

Agenda Item: 3ii

Report to:	Board of Directors	Date: 7 February 2019
Report from:	Chief Nurse and Medical Director	
Principal Objective/ Strategy and Title:	<b>GOVERNANCE: COMBINED QUALITY REPORT Patient Safety, Effectiveness of Care, Patient Experience and DIPC</b>	
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) December:

During December, the Trust updated the e-Rosters to enhance visibility of the Overseas pre-registered nurses; who now show on separate band 4 lines.

	REGISTERED DAY	UNREGISTERED DAY	REGISTERED NIGHT	UNREGISTERED NIGHT
CMU	80.4%	69.1%	85.1%	75.8%
HEMINGFORD & HDU	105.6%	109.4%	110.3%	162.1%
CF WARD	98.9%	114.8%	-	7.2%
HUGH FLEMING	63.9%	105.7%	87.5%	186.4%
MALLARD & PCU	79.8%	128.7%	91.6%	204.4%
RSSC	73.2%	54.5%	78.8%	72.8%
VARRIER JONES	76.5%	120.6%	88.9%	121.5%
CRITICAL CARE	101.0%	66.1%	103.9%	69.9%
DAY WARD	75.7%	66.9%	-	-

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

Exception report:

**CMU:** Activity reduced over Christmas and New Year (therefore planned under filling of roster template).

**Hemingford:** Newly qualified registered during supernumerary period. Unregistered staff required for enhanced care requirements.

**CF Ward:** Unregistered nursing numbers increased to support enhanced patient care.

**Hugh Fleming:** Overseas pre-reg providing direct care supported by co-ordinator, supernumerary ward sister and CPD staff as required. Unregistered required for enhanced care requirements.

**Mallard:** 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.

**RSSC:** Activity reduced over Christmas and New Year (therefore planned under filling of roster template). RN vacancies – staffing levels adjusted as required for patient activity.

**VJ:** Activity reduced over Christmas and New Year (therefore planned under filling of roster template). Unregistered required for enhanced care requirements.

**CCA:** Unregistered vacancies support provided by registered workforce.

**Day Ward:** Activity reduced over Christmas and New Year (therefore planned under filling of roster template).

### 3. DIPC (BAF 675):

**MRSA bacteraemia:** The outcome of bacteraemia reported in December showed MRSA positive blood cultures likely to represent contamination although it is difficult to prove. The patient was clinically well and received two weeks of treatment as a precaution. No lapses in care were found.

**Adverse Pseudomonas result on Critical Care (CCA) and Legionella in transplant outpatients –** the water quality group worked through all the issues and have reported that there are no longer concerns. Final testing completed, awaiting results.

#### **Bed closures for IPC issues in December:**

During the winter months the Trust often experiences a higher number of bed closures for IPC concerns. The table demonstrates the closures. The closures are limited by excellent practices and quick responses to symptoms by our clinical teams, supported by the ISS cleaning services.

Ward	Number of bed days	Reason
Mallard	6	Diarrhoea and vomiting
Hemingford	6	MRSA contact
Hugh Fleming	6	Norovirus

During January 2019 we have continued to experience bed closures for suspected Norovirus and Flu.

### 4. Quality Account Priorities

Each year we reset our Quality Priorities for the Trust. The Quality Account priorities are the delivery vehicle for the Quality Strategy. The Quality Strategy has been refreshed and approved by the Committee and the Board. Q+R have considered the priorities and agreed these in principle so that the operational leads can now work up the objectives and actions.

2019/2020 suggested priorities:

Priority	Executive Sponsor	Operational Lead
Quality Improvement <ul style="list-style-type: none"> <li>• Staff training</li> <li>• Projects</li> </ul>	Josie Rudman Chief Nurse	Carole Buckley Assistant Director Quality and Risk/ Stephen Webb Associate Medical Director
A safe Hospital Move	Josie Rudman Chief Nurse	Ivan Graham Deputy Chief Nurse/ Andrew Selby Associate Director of Estates and Facilities (Emergency planning lead)/ Louise Bardsley Deputy Project Director
Optimise Lorenzo	Andrew Raynes Chief Information Officer	Eamonn Gorman Chief Nursing Information Officer / Chris Johnson Chief Medical Information Officer
Leadership and Culture <ul style="list-style-type: none"> <li>• Including Recruitment and retention</li> </ul>	Oonagh Monkhouse Director of Workforce and organisational Development	John Syson Deputy Direct of HR.

