patient detailed below, however 2 other patients affected by lack of communication causing delay to discharges.	ICD Gov Lead 30/09/20 - have asked pharmacy to add drs names to datix contacts so i can contact their educational supervisor too ICD Gov Lead also asked IM&T Pharmacy team if there is any way an alert can be put on MT to alert pharmacy staff when a TTO has been written or updated? Pharmacy are looking into. Action added and incident closed	Continue to report medication incidents that flag to IM&T so we can explore if alerts can be added to MT	None (no harm caused)	02/10/2020	Closed incidents
10814	10/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 20	Williams, Kathryn	VTE	Missed risk assessment		Patient was planned admission for cycle 2 chemotherapy 07/08/2020. No VTE assessment completed on admission. This has been flagged 10/08/2020 on assessment reports sent.	Drs asked to complete VTE assessment and prescribe dalteparin	Drs asked to complete VTE assessment when staff alerted that VTE needed completing. Dalteparin prescribed for patient on MAR	VTE assessments to be completed on day of admission. Incident happened week of change of drs - all new drs have been informed at bed board meeting.	None (no harm caused)	02/10/2020	Closed incidents

ID	Incident date	Department	Location (type)	Location (exact)	Manager	Category	Sub category	Please state other type of category	Description	Action taken	Action taken (Investigation)	Lessons learned	Severity	Closed	Approval status
11131	30/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 19	Woolley, Natalie	Pressure Ulcer	NEW (hospital acquired) category 1		break to skin on right buttock, pt reports from moving her self up the bed	pressure cushion pas monitored regularly through out shift on air mattress proshield available and applied	correct procedure followed area dressed datix completed	speaking to nursing staff who cared for patient, they report she had a 'scab' on her buttocks which was knocked off when she moved her self up the bed, they report that it was not a pressure wound. documentation does not reflect this as it is documented as a wound, therefore further education around documentation and also about the use of barrier creams to be discussed at the next harms meeting.	None (no harm caused)	02/10/2020	Closed incidents
10946	18/08/2020	Inpatient Wards	Ward 3	Unknown	Williams, Kathryn	Patient accident/falls	Collapse		Was mobilising a patient to the bathroom, he became unsteady, partial collapse to floor and I assisted him back into standing. I was already in contact with the patient as I was facilitating his mobility. He did not fall to the floor and was able to stand himself back up with support from myself.	Advised nursing staff and physiotherapist of the near miss incident. Reiterated to patient he must not mobilise without assistance.	Pam Richardson -No further action taken Staff member informed nursing staff and physio colleagues of near miss.Patient reminded not to mobilise without assistance - Kathryn Williams - OT with patient when legs gave way in bathroom. Patient was supported back to standing and mobilised back to bed with wheeled zimmer frame and assistance of one. OT informed nursing staff of near miss. Patient highlighted already as a high risk fall after assessments carried out appropriate care plans in place. Staff made aware at handover and safety huddle of falls risk. Patient aware to press call bell when requires assistance to mobilise. Nursing documentation on meditech suggests that patient was doing this appropriately	Staff made aware of near miss - staff did not update falls assessment. This was done the next day. Staff have been reminded that care plans and assessments should be redone when clinical condition changes.	None (no harm caused)	02/10/2020	Closed incidents
11548	26/09/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 3	Woolley, Natalie	Pressure Ulcer	NEW (Hospital Acquired) Moisture Lesion		pt thought to have a grade 2 pressure ulcer, split between buttocks.	band 6 assessed who confirmed grade 2 pressure ulcer. wound photographed. risk assessment updated. 2-3hrly turns	Reviewed at HFCC - members agree no harm no lapse in care. Members also agree that this is a moisture lesion not a PU. Category changed. Ward manager will also provide feedback to reporter around education of grading and moisture lesions	Importance and education for staff being able to differentiate between a pressure ulcer and moisture lesion	Low (minimal harm caused)	05/10/2020	Closed incidents
11546	25/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 25	Woolley, Natalie	Pressure Ulcer	NEW (hospital acquired) category 2 caused by medical device		Patient has Category 2 pressure sores to both ears from oxygen tubing.	Photographed and polymem put in situ for protection	Reviewed at HFCC - members agree low harm with lapse in care as the patient got their medical device pressure sore in the Trust. There was also double pressure as patient wore glasses. CS is going to contact ACT team to see if there is any scope for virtual training, some more communications will be sent out also but we need to look to the preventative measures	Importance of preventative measures for patients who wear a medical device	Low (minimal harm caused)	05/10/2020	Closed incidents
11547	25/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 12a	Woolley, Natalie	Pressure Ulcer	NEW (Hospital Acquired) Moisture Lesion		Patient has moisture lesion to sacrum	Asked doctors to prescribed proshield cream and spray.Patient encouraged use air mattress as previous been declining.	pressure relieving mattress encouraged barrier creams used Reviewed at HFCC - members agree low harm with no lapse in care and this is a moisture lesion	update on pressure area care to be discussed with management team at harms free meeting appropriate care plans to be used	Low (minimal harm caused)	05/10/2020	Closed incidents
11289	10/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 26	Woolley, Natalie	Patient accident/falls	Fall from bed/chair/trrolley		Unwitnessed fall in patients room	Emergency call bell alerted by HCA on ward Staff attended to patients immediately MET CALL sent out by Sister on ward Patient was not moved from floor until DRs assessed patient Patient then assisted to bed OBs recorded - no cause for clinical concerns No postural drop present ECG performed & reviewed by DR on call Neuro OBs performed 2 hourly Analgesia given as prescribed Patient given reassurance, call bell to hand & informed patient that she must alert staff if needing assistance and to not mobilise independently, patient understand this Patient to have MRI spine 11/9/20	correct procedure implemented, patient reviewed by oncall doctor, neuro observations commenced hourly, patient received MRI spine and CT head.	to encourage patients to use nurse call bell, to utilise ramble guards at high risk fall patients and bed sides assessments to be regularly updated and bed beds to be used if appropriate	None (no harm caused)	05/10/2020	Closed incidents
11335	15/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 3	Woolley, Natalie	Patient accident/falls	Fall from standing/walking		Patient had witnessed fall in en-suite of side room Patient partly assisted to floor however back of head hit grab rail	Alerted staff, given patient sips of water & reassurance as she was really shaken. Patient did not lose consciousness - stated she "lost her balance" as I was helping her put on clean pyjamas Patient assisted to floor & on to bed with help of HCA Neuro Obs performed - hourly for 4 hours BM taken ECG performed and given to DRs IV Paracetamol given Alerted SHO on ward to review patient Handed over to day staff the incident	Witnessed fall in bathroom, staff correctly followed post fall protocol flow chart. Patient reviewed by doctor. Falls assessment updated, and had been reviewed regularly during admission. Green wristband in situ. Patient highlighted as falls risk in nursing handover and safety huddle each shift. 05/10/2020 - reviewed on HFCC no harm and no lapse in care	Staff to continue to regularly review and update falls assessment and care plans to highlight falls risk. Staff informed to highlight reasons for patients being a falls risk in safety huddle so all staff are aware.	Low (minimal harm caused)	05/10/2020	Closed incidents
11387	16/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 26	Woolley, Natalie	Patient accident/falls	Fall from standing/walking		Patient Wanted to use the toilet myself and a colleague asked patient if she would like to try and sit out onto commode patient agreed. as patient stood she informed us that her legs felt like they were going to give way. Myself two other colleagues assisted patient onto commode and then hoisted Carole back to bed. Patient is back to bed and seems well in herself.	set of obs taken on patient.	Patient was being assisted by healthcare assistants after asking to use toilet. Patient was having physio daily and had been nursed in bed. Nursing assistants did not speak to trained nursing staff prior to attempting to get patient as they would have been advised to use a bed pan as patient was being nursed in bed post fall. Patient did not fall as they called for help and assisted patient onto commode with 3 healthcare assistants. Patient did not have any injuries and was safely transferred back into bed using hoist.	Healthcare assistants reminded to speak to trained nurses to ensure they are aware of the mobility status of patient to prevent such incidents from happening again.	None (no harm caused)	05/10/2020	Closed incidents
11291	10/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 11	Williams, Kathryn	VTE	PE		Patient had CT Thorax, abdo and pelvis with contrast 09/09/2020 as an outpatient. Registrar at CCC-L alerted to scan on 10/09/2020 at 08:45 that Ct shows large right PE, small volume left PE and mild right heart strain.	Patient contacted and informed to attend Clinical Decisions Unit at CCC-L for review. Patient attended and reviewed. Patient reports 3 day history of decreased exercise tolerance with one episode of lightheadedness on 08/09 causing patient to stop her activities for 10 minutes. She also complains of increased shortness of breath. She has also experienced fevers and night sweats (drenching her bed at night). She reports a mild wheeze on occasions. She reports sporadic right upper chest pain. Management plan : Tx dose clexane Ambulatory oxygen saturation O/P ECHO Monitor in hospital overnight0	Patient had routine ct scan booked for 09/09. Patient attended Ct scan and left department after. Registrar at CCC-L alerted to findings of large right PE, small volume left PE and mild right heart strain. Patient was contacted and asked to attend Clinical Decisions for review. Patient informed of results and aware of planned admission overnight. Patient prescribed dalteparin 15,000 units	Patient admitted to ward following incidental finding of PE. 1st dose of dalteparin given whilst on CDU. Appropriate care plans in place for patient as inpatient	Low (minimal harm caused)	05/10/2020	Closed incidents
10720	03/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 10	Pritchard, Rachel	Drug / Medication	Missed dose		Patient admitted as NG had come out. Was on MST 30MG BD at home. Doses omitted due to poor swallow. Escalated to medical team (and documented Pharmacist Note on Sat 01/08/20). Not actioned as team attempted to place NG again, however coiled so therefore removed. Patient subsequently missed further doses. Missed 4 doses in total.	Escalated again on 02/08/20 - consulted with SPCT prior to advising medical team on how to action due to missing doses and requiring to re-titrate. SPCT advised CSCI of 10mg morphine. CSCI prescribed 02/08/20 PM.	Checked patients MAR chart and notes. Nurse documented on night shift 31/7 through to 1/8 saying patient refused all regular meds including MST. Patient was comfortable. Ng was attempted 1/8/2020 but failed also multiple attempts on CDU failed on 31/7. Although MST sachet not given Friday pm and saturday and sunday morning. Patient was given S/C morphine doses at 00:27 on sat 1/8 and 20:56 on Sat 1/8 and 21:42pm on sunday the 2/8. The patient was also commenced on a syringe driver on sunday 2/8 at 18:11. So although unable to swallow any long acting morphine or oramorph they did not go without pain relief, nurse escalated and got PRN S/C morphine prescribed at 00:12 on 1/8.	Nothing, nurse followed protocol and got S/C preparation prescribed as soon as possible and S/C has continued as breakthrough pain relief option whilst on syringe driver.	Low (minimal harm caused)	05/08/2020	Closed incidents
11138	31/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 20	Williams, Kathryn	Lab Processes	Interpretation delayed		bloods taken at 0900 requested as urgent pt AKI still not reported back at 1930	drs aware datix made	lab process incidents are being sent to LUHFT LCL weekly to review/comment	None (no harm caused)	09/09/2020	Closed incidents	
11135	31/08/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 5	Williams, Kathryn	Lab Processes	Interpretation delayed		Bloods requested at 08:56. received by LCL at 10.10hrs. Results still not available by 14:30 therefore contacted LCL to be informed results are available. They where not visable via meditech	Contacted LCL for blood results at 14.30 - given verbally over the phone and documented. On call doctor informed of results requiring attention. Documented in meditech. Escalated to Matron Daley.	lab process incidents are being sent to LUHFT LCL weekly to review/comment	None (no harm caused)	09/09/2020	Closed incidents	

