Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 7 April 2022**
Report from:	**Chief Nurse, Medical Director 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 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 Critical Care Transformation Board met on 25th March 2022 and received a report on the progress of the first four weeks of the transformation programme.

   The agreed aims of the Critical Care Transformation Programme are: to ensure that it is collaborative, supportive, inclusive, led and locally owned by all CC multi-professional staff; and to provide support, facilitation and challenge to develop and deliver opportunities to think and work differently across several key areas.

   Four workstreams have been developed to ensure programme implementation, as follows:
   a. Roles and Responsibilities
   b. Roster Optimisation
   c. Workforce Optimisation
   d. Culture and Creativity Workstream

   A suite of KPIs has been identified and performance against these will be tracked at future CC Transformation Board meetings.

   Work on the Programme aims to deliver and sustain the opening of the thirty-six commissioned beds on critical care.

3. **CCG quality visit**
   The Cambridgeshire and Peterborough Clinical Commissioning Group requested to visit RPH to undertake a Quality Assurance Visit of Critical Care, Cath Labs and Cardiology Wards, with a focus on medicine management and on four SI reports received by the CCG that included:

   - Medication error
   - Patient fall
   - NG Tube incorrectly place and used without proper checks
   - Delay in escalation of treatment for a deteriorating patient.

The CCG was satisfied and assured from the very positive visit and by staff that they spoke to, and no key actions were given for the Trust.

4. Nosocomial Infections

The Trust had no nosocomial infections with COVID in February, however it has seen a spike in March with six cases identified in the past couple of weeks. Each case is reviewed, and learning is shared with staff via communication that includes the Message of the Week. The main lessons from the infections were:

- Staff need to stay away from work if symptomatic; and
- Adherence to good infection control practices and cleaning standards.

The rate of nosocomial COVID infections as a percentage of known COVID hospital admissions for 2021-22 up to March was 1.8% and including March is 5.6%. This remains low in comparison to other acute Trusts regionally and nationally which are 9.8- 25%.

5. Living with COVID

The Trust has recently received guidance in respect to testing protocol and Living with COVID. This is being reviewed by our Infection Prevention and Control, Clinical Decision Cell (CDC) and workforce teams to understand implications for patients, staff and visitors.

At the time of writing this report, implications to patient pathways are currently being reviewed and a proposal will be prepared for discussion at CDC on 1st April.

The main implication for visitors is that they will not be able to access Lateral Flow Tests (LFT). Visitors will still be asked to book through Dr Dr, and a risk assessment will be undertaken based on symptoms rather than LFT results. Key messages for communication will be:

- Anyone showing any symptoms of COVID 19 should not visit.
- Anyone feeling unwell should not visit.
- The use of masks is still being recommended in healthcare trusts so the Trust will advise all visitors to wear a mask throughout their visit.
- The importance of hand hygiene will be communicated to prevent the spread of infection and visitors will be asked to continue to use the hand sanitisers available across the hospital site.

6. Inquests

There have been five inquests held and concluded within the month.

Patient A:

Patient had not been feeling well in the days leading to their death and sadly passed away at home.

Past Medical History – underwent thoracic surgery at Royal Papworth Hospital with all anticoagulation medication administered correctly. Patient readmitted a few weeks following discharge to local DGH for acute leg arterial embolism.

Post Mortem established the cause of death to be:
1a) Cardiac Failure
1b) Cardiomegaly and Organising Haematoma within Myocardