Agenda Item: 3.ii

Report to:	**Board of Directors**	**Date: 1 July 2021**
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 and approval**	

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 June 2021**
The Chief Nurse and Medical Director would like to bring to the Board's attention the Chair's report from the Q&R Committee meeting held on 24th June 2021.

3. **DIPC Report (BAF 675)**
IPC Annual Report - The Board is asked to note the IPC Annual Report (Appendix 1).

4. **Fit Testing and FFP3**
A letter was issued to all acute Trusts on 17/06/21 from the Department of Health & Social Care regarding FFP3 resilience (Appendix 2) in the acute setting, outlining five resilience principles which all Trusts have been asked to consider and implement. The Lead Nurse for Infection Prevention and Control (IPC) has considered our resilience and a paper was shared with Executive Directors on the 22nd June 2021.

The following next steps were identified:

1. Identify an FFP3 resilience lead/champion within the trust and develop an implementation plan- Lead Nurse IPC will be the Trust's lead and the IPC team will develop a plan to maintain the resilience.
2. Start using ESR to record all fit testing outcome and usage data at an individual level. This should include all historical data and be updated with any new changes.- IPC to work with workforce to implement all data on ESR.
3. Increase the number of masks an individual is fit tested too and ensure the different masks are available to the user to wear interchangeably- to work with procurement on the selection of masks available. To identify on ESR how many masks staff are fit tested to and manage according to guidance.
4. Implement and support a fit testing solution to enable the above principles to be achieved for all existing staff and new staff who will be users of FFP3s.
5. Monitor progress against the above principles

The Trust has 2 fit testers who will work with procurement and the IPC team to ensure the above actions are completed.

5. NHS Cadets

The Trust has been exploring extending the volunteer workforce to include young adults and as such has offered to host one "Advanced Pathway" intake of 20 to 30 cadets which would commence 13th September 2021. This initiative is run in conjunction with St John Ambulance (SJA) who will provide a project lead and support worker for the Trust. SJA will be responsible for recruiting the cadets. The project lead and support worker would work in partnership with us in partnership with NHSE/I to develop the NHS Cadets Programme over a 12 month period. There is opportunity to expand the programme in the future should we wish to do so (for example, commence a new "Foundation Pathway" or add another Advanced Pathway intake).

There will be no financial costs for the Trust. Time will be required to host the Cadets and we will have control over Cadet allocations (thus providing the opportunity to account for placement capacity in areas), which can be to any areas of the Trust (clinical, estates, admin, catering, as examples). Staff giving their extra time will be regarded as SJA volunteers. SJA have plans in place should there be COVID restrictions at the time of commencing the programme and/or during a programme; and these have been tested/implemented throughout COVID where they already have NHS Cadets in place. Please see attached presentation (Appendix 3) for further information. Ivan Graham, our Deputy Chief Nurse will lead this initiative for the Trust, working closely with our PALS team who currently run the rest of the volunteer programmes across the Trust and the Widening Participation Team to encourage the Cadets to explore roles within the NHS.

6. Allied Health Professionals (AHP) Strategy

The Board is asked to approve the AHP Strategy, which was considered by Quality & Risk Committee on the 24th June (Appendix 4).

7. Continuous Positive Airways Pressure (CPAP) Devices

The Trust was made aware of an MHRA National Patient Safety Alert relating to Philips' ventilators, CPAPs and BiPAP devices causing potential harm to patients. Our operational teams are working closely with our clinicians to ensure patient safety and when appropriate, swap out the devices outlined in the Field Safety Notice. This situation has been escalated to the Regional Patient Safety Team and is being managed internally. We will keep the Board updated with information.

8. Inquests/Investigations:

Patient A

Thoracic surgical patient with an extensive past medical history, referred to Royal Papworth Hospital due to right sided chest abnormalities with lung collapse, infolded lung, pleural thickening and effusion. Following operations, the patient had a complex recovery and sadly died.

Medical cause of death:

1a Multi Organ Failure

1b Empyema of the right pleural cavity, lung fibrosis, thickening to the parietal and visceral pleura, bilateral bronchopneumonia, fibrinous pericarditis, chronic nephritis.

Coroners Conclusion: Narrative

Patient died from the combined effects of the progression of a naturally occurring disease and a known complication of a necessary medical procedure, contributed to by exposure to asbestos fibres in earlier life.

The Trust currently has 78 Coroner's investigations/inquests outstanding, with 6 out of area.

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