

Agenda Item: 4ii

Report to:	Board of Directors	Date: 2 <sup>nd</sup> August 2018
Report from:	Director of Nursing 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:	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) June:

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	87.6%	90.9%	98.2%	108.3%	Safety maintained by moving staff across area and reducing activity
HEMINGFORD & HDU	97.6%	104.0%	97.2%	173.3%	Providing enhanced care for 1:1 overnight
CF WARD	89.1%	148.0%	98.3%	100.0%	Utilising Band 4 staff with RN on night shifts due to low acuity and number of patients
HUGH FLEMING	76.2%	95.1%	82.5%	83.2%	Unfilled duties safely maintained by distributing staff across areas and managing clinical areas
MALLARD & PCU	81.2%	123.8%	94.4%	188.3%	Unfilled duties safety maintained by distributing staff across area and managing clinical activity
RSSC	60.9%	82.9%	83.6%	104.1%	Safety maintained by adjusting clinical activity
VARRIER JONES	75.3%	148.7%	93.1%	182.9%	Unfilled duties safety maintained by distributing staff across area and managing clinical activity
CRITICAL CARE	100.2%	68.9%	100.4%	75.2%	Safety maintained by provision on 1:1 care by RN
CARDIAC DAY WARD	77.2%	78.1%	56.3%	-	Safety staffed for clinical activity and ambulatory care setting

### HCSW were over 100%

The unregistered numbers include all Band 2 to Band 4 practitioners. The pre-reg nurses are therefore counted in these numbers. Enhanced care is when a patient requires 1:1 care for safety reasons for example, delirium and dementia patients or very high risk falls patients. For context, the table below articulates the number of unregistered staff expected

	Unregistered on nights	% Reported	Average over number
Hemingford	2	173.3%	1.5 – Enhanced care
Mallard	6	188.3%	5.2 Over Enhanced care and B4 pre-registered
VJ	4	182.9%	3.2 Over Enhanced care and B4 pre-registered

### 3. DIPC (BAF 675):

Please see PIPR for reportable organisms report.

Following a recent scrutiny panel with the CCG, it was agreed that the C.Diff reported last month would not be put against the Trust trajectory.

#### Bed closures for IPC issues:

There was a total of 30 bed days lost during Q1:  
 April – 23 bed days lost due to loose stools on Mallard  
 May – 3 bed days lost due to suspected MRSA on Hugh Fleming  
 June – 4 bed days lost due to MRSA Contact on CCA

### 4. Inquests/Investigations:

No inquests have been heard in July. The Trust currently has 30 inquests pending with 4 out of area.

### 5. Gosport War Memorial Hospital:

The Report of the Gosport Independent Panel was published in June 2018. The report describes the practice of inappropriate use of opioid prescribing concerns dating between 1989 and 2000. The report suggests that in excess of 650 patient lives were shortened as a result of this practice of using opioid medication for symptom control such as agitation. There was evidence of excessive use of diamorphine when pain was not the indication for administration and extensive use of syringe drivers.

As a result of this report the pharmacy team are reviewing the usage data of all controlled medicines as part of their quarterly check commencing in quarter 2, and on June 26<sup>th</sup> 2018 NHSI requested, via a survey, confirmation of the implementation of NPSA Rapid Response Report issues in December 2010, which instructed Trusts to agree an end date of the transition between existing ambulatory syringe drivers to devices with added safety features. This resulted in the Trust removing the Graseby MS16 devices and replacing these with the safer McKinley T34 model. The NHSI survey was completed by Dr Sarah Groves (Palliative care Consultant) prior to the deadline of 4 July 2018. This was discussed at Q&R on 17<sup>th</sup> July 2018

## 5. Kirkup Report:

Response to recommendations made in the Independent review into Liverpool Community Health NHS Trust (LCH) was created in 2010, providing services including adult care, child and adolescent care, community dentistry, prison healthcare and public health.

Dr Kirkup's independent review was commissioned by my predecessor at NHS Improvement, to look into issues at LCH from November 2010 to December 2014. The review also looked at the oversight of the Trust by the NHS Trust Development Authority (NHS TDA), NHS England and commissioners. Dr Kirkup's review found that cost improvement programmes imposed by the Trust in a bid to gain Foundation Trust status put the safety of patients at risk. The review found evidence of inadequate staffing levels, low morale, poor HR practice and, more generally, a culture of bullying. Staff were actively told not to report incidents and whistleblowing was discouraged; those who did were ostracised by their manager/leader and later let down by HR. As a result, staff were afraid to speak up.

At Royal Papworth Hospital the Quality and Risk Committee has received and reviewed Quality Impact Assessment (QIA) reports for all the cost improvement programs. The Director of Nursing and Medical Director review all project QIAs prior to commencement. The Trust has a healthy incident reporting culture which is reported on in the quarterly Quality and Risk reports in terms of number of incidents and percentage of harm incidents. The harm incident rate remains low and is tracked in the PIPR. Staffing levels have been low as a result of vacancies and not due to establishment adjustments. The Trust has also appointed a Freedom to speak up guardian, who meets monthly with the CEO. You can view the full report here:

[https://improvement.nhs.uk/documents/2403/LiverpoolCommunityHealth\\_IndependentReviewReport\\_V2.pdf](https://improvement.nhs.uk/documents/2403/LiverpoolCommunityHealth_IndependentReviewReport_V2.pdf)

### Recommendation:

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