ID	Incident date	Department	Location (type)	Location (exact)	Manager	Category	Sub category	Please state other type of category	Description	Action taken	Action taken (Investigation)	Lessons learned	Severity	Closed	Approval status
11021	24/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 24	Pritchard, Rachel	Drug / Medication	Delay in Dispensing		<p>Patients seen by Palliative care Friday 21st August. Prescribed Codeine linctus by consultant. First dose not given to patient until Monday 24th.</p> <p>Patients reason for admission is cough.</p> <p>Delayed discharge because of this delay in drug supply.</p>	I have apologised to the patient for the delay.	<p>Reviewed notes and times of prescribing of the Drug.</p> <p>Medication was prescribed on Friday 21/8/2020 to start 14:00.</p> <p>Ward pharmacist on Friday, the weekend pharmacist and oncall pharmacist never got contacted or received request from the ward to order the medication at any point on the Friday or over the weekend. Medication is stock in pharmacy 7th floor who were open Saturday and Sunday so it was available however nobody from the ward contacted any of the pharmacy on Friday or all weekend to obtain the drug for the patient.</p> <p>Checked all ward order sheets from over the weekend, drug was written to be ordered by ward staff on drug order sheet on 24/8/2020, the ward pharmacist ordered Monday am (24/8/2020) and drug was supplied to ward Monday am.</p> <p>Spoke to ward staff who said patient has not been discharged as no TTO has been done by the Dr and patient is still an inpatient with no plan for her to go home. The prescribing Dr marked the codeine linctus as a TTO med upon prescribing it on the Friday but the patient was still awaiting review with no plan to go home at that point. Still the patient does not have a TTO written so discharge was not delayed as none of her regular medications or electrolyte replacement medications that she is currently on have been added to the TTO and she is still prescribed nebs and fluids. Nothing documented on patients notes to indicate any plan for discharge over the weekend or today from daily ward round as patient is possibly requiring blood transfusions and was only reviewed by a respiratory consultant on Saturday 22/8/2020. If TTO had been completed and plan was to discharge over the weekend, pharmacy were open both days and could have processed TTO and supplied the medication.</p>	Ward must communicate with pharmacy when they require a medication so that they can supply it promptly.	None (no harm caused)	28/08/2020	Closed incidents
10763	04/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 10	Williams, Kathryn	Equipment/ Medical Devices	Misuse of equipment		Handed over from night staff that they had noted TPN was being administered via the wrong lumen on PICC line .	Have discussed with dietician and ok to change to correct lumen when TPN is changed later today. Safety huddle completed to ensure staff are aware to only use white lumen to administer TPN . Patient made aware of concern and no further action needed as PICC was inserted yesterday so had not previously been used.	Staff informed that TPN is only to be connected to the White Lumen on the picc line at safety huddle. No harm to patient.	<p>New staff on ward who are not aware of all policies at present. Staff asked to speak to senior staff on ward or escalate if unsure regarding a procedure.</p> <p>Staff informed at safety huddles.</p>	None (no harm caused)	23/08/2020	Closed incidents
10892	13/08/2020	Inpatient Wards	Ward 3	CD Cupboard	Williams, Kathryn	Drug / Medication	Secure storage failed- CDs		Numerous CD medications being stored in the cupboard of patients who have been discharged from the hospital. This is not only a safety issue but also a resource issue from a nurse perspective having to check all of the medication daily. Green pharmacy bins also noted to be completely full with overflow medication noted to be in plastic bag at the side of the bin. The situation is also mirrored on ward 2.	Photographs taken, escalated to Director of Nursing, Associated for Improvement (Risk and Governance lead)is dealing with this issue as a matter of urgency with Chief Pharmacist 14/8/20.	<p>Discussed at datix dial in 14/08/2020 and followed up.</p> <p>Pharmacy alerted to CD cupboards and emptied 14.08.2020</p>	<p>Pharmacy are going to writ comms and update SOP regarding stock of CD.</p> <p>Ward stock will continue on a monthly review of expired stock and patient own increased to 2 weekly.</p>	None (no harm caused)	17/09/2020	Closed incidents
10956	18/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 6	Williams, Kathryn	Drug / Medication	Delayed administration		<p>Patient admitted to CDU from dietitian clinic at lunchtime on 18/8/20 for admission for nasogastric tube feeding as patient has experienced significant weight loss - Patient has experienced 12.1kg weight loss equating to 11.9% total body weight loss since the start of treatment and a total of 23kg weight loss equating to 20.4% total body weight loss since diagnosis.</p> <p>From CDU patient was transferred to ward 3.</p> <p>It is clearly documented in dietetic plan (copied in both patients inpatient and outpatient account) that patient is for NG insertion however this hasn't yet happened.</p> <p>Enteral feed also prescribed to commence yesterday but nothing has been documented on MAR about why this hasn't been given.</p>	Will attend morning meeting this morning and ensure that this is actioned urgently.	<p>Sister reviewed and was working in CDU and asked patient if i could insert the NG tube, he declined due to pain, feeling sick and his secretions. We commenced the syringe driver to try and alleviate some of his symptoms before attempting passing the NG. We discussed the importance of the NG as patient had not been eating, I will speak to the staff nurse who looked after patient as she has not documented this, thanks Sarah</p> <p>Staff spoken to on ward 3 regarding insertion of nasogastric tube Patient although understood the reason for the ng tube was reluctant to have this due to having pain and feeling sick. Patient was spoken to the next day and ng was inserted and feed commenced.</p>	<p>Patient choice as to delay in ng tube being inserted. Patient deemed to have full capacity.</p> <p>Staff instered ng tube when patient allowed.</p>	None (no harm caused)	09/09/2020	Closed incidents
11310	13/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 14	Woolley, Natalie	Equipment/ Medical Devices	Lack of equipment		When re-siting syringe driver there are no subcut butterfly cannulas on the unit. Had to leave current needle in place even though site is mildly inflamed. Site Pink but not painful.	Staff checked ward 3 , ward 2, and floor 6 looking for subcut cannulas. Unable to locate any so decision made to leave in situ as drugs needed administering and site only slightly inflamed and not painful.	stock came in today, site replaced immediately, ward house keeper has ordered another box which is due in tomorrow. asked to incase ordering in possible to make sure this does not happen again. query supply issue which house keeper will feedback to myself if it is.	regular stock checking, ward house keeper aware there was a supply issue.	None (no harm caused)	14/09/2020	Closed incidents
11551	27/09/2020	Inpatient Wards	Ward 3	CD Cupboard	Pritchard, Rachel	Drug / Medication	Expired Medicine - Stock		there are over 30 boxes of patients own controlled drugs for patients that have either RIP or gone home . These meds have to be counted every night by night staff. Some of the boxes are open causing the medications to fall out. Some of the medications do not have boxes and are not safely labelled - due to lack of space in CD cupboard the medications can fall out and be easily mislaid.	Datix completed as these were reported previously and staff were informed that the drugs would be destroyed every two weeks.	CD destruction was due to be carried out on Wednesday 23/9/2020, due to staff absences this was unable to be carried out. Before being able to reschedule before the end of September the datix was filled out. Ward technician and pharmacist to complete CD destruction this afternoon.	CD destruction of patients own medications is completed twice a month as per agreed, if the ward staff find in between the twice monthly destructions the CD cupboard is becoming full they must contact ward pharmacist or ward technician who can complete a CD destruction sooner, if not contacted staff would not be aware the cupboard is full and would continue to stick to the twice monthly destruction	None (no harm caused)	29/09/2020	Closed incidents
11073	26/08/2020	Inpatient Wards	Ward 3	Not Applicable	Williams, Kathryn	Inoculation (needlesticks , sharps, splash injuries etc)	Needlestick injury to staff		needle stick injury - dalteparin injection	going to A&E today after work today to get bloods taken	Staff member to attend a&e - ward manager to investigate further once spoken with staff member		None (no harm caused)	02/09/2020	Closed incidents
11150	01/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 7	Williams, Kathryn	Drug / Medication	Delayed administration		Patient attended for planned Chemotherapy. Bloods taken Mg 0.53 asked Drs on ward to review bloods prior Chemotherapy at 11:30 and to prescribe Magnesium replacement. Patient clerked 16:25 pm and Mg replacement prescribed 18:39.	Escalated to on call Drs	<p>Spoken to ward Drs and informed that they seen patient as soon as they could due to prioritising their workload.</p> <p>Patient was clerked in and magnesium prescribed and plan in place for chemotherapy. Patient was made aware that there would be a delay in his chemotherapy due to this.</p> <p>No harm to patient chemotherapy delivered next day after bloods reviewed</p>	Nursing staff to escalate delays in clerking to clinical site manager on day. To make aware that there may be a delay in planned care being delivered. Clinical site manager can then escalate as appropriate.	None (no harm caused)	09/09/2020	Closed incidents
10838	11/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 17	Doherty, Caroline	Drug / Medication	Delay in Dispensing		<p>TTOs requested yesterday for discharge to a nursing home today.</p> <p>Informed pharmacy this morning at 8am that the ambulance was booked for 10am however the TTOs were not done and the ambulance left without the patient.</p> <p>Rebooked an ambulance for 12pm and informed pharmacy about this. Was told the TTOs would be completed.</p> <p>At 1145 i inquired about the TTOs and was told they were being final checked.</p> <p>1230 the ambulance crew arrived and the TTOs were still not on the ward.</p> <p>Pharmacist went to pharmacy to collect TTOs</p>	<p>Escalated to band 6.</p> <p>Apologised to patient and ambulance crew.</p>	<p>Transport booked at 15:23 on 10/8/2020 for 10am on 11/8/2020. TTOs written at 17:55 on 10/8/2020 so would only have been picked up by the ward pharmacy team on the morning of 11/8/2020. Prescription printed at 10:36 on 11/8/2020 - patient reviewed by ward pharmacist and controlled drugs signed by prescriber. Ward pharmacist would then have had to manually deliver prescription to level 7 as there is no pod system. Looks as though prescription reached PharmaC dispensary at approximately 11:30 - turnaround for a rapid TTH agreed between CCC and PharmaC is 1 hour so if this was highlighted as a rapid it would have been available to deliver to the ward at 12:30.</p>	<p>Transport should not be booked prior to completion of TTHs.</p> <p>Awareness of turnaround times for TTHs - 1 hour from receipt of prescription into PharmaC dispensary for rapid discharge, 4 hours for all other discharges.</p>	None (no harm caused)	23/08/2020	Closed incidents
10907	14/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 17	Williams, Beverley	Documentation	Incorrect patient		patient transferred from arrowe park overnight, nurse admitted patient on a different patients account.	nurse documented that all data was written in error. phoned labs/micro to alert them to discard samples. patient informed and apology given. dr was aware. will hand over to nurse in charge to contact IT in morning to take off the account added in error.	<p>Patient was admitted overnight, there were two patients being admitted on the night shift both being transferred from Arrowe Park Hospital. Doctors on shift recognised error and reported to nursing staff. Staff contacted IT helpdesk to inform them of error. The stated they would be able to merge the accounts.</p>	To eliminate such errors from occurring again staff have been reminded to check the patients demographics to ensure they are documenting on the correct patients account.	None (no harm caused)	17/08/2020	Closed incidents
11093	27/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 10	Williams, Kathryn	Drug / Medication	Medicines not supplied/transferred from a clinical area		<p>TPN not arrived on ward</p> <p>Patient has now been without for 11 hours still not available</p>	<p>TPN finished 8pm - I went to replenish but TPN not in fridge - checked all fridges on both ward 3 and 2. Contacted on call pharmacist who attended the ward he stated this had not come over from the royal - not in pharmacy or any fridge in hospital. He attempted to contact portacabin but no answer</p> <p>advised by senior pharmacist to run n saline overnight</p> <p>contacted DR who kindly prescribed hartmans overnight - running at 79ml (same as TPN) Pharmacist will chase this at start of her shift.</p>	<p>Investigated route cause:</p> <p>Royal pharmacy department did not contact CCC Pharmacy when PN was ready for transfer to CCC-L. CCC Pharmacy forgot to organise transfer without the usual prompt of phone call from the Royal.</p> <p>PN therefore put in Royal's fridge overnight and transported across first thing the next morning.</p> <p>Royal and CCC Pharmacy staff both reminded to communicate and set themselves a reminder to ensure PN is transferred during working hours.</p>	<p>Reminders (e.g. on outlook calendar or phone alarm) are needed for daily tasks, particularly when the it is not the usual person undertaking the job.</p> <p>You can't rely on another organisation to prompt you and sometimes they will need chasing.</p>	None (no harm caused)	17/09/2020	Closed incidents

