

Agenda Item: 3.i

|   |   |                                      |
|---|---|--------------------------------------|
| Report to:                              | Board of Directors  | Date: 6 <sup>th</sup> September 2018 |
| Report from:                            | Director of Nursing and Medical Director  |                                      |
| Principal Objective/ Strategy and Title | <b>GOVERNANCE:<br/>COMBINED QUALITY REPORT<br/>Patient Safety, Effectiveness of Care, Patient Experience and DIPC</b> |                                      |
| Board Assurance Framework Entries       | Unable to provide safe, high quality care<br>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) July:**

Staff continue to work flexible to maintain safety across all areas of the Trust. Staffing is reviewed during the morning safety briefing and updated throughout the day. The Duty Matron has oversight of the whole hospital and manages the staff accordingly. The Trust wide safer staffing fill percentage was:

|                                    | Day  |                                    | Night  |                                    |
|------------------------------------|--|------------------------------------|--|------------------------------------|
| Trust wide                         | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
|                                    | 81.5%  | 105.2%                             | 80.9%  | 126.8%                             |
| Ward by ward percentage fill rate: | Day  |                                    | Night  |                                    |
| Ward name                          | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| CMU                                | 85.8%  | 96.8%                              | 98.3%  | 98.4%                              |
| HEMINGFORD & HDU                   | 97.1%  | 112.1%                             | 100.3%   | 177.1%                             |
| CF WARD                            | 91.0%  | 147.2%                             | 100.0%   | -                                  |
| HUGH FLEMING                       | 75.4%  | 90.5%                              | 67.6%  | 90.3%                              |
| MALLARD & PCU                      | 79.1%  | 113.6%                             | 92.0%  | 166.2%                             |
| RSSC                               | 58.8%  | 85.5%                              | 80.2%  | 122.2%                             |

|                  |        |        |       |        |
|------------------|--------|--------|-------|--------|
| VARRIER JONES    | 68.9%  | 159.9% | 89.8% | 146.6% |
| CRITICAL CARE    | 101.6% | 59.8%  | 99.7% | 86.9%  |
| CARDIAC DAY WARD | 75.9%  | 81.6%  | 0.0%  | -      |

**Exception report:**

Cardiology wards: Hemingford and Hugh Fleming wards have been working together to provide safe cover across the 2 area. The ward areas are supporting pre-registration overseas nurses who are counted in the unregistered numbers for safer staffing.

Thoracic medicine: CMU has maintained patient safety during the day shift by utilising the Co-ordinator role in direct patient care. CF ward have a high percentage of unregistered staff as this include 4 pre-registered nurses whilst awaiting registration. RSSC have maintained safety by adjusting activity.

Surgery: Varrier Jones (VJ) ward have a cohort of pre-registered nurses counted in the unregistered work force. The safety has been maintained by the PP senior nurses working on the ward.

Cardiac Day ward: Cardiac day ward is no longer open at night (in line with New hospital model). Staff have worked on other areas throughout the month to help maintain safety across cardiology as a whole.

**3. DIPC (BAF 675):**

Please see PIPR for reportable organisms report.

There has been an increased incidence of C-Diff in July and August 2018, with 3 cases reported. On the 10<sup>th</sup> August the Trust was joined by the IPC Matron from the CCG to discuss this. It was decided that this was incidental, as the time line demonstrated that the patients did not cross in any area at any time. This increased incidents coincided with increased incidence in the region. Since this meeting there has been a scrutiny panel for 2 of the 3 cases and both were deemed non-trajectory.

**Bed closures for IPC issues:**

During July there were 3 bed days lost on VJ due to suspected Noro virus and MRSA contact on Hemingford ward.

In August there were 11 bed days lost over a period of 4 days on Mallard ward due to suspected Noro virus.

**4. Inquests/Investigations:**

No inquests have been heard in August. The Trust currently has 32 inquests pending with 4 out of area. No Serious Incidents have been reported in August.

**5. Quality Improvement (QI):**

The Trust has launched a major QI project to support changes in the In House Urgent Pathway. The first meeting was held on the 21<sup>st</sup> August, with a further stakeholder event on the 18<sup>th</sup> September. A QI Coach will support the project. The Executive Sponsors for this project are the Medical Director and the Director for Nursing. The overall ambition is to improve the patient experience, by reducing pre-operative Length of stay (LOS) and ensuring patients are able to make informed decisions about pathway choices. There is an expectation that the project will deliver an improved pathway ready for the move to the new site in April 2019.

**Recommendation:**

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