

Agenda Item: 4i

Report to:	Board of Directors	Date: 5 July 2018
Report from:	Director of Nursing 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 PIPR to the Board:

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

It is recognised that staffing levels on Hugh Fleming and Varrier Jones wards were vulnerable in May due to vacancies and 'no show' agency nurses. Safety was maintained by moving staff from other areas and adjusting bed capacity when possible. There was also contribution from pre-registration nurses which is not recognised in safer staffing. Enhanced care for 1:1 nursing was provided by Health Care Support Workers ensuring safety of vulnerable patients.

Ward name	Day		Night		
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
CMU	88.3%	91.8%	94.8%	95.6%	Safety maintained by moving staff across area and reducing activity
HEMINGFORD & HDU	99.5%	99.8%	100.4%	138.7%	1:1 care needed for patients overnight
CF WARD	96.3%	152.1%	100.1%	-	Planned unregistered hours = 0 but actual hours = 84. Utilising Band 4 staff with RN on night shifts due to low acuity and number of patients
HUGH FLEMING	76.9%	109.0%	83.8%	88.7%	Safety maintained by moving staff across the area and distributing activity providing enhanced care for 1:1

MALLARD & PCU	88.7%	123.7%	95.1%	147.3%	Unfilled duties safety maintained by distributing staff across area and managing clinical activity
RSSC	63.2%	84.0%	84.4%	107.6%	Safety maintained by reducing clinical activity
VARRIER JONES	76.0%	156.2%	90.9%	166.3%	Unfilled duties safety maintained by distributing staff cross area and managing clinical activity providing enhanced care for 1:1
CRITICAL CARE	102.0%	67.8%	100.0%	79.9%	Safety maintained by provision on 1:1 care by RN
CARDIAC DAY WARD	69.7%	77.0%	0.0%	-	Planned registered hours = 427.5 but actual hours = 0 Planned unregistered hours = 0 but actual hours = 315 Day ward closed due to clinical capacity

3. DIPC (BAF 675):

Please see PIPR for reportable organisms report.

Bed closures for IPC issues:

In May there were only 3 beds closed on Hugh Fleming and this was due to MRSA. One patient who was in the bay had MRSA results return positive and the bay was closed until all other MRSA screening results were returned.

4. Inquests/Investigations:

Patient A

Patient attended Out Patient Clinic at Ipswich Hospital and was seen by Cardiothoracic surgeon. Family raised concerns that patient should have been admitted to hospital at this point. Patient collapsed on site and died same day.

Verdict – Case closed by Coroner – no inquest.

Cause of death:-

- 1a Ischaemic heart disease
- 1b Coronary artery atherosclerosis
- 2 Mixed aortic valve disease, left ventricular hypertrophy, hypertension, type 2 diabetes mellitus

Patient B

Nephrectomy surgery performed at Royal Papworth Hospital due to inferior vena cava involvement. Patient bled and deteriorated on ICU. Patient returned to theatre but sadly did not survive.

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 30 inquests pending.

Recommendation:

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