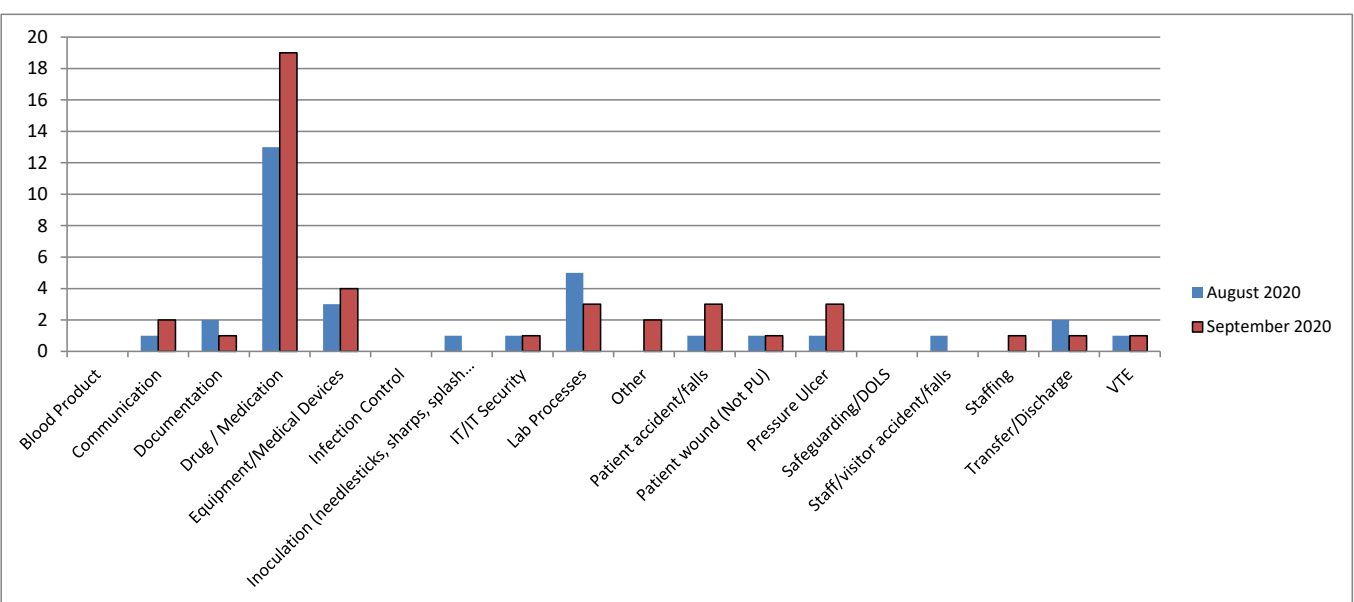
ID	Incident date	Department	Location (type)	Location (exact)	Manager	Category	Sub category	Please state other type of category	Description	Action taken	Action taken (Investigation)	Lessons learned	Severity	Closed	Approval status
10804	08/08/2020	Inpatient Wards	Ward 3	Not Applicable	Williams, Kathryn	Staff/visitor accident/falls	Collapse		Talking with member of staff (A) when staff member (A) became unresponsive - eyes glazed and right arm shaking- body began to shake and began to drop to the floor	I got myself behind the staff member and held her up - I shouted for help and other members of staff arrived to assist. I continued to prop her up and asked for an obs machine, BM machine and for a MET call to be placed. We got her safely onto a chair and began taking her observations. Staff member A then began to come around though looked unsure of her surroundings. Assisted into a sideroom for privacy and helped onto a bed. MET Team arrived and ECG complete	staff talking staff A suddenly stopped talking, eyes glazed over and her right hand began to shake then all over body - possible seizure like. She began to drop and I was caught from behind and held up using the wall as an aid, attempts to get her to the floor but trolley was in the way. Staff called for help to which x4 staff members came. MET call placed chair obtained, an obs machine, BM machine Got her safely onto the chair. Bm 6.6 -news was 0. As I was placing the blood pressure cuff staff A started to come around but seemed very confused not knowing where she was so. It was explained what had happened. Couldn't seem to verbally answer questions. Anp and DR arrived at which point she was safe enough to wheel into a sideroom. helped onto the bed with hca and got her a glass of water and a biscuit. Anp then took over -ecg taken and let her rest for an hour before sending her home.	Staff member sent home -didn't attend a&e and returned to work the next day. Staff member A line manager informed 10/08 of events	None (no harm caused)	13/08/2020	Closed incidents
11136	28/08/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 2	Williams, Kathryn	Lab Processes	Interpretation delayed		bloods taken and sent at approx 0500 not reported back until mid day sent as urgent as step up patient	datix completed IABS CHASED	lab process incidents are being sent to LUHFT LCL weekly to review/comment	lab process incidents are being sent to LUHFT LCL weekly to review/comment	None (no harm caused)	09/09/2020	Closed incidents
10724	03/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 3	Greaves, Hannah	Drug / Medication	Missed dose		Patient prescribed gentamicin (31/07), level taken so therefore commenced on 48 hourly dosing. The following dose (due on 02/08) was prescribed as a ONCE ONLY, it was not administered.	I checked the MAR and the flowsheet for administration - there was nothing documented. Asked the nurses if there was anything documented on the handover, nothing documented. Escalated to SHO, who said they would assess whether gentamicin was still clinically appropriate before prescribing.	Pharmacy have reviewed and Dr Amutha Guneshalingham prescribed the ONCE ONLY, however this error is also down to communication between medical staffing Kiki has requested educational supervisor details so this can be picked up with doctor individually too but as mentioned above this is not just the prescribing error	Importance of effective communication between medics and pharmacy colleagues	None (no harm caused)	05/10/2020	Closed incidents
11116	29/08/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 5	McCaughey, Joanne	Documentation	Inadequate documentation	lack of trust policy	Lack of trust policy (access to recommended policy) Patient in small bowel obstruction, treated conservatively, Ryals tube inserted and pt NBM. Patient insulin dependent diabetic. No trust protocol for insulin sliding scale or GKI	Reg and SHO escalated to Silver command. Guided by Silver to use Salford hospitals policy, SHO not happy as paper work not available. Warrington hospitals policy used potassium solutions that not available at CCC. Royal Liverpool's policy also used potassium solution which CCC do not stock. ANP liaised with hematology ward at Royal who provided a stock of potassium solution. Potassium is treated as a controlled drug at Royal so ANP had to go over to 7Y, to sign out bags of fluid. Security escorted ANP. Patient's treatment for bowel obstruction delayed.	Appropriate actions taken	Await further advice regarding protocol to support.	Low (minimal harm caused)	02/10/2020	Closed incidents
11054	25/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 6	Williams, Kathryn	Drug / Medication	Delayed administration		AT 22:15 on 25/8/20 I WENT INTO ROOM 6 TO CHECK HIS SYRINGE DRIVER. ON CHECKING IT I REALISED IT WAS SWITCHED OFF. I CHECKED THE RECORDING SHEET FOR THE SYRINGE DRIVER AND IT WAS LAST CHECKED AT 1PM ON 25/5. THIS MEANT THE PT DID NOT HAVE PAIN RELIEF OR ANTI SICKNESS FOR 8+ HOURS	I REPLENISHED THE SYRINGE DRIVER	Staff nurse on shift caring for patient on day of incident has been spoken to. She is aware that syringe drivers need to be checked every 4 hours. However when ward manager has spoken to her there has been concerns raised as to how to manage time on ward. Staff nurse is newly qualified and doesn't feel she is able to manage the workload at times. This has been discussed and plan in place to support staff member. She is aware that she needs to escalate to senior staff or ward manager if she does have any concerns with her workload rather than struggling. Reading documentation on patient from the day and days after of incident patient didn't require any extra pain relief or anti sickness. Medication that was in the driver.	Staff checked driver on shift change noticed that had been turned off and checks not complete. Staff replenished driver and maintained 4 hourly checks. All trained staff alerted to incident at safety huddle and informed that they need to check drivers. Staff member directly involved in care of patient informed of incident and action in place to help staff member	None (no harm caused)	09/09/2020	Closed incidents
11094	26/08/2020	Inpatient Wards	Ward 3	Not Applicable	Williams, Kathryn	Transfer/Discharge	Transfer to inappropriate setting		Patient inpatient on ward 3 booked in for chemotherapy pre assessment in outpatient setting	Line manager informed	Patient admitted to ward 3 14/08/2020 - with abdominal pain, diarrhoea and fatigue. Patient last had cycle 1 Cisplatin/5FU 04/08/20 due to toxicities Consultant changed treatment plan and also booked in for pre-assessment. On day of 26/08/2020 - patient was planned for discharge home. Dr on ward informed nurses that patient was to attend her pre-assessment appointment before she left On day of incident staffing on ward was 4 trained nurses normal is 5 occupancy of ward 86%. Acuity of ward was 12 level 0 patients, 7 1a patients and 1b 6 patients. There was also 1 chemotherapy trained staff. On speaking to staff nurse the patient attended pre-assessment as instructed by the drs. This was due to patient being discharged and starting a new chemotherapy on the following Monday.	Staff nurses to communicate with pre-assessment staff and make them aware of staffing issues. To see as patient already has an appointment if they can still do pre-assessment. As if staffing doesn't permit this may delay the pre-assessment for patient on the ward which could ultimately delay discharge.	None (no harm caused)	17/09/2020	Closed incidents
10825	10/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 19	Williams, Kathryn	Drug / Medication	Monitoring/assessing medicines therapy		patient's syringe driver was switched off when checking this evening, resulting in a delay of treatment.	restarted the syringe driver, syringe driver was checked in the AM and PM, explained to staff it's to be checked every 4 hours.	Patient syringe driver not turned on when staff have checked. Apologies given to patient. Patient had not reported any increase of pain/nausea to staff. Which is reason for driver. All staff informed to check syringe drivers every 4 hours to ensure they are administering medication.	Staff to ensure they are checking syringe driver every 4 hours. If any problems this can then be escalated	None (no harm caused)	23/08/2020	Closed incidents
10805	06/08/2020	Inpatient Wards	Ward 3	Not Applicable	Williams, Kathryn	Drug / Medication	Stored in wrong location		Chemotherapy left on top nursing station - not handed to staff member and nobody alerted to its presence.	Moved to a secure location - stored in correct chemo cupboard as was room temperature.	Staff moved chemotherapy when they saw chemotherapy into a secure location.	Unable to see what ISS member of staff left chemotherapy on top of nurses station. ISS manager informed.	None (no harm caused)	23/08/2020	Closed incidents
11346	15/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 10	Woolley, Natalie	Equipment/Medical Devices	Equipment malfunction		Patient's syringe driver turning off when being moved for checks.	Syringe driver machine was changed and replenished.	syringe driver was changed by nursing staff therefore no harm caused to patient	syringe driver care is being discussed at ward huddle, staff need to log the serial number of the syringe drivers to ensure that they are being checked properly before being put out to use again urgent field safety notice printed and put in staff communication folder	None (no harm caused)	22/09/2020	Closed incidents
11145	01/09/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 5	Williams, Kathryn	Communication	Between staff		STEP UP PATIENT - ON SLIDING SCALE INSULIN, ONLY ALLOWED SMALL SIPS OF WATER DUE TO BOWEL OBSTRUCTION. NEEDED URGENT DIETICIAN REVIEW ? TPN. CLINICAL INTERVENTIONS HAD A SLOT AT 1400, NEEDED TO KNOW BY 1300, UNABLE TO CONTACT DIETICIAN FOR URGENT REVIEW.	Please provide dietician with bleep.	Patient was reviewed by dietician at 16:00 on ward on day requested. Decision of PN feeding is not just down to the dietician and would require further input from the wider MDT including patient's consultant also. Issue of bleeps has been discussed at the Outstanding Ops meeting. The bleeps are being discussed with General Managers of the directorates.	Dietician reviewed patient and plan was in place. It wouldn't of been just the decision of the dietician to commence PN	None (no harm caused)	09/09/2020	Closed incidents
11288	10/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 10	Woolley, Natalie	Drug / Medication	Delayed administration		Patient has syringe driver in situ was due to be replenished at 11:45 on 10/09/20. When checked driver it still had 4:30Hrs remaining and had not been replenished.	Syringe driver replenished Sister in charge informed. Patient also informed	syringe driver changed and resited. syringe driver investigated.	ward manager to speak to staff member who was completing syringe driver checks to investigate if further training is required. unable to locate / track driver that was in use for investigation, will cascade message to ward staff about the importance of the checks and if faulty driver needs a EBME review before being used again to ensure driver is safe for use	None (no harm caused)	14/09/2020	Closed incidents
11133	27/08/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 1	Williams, Kathryn	Lab Processes	Interpretation delayed		BLOODS TAKEN AND SENT FOR PATIENT 1 AT 0100, WERE NOT REPORTED BACK UNTIL APPROX 0700, THEY WERE REQUESTED AS URGENT AS PT WAS IN STEP UP. bloods taken for patient 2 at 0500. not reported until	Datix made.	lab process incidents are being sent to LUHFT LCL weekly to review/comment	lab process incidents are being sent to LUHFT LCL weekly to review/comment	None (no harm caused)	09/09/2020	Closed incidents
10758	04/08/2020	Inpatient Wards	Ward 3	Not Applicable	Williams, Kathryn	Equipment/Medical Devices	Equipment malfunction		Call bell's all buzzing at once and not stopping even though patient's were not using the call bells. The constant call bell ringing meant we were unsure what patients actually needed care needs and resulted in patient's being kept awake and unable to sleep due to noise.	Explained and apologised to patient's affected on ward 3. Vinci contacted and x2 engineers came to ward. Unable to solve, they phoned manager. ANP contacted who came to help. Call bells stopped at 00:28 on 5/8/20	Ward manager has called Vinci this morning. Spoken to operator called Lisa. She has reported back that 32 engineer who has been to job has only logged it as fault on display pad. No further outcome of what happened or what was done. She will get back to ward 06/08/2020 Vinci looked into issue and couldn't find a fault as to why the call bells would be alarming. Issue resolved without any further action required from Vinci or Wandsworth	staff followed correct procedure. If to happen again staff to follow same procedure	None (no harm caused)	09/09/2020	Closed incidents

