# Agenda item 3.ii

| Report to:                            | Board of Directors  | Date: 2 December 2021 |
|---------------------------------------|---|-----------------------|
| Report from:                          | Chief Nurse and Medical Director  |                       |
| Trust Objective/Strategy:             | GOVERNANCE: Patient Safety, Effectiveness of Care,<br>Patient Experience and DIPC |                       |
| Title:                                | COMBINED QUALITY REPORT   |                       |
| Board Assurance Framework<br>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

The Medical Director and Chief Nurse would like to highlight the following items in addition to the Papworth Integrated Performance Report (PIPR) to the Board:

### 2. Infection Prevention and Control (IPC)

On November 18<sup>th</sup> we reported our first COVID nosocomial infection on one of our ward areas. This means that the patient acquired COVID whilst in our hospital. The case is being investigated as per the Trust's incident reporting and review processes. There has been heightened awareness and communication in respect to adherence to strict infection control practises.

Updated national infection prevention and control guidance was published on November 22<sup>nd</sup> 2021 (Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - GOV.UK (www.gov.uk)). The guidance continues to support infection prevention and control measures to keep our patients and staff protected from COVID whilst recognising the winter pressures ahead. After careful review with the IPC and microbiology team, the following changes are being recommended which is in line with this new guidance:

- Removal of the COVID-19 specific care pathways, apart from the critical care COVID cohort area.
- Continue to wear fluid resistant surgical face masks in the trust according to current policy
- Maintaining social distancing as per current policy.
- Screening, triaging and testing for COVID-19 to continue as well as screening for other respiratory infections if required.

### 3. Safer Staffing

NHSI has published new guidance on staffing preparedness, decision making and escalation processes to support safer staffing as winter approaches.

Royal Papworth Hospital continues to maintain green safer staffing in our ward areas. Any changes to nurse staffing models over the winter period will follow the guidance and governance outlined in the guidance. Six nurses have been seconded to support safe staffing for the next 6-8



NHS Foundation Trust weeks in critical care. Staff well-being and training needs have been acknowledged and addressed as part of this process.

#### 4. Inquests

## Patient A

Patient underwent dual chamber pacemaker insertion and was re-admitted to Royal Papworth Hospital a couple of months later with an infected pacemaker site and sadly died.

Medical Cause of death:

- 1a Multi Organ Failure
- 1b Septicaemia and bradyarrhythmia
- 1c Infected permanent pacemaker (Staphylococcus aureus)
- 2 Hypertension, chronic kidney disease

Coroner's conclusion – Natural causes.

#### 5. Recommendation

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