

Agenda Item: 3ii

Report to:	Board of Directors	Date: 3 <sup>rd</sup> January 2019
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) November:

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
CMU	76.8%	75.7%	99.2%	95.0%	688	7.7
HEMINGFORD & HDU	104.4%	99.7%	102.1%	206.6%	446	12.9
CF WARD	120.5%	125.4%	122.4%	-	270	11.3
HUGH FLEMING	73.1%	94.4%	99.3%	112.2%	759	8.3
MALLARD & PCU	88.5%	129.0%	94.3%	196.3%	1083	9.9
RSSC	61.7%	69.6%	83.1%	80.1%	401	10.0
VARRIER JONES	90.6%	133.3%	91.4%	154.1%	979	9.1
CRITICAL CARE	103.3%	58.2%	100.7%	74.3%	938	33.2

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

**Exception report:**

**CMU:** RN vacancies and sickness, where required, co-ordinator taking patients to maintain safety.

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

**CF Ward:** Newly qualified registered during supernumerary period. Overseas pre-reg nurses in B4 positions whilst they await their registration, predominantly supernumerary to RNs in this area. Registered Enhanced Care requirement for end of life care. B4 nurses worked nights as part of their preparation for registration.

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

**VJ:** 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):**

**MRSA bacteraemia:** there was been one case reported (13.11.2018) which remains under investigation, pending scrutiny panel

**Adverse Pseudomonas result on Critical Care (CCA) and Legionella in transplant outpatients:**

Pseudomonas in critical care

The latest testing at the end of November showed increased numbers of Pseudomonas in two taps, however, it has been decided that all critical care area will be re-sampled soon. Estates are arranging re-sampling. Meantime, staff are advised to continue using alcohol gel for hand washing.

Legionella in Transplant outpatients

Repeat water testing on 16 October 2019 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 so far in December:** 6 bed days lost for suspected Norovirus on Mallard Ward.

#### 4. Inquests/Investigations:

**Patient A** had end stage respiratory failure and was admitted from the outpatient clinic distressed, tachypnoeic and with very poor saturations. Patient subsequently sadly died.

Cause of death:

- 1a Type 2 respiratory failure
- 1b Restrictive lung disease
- 1c Pleural fibrosis most likely related to methysergide
- 2 Asbestos related pleural plaques. Pectus excavatum.

The family have met with the Consultant Physician and raised concerns regarding the timing of the patient's death and communication with the junior doctor. The Trust have apologised that the family were not communicated clearly that the patient was dying. Active treatment was continued alongside appropriate palliative care.

Narrative conclusion – the patient died from end stage respiratory failure related comorbidities. It is likely that the high level of oxygen given on that date, lack of monitoring overnight and the medication administered contributed to the timing of his death.

The Trust has 31 coroner investigations/inquests outstanding with 6 out of area.

<b>Recommendation:</b>
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<b>The Board of Directors is requested to note the contents of this report</b>
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