

Agenda Item: 3iii

Report to:	Board of Directors	Date: 6 February 2020
Report from:	Chief Nurse 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 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 January 2020**

The Chief Nurse and Medical Director have no matters to escalate to the Board as the information is sufficiently summarised in Chair's Report.

**3. DIPC Report (BAF 675)**

- **2019/20 Flu Campaign**

The uptake of the flu vaccine as at 31.01.2020 is as follows:

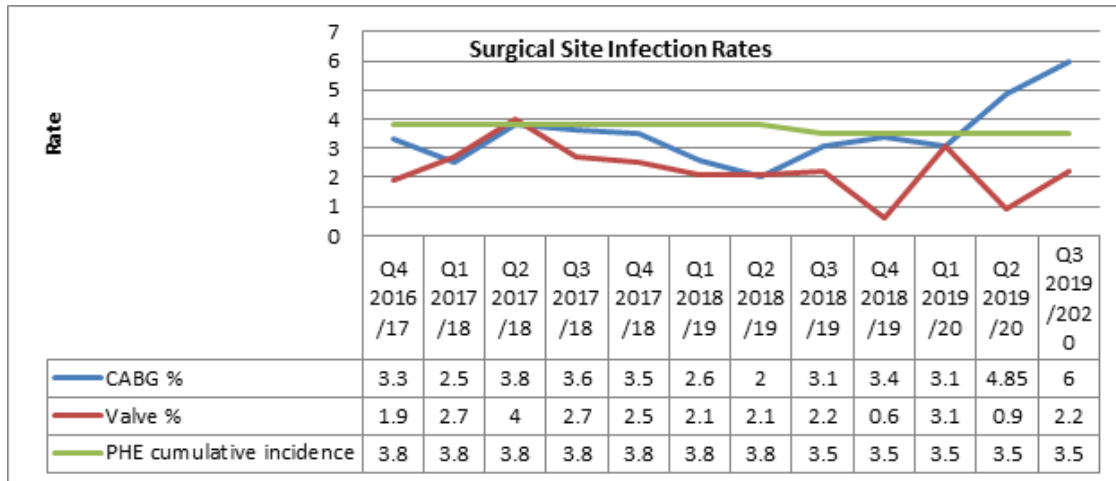
- Front line staff: 84.83%
- Whole Trust: 79.43%

- **Bed closures**

There were no bed closures for IPC issues in December 2019 or January 2020.

- **Increased SSI Infection rate**

Unfortunately, we have seen a further increase in Surgical Site Infections in October – December 2019 taking our rates in CABG up to 6%. The SSI rate has not been as high as this since 2013. There have been several deep and organ/space infections requiring extended length of stays and long term antibiotic therapy for the patients.



This increase is from 7 to 13 patients per quarter since April 2019.

Oct 2019- Dec 2019 CABG +/- other Total Infections 13 Total Patients 216 Infection Rate 6%				
Superficial		Deep		Organ
Leg	Sternum	Leg	Sternum	Sternum
2 (0.9%)	6 (2.7%)	0	2 (0.9%)	3 (1.3%)

A stakeholder group has been set up with excellent engagement from all staff to address the issues. A full report will go to February Quality and Risk Committee.

• **Wuhan Novel Coronavirus:**

The Board will be aware of the Wuhan Novel Corona virus. The Trust has been asked to assess its preparedness in case of an outbreak situation in the UK. At the time of writing this paper 2 cases have been confirmed in the UK. The Trust is compliant with the preparedness request and has commenced situational reporting as requested by the Emergency Preparedness, Resilience and Response NHS team.

**4. Inquests/Investigations:**

**Patient A**

Patient underwent PTE in 2018 with complicated recovery. Discharged home but subsequently admitted to local hospital with wound site infection and sadly died.

Cause of death:

- 1a Cerebellar bleed
- 1b Therapeutic anticoagulation
- 1c Factor V Leiden Disorder, Antiphospholipid syndrome and May Turner syndrome

Family have no issues with the care provided by Royal Papworth Hospital.

**Pre-Inquest Hearing**

Patient underwent double lung transplant and developed post-transplant fungal infection.

Cause of death:

- 1a Disseminated mucormycosis
- 1b Lung transplant for idiopathic pulmonary fibrosis

Coroner has requested further information/statements to respond to further issues raised by the family. The main concern raised by the family is the timeline for investigation and treatment of the fungal infection. The family have been offered a meeting with the Trust and we are awaiting their response.

The Trust was notified in December that 8 inquests had been closed during 2019 without requiring witness attendance and no learning for the Trust.

The Trust currently has 35 inquests/investigations pending, with 3 out of area.

**Recommendation:**

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