Agenda Item: 3ii

Report to:	**Board of Directors**	**Date: 6th December 2018**
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) October:

	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 (%)**
	88.0%	99.6%	93.6%	120.9%
WARD	**REGISTERED DAY**	**UNREGISTERED DAY**	**REGISTERED NIGHT**	**UNREGISTERED NIGHT**
CMU	**76.6**	**91.9**	**97.4**	**106.8**
HEMINGFORD	**109.4**	**101.5**	**103.8**	**145**
CF WARD	**107.7**	**140.4**	**100**	**0 planned but had 84**
HUGH FLEMING	**71.7**	**97.1**	**86.3**	**127.7**
MALLARD	**92.18**	**126.2**	**87.9**	**188.9**
RSSC	**55.84**	**76.17**	**80.8**	**104.1**
VJ	**86.5**	**127.4**	**93.9**	**111.2**
CRITICAL CARE	**103**	**61.5**	**98.1**	**62**
DAY WARD	**88.7**	**73.5**	**0**	**0**

Exception report:

CMU: RN vacancies and sickness, where required, co-ordinator taking patients to maintain safety. Unregistered staff required for enhanced care requirements.

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

CF Ward: Newly qualified registered during supernumerary period. Overseas pre-registered nurses in B4 positions whilst they await their registration, predominantly supernumerary to RNs in this area. B4 nurses worked nights as part of their preparation for registration.

Hugh Fleming: Overseas pre-registered providing direct care supported by co-ordinator, supernumerary ward sister and CPD staff as required.

Due to the delay in the hospital move the establishment on Hugh Fleming ward required review. On moving to the new hospital the cardiology ward would be staffed to 7.4 Care Hours Per Patient Day, and therefore no change was made to cardiology wards. Hugh Fleming ward had a CHPPD of 6.8, which was below the required CHPPD. The Clinical Professional Advisory Committee (previously Nursing Advisory Committee) recommended to Q+R that the staffing establishment be moved to 7.4 CHPPD in the interim period between September 2018 and May 2019. This was agreed. No further funding is required for this change, but a formal move from 33 beds to 29. Hugh Fleming has not been able to achieve 33 beds since the reconfiguration of wards in 2016, and ward bed capacity is not cited as a main cause for cancellations in the catheter labs.

Mallard: Overseas pre-registered nurses providing direct care supported by co-ordinator, supernumerary ward sister and CPD staff as required. Unregistered required for enhanced care requirements.

RSSC: Template under review (not all staffing slots on template are required). RN vacancies - staffing levels adjusted as required for patient activity.

VJ: Overseas pre-registered nurses providing direct care supported by co-ordinator, supernumerary ward sister and CPD staff as required. Unregistered required for enhanced care requirements.

CCA: Unregistered vacancies; support provided by registered workforce.

Day Ward: Staffing levels adjusted to activity levels

The Trust roster is currently being reviewed as data is incorrectly showing a higher than required establishment in some areas, in particular Hugh Fleming and RSSC.

3. DIPC (BAF 675):

Pseudomonas in critical care

The first round of re-sampling for the negative areas in Critical Care taken on 29th October showed that there is an increased count in the room 16 wash basin.

Estates have undertaken the same remedial actions and re-sampling as previously.

The advice for Critical Care is to keep all original outlets out of use for patient contact, continue to use hand gel and review current practices by the staff to ensure that retrograde contamination of taps does not happen.

All positive outlets will be subject to remedial actions followed by re-testing at 3 days, then after 2 weeks and then after 4 weeks before returning to a 6-monthly testing.

Legionella in Transplant outpatients

Repeat water testing on 16th October after remedial actions showed that all tests were negative for Legionella.

Water testing will be repeated every two months to ensure that actions taken remain effective (December and February) in accordance with HTM 04-01 Part B page 59: *"To confirm effective disinfection, any required microbiological samples should be taken between two and seven days after the system is treated.* ***The water system should then be resampled regularly to confirm any actions taken have remained effective".***

Bed closures for IPC issues: There were no lost bed days due to IPC issues in October 2018.