ID	Incident date	Department	Location (type)	Location (exact)	Manager	Category	Sub category	Please state other type of category	Description	Action taken	Action taken (Investigation)	Lessons learned	Severity	Closed	Approval status
11378	16/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 21	Woolley, Natalie	Drug / Medication	Delayed administration	nutritional	<p>Patient seen by a dietician yesterday afternoon was highlighted to needs an ng. At 4.30pm I was contacted to try and pass this however I was unsuccessful and handed over to the ward sister that lorazepam and more analgesia would be needed. Contacted the ward today at 14.30 as could not see any documentation to say it had been passed. I was informed by the ward nurse that she thought I would be coming back to pass this.</p> <p>I explained that this was not the case and if she needed any further support she should contact one of the ANPs. I explained that unfortunately I was on Wirral site today and the other nurse was in a busy on treatment review clinic.</p> <p>I am aware after speaking to the ward staff that they are short staffed and some members of staff on duty are very junior, however I am also aware that I brought this patient in on Monday evening for pain control and nutritional support and it is now Late Wednesday afternoon and he still does not have an NG insitu.</p>	incident form completed spoken to nurse in charge	<p>In hours the ANPs do not yet cover the wards. They can be contacted to support but this would not be immediate. From end of Sept one ANP will be covering the wards so they could be contacted for NGs etc.</p> <p>From documentation on the 15th it appears the dietician discussed nasogastric tube placement and the patient was initially reluctant but after discussion patient in agreement. Staff on the ward had multiple attempts and then contacted the head and neck CNS team who were also unsuccessful documented at 17.09</p> <p>Iv fluids requested</p>	staff to be educated to seek advice out of hours from medical team and ANPs and to datix if unable to insert on same day will discuss at ward huddle	Low (minimal harm caused)	22/09/2020	Closed incidents
10751	04/08/2020	Inpatient Wards	Ward 3	Not Applicable	Williams, Kathryn	Communication	To patient or carer		<p>Patient transferred to receive radiotherapy and subsequently received 1st cycle of EP (planned for 4 cycles) chemotherapy. Patient discharged without booking for subsequent cycle of chemotherapy. The issue was identified today when patient contacted not hearing about cycle 2 chemo which was due last week.</p>	Chemotherapy booked for tomorrow.	<p>Patient admitted to ward as msccc and was to be transferred back to warrington hospital. Due to planning issue within radiotherapy patient was delayed and required an overnight stay as an inpatient. Patient histology had confirmed diagnosis of seminoma and plan was for patient to start chemotherapy ep. Patient completed chemotherapy and was discharged home from ward on 15/07/2020. Patient discharged without appointment for his next chemotherapy. This was only discovered when patient called ward enquiring when his next would be.</p> <p>Patient should of been booked in for 3/52 time which meant he had been delayed. Patient was booked in for the next day and informed that he would be admitted to ward 2. Apologies were given to patient from his consultant and when he arrived on ward for his chemotherapy. Patient bloods had been taken for his chemotherapy and was found to have an aki he was given IV hydration and had chemotherapy the next day.</p> <p>Patients consultant has documented that the delay in the chemotherapy has not caused patient any harm.</p>	<p>All nursing staff on ward 3 have been asked to ensure that all patients are discharged home with a next appointment or a follow up appointment. They have been asked to escalate to a senior member of staff or ward manager if they are unsure what appointment is needed.</p> <p>Nursing staff have been sent an e-mail communication which informs them how to make an appointment via task and message on meditech.</p>	None (no harm caused)	23/08/2020	Closed incidents
11203	04/09/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 3	Taylor, Ms Alison	IT/IT Security	System Fault - Clinical		<p>Patient acutely unwell overnight- MET call put out and reviewed by team.</p> <p>required Chest X-ray. taken approx midnight.</p> <p>On-call doctors on site unable to view CXR on PACS system. They have tried multiple computers and different logins but when they click on the CXR on the system it just shows a clear, black screen</p>	<p>Unable to get in contact with on call radiographer to see if there is anything they can do from their side to pull the image through. Tried their mobile number three times- no answer, message left but no call back made yet.</p> <p>Contacted IMT who have logged the issue and are escalating it now.</p> <p>IMT responded within 10 mins- reporting Doctors use PACS vumotion program that is a "lite" version on wi-fi, IMT will speak with doctors in unit and download a better version onto their desktops and hopefully this will allow them to view the CXR's.</p> <p>They have also escalated this issue to Diagnostic imaging team</p>	IT investigating the issue	<p>Ongoing IT issues since the move.</p> <p>Some PACS updates this week</p>	None (no harm caused)	14/09/2020	Closed incidents
11309	13/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 12b	Woolley, Natalie	Drug / Medication	Stored in wrong location		<p>Whilst looking in patients belongings as patient had requested me to I found controlled drugs in a bag in her cupboard .</p>	<p>Patient unsure how long medication has been there as family have been sending clean clothes in bags. Meds counted and documented ,stored as per policy in CD cupboard.</p>	controlled medications signed in as per policy once found.	<p>patients property can be checked on admission if consent gained, checking property and signing in controlled medications on admission to be communicated to all ward staff at ward huddle.</p>	None (no harm caused)	14/09/2020	Closed incidents
10986	20/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 22	Williams, Kathryn	Equipment/ Medical Devices	Equipment malfunction		<p>Patients syringe driver replenished at 15:15 battery also replaced at this time. When checking syringe driver at teatime drug round driver was off. Turned pump back on and only 1 hour has gone from total 24 period. Syringe driver turned itself off again straight away. Patient driver changed to braun pump and syringe driver pump given to housekeeper to report.</p>	Given to housekeeper to report. Apologies given to patient.	<p>Correct procedure taken to remove syringe driver and report as faulty - Braun pump commenced as per protocol when no other syringe drivers available .</p>	<p>As policy to report syringe driver as faulty and to remove from stock - commence Braun pump as policy when no other syringe driver available .</p>	None (no harm caused)	25/08/2020	Closed incidents
11306	11/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 26	Brammer, Caroline	Drug / Medication	Prescribed for wrong patient		<p>When doing 2pm medication round discovered that calcium resonium had been prescribed for her when it should have been prescribed for a patient in step up 5.</p> <p>Prescribing error</p>	<p>Alerted doctor it had been prescribed in error on the wrong patient.</p>	<p>Ward 3 manager - from a nursing / ward point of view the nurses seen it knew straight away it was on the wrong patient and alerted the prescriber.</p> <p>Patient details and doctor name have been sent to CD who will liaise with their doctors educational supervisor to pick up and address with the individual doctor</p> <p>Educations supervisor has spoken with the doctor and the doctor is really sorry about it. They discussed the lessons learnt from this incidence and the steps she could take in future to minimise the chnsces of having these kind of incidence. The doctor will reflect on it in her portfolio also. (Email from educational supervisor in docs)</p>	<p>Importance of doctors checking that they are prescribing medications for the correct patient</p>	None (no harm caused)	24/09/2020	Closed incidents
11412	17/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 21	Richardson, Pam	Drug / Medication	Missed dose		<p>Patient prescribed Jevity 1.5kcal enteral feed via his nasogastric tube but no enteral feed available on the ward so patient ended up having to be prescribed IV fluids instead.</p>	Further stock of Jevity 1.5kcal to be ordered for the ward.	<p>There are currently storage issues for feeds on supplements at ward level due to lack of a central store managed by Pharmacy following the move to CCC-L We are currently meeting with Matron, Medical Device and Commodities manager, Pharmacy and the ICD Directorate Services Manager in order to resolve this issue. The group have now identified a suitable room to be used as a Central store on ward 3 for feeds and supplements for all wards. Once this room has AC/temperature controlled it can be brought in to use for this purpose</p>	<p>Storage space in CCC-L is limited and inferior to what was available at CC-W. However, we have now identified a solution and a suitable room for the storage of feeds and supplements which will be topped up and managed by Pharmacy staff has now been identified which will come in to use as soon as possible following a minor works request.</p>	None (no harm caused)	21/09/2020	Closed incidents
11134	28/08/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 1	Williams, Kathryn	Lab Processes	Interpretation delayed		<p>bloods sent at 1 am not reported until 0730 requested as urgent</p>	datix completed	lab process incidents are being sent to LUHFT LCL weekly to review/comment	lab process incidents are being sent to LUHFT LCL weekly to review/comment	None (no harm caused)	09/09/2020	Closed incidents
11432	20/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 22	Woolley, Natalie	Other	No appropriate category available	Missing sample	<p>Since admission patient has had 3 covid swabs sent to microbiology and no results received. Contacted microbiology they state they have not received any swabs.</p>	Another swab requested and sent today.			None (no harm caused)		Being reviewed

