

Agenda Item: 3.i

Report to:	Board of Directors	Date: 1 st November 2018
Report from:	Chief Nurse and Medical Director	
Principal Objective/Strategy and Title:	GOVERNANCE: COMBINED QUALITY REPORT Patient Safety, Effectiveness of Care, Patient Experience and DIPC	
Board Assurance Framework Entries:	Unable to provide safe, high quality care BAF numbers: 742, 675, 1511 and 1878	
Regulatory Requirement:	CQC	
Equality Considerations:	None believed to apply	
Key Risks	Non-compliance resulting in poor outcomes for patients and financial penalties	
For:	Information	

1. Purpose/Background/Summary

The Medical Director and Director of Nursing would like to highlight the following in addition to the Papworth Integrated Performance Report (PIPR) to the Board:

2. Safety-Safer Staffing (BAF 742) September:

Trust wide	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	83.8%	113.4%	87.8%	119.7%
WARD	REGISTERED DAY	UNREGISTERED DAY	REGISTERED NIGHT	UNREGISTERED NIGHT
CMU	77.85%	103.15%	99%	105%
HEMINGFORD	94.9%	110.66%	100%	115.7%
CF WARD	101.75%	146.98%	106.04%	0 hours as demand but actually had 84 hours worked
HUGH FLEMING	75.35%	96.2%	77.7%	92.4%
MALLARD	78.8%	140.9%	95.2%	182.8%
RSSC	56.48%	73.75%	74.6%	92.2%
VJ	78.1%	176.2%	92.3%	178.6%
CRITICAL CARE	102.9%	101.8%	57.2%	70.8%
DAY WARD	89.8%	70.5%	0	0

Exception report:

CMU: RN vacancies and sickness, where required co-ordinator taking patients to maintain safety.

Hugh Fleming: Overseas pre-reg providing direct care supported by co-ordinator, supernumerary ward sister and CPD staff as required.

Mallard: Overseas pre-reg nurses providing direct care supported by co-ordinator, supernumerary ward sister and CPD staff as required. Unregistered required for enhanced care requirements.

Varrier Jones: Overseas pre-reg nurses providing direct care supported by co-ordinator, supernumerary ward sister and CPD staff as required. Unregistered required for enhanced care requirements.

CMU: Hemingford: Unregistered staff required for enhanced care requirements.

CF Ward: Overseas pre-reg nurses in B4 positions whilst they await their registration, predominantly supernumerary to RNs in this area. HCSW demand for night shift is zero * B4 nurses worked nights as part of their preparation for registration (84 hours).

RSSC: RN vacancies – bed capacity and patient activity managed to ensure safety.

Day Ward: Staffing levels adjusted to activity levels, overnight beds now closed, patient relocated to inpatient areas.

3. DIPC (BAF 675):

The DIPC would like to draw the attention of the Board to the following water safety concerns:

1. Pseudomonas in critical care

Adverse water results were received following routine 6 monthly water sampling in Critical Care (3rd October 2018), showing high levels of Pseudomonas Species in 16 out of 44 outlets sampled. Key areas were staff WC's, side rooms 1, 2 and 17.

The immediate steps being undertaken are as follows:

- Critical Care staff notified to undertake the following:
- Stop use of outlets for patient contact
- Staff to use outlets for hand washing but to follow up with hand gel. This has been implemented across critical care and theatres
- Wipes to be used for patient washing
- Taps within infected outlets to be removed, de-scaled, sterilised, and then replaced, and areas with a positive to be re-tested. Daily flushing to continue in line with standard practice.

Following discussion it was agreed that there was no foreseeable risk to staff working in the area as long as correct hand hygiene practice is adhered to.

Water re-testing on 15 October 2018:

The results have been received for the areas in critical care that were testing positive for Pseudomonas following remedial work undertaken and re-sampling.

6 outlets in 3 areas are showing very low counts, and all other areas are negative. The three areas still showing counts are room 1, the disabled WC and staff kitchen area toilet.

The immediate actions to be taken are as follows:

- Continue to keep all original outlets out of use for patient contact, and continue to use hand gel
- The areas still showing the positive count will be re-treated and then re-sampled
- The negative areas will be re-sampled 2 weeks post remedial works (end of October), then 4 weeks post remedial work, before returning to the routine 6 monthly testing

2. Legionella in Transplant outpatients

The water safety group convened following the meeting held on 28th September regarding a positive Legionella result in Transplant Outpatients.

Samples were taken from the clinical areas, and have returned positive results in:

- Clinic Room 5 (pre and post flush)
- Men's toilet area in reception
- Staff Kitchen
- Utility (pre and post flush)

All of the above areas are on the same hot water supply.

Immediate actions:

- An investigation was undertaken on the water supply. It was found that the hot water calorifier de-stratification pump was faulty and the water at the bottom of the tank was found to be at approximately 40°C.
- The tank was drained and the temperature increased to 70°C to pasteurise the system.
- The expansion vessel on the system is operating correctly but has signs of scale. A new vessel has been ordered to be replaced on 11th October. This will be added to the flushing regime.
- On Saturday 13th October the hot and cold water systems will be chlorinated for the entire transplant area. The chemical will be circulated in the system until Sunday morning when it will be removed, and the entire system flushed to ensure removal.
- All outlets will be flushed daily.
- The area will then be re-tested on Tuesday 16th October.
- Clinic Room 5 has been taken out of action.