4. Inquests/Investigations:

Following a meeting with the Chief Coroner in October 2018, the Trust has been informed of the conclusion of 6 inquests and a further 3 coroner's investigations have been discontinued.

There are currently 29 Coroner's inquests/investigations outstanding of which 7 are out of area

Patient A
Patient had PTE surgery with early reperfusion injury, put onto VV ECMO, and patient suffered iatrogenic injury during ECMO cannulation of the left internal jugular vessel (LIJ). Investigated as a Serious Incident (SUI-WEB 26107).
24/08/2018 - read only inquest held.
Inquest conclusion: Medical Misadventure

Patient B
Patient had heart transplant and LVAD removal. Post-operative right ventricular dysfunction and renal failure. Patient sadly died.
23/07/2018 - read only inquest held.
Inquest conclusion: Patient died from a recognised complication following transplant surgery.

Patient C
Patient had emergency coronary artery bypass grafts and died post operatively.
Coroner's investigation discontinued.

Patient D
Patient referred for urgent aortic valve replacement due to severe aortic stenosis. At operation underwent single coronary artery bypass grafting however unable to replace aortic valve due to severity of calcification. Patient sadly died.
22/01/2018 read only inquest.
Inquest conclusion: Medical Misadventure

Patient E
Patient had bilateral lung transplant and died the same day.
19/11/2018 read only inquest.
Inquest conclusion: Medical Misadventure

Patient F
Patient had heart transplant in 2017 with second heart transplant a month later following failed first heart transplant, secondary to primary organ dysfunction. Patient sadly died.
20/08/2018 read only inquest.
Inquest conclusion: Medical Misadventure

Patient G
Patient had aortic valve replacement and coronary artery bypass graft surgery. In the early hours of post-operative day 3, the patient suffered pericardial tamponade and had a cardiac arrest. The patient was promptly transferred to theatre for surgery however sadly died on critical care as a result of hypoxic brain injury (WEB 24895).
01/11/2018 - Coroner's Investigation discontinued

Patient H
Patient had elective redo cardiac surgery for severe aortic regurgitation and required VA ECMO. Patient suffered a stroke and sadly died.
30/11/2017 - Read only inquest. Awaiting conclusion.

Patient I
Patient had redo thoracic surgery for recurrence of lung cancer. Over a period of 72 hours patient required increasing organ support and sadly died.
01/11/2018 - Coroner's Investigation discontinued

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 to result in death.*

5. PIPR Safety KPI review

Quality and Risk Committee considered the changes to the Key Performance Indicators (Appendix 1) for the 'Safe' domain within PIPR. Following discussion it was agreed to recommend the following:

Falls – Currently a monitoring KPI, to move above to dashboard KPIs with a ceiling target of 4 falls per 1000 bed days. The national average is 6.6 and the Trust average is 2.2. Falls is a nurse sensitive indicator and therefore aids a triangulation between safer staffing and patient incidents.

Care Hours Per Patient Day – This additional information as a dashboard KPI with a minimum requirement of 7.8 CHPPD for ward areas and 32.9 CHPPD for Critical Care area. This would provide the context of how we are staffing the wards safely following mitigation against the safer staffing indicator.

High Impact Interventions – Currently a monitoring KPI, to move to a dashboard KPI with a target of 97% compliance

Learning from deaths / Rapid Case Note Reviews – Currently not reported in PIPR. It is recommended that this KPI is considered in the New Year reporting 04/2019 onwards as a process KPI in the monitoring only section. This will be the number of rapid case note reviews as a percentage of deaths.

The Board is asked to agree the changes to PIPR.

6. Quality Strategy

The Quality and Risk Committee received a refreshed Quality Strategy for the period 2019 – 2022 (Appendix 2). The Board is requested to approve the strategy, which will replace the 2015 – 2018 version.

7. Safeguarding

The Annual Safeguarding Report (ending May 2018) was presented to and acknowledged by the Q&R Committee on 20th November (Appendix 3).

Recommendation:

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

- **agree the changes to PIPR**
- **approve the Quality Strategy 2019-2022**