

Agenda Item: 3iii

Report to:	Board of Directors	Date: 3 October 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:	Information	

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. Quality and Risk Committee Exception report and Escalation September 2019

In addition to the Chair's report, the Chief Nurse and Medical Director would like to escalate the following to the Board:

3. DIPC Report (BAF 675)

- **2019 Flu Campaign**

The launch date is 30th September. The target is to vaccinate 80% of patient facing staff to achieve herd immunity. This year the vaccine is being provided in three batches over an eight week period, so demand will be regulated with clinical staff being targeted first and non-clinical staff (also covering the House) covered later in the roll out. The campaign this year is being led by the CUH Occupational Health team but will be supported by Royal Papworth nurse vaccinators.

- **M.abscessus**

M.abscessus (Mycobacteria abscessus) was detected in BAL (Bronchoalveolar Lavage) of three lung transplant patients who had bronchoscopy done in July or September 2019. This is unusual because we never detected M.abscessus in post lung transplant patients before who haven't had it pre-transplantation. Also, the increase in incidence is observed in the lung transplant population only (not in cardiothoracic, ECMO or heart transplant patients).

Testing of Mycobacteria is ongoing regarding whether the isolates are closely related or not. M.abscessus can potentially pose a significant threat to such patients because M.abscessus infection is very difficult to treat and mortality is high. Currently, none of the patients shows signs of M.abscessus infection.

A number of incident meetings have taken place so far to discuss the situation. The source of M.abscessus is unknown at the moment but possible sources are: bronchoscopes, hospital water, direct or indirect transmission in the clinic or wards. Emergency testing of the final rinse water from endoscope washer disinfectors and hospital tap water will take place during this and next weeks.

M.abscessus acquisition in lung transplant patients will be regarded as an outbreak from now on.

- **Bed closures**

There were no bed closures for IPC issues in September 2019.

4. Inquests/Investigations:

Patient A

Patient had a history of severe heart disease and diabetes requiring a triple heart bypass with subsequent aortic rupture and repair and graft thrombosis. Following surgery the patient suffered a massive stroke resulting in severe hypoxic brain injury. The patient was subsequently transferred to West Suffolk Hospital and sadly died.

Medical cause of death:

- 1a Hypoxic brain injury, acute myocardial infarction, chest sepsis
- 1b Ischaemic stroke
- 1c Ischaemic heart disease, coronary artery bypass graft procedure with subsequent aortic rupture and repair (clinical diagnosis) and graft thrombosis
- 2 Old myocardial infarction, diabetes mellitus, pulmonary thrombi

Narrative conclusion: Died from rare complications following necessary triple heart bypass surgery.

The Trust currently has 28 inquests/investigations pending with 4 out of area.

5. Laudix update

Laudix has been very well received with 625 submissions to date. It celebrated its 1st anniversary on the 10th September 2019. We have had some considerable interest in developing Laudix further and so we are looking at the next steps in its development (see Appendix 1).

6. Emergency planning

The annual EPRR Core Standards Self-Assessment has been submitted to Cambridgeshire and Peterborough CCG, with the Trust achieving an overall assessment status of 'substantially compliant.' Full compliance was not achieved due to a rating of 'partially compliant' within one core standard - shelter and evacuation. The Trust has implemented and maintains a Critical Incident Plan, which sets out the Trust's response to managing an emergency situation affecting its own site in a manner which provides the necessary resilience to maintain critical services and to continue to provide care where reasonably practicable in extreme circumstances. In order to be fully compliant to the requirements of

the shelter and evacuation core standard, the Trust is required to have in place arrangements to shelter and/or evacuate the whole site in the event of a critical incident, working with neighbouring hospitals - which it currently does not. The Trust will continue to work with the Regional Hospital Evacuation Working Group, to ensure that an agreed county-wide plan is created and approved, that ensures a swift and pre-determined response from neighbouring hospitals so that patients can be quickly and safely accommodated in appropriate clinical settings.

Following the submission of the EPRR Core Standards Self-Assessment, the Cambridgeshire and Peterborough CCG have requested a Deep Dive meeting, to review evidence items in relation to the following areas:

- Governance
- Duty to Maintain Plans
- Co-operation
- CBRN

The date for the Deep Dive is 18th October, Andrew Selby (Assistant Director of Estates and Facilities) and Kate Pollard (Quality Compliance Officer) will be in attendance.

Recommendation:

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