

Agenda Item: 3ii

Report to:	Board of Directors	Date: 28 March 2019
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:	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. Safety-Safer Staffing (BAF 742) February

The overall safe staffing fill rate for registered nurses is green for nights (96.1%) and just under the 90% green threshold for days (88.3%). Hugh Fleming and Mallard Wards fill rates were also impacted during Feb 2019 due to the Flu Outbreak bed closures and where appropriate staff were moved to other areas in support of the dynamic decisions made daily during the Outbreak Incident. Staff were adaptable and very supportive of each other during the Flu Outbreak.

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
CMU	83.0%	75.0%	101.9%	100.0%	615	9.3
HEMINGFORD & HDU	97.9%	102.2%	101.8%	182.7%	379	13.5
CF WARD	111.6%	101.4%	116.1%	-	259	11.0
HUGH FLEMING	56.2%	83.8%	71.8%	168.1%	454	10.8
MALLARD & PCU	83.8%	112.5%	89.3%	126.6%	753	13.3
RSSC	83.7%	56.6%	91.1%	73.1%	372	10.7
VARRIER JONES	87.0%	119.2%	95.1%	109.3%	931	9.7
CRITICAL CARE	100.5%	68.9%	101.4%	90.4%	831	35.8

Exceptions

Shaded red in the table below; five out of eight inpatient areas remain under the 90% fill rate for registered nurses on days and two (of the same five areas) also for nights.

Those areas that remain under the 90% fill rate for registered nurses are:

CMU (days): RN vacancies have increased slightly from Dec 2018 (34.9%) to Jan 2019 (36.9%). Sickness has further improved from 5.6% (Dec 2018) to 2.5% (Jan 2019)*. Gaps in fill rate mainly due to RN vacancies. Where required, co-ordinator taking patients to maintain safety. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD** is 9.3 which is higher than the benchmark threshold for RPH (7.8). This indicates that although the registered nurse fill rate is under the 90%, that the CHPPD are still being achieved.

Hugh Fleming (days and nights): RN vacancies have increased from Dec 2018 (14.2%) to Jan 2019 (23.2%). Sickness was 4.2% in Dec 2018 and 3.9% in Jan 2019. Some beds closed on ward during February due to a Flu Outbreak. Staff re allocated to other areas as appropriate (this also occurred at nights however staff not moved on the eRoster, which is being followed up by the Head of Nursing).

Mallard (days and nights): RN vacancies have increased slightly from Dec 2018 (10.8%) to Jan 2019 (13.4%). Sickness (4.3% Dec 2018; 5.4% Jan 2019). Some beds closed on ward during February due to a Flu Outbreak. Fill rate due to RN vacancies and sickness. 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. Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements.

RSSC (days): RN vacancies is a further month on month improved position from Dec 2018 (23.8%) to Jan 2019 (22.0%). Sickness (5.1% Dec 2018; 5.2% Jan 2019). There is a further improved RN roster fill rate position from previous month on days (77.2% Jan; 83.7% Feb 2019) and nights (84.0% Jan; 91.1% Feb 2019). Unregistered staff fill rate due to vacancies and sickness. Staffing levels and skill mix is monitored on a daily basis. Staffing levels adjusted as required for patient activity. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD is 10.7, which is better than the RPH benchmark threshold (of 7.8).

Varrier Jones (days): RN vacancies have increased from Dec 2018 (1.1%) to Jan 2019 (9.7%). Sickness was 2.9% Dec 2018 and 3.8% Jan 2019. Further improved RN roster fill rate position from previous month on days (82.3% Jan; 87.0% Feb 2019) and nights (88.7% Jan; 95.1% Feb 2019). Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements.

3. Ward Establishment reviews for New Royal Papworth Hospital

The nursing teams with support from finance and workforce teams have reviewed and set the new establishments ready for the new hospital. The new templates have been drawn up and being populated with staff. Each ward staff member has been informed where they will be working in the new hospital.

Current Ward	New Ward	Previous Average CHPPD	New RPH CHPPD	Context
Hugh Fleming Varrier Jones	3 South (cardiology)	6.08 / 9.51	7.8	The staffing of three areas will be managed in one area. The new area will include a higher level care area and HDU patients will move to

Hemingford / HDU				Critical Care
Critical Care	Critical Care	31.22	31.4	Additional HCSW hours to aid with larger environment.
Mallard	5 North (Cardiac Surgery and transplant)	9.68	9	To include all transplant patients To include the pre op IHU patients.
Varrier Jones	5 South (Cardiac and Thoracic Surgery)	9.07	9	
Cystic Fibrosis and Thoracic Medicie	4 North East and 4 South (thoracic medicine)	7.81 / 8.68	6.6 / 8.7	Different patient case mix to include ambulatory care and an increased CF capacity.
RSSC	3 North	6.8	7.2	Increase of PCP bed provision.

4. DIPC (BAF 675):

Hand Hygiene and PPE

NHS England and NHS Improvement have released a new hand hygiene and PPE policy (March 2019). The IPC team have reviewed this alongside the current trust procedures and have amended the following:

- Referenced added to DN089 Isolation and standard precautions procedure, DN441 Personal protective equipment procedure and DN009 Hand hygiene procedure
- Email sent to Theatres and Cath labs and advised them to review and update their local procedures in line with this policy
- The Infection Control procedures are fully compliant with this policy

C.diff

NHS Improvement have issued the following guidance:

Clostridium difficile infection objective for NHS organisations in 2019/20 and guidance on the intention to review financial sanctions and sampling rate from 2020/21. As a result the IPC team have done the following:

- Reviewed and revised the RCA tool and added in the extra recommendations
- Noted the increased trajectory which is 11 for 2019/20
- Noted changes to C.diff reporting. Cases detected on day 3 of admission will now require an RCA. Day 1 being date of admission regardless of time.
- If a case of C.diff is detected in the community and the patient has been an inpatient in the trust within the last 4 weeks, an RCA is required.

Any changes have also been updated in the relevant IPC procedures.

5. Inquests/Investigations

Patient A

Patient admitted from cardiac surgery pre-admission clinic due to severe heart failure and fluid overload. Aortic valve replacement and coronary artery bypass grafting carried out when it was noted that tissues very friable due to previous radiotherapy. The patient had complicated post operative

period suffering cardiac tamponade and haemodynamic instability. Patient commenced on VA ECMO but sadly their cardiac condition was irrecoverable and the patient died.

Inquest held in December 2018 with no witnesses called and the Trust not informed until February 2019.

Coroner's Conclusion: Medical misadventure.

Medical misadventure relates to the fact that essentially the medical treatment caused the death arising from some unnatural event which was neither unlawful nor intended by the deceased to result in death.

The Trust currently has 32 Coroner's investigations/inquests pending with 9 out of area.

6. Medicines Optimisation Strategy

The Board are asked to ratify the refreshed Medicines Optimisation Strategy (Appendix 1).

Recommendation:

The Board of Directors is requested to note the contents of this report and ratify the Medicines Optimisation Strategy.