

Agenda Item: 3ii

Report to:	Board of Directors	Date: 7 March 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) January

For the first time this reporting year, the safe staffing fill rate is green, with both days and nights over the 90% fill rate. For registered nurses: overall for inpatient areas 92.2% (days) which is an improvement from the previous month.

As with previous months, for the areas where there remains a lower fill rate, this has been balanced with lower bed occupancy; pausing of beds in partnership with operational planning; and safe movement of staff to ensure a good registered nurse to patient ratio.

Through the daily patient safety (bed) meetings, we continue to review patient safety measures; as well as the registered nurse to patient ratios; and '% Utilisation', which is taken from the SafeCare module of HealthRoster and takes into account patients' acuity and dependency (levels of care). Where necessary, changes are made on the day with staffing levels and/or skill mix.

	REGISTERED DAY	UNREGISTERED DAY	REGISTERED NIGHT	UNREGISTERED NIGHT
CMU	89.2%	80.0%	99.1%	105.2%
HEMINGFORD & HDU	109.0%	106.7%	100.2%	179.7%
CF WARD	114.9%	92.5%	101.6%	Planned 0 but had 108 hours
HUGH FLEMING	74.1%	100.4%	96.9%	183.1%
MALLARD & PCU	87.2%	110.3%	89.5%	182.7%
RSSC	77.2%	63.7%	84.0%	70.9%
VARRIER JONES	82.3%	107.4%	88.7%	134.8%
CRITICAL CARE	103.5%	72.9%	102.0%	70.8%
DAY WARD	80.6%	69.9%	0	0

Exceptions

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

Those areas that remain under the 90% fill rate for registered nurses are:

CMU (days): RN vacancies have increased slightly from Q2 (Sep 2018, 32.8%) to Q3 (Dec 2018, 34.9%). Sickness has improved from Nov 2018 (9.3%) to 5.6% (Dec 2018).* There is an improved RN roster fill rate position from previous month (80.4% Dec 2018; 89.2% Jan 2019). Gaps in fill rate due to RN vacancies and sickness. Where required, co-ordinator taking patients to maintain safety. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD** is 9.7 which is higher than the benchmark threshold for RPH (7.8). This indicates that although the registered nurse fill rate is under the 90%, that the CHPPD are still being achieved.

Hugh Fleming (days): RN vacancies is an improved position from Q2 (Sep 2018, 23.2%) to Q3 (Dec 2018, 14.2%). Sickness was 3.0% in Nov 2018 and 4.2% in Dec 2018. There is an improved RN roster fill rate position from previous month (63.9% Dec 2018; 74.1% Jan 2019). There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. Above 100% unregistered nursing staff on nights supporting enhanced care requirements. The overall CHPPD is 9.3, which remains better than the RPH benchmark threshold (of 7.8).

Mallard (days and nights): RN vacancies is an improved position: Q2 (Sep 2018, 16.4%) to Q3 (Dec 2018, 10.8%). Sickness (4.2% Nov 2018; 4.3% Dec 2018). There is an improved RN roster fill rate position from previous month on days (79.8% Dec 2018; 87.2% Jan 2019); nights is similar at 89.5% (Jan 2019) 91.6% (Dec 2018). Gaps in fill rate due to RN vacancies and sickness. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements. The overall CHPPD is 10.4, which is better than the RPH benchmark threshold (of 7.8).

RSSC (days and nights): RN vacancies is an improved position: Q2 (Sep 2018, 25.9%) to Q3 (Dec 2018, 23.8%).

Sickness has increased Nov (3.4%) to Dec 2018 (5.1%). There is an improved RN roster fill rate position from previous month on days (73.2% Dec 2018; 77.2% Jan 2019) and nights (78.8% Dec 2018; 84.0% Jan 2019). Gaps in fill rate due to RN vacancies. Staffing levels adjusted as required for patient activity. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD is 10.1, which is better than the RPH benchmark threshold (of 7.8).

Varrier Jones (days and nights): RN vacancies is an improved position: Q2 (Sep 2018, 6.4%) to Q3 (Dec 2018, 1.1%). Sickness was 3.0% Nov; 2.9% Dec 2018. Improved RN roster fill rate position from previous month for days, nights almost unchanged (Days = 76.5% Dec 2018; 82.3% Jan 2019. Nights = 88.9% Dec 2018; 88.7% Jan 2019). Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements.