A follow up meeting will be arranged following receipt of the required re-test results.

Bed closures for IPC issues: There were no lost bed days due to IPC issues in September 2018.

4. Inquests/Investigations:

Patient A

Patient previously underwent cardiac surgery in 1988 and in 2016 developed severe ischaemic mitral regurgitation. The patient was admitted for redo sternotomy mitral valve surgery in June 2017. Admitted post operatively to critical care and remained unstable and died.

Medical Cause of Death:-

- 1a) Heart Failure
- 1b) Ischaemic heart disease (previously operated on) and mitral valve regurgitation (operated on).

Narrative Conclusion:

Patient died from heart failure on a background of longstanding ischaemic heart disease and mitral valve disease.

Note – Clinical Governance Manager has met with the Chief Coroner for Cambridgeshire and Peterborough to ensure the Trust has been notified of all coroner's investigations. There are a number

of investigations and inquests that have been closed but we have not received formal notification currently. Total outstanding inquests will be reported next month when the figure has been verified.

5. PIPR Safety KPI review

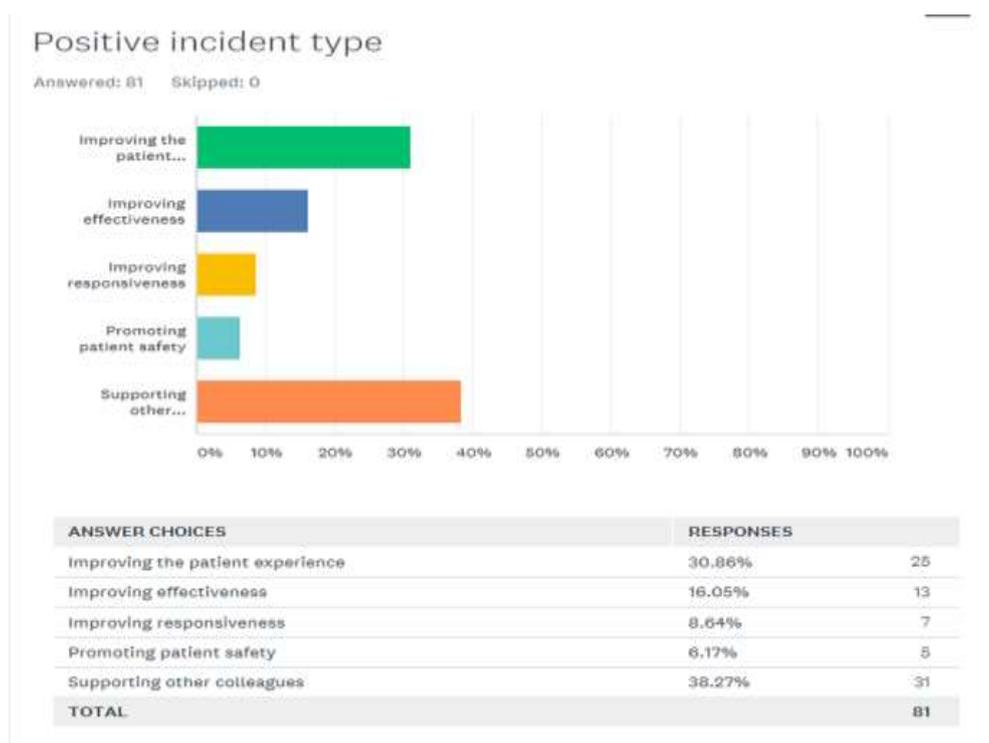
Following the decision at the last Board meeting to move the Serious Incident Dashboard KPI to the additional KPI section on the safe domain, the Quality and Risk (Q+R) committee have been charged with recommending further dashboard KPIs. Q+R meet on the 20th November and will review data and benchmarking information on the following;

- Fall with harm
- Pressure Ulcers (hospital acquired)
- Care Hours Per Patient day
- Medication errors
- MRSA bacteraemia
- Gram negative Bacteraemia
- High impact interventions
- CVC related infections
- Learning from deaths / avoidability
- Sepsis 6

The committee will also have the opportunity to view and benchmark other Trusts dashboards. In addition to this the 'greyed out' sections of the additional KPIs will be reviewed to consider adding a target rather than for monitoring only. The Board will then receive the recommendation for change at the December meeting with implementation in the December PIPR, reported in January 2019.

6. Laudix update

At the end of September 2018, the Trust introduced *Laudix*, a positive reporting program. Since the first Laudix entry on the 25th September, the Trust has received 81 incidents. The system is designed to celebrate positive incidents with the manager and the staff member receiving an email. The team are now working to automate the processes.



Recommendation:

The Board of Directors is requested to note the contents of this report and agree with the SI KPI change in PIPR.