Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 3 March 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. Critical Care Improvement Programme

The Surgical, Transplant and Anaesthetics Division together with the Chief Nurse are jointly commissioning a transformation programme which will build on improvements already commenced in critical care.

Following a selection process Jennifer Whisken has been appointed to the role of Associate Director of Nursing for transformation in critical care as a secondment for a period of nine months. Jennifer is an experienced Head of Nursing with a background of leading effective change throughout her career in a variety of roles. Jennifer commenced in the role on 21/02/2022.

A governance structure has been approved and the Critical Care Transformation Board will report into and work closely with the Surgical, Transplant and Anaesthetics Operational Director, Head of Nursing and Clinical Directors. It will also have oversight of the programme and will be accountable to the Quality and Risk Committee.

3. Living with COVID

Latest lifting of restrictions

Earlier this week the Prime Minister outlined the plan for Living with COVID-19, and the Trust has received an update from NHS England & Improvement (NHSEI) on what this means for healthcare settings.

At the moment, there will be no immediate change to the processes currently in place. For instance, if staff members test positive for COVID-19, they should not attend work until they have had two negative lateral flow test results taken 24 hours apart - the first of which should not be taken before Day 5. The UK Health Security Agency (UKHSA) will be updating the guidance for staff and patients exposed to COVID-19 and this will be communicated when received.

Testing – Staff will be advised continue to access tests via the universal offer online or at a community pharmacy who will continue to provide a supply of tests until 31 March. We await news on testing provision for NHS staff and patients as this is agreed with UKHSA and the Department of Health and Social Care (DHSC). Reporting test results remains a requirement and the Trust will encourage all staff to report the results of the twice weekly asymptomatic tests whether positive or negative at https://www.gov.uk/reportcovid19-result.

Infection, Prevention and Control (IPC) - There are no immediate changes to IPC requirements. This includes the requirement for staff, patients and visitors to wear a mask/face covering when in a healthcare setting. The consistent application of IPC measures, alongside the roll out of the vaccine programme and staff and patient testing, remains the most effective defence against the entry and spread of COVID-19 in healthcare settings.

Visiting guidance - Our current guidance will remain in place until further notice.

4. Inquests

Patient A
Patient diagnosed with mesothelioma.

Coroner's Conclusion:
Industrial injury (mesothelioma)

Patient B
Patient transferred for drainage of empyema and discharged home following uneventful recovery. The patient had a witnessed arrest and died 6 weeks post discharge with pulmonary embolism. Investigation at inquest established all anticoagulation prescribed and given appropriately.

Medical cause of death:
1a Bilateral pulmonary emboli

Coroner's Conclusion:
Narrative conclusion – Patient admitted to hospital after presenting to GP with pleuritic chest pain and shortness of breath. During the four week admission was treated with antibiotics for an empyema, which required surgical washout and a wedge resection of the left lower lobe at Royal Papworth Hospital. Post operative course was uneventful and patient re-presented to GP with increased shortness of breath over the previous few days; clinical examination was unremarkable. Patient had a witnessed collapse and, despite immediate bystander cardiopulmonary resuscitation, died.

There are currently 90 Coroner's investigations/inquests outstanding of which 11 are out of area.

5. Recommendation

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