## 5. LAUDIX Update

At Royal Papworth Hospital we have an excellent culture of reporting adverse events, and credit is due to the quality and risk teams for instilling this ethos. The corollary to this adverse event data is that we did not have a robust mechanism in place for the day-to-day reporting of exceptional patient care. This is an NHS wide failing, and one that we believe we should lead on addressing.

The “LAUDIX” reporting system gives us a way of highlighting some of the exceptional work, balancing the DATIX of an adverse event or outcome. We have the staff awards, and the monthly caremaker certificates, but a quick and easy reporting system for celebrating “everyday extraordinary” performance was an opportunity. The LAUDIX was introduced in September 2018 with the support of CN office and Communications Team by Will Davies Consultant Cardiologist.

The domains within the LAUDIX reporting system are designed to mirror the CQC framework, allowing the RPH board to demonstrate areas of outstanding performance within the Trust.

At present, an online survey form is completed by the nominator, these forms are then read and distributed to the staff members who have been nominated via email, and their line managers copied in anonymously. This allows PIPR and Directorate level reporting. Ideally, an automated on line tool that distributes the LAUDIX nomination in real time could be developed to ensure timely review and distribution and more robust collation of the submitted data in the correct Directorate Quality Report. There may also be a commercial opportunity to develop such a tool and offer it more widely within the NHS.

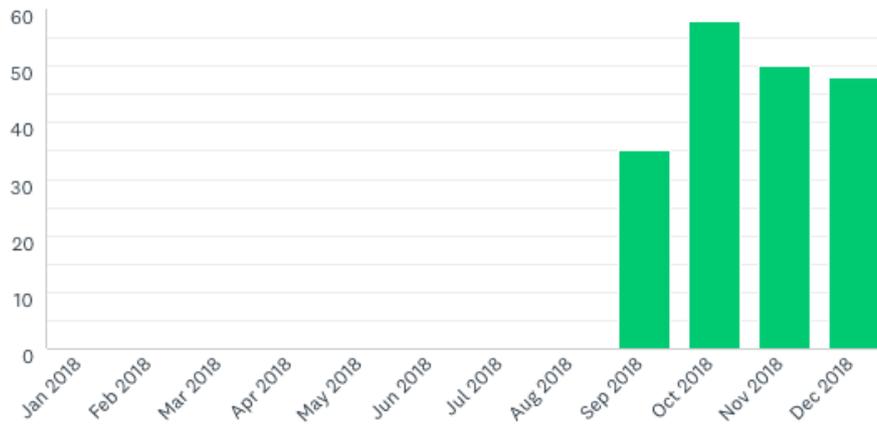
### Summary:

The system went live on 10th September 2018, with 204 LAUDIX entered (as of 31st December 2018). It should be noted that the domain choices for the positive incident type are currently mutually exclusive,

due to the software used, with many respondents commenting that the incident could be classified in more than one domain. Graphs below provide a snapshot as of 23.12.18

