Agenda Item: 3.iii

Report to:	Board of Directors	Date: 3 September 2020
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 Chief Nurse would like to highlight the following in addition to the Papworth Integrated Performance Report (PIPR) to the Board:

2. Quality and Risk Committee Exception report and Escalation August 2020

The Chief Nurse and Medical Director have no matters to escalate to the Board as the information is sufficiently summarised in Chair's Report.

3. DIPC Report (BAF 675)

In addition to the Chair's report the Chief Nurse and Medical Director would like to report the following:

Visiting is still in a heightened security mode for both professional and patient visitors. It is hoped that this will be reviewed and lifted to a Living with Covid mode within the next month when our Covid secure restaurant is in place. Visiting has remained restricted as our priority has been to keep our patients and staff safe and minimalise footfall through the building. Visiting has been allowed for patients in exceptional circumstances and through individual care planning.

New PHE IPC guidance has been received. This recommends 3 patient pathways instead of 2. It is worth noting that this is only guidance on how Trusts could organise their pathways, and the IPC team are working through the implications of this to consider whether this would inhibit productivity.

4. COVID-19 Staff Debrief Project.

Royal Papworth Hospital has undertaken a project review of the management of the Covid-19 pandemic. The purpose of the project was to provide insight for improvements in process and approach, and to help the Trust build upon and retain what went well, in order to aid future response, in particular a second surge of Covid-19. This has provided insight on key themes and identified tasks or topics that require leadership attention. These were presented to the Emergency Preparedness Meeting on 24th August 2020 who agreed on the following Task and Finish Groups:

• Staff Deployment Group (including Staff Resilience)

Will look at how to improve processes for the redeployment of staff in response to an emergency situation. This will include the induction and training of redeployees, rostering, communications, line management, psychological support, and facilities for redeployees. Roles and responsibilities in relation to redeployment and additional capacity will be considered.



• Roles and Responsibilities Group

This will ensure that all roles required in a response to a second surge are covered. This will be a wide review to encompass Critical Care, Clinical Decision Cell, the Emergency Planning Resilience and Response role and admin support within the Command and Control set up.

Resource Planning and PPE Group

Review of the equipping of the physical environment; this will include health & well-being of staff with regards to tissue viability and will review the mode of communication to staff re PPE supply/issues.

Other groups will cover

- Communications
- Documentation

There is a short time-line on this as we need to be prepared to step up again if necessary to expand critical care beds. The expectation is that the work will be completed by the end of September as we are keen to assure staff we are acting on their feedback.

5. Inquests/Investigations:

No new inquests have been heard since the last Board meeting.

The Trust currently has 52 Inquest Investigations/ Inquests ongoing. Three cases are with out of area Coroner's.

Recommendation:

The Board of Directors is requested to note the contents of this report.