Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 3 February 2022**
Report from:	**Chief Nurse and 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 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. **Nursing Establishment Setting Policy**
   The Trust is currently being supported by a secondment of a senior nurse to assist with nursing establishment setting processes to ensure alignment with best practice and compliance with national standards.

   This work has included producing a Nursing Establishment Setting Policy, training in the use of the Safer Nursing Care Tool (SNCT evidence-based tool for establishment setting) and formalising staffing escalation processes.

3. **IPC Visiting Policy**
   The Trust continues to follow national guidance on IPC measures in relation to patients, staff and visitors. Since the last Board of Directors meeting, we have put further measures in place and limited visiting in line with the increased prevalence of the Omicron variant of Covid-19.

   No nosocomial infections have been reported since the last Board of Directors meeting in December 2021.

4. **Volunteering Service**
   NHSI Volunteering Service additional funds has been awarded to the Trust after successful bid was made in October 2021 by the Assistant Director for Quality & Risk. The project was started in December once funds were confirmed and the aims are to restore our Volunteer services, which will then continue to be managed by our PALS service. The funding is being used to build further extra capacity by having a temporary co-ordinator role to help support our PALS team of 3 staff to help restore and grow our volunteers to come back into our wards and Trust.

   The aim of the project is to:
   - Make contact with existing volunteers - Completing COVID risk assessments and scoping availability)
   - Recruit new volunteers (on our waiting list)
   - Support the Pets As Therapy (PAT) working group

- Scoping and the implementing a volunteer software - to support better recruitment, volunteer data security, reporting and volunteers have an App access to the database (to aid communication/offer availability of volunteer shifts)
- To build stronger feedback process and support for our ongoing volunteers.

Additional to the project plan above and in line with our emergency response to setting up a pop up vaccination hub at RPH, the temporary post was able to support the recruitment of our Response volunteers to help man the hub (These were from some of our existing volunteers and some newly recruited).

Project progress so far in December was:

- We have contacted 65 currently listed volunteers – 16 supported the vaccination hub.
- We contacted 53 'new' volunteers – recruited 3 who supported the vaccination hub.
- We continue to have three volunteers in Pharmacy that have worked though out the winter period.
- Overall hours of volunteers supporting our services in December was **Total 382 hours** (123 hours Pharmacy & 259 Vaccination hub).

5. Welcome

At the beginning of January 2022, the Trust has welcomed Sandra Mulrennan and Lisa Steadman who commenced their positions of Head of Nursing Cardiology and Head of Nursing STA, respectively.

Additionally, Emma Harris has stepped up into the interim position of Head of Nursing Thoracic Medicine and Ambulatory Care in December 2021 until 28th February 2022, whilst Jennifer Whisken was seconded as Head of Nursing STA.

6. Inquests

Patient A

Patient underwent elective aortic valve replacement and suffered a large stroke on critical care. It was agreed that it was in the patient's best interests to cease treatment and the patient died a few days later. The family raised concerns which were dealt with via the Coroner's process and the next of kin did not wish to meet with RPH.

Medical cause of death:

1a Right middle and anterior cerebral artery ischaemia (stroke)
1b Severe aortic valve stenosis (operated on)
2 Previous transient ischaemic attack, hypertension, Type 2 Diabetes

Coroner's Conclusion

Narrative conclusion – patient suffered a catastrophic complication following a necessary procedure.

Patient B

Patient with dilated cardiomyopathy and left ventricular assist device (LVAD) insertion. Patient underwent LVAD explant and heart transplant but suffered a catastrophic complication of hypoxic brain injury and died. Moderate harm investigation undertaken of anaesthetic and operative management of the case and did not establish any acts of omission.

Medical cause of death:

1a Hypoxic brain injury
1b Failure of orthotopic heart transplant
1c Ischaemia-reperfusion injury and myocarditis
1d Orthotopic heart transplant for dilated cardiomyopathy

Coroner's Conclusion
Narrative conclusion: patient suffered catastrophic brain injury when ECMO clotted and suffered period of low blood pressure.

To note: the ECMO clotted in the context of the team reducing the anticoagulation to manage active bleeding.

Patient C
Complex inquest involving RPH, patient's GP and NWAFT – all legally represented.
Patient had elective CABG and was appropriately discharged. Attended GP as unwell but not advised to attend Hospital. Sought advice from RPH cardiac support nurses and advised to attend A&E which happened. Investigations performed and advice sought and given by RPH but unfortunately patient deteriorated and died.

Medical cause of death
1a Cardiac tamponade
1b Haemorrhagic pericardial effusion
1c Ischaemic heart disease (operated on)

Coroner's Conclusion
Narrative conclusion – died following a known complication of coronary artery bypass graft – the development of pericardial effusion – that led to cardiac tamponade that in turn caused unresolvable cardiac arrest.

There are currently 93 Coroners' investigations/inquests outstanding of which 12 are out of area.

7. Recommendation

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