

Agenda item 3.ii

Report to:	Board of Directors	Date: 4 November 2021
Report from:	Chief Nurse and Acting Medical Director	
Trust Objective/Strategy:	GOVERNANCE: Patient Safety, Effectiveness of Care, Patient Experience and DIPC	
Title:	COMBINED QUALITY REPORT	
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

The Acting Medical Director and Chief Nurse would like to highlight the following items in addition to the Papworth Integrated Performance Report (PIPR) to the Board:

2. COVID 19 – Patient Visiting Protocol

The Trust recognises that having visitors is a vital part of a patient's recovery and experience. Therefore, in order to support this and in line with the Trust's values of Compassion, Excellence and Collaboration, the following revisions have been introduced to the Trust's patient visiting protocol under Level 1: Living with COVID visiting:

- Inpatients whose stay is over five days can have daily visits from a named visitor for one hour. Visits must be booked by the online booking system with an online risk assessment being completed as part of the process. As before, a daily visitor report will be available for security at the door, the ward administration and nurse in charge to ensure they are aware of visitors visiting on the day.
- No children will be allowed to visit the hospital unless in exceptional circumstances.
- Outpatients may have one person accompany them to their appointment.

The above revisions, that allow for increased visiting whilst ensuring safe measures are in place for both patients and staff, were agreed at Command and Control on 27th October 2021 and will be shared with all teams.

3. NHS Adult Inpatients Survey 2020 Benchmark Report

Adult Inpatient Survey 2020 Benchmark Report that was published on the CQC website on 19th October 2021.

The report highlights a very positive adult inpatient experience at Royal Papworth Hospital, and key points are as follows:

- 137 Trusts responded to the survey nationally.
- RPH response rate was 67%.
- RPH scores in comparison to other trusts (and outside expected range):
 - much better than most in 17 questions
 - better than most in 15 questions

- same as others in 12 questions.
- Overall adult inpatient experience scored much better than expected range.
- There were no scores of worse or much worse for any questions.
- The ethnicity profile of respondents was 93.8% white.

Out of 46 questions, RPH was the highest scoring trust within the region for 38 questions, and within the Top 5 for 5 questions. RPH did not appear in the Top 5 for two questions, as follows:

Operation and Procedures: *Beforehand, how well did hospital staff explain how you might feel after you had the operation/procedure?* (Trust score of 9.1; Trust average (all Trusts in England): 9.0)

Leaving hospital: *Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home after leaving hospital?* (Trust score of 8.6; Trust average (all Trusts in England): 8.5)

1 question was not applicable to the Trust.

Following the survey results, the Trust will:

- Celebrate the adult inpatient survey results with our staff, patients and public.
- Understand areas for improvement relating to preparation for discharge.
- Continue to proactively seek feedback from patients and to make improvements.

4. Inquests

Patient A

Patient with infective endocarditis (mitral valve) admitted to RPH for treatment followed by surgical management and underwent mitral valve replacement and septal myomectomy. On the second post-operative day, the patient deteriorated and suffered a cardiac arrest and was subsequently placed on venoarterial extra corporeal membrane oxygenation (VA-ECMO). A CT scan demonstrated hypoxic brain injury and following discussion with the relatives, brain stem death testing was performed and death confirmed. Patient was reported as a learning disability death.

Medical cause of death:

- 1a Hypoxic brain injury
- 1b Perioperative myocardial infarction
- 1c Mitral valve replacement for infective endocarditis and septal myomectomy for hypertrophic obstructive cardiomyopathy

Coroner's conclusion:

Narrative – patient died from a known complication for a necessary procedure.

Patient B

Patient admitted for coronary artery bypass graft surgery and suffered a complex recovery due to hyponatraemia. Whilst on the ward, the patient experienced an unexpected deterioration and died. The deterioration was investigated as a Serious Incident which highlighted certain elements of care that could have been improved but there was no evidence to suggest the cardiac arrest could have been avoided.

Medical cause of death:

- 1a Cardiac failure
- 1b Ischaemic heart disease
- II Wound infection and pleural effusion

Coroner's conclusion:

Narrative: Patient underwent coronary artery bypass graft surgery and had a past medical history of Type 1 diabetes, chronic obstructive pulmonary disease, controlled hypothyroidism, controlled hypertension, chronic kidney disease, coronary disease with two stents in the right coronary artery. Recovery post surgery was slow. In the days before death, a blood test, which had been ordered, was not completed in a timely manner, and the medical team did not recognise and treat a deterioration in the patient's condition which became apparent from observations on the morning before the patient died. The next day the patient went in to cardiac arrest and despite resuscitation attempts, sadly died.

The Trust currently has 87 Coroner's Inquests/Investigations outstanding (8 out of area).

5. Recommendation

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