

Agenda Item: 3.iii

Report to:	Board of Directors	Date: 1 October 2020
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 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)

In addition to the Chair’s report the Chief Nurse and Medical Director would like to report the following:

As there had been no further nosocomial infections it had been agreed to move to Living with Covid for visiting, however after the increase in positive cases across the country it has been decided to delay this as the R rate is above 1.

4. COVID-19 Staff Debrief Project

The Trust has undertaken a project review of the management of the Covid-19 pandemic. The purpose of the project was to provide insight for improvements in process and approach and to help the Trust build upon and retain what went well, in order to aid future response, in particular a second surge of Covid-19. The final report provided insight on key themes and identified tasks and topics that required leadership attention. This report has been shared with the Quality & Risk Committee in full and the Emergency Preparedness Committee. The latter recommended that Task and Finish Groups were set up to address the following key themes:

- Staff Deployment (including Staff Resilience)
- Roles and Responsibilities
- Resource Planning and PPE
- Communications
- Documentation

There is a strong obligation to communicate to staff that they have been listened to, therefore communication to all staff will be issued shortly outlining what they can expect to occur with regard to redeployment, training, line management, rostering, psychological support, etc in event of a second surge.

5. Emergency Preparedness, Resilience & Response (EPRR)

The Board is asked to note the surge plan attached (Appendix 1). This is version 3 of the current plan, which is subject to the following discussion and decision at the clinical decision cell (CDC):

1. The use of RSSC on the 3rd floor as a critical care surge area.
2. The use of the ground floor Day Ward as a critical care surge area.

The appendices are being worked on using material gathered in the debrief post the first surge, this is through the task and finish groups:

- a. Stepping up of CDC and C&C
- b. Enacting surge plan (CDC)
- c. Redeployment of staff
- d. IPC team input
- e. Workforce triggers
- f. Deployment of equipment (including PPE)

It should be noted that by reducing the BAU we can open to 54 critical care beds, but would need external help with workforce to go beyond this. There is a regional team working on this issue.

It should be noted that for the duration of the Chief Nurse's six month secondment, the Chief Operating Officer will undertake the role as Executive responsible for EPRR.

6. Clinical Decision Cell

The Board is asked to note the Clinical Decision Cell: Longer Term Strategy attached as Appendix 2.

7. Inquests/Investigations:

No new inquests have been heard since the last Board meeting.

One Coroner's investigation has been closed by the coroner.

The Trust currently has 56 Coroner's Investigations/ Inquests ongoing.

Recommendation:

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