

Agenda Item: 3.ii

Report to:	Board of Directors	Date: 02 September 2021
Report from:	Chief Nurse and Acting 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 and 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. Quality and Risk Committee Exception report and Escalation July and August 2021

The Chief Nurse and Acting Medical Director would like to bring to the Board's attention the Chair's report from the Q&R Committee meetings held on 29 July and 26 August 2021.

3. DIPC

There have been no hospital acquired nosocomial COVID-19 infections since 17 April 2020, however, the Board is requested to note that the Trust continues to treat and care for COVID-19 positive patients through its ECMO service.

In line with national guidance, the Trust has reviewed its process for enabling staff to return to work if contacted by Track and Trace, and is utilising robust risk assessments to ensure the safety of staff and patients.

4. M.Abscessus

The M.Abscessus Oversight Group has increased the frequency of its meetings to fortnightly, last meeting held on 27 August 2021, and is progressing with a number of actions to ensure the Trust environment is safe.

Point of Use (POU) filters remain in place on all water outlets in vulnerable patients' rooms.

5. Patient Experience

In line with national guidance, visiting to the hospital continues to be restricted.

Patient experience is monitored through the Friends and Family Test and the Trust's scores continue to be excellent as shown in its positive experience test results for July which are: Outpatients: 98.5%, and Inpatients: 99.3%.

6. End of Life Strategy 2019-2023

At Royal Papworth Hospital we care for many people who are living with chronic, but life-limiting, cardio-respiratory conditions and who need to have supportive care alongside their disease-modifying treatment. We also care for people for whom there are no further active treatment options and who are dying. It is vital that the outstanding care we deliver is continued into the last days of their life and

beyond, in care after death and in bereavement support for their loved ones. This strategy sets out how the Trust will take forward its strategy for End of Life Care and was ratified by Quality and Risk Committee on 24 June 2021.

7. Inquests/Investigations:

Patient A

Patient transferred from District General Hospital for ECMO following complications of removal of infected pacemaker. Patient sadly died and an Out of Area Inquest held in August.

Medical Cause of Death:

- 1a Multi-Organ Failure
- 1b Cardiac Failure and Pulmonary Hypertension
- 1c Pulmonary Thromboembolism from an infected permanent pacemaker

Coroners Conclusion: Natural causes and complications of their treatment.

Patient B

Patient diagnosed with COVID-19 during hospital admission and transferred to RPH for ECMO support. Patient sadly died and an Out of Area Inquest held in August.

Medical Cause of Death:

- 1a Hypoxic Brain Injury
- II COVID 19

Coroner's Conclusion: Narrative conclusion which describes patient's condition and treatment. The inquest was unable to determine whether earlier escalation at District General Hospital would have prevented death.

Patient C

Patient previously diagnosed and treated at Royal Papworth Hospital for mesothelioma. Inquest held in February of this year but Royal Papworth Hospital not notified of outcome until July.

Medical Cause of Death:

- 1a Bronchopneumonia
- 1b Malignant Pleural Mesothelioma
- 1c Asbestos exposure
- II Ischaemic heart disease, chronic obstructive pulmonary disease, dementia

Coroner's Conclusion: Industrial disease

Patient D

Patient admitted for TAVI procedure and developed acute kidney injury (AKI) post procedure requiring admission to critical care. On return to the ward, the patient developed hyponatremia. Endocrinology advice taken. Patient deteriorated and suffered a cardiac arrest from which they could not be resuscitated. Inquest undertaken in January and Royal Papworth Hospital notified of outcome at the end of July.

Medical cause of death:

- 1a Cardiac Failure
- 1b Aortic valve disease (operated on), mitral stenosis and coronary artery

Coroner's Conclusion: Narrative - Patient died as a result of complications associated with an elective cardiac procedure and importantly significant changes in the mitral valve and significant severe coronary artery disease.

The Trust currently has 77 Coroner's investigations/inquests outstanding, with 6 out of area.

Recommendation:

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