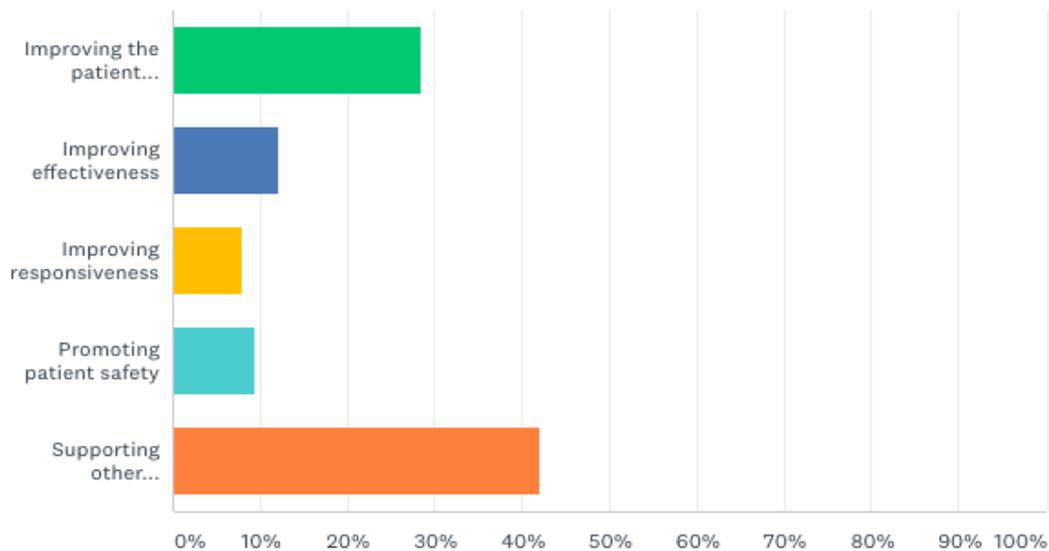
### Responses (by month)

First: 9/10/2018 Zoom: Jan 2018 to Dec 2018



### Positive incident type

Answered: 190 Skipped: 1



ANSWER CHOICES	RESPONSES	
Improving the patient experience	28.42%	54
Improving effectiveness	12.11%	23
Improving responsiveness	7.89%	15
Promoting patient safety	9.47%	18
Supporting other colleagues	42.11%	80
<b>TOTAL</b>		<b>190</b>

## 6. Inquests/Investigations:

**Patient A** was referred to Papworth for consideration of surgery. Aortic valve replacement surgery was performed in June 2017 and the patient was transferred to DGH for further renal management and subsequently discharged home. Patient died at home on 9<sup>th</sup> July 2017.

The Trust was notified on 31<sup>st</sup> December 2018 that the investigation had been closed on the 18<sup>th</sup> May 2018.

Coroner's conclusion – Patient died as the result of a haemorrhage caused by the over-anticoagulation of blood by a prescription medication. Over-anticoagulation is a known complication of a treatment which was necessary following recent heart surgery.

**Patient B** referred for consideration of TAVI and sadly died at home on 20<sup>th</sup> August 2017(4 weeks after referral).

The Trust was notified on 31<sup>st</sup> December 2018 that inquest held on the 21<sup>st</sup> August 2018.

Coroner's conclusion – Natural causes

**Patient C** a heart transplant patient with sickle cell trait who sickled at the time of heart transplantation surgery in April 2017 and subsequently later in April 2017. Death was reported and investigated as a serious incident (SUI-WEB 23460). The learning in relation to this case was linked to communication, there is nothing that would have been done differently at the time of operation with the knowledge we had then, there are no other published cases in world literature regarding adverse events for patients with sickle cell trait for heart transplantation and Trust clinicians will be publishing this case.

Inquest held on 23<sup>rd</sup> January 2019.

Coroner's conclusion: Died as a result of a rare complication of a necessary heart transplant.

**Patient D** referred for lung volume reduction surgery for severe emphysema. Patient underwent surgery and made satisfactory overall progress but then developed worsening surgical emphysema, renal failure and chest infection and was therefore transferred to critical care where they sadly died on 22<sup>nd</sup> March 2018.

The Trust was notified on 31<sup>st</sup> December 2018 that inquest held on 10<sup>th</sup> December (read only).

Coroner's conclusion – Patient died as a result of complications of elective surgery for lung disease.

The Trust has 29 coroner investigations/inquests outstanding with 8 out of area.

### **Recommendation:**

**The Board of Directors is requested to note the contents of this report and approve the proposed Quality Account Priorities for 2019/20.**