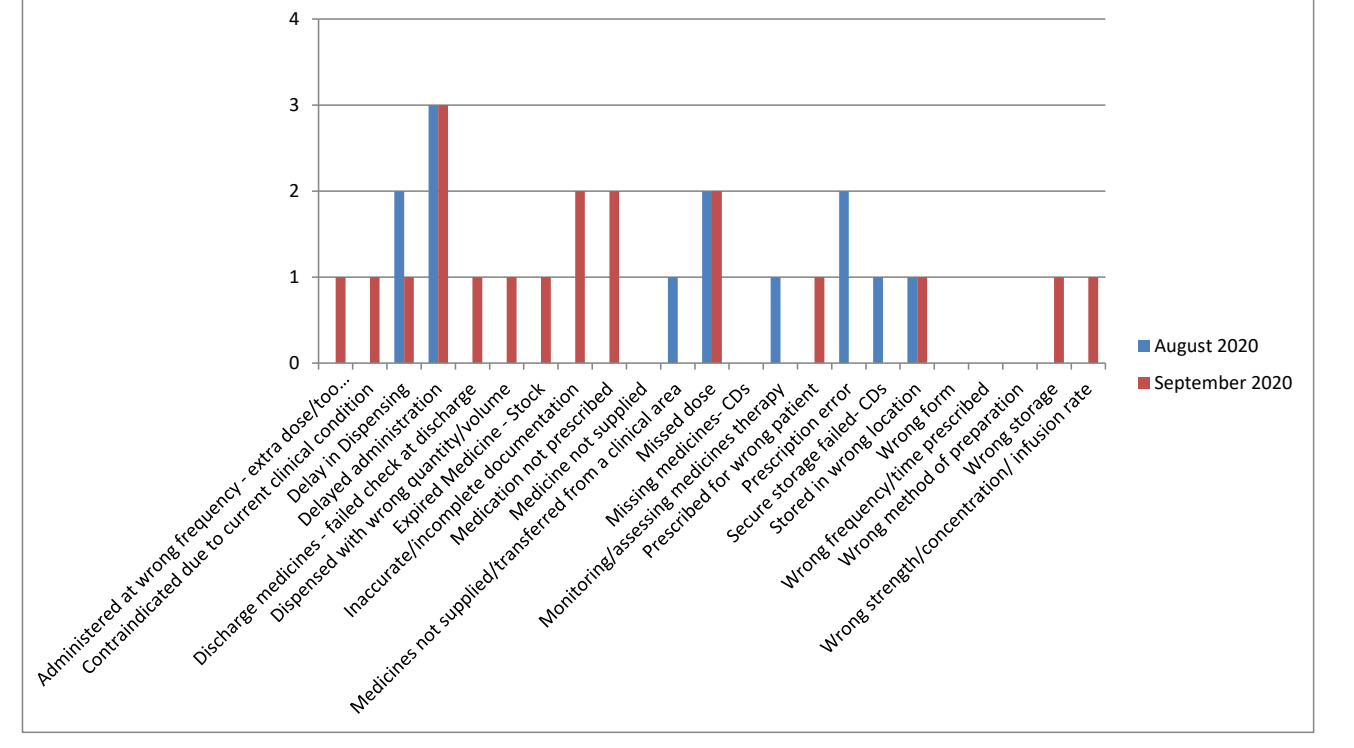
ID	Incident date	Department	Location (type)	Location (exact)	Manager	Category	Sub category	Please state other type of category	Description	Action taken	Action taken (Investigation)	Lessons learned	Severity	Closed	Approval status
11166	02/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 14	Doherty, Caroline	Drug / Medication	Delay in Dispensing		Patient with intractable nausea preventing insertion of NG tube for nutritional support. Reviewed by palliative medicine consultant at 10.30 and plan made to alter CSCI with higher dose of metoclopramide- handed over to staff nurse to change CSCI immediately so that the patient could have an NG tube inserted after 3 hours (the time required for the CSCI to take effect). Patient reviewed again at 3pm- CSCI not changed- has in fact run out entirely, so now no medication running. When asked, the staff nurse reports that the wards have no stock of metoclopramide for injection. She requested it from pharmacy as soon as the request for the change in syringe driver was made (4 hours ago) and none has arrived on the wards.	I have spoken to pharmacy and explained that the syringe driver for this patient is now empty, not to mention the fact that other syringe drivers across the wards will need replenishing with metoclopramide this afternoon. I have asked for it to be delivered to the wards immediately	Can you please investigate	can you please investigate	Low (minimal harm caused)		Being reviewed
11246	07/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 8	Woolley, Natalie	Drug / Medication	Wrong strength/concentration/infusion rate		Patient prescribed Co-danthromer 75mg/1000mg Oral suspension 5-10mL BD. Signed for on MAR on the 7th September at 20:59. Patient incorrectly given 10mL co-danthromer from ward stock 25mg/200mg.	Discussed laxatives with patient and at home he was taking co-danthrusate 5mL OM and 10mL ON which he had supply with him. Informed Dr's and nursing staff of error and got Dr to DC co-danthromer and prescribe co-danthrusate.			None (no harm caused)		Being reviewed
11560	28/09/2020	Inpatient Wards	Ward 3	CD Cupboard	Woolley, Natalie	Drug / Medication	Inaccurate/incomplete documentation		when measuring patients own CDs we measured 124ml tonight, when last measured on 13.9.20 the total was 137ml. CDs were not remeasured on sunday 20.9.20 due to high acuity on the ward.	datix made			None (no harm caused)		Being reviewed
11429	19/09/2020	Inpatient Wards	Ward 3	Not Applicable	Woolley, Natalie	Staffing	Lack of staff - Nursing		Staff phoned duty site ward manager to state they will not be coming into work tonight as they are sick, duty site manager informed myself that a member of staff has phoned in sick, unable to tell who, we looked in the staffing book however, was unable to recognise who had called in sick and what shift. Site manager stated that she would call back and let me know. This did not happen and a band 5 was notified rather than the band 6 on duty, not handed over to the band 6. Unaware that it was for tonight, as I did not know I was unable to sort staffing out for tonight. Band 5 put a request on ward group chat for an RN and this was the first I knew a staff nurse was off for the night shift. Due to lack of communication this made the ward short for RNs on the night shift. unsafe staffing	escalated to ANP on night shift.			None (no harm caused)		Being reviewed
11334	12/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 4	Woolley, Natalie	Documentation	Inadequate documentation		IV pantoprazole not signed for on mar 2 consecutive mornings (6am meds)but was hanging and patient stated they had it. 11/09/2020 12/09/2020	Highlighted to band 6 on shift and ward manager . Was asked to complete datix.			None (no harm caused)		Being reviewed
11445	21/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 12b	Woolley, Natalie	Drug / Medication	Missed dose		Escalated to myself by palliative care team. Zoledronic acid prescribed on 18/09 for hypercalcaemia (2.83). Not administered, bloods re-checked on 21/09 and corrected calcium raised to (3.04).	DATIX form completed and zoledronic acid re-prescribed for today.			Low (minimal harm caused)		Being reviewed
11508	23/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 6	Woolley, Natalie	Drug / Medication	Discharge medicines - failed check at discharge		Patient DB discharged home with another patients (RW) medication - I am aware that it was another patient who was in the room prior to this patient. Patient also wasn't discharged with pH strips despite having a nasogastric tube in situ.	Apologised to patient about both incidents. Patients wife returned to CCC-L last night o collect pH strips. Advised patient not to take Folic acid that as prescribed for other patient.			None (no harm caused)		Being reviewed
11248	08/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 6	Woolley, Natalie	Drug / Medication	Wrong storage		Was in process of completing medications reconciliation with patient and patient informs me that he has brought his own medication in with him and that it is in his locker. Laid out medication on the side and worked through them together with SCR and patient. Patient pointed out that he didn't recognise a two of the medications (Folic acid and Diffiam). On further inspection they belonged to another patient and must have been left in the locker.	Removed medication from patients locker and disposed of them accordingly.			None (no harm caused)		Being reviewed
11559	28/09/2020	Inpatient Wards	Ward 3	CD Cupboard	Woolley, Natalie	Drug / Medication	Dispensed with wrong quantity/volume		checking patients own CDs - noted that 200ml was signed in on 14.9.20 but 186 ml was remeasured tonight. CDs were not remeasured on sunday 20.9.20 due to high acuity on the ward.	datix made			None (no harm caused)		Being reviewed
11028	24/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 11	Montazeri, Amir	Drug / Medication	Prescription error		PRN dose subcut was not taken off prescription chart by medics. This led to a medication error Glycopyrronium bromide given 200 micrograms PRN when maximum was already in driver. (Glycopyrronium maximum dose in syringe driver)	Band 6 and ANP informed, datix completed			None (no harm caused)		Being reviewed
11410	17/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 9	Brammer, Caroline	Drug / Medication	Inaccurate/incomplete documentation		Patient prescribed treatment dose dalteparin on the 11/09/20. Query DVT. 'USS doppler arranged for Monday morning, for Tx dose dalteparin in meantime'. Patient had USS doppler on the 14/09/20. Treatment dose dalteparin continued.Prescribed for Pt on TTO on the 17/09/20. Queried result of doppler as could not see anything documented.	USS Doppler and patient reviewed and Dr decided that Dalteparin was not suitable for patient. Medication discontinued.	ICD gov lead has asked the reporter (pharmacist) who the prescriber was so we can review this.		None (no harm caused)		Being reviewed
11550	26/09/2020	Inpatient Wards	Ward 3	Unknown	Woolley, Natalie	Other	No appropriate category available	call bell alarms	Call bells on ward 3 are sounding for rooms on other wards - this has been reported over two weeks ago .It is disturbing patients on the ward and staff are trying to silence alarms but unsure where the alarms are coming from.	will report to vinci again .			None (no harm caused)		Being reviewed
11606	30/09/2020	Inpatient Wards	Ward 3	Ward 3 - Step up 3	Woolley, Natalie	Lab Processes	Specimen not received		CONTACTED VIROLOGY TO CHASE PATIENT'S RE-SWAB AS PATIENT IS CURRENTLY COVID POSITIVE AND FOR RAPID DISCHARGE TODAY LAB STATED THEY HAD NOT RECIEVED THE SWAB THAT WAS SENT ON SUNDAY ON SUNDAY 27/9/20 INFORMED INFECTION CONTROL OF THIS RE-SWABBED PATIENT 30/9/20 AT 10.30 SENT AS URGENT EXPLAINED THIS TO PATIENT ALL UNDERSTOOD AND CONSENTED TO RE-SWAB	AS ABOVE.			None (no harm caused)		Being reviewed
11608	30/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 4	Woolley, Natalie	Lab Processes	Specimen not received		CONTACTED VIROLOGY TO CHASE PATIENT'S SWAB LAB STATED THEY HAD NOT RECIEVED THE SWAB THAT WAS SENT ON MONDAY ON 28/9/20 INFORMED INFECTION CONTROL OF THIS RE-SWABBED PATIENT 30/9/20 AT 11.30 SENT AS URGENT EXPLAINED THIS TO PATIENT ALL UNDERSTOOD AND CONSENTED TO RE-SWAB	AS ABOVE.	Lab process incidents are going over to LUHFT LCL Labs but there is additional information required around: Lab tests ordered date/time sent over dob/name/nhs		None (no harm caused)		Being reviewed
10867	10/08/2020	Inpatient Wards	Ward 3	Not Applicable	Greaves, Hannah	Drug / Medication	Prescription error	Prescription change	On Saturday 8th August I noted patient currently being treated for myocarionis had been prescribed 60mg of Prednisolone to be commenced Sunday 9th August. Due to patient's high BMI and severity of toxicity I discontinued prescription fo5r Prednisolone 60mg and prescribed 150mg (1mg/kg) to start Sunday 9th August. Tapering course prescribed from 150mg to 5mg.I sent an email to the on call team advising what I had done. I annotated on Meditech but annotation did not save. On Monday 10th August I attended Ward 3 to review patient regarding planned discharge home and noted my prescription for 150mg had been discontinued and 60mg re prescribed, no clinical annotation to say why. I contacted pharmacy to ask if my prescription could be reinstated but was told I had to re prescribe it which I did. Stat dose of 90mg Prednisolone precribed for that day as well as full tapering course. Patient kept as inpatient for a further night to ensure Trop T remained stable despite reduced steroid dose being given on Sunday 9th August.	Ward doctor informed. Pharmacist aware of plan. Patient advised of incident and reason for not being discharged home.	Pharmacy have reviewed and this was a junior doctor amending a steroid dose that had been recommended by the IO team leading to an additional night in hospital for the patient. I have asked for drs name so we can inform their educational supervisor and pharmacy will also feedback directly too. Awaiting contacts to progress with review		None (no harm caused)		Being reviewed