3. DIPC (BAF 675):

C.difficile

Ceiling trajectory figure for 2018-19 is 4 cases. We currently stand at 2.

Table of C. difficile figures 2018-19

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Year Total
Attributable >72 hours	1	1	0	1	3	1	1	0	1	0	0		
Pre 72 hours	0	0	0	0	0	1	0	0	0	0	0		
On trajectory	1	1	0	0	0	0	0	0	0	0	0		
Quarter totals on trajectory			2			2			2				

Adverse Pseudomonas result on Critical Care (CCA)

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. Repeat sampling showed that two areas continue to show positive results: CCU Staff WC and CCU disabled WC. Estates will undertake remedial work in these areas. Hand gel post handwashing will continue in CCA.

Bed closures for IPC issues in January:

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 in January 2019	Reason
Mallard	20	Suspected Norovirus

Influenza outbreak on Hugh Fleming and Mallard Wards

In February there was a serious outbreak of influenza which affected Hugh Fleming, Mallard and Varrier Jones wards. The outbreak led to the closure of both Hugh Fleming and Mallard Wards, resulting in cancelled operations and admissions. Over this period 186 beds were empty and closed on Hugh Fleming from the 05/02/19-13/02/19 and once reopened on the 14/02/19 through to the 22/02/19 there were 87 beds which remained empty and closed as these were unable to be staffed safely. Mallard Ward had 219 beds closed between the 06/02/19 and the 22/02/19. Varrier Jones Ward was also affected with one bay closed and 10 beds closed and empty between the 15/02/19 and the 18/02/19. The outbreak was declared as an internal critical incident on the 7th February, which was subsequently stood down on the 15th February. A full Serious Incident Report is in the process of being completed and will be shared with Quality and Risk Committee as well as throughout the organisation for learning.

Bed closures due to IPC in February (to date)

Total beds closed due to influenza in February were 405, plus 87 on Hugh Fleming once reopened due to staffing.

4. Inquests/Investigations

No inquests held since our last Board. There are currently 31 inquests pending with 8 out of area.

5. NEWS2 Implementation (Risk ID1889)

The Trust currently has a MEWS (modified early warning system) that allows a calculation from clinical observations into an alert escalation, providing early indication of deterioration. This system is run on the Vital Pack system introduced many years ago with the intention that this would be replaced with a new system when we move hospital. This current system is outdated and too costly to reconfigure, and is replaced by MindRay in the new hospital. The NPSA is requiring all acute trusts to

implement NEWS2 (National Early Warning System) by the 31st March 2019 (Patient Safety Alert 25 April 2018). Due to the delay in hospital move from September 2018 to May 2019, the trust will be noncompliant until the 1st May 2019. In preparation for the launch we have commenced the introduction of the MindRay system on the cardiac wards, commenced training on the new NEWS2 (drop in sessions/face to face training/e-learning package) and the March Grand Round will focus on the subject as well as having a NEWS2 awareness week from 18 – 22 March 2019. The planning and adoption has been carried out by the Alert Steering Group and supported by the Risk management Team.

6. Clinical Cardiac Network

The Trust hosted the inaugural meeting of the East of England Clinical Cardiac Network on the 29th January 2019, Chaired by Stephen Posey (CEO). 11 partner organisations were represented to bring together collaborative working and patient focused system working. The Trust was charged with setting up the network by NHSE through the 2018/19 CQUIN scheme. The purpose of the network is to:

Bring together all specialised and non specialised cardiac providers in the East of England to; promote standardisation of care and pathways across the region, promote equity of access to specialised services, opportunity to compare and collaborate on patient outcomes, provide opportunity for shared learning and collaboration on service development.

Network leads were appointed for Medicine (Roger Hall), Operational Management (Eilish Midlane) and Nursing / AHP (Josie Rudman).

The next meeting will be held on the 25th March 2019, where the annual plan priorities for the network will be formulated as well as hearing presentations about GIFT, IHU project and the rapid NSTEMI pathway.

Recommendation:

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