ID	Incident date	Department	Location (type)	Location (exact)	Manager	Category	Sub category	Please state other type of category	Description	Action taken	Action taken (Investigation)	Lessons learned	Severity	Closed	Approval status
11500	23/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 7	Brammer, Caroline	Drug / Medication	Administered at wrong frequency - extra dose/too soon		Rang by ward nurse during medical handover regarding giving LMWH. States he was due a procedure tomorrow but has known PEs and due to meditech downtime it was not clear on medication print outs whether he was to have his treatment dose LWMH or not. Discussed with SPR on call whilst on phone who stated as known PEs and uncertainty of whether to be given then safer to give. During handover patient was discussed and it was highlighted that plan was for LMWH not to be given.	Contacted ward immediately but unfortunately dose had been administered. Ward doctors have emailed the team doing the intervention so they are aware. NOK to be informed on day shift.	ID Gov Lead has contacted pharmacy for drs involved as the dose on meditech had not been reduced and that is why it would not have been on the print out when meditech was down so patient ended up getting the dose. Awaiting this information to progress		None (no harm caused)		Being reviewed
11386	16/09/2020	Inpatient Wards	Ward 3	Ward 3 - Room 25	Woolley, Natalie	Equipment/ Medical Devices	Misuse of equipment		Patient put on a 15l non-rebreather (NRB) by staff nurse as high flow machine reportedly alarming & staff weren't sure if it was still delivering oxygen. Bleeped & made aware of the above. When I arrived patients 15l NRB was attached to an air flow meter on the wall not an oxygen flow meter.	I removed the air flow meter & immediately placed the patient back on oxygen therapy via the 15l NRB. Patient switched back on high flow with no apparent problems. Saturations above target range. Ward manager made aware.	Forwarded to ward manager to investigate	Needs to be investigated	None (no harm caused)		Being reviewed
10842	11/08/2020	Inpatient Wards	Ward 3	Ward 3 - Room 20	Armitage, Nick	IT/IT Security	System Fault Clinical	meditech error	patient was tci on 7.8.202 for chemo, bloods were out of range so chemo started on 8.8.2020 with consultant authorisation chemo script originally for 10.8.20, changed on 8.8.20, for 8.8.20 cisplatin started at 1930 and therefore 5FU was administered after prescribed time, as per sequence. when administering chemotherapy for patient at aprox 0130 am (11.8.20), there was no chemo prescribed for 10th august - was running behind. therefore I signed for the chemo on he 11th as it was technically the 11.8.20. When it came to administering final bag of chemo it was not available on meditech. the purpose of this datix is to document that sometimes meditech will let you sign for a drug after midnight i.e chemo running late etc, and sometimes it does not. This chemo could have been missed, it was not missed due to the staff on the ward recently being on shift and being aware of the chemo script being changed to start on 10.8.20 to 8.8.2020 patient details attached so this can be looked in to	on 11.8.2020 pm it was noted that there was no chemo available for tonight / early am on script escalated to reg who advised to call on call pharmacy on call pharmacy rectified the issue & advised to datix	investigating	investigatng	None (no harm caused)		Being reviewed

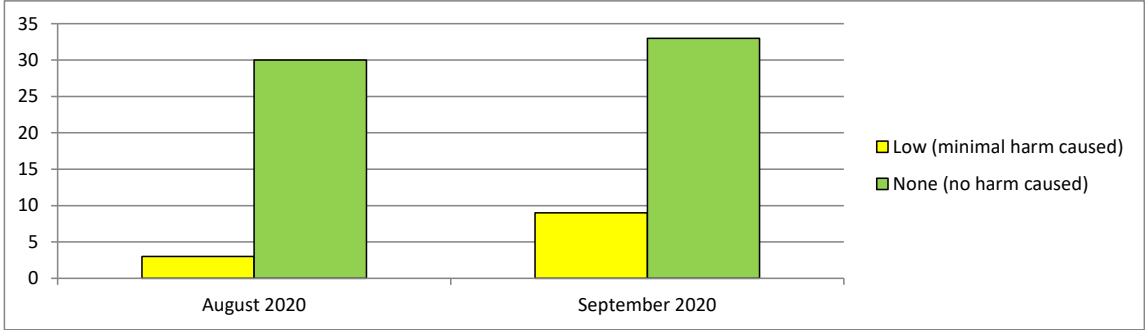
Ward 3 incidents by category & month	August 2020	September 2020	Grand Total
Blood Product			
Communication	1	2	3
Documentation	2	1	3
Drug / Medication	13	19	32
Equipment/Medical Devices	3	4	7
Infection Control			
Inoculation (needlesticks, sharps, splash injuries etc)	1		1
IT/IT Security	1	1	2
Lab Processes	5	3	8
Other		2	2
Patient accident/falls	1	3	4
Patient wound (Not PU)	1	1	2
Pressure Ulcer	1	3	4
Safeguarding/DOLS			
Staff/visitor accident/falls	1		1
Staffing		1	1
Transfer/Discharge	2	1	3
VTE	1	1	2
Grand Total	33	42	75



Ward 3 drug/medication incidents by sub category & month	August 2020	September 2020	Grand Total
Administered at wrong frequency - extra dose/too soon		1	1
Contraindicated due to current clinical condition		1	1
Delay in Dispensing	2	1	3
Delayed administration	3	3	6
Discharge medicines - failed check at discharge		1	1
Dispensed with wrong quantity/volume		1	1
Expired Medicine - Stock		1	1
Inaccurate/incomplete documentation		2	2
Medication not prescribed		2	2
Medicine not supplied			
Medicines not supplied/transferred from a clinical area	1		1
Missed dose	2	2	4
Missing medicines- CDs			
Monitoring/assessing medicines therapy	1		1
Prescribed for wrong patient		1	1
Prescription error	2		2
Secure storage failed- CDs	1		1
Stored in wrong location	1	1	2
Wrong form			
Wrong frequency/time prescribed			
Wrong method of preparation			
Wrong storage		1	1
Wrong strength/concentration/ infusion rate		1	1
Grand Total	13	19	32

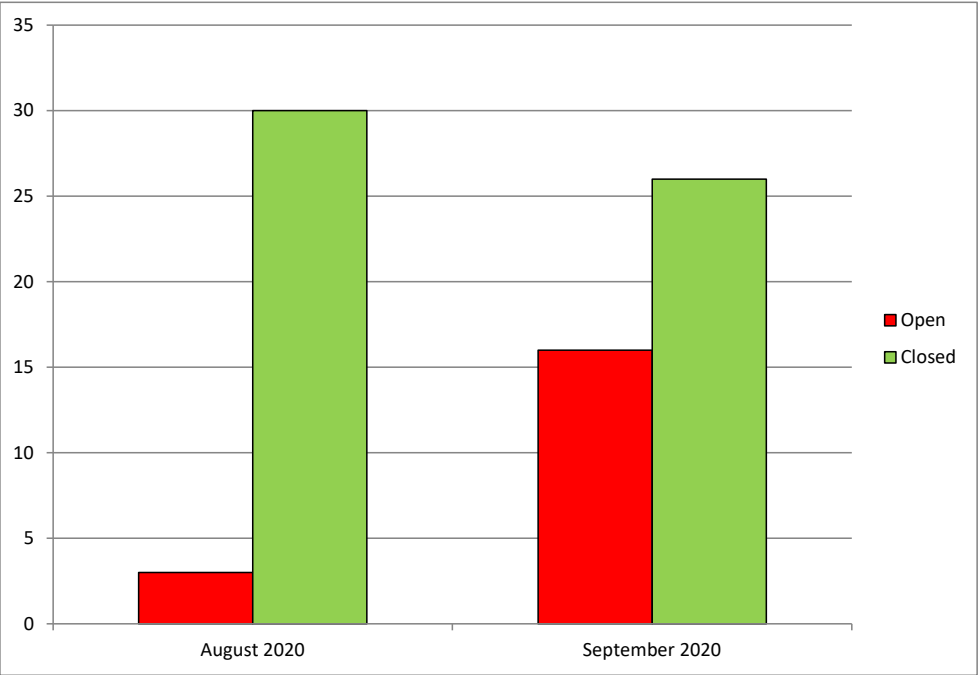


Ward 3 incidents by severity and month	August 2020	September 2020	Grand Total
Low (minimal harm caused)	3	9	12
None (no harm caused)	30	33	63
Grand Total	33	42	75



Ward 3 incidents by status	August 2020	September 2020	Grand Total
Open	3	16	19
Closed	30	26	56
Grand Total	33	42	75

Across ward 3 there are 19 incidents ‘being reviewed’ from August to September 2020. All of which are no harm with 2 low harm. All incident harm levels are reviewed daily. Any moderate/severe harm are picked up in real time and a 72 hour review (immediate investigation) would proceed. The directorate governance lead is working closely with ward managers, pharmacy and medical leads to ensure incidents are assigned to the appropriate colleagues. Incidents categorised ‘drug/medication’ errors are now sent to ward managers and educational supervisors so the issue can be addressed with the individual staff member. The inpatient wards, pharmacy and IM&T have task and finish group to help address medication error incidents. There is also some collaboration work that will be taking place. Pharmacy are devising a Microsoft form survey for the nurses to gain some quick feedback around usability/visibility of medication rounds on Meditech. Lots of great work taking place that will lead to improved working for staff and our patients. All incidents are reported and monitored monthly at directorate quality & safety meeting. We are developing rapports with LCL Labs to review and address lab process incidents across this shared service and have agreed a reporting process. The Trust will soon be moving to datix icloud and there has been a considerable push and effort to manage incidents in a timely manner. This is a continued piece of work in the directorate supported by the clinical governance lead



Harm Free Care (Pressure Ulcers and Falls) Ward 3: August & September 2020

Pressure Ulcers (PUs) Ward 3 - Total = 2					
Month	Date and detail of Pressure ulcers reported	CCC attributable Y or N	Date discussed at harm free meeting	Level of harm determined at harm free meeting	Comments
August 2020	30/8/20 X1 Category 1 PU CCC attributable	Y	Sept 2020	Low harm no lapse in care	No further comments
September 2020	26/9/20 X1 Moisture lesion	N/A	5 Oct 2020	No harm no lapse in care	No further comments
	25/9/20 X1 Moisture lesion	N/A	5 Oct 2020	No harm no lapse in care	No further comments
	25/9/20 X1 Category 2 Medical device related PU to ears CCC attributable	Y	5 Oct 2020	Low harm with lapse in care	Device related PU to ears as result of high flow O2 tubing slipping down patients head and on to ears. As well as original padding for high flow oxygen used, further additional measures added to ensure ward staff utilise padded O2 tubing and regular checking of ears for PUs when patients on continuous & ad hoc high flow O2 . Trust wide comms briefing also circulated reminding staff about potential risk of PUs due to medical devices.(Patient changing constantly from high flow to standard oxygen delivery due to unstable clinical condition)

Falls Ward 3 – Total = 2					
Month	Date and detail of falls reported	Date discussed at harm free meeting	Level of harm determined at harm free meeting	Comments	
August 2020	No falls during August 2020				
September 2020	10/9/20 Unwitnessed fall.	5 Oct 2020	No harm no lapse in care	No further comments	
	15/9/20 Witnessed fall in ensuite bathroom	5 Oct 2020	No harm no lapse in care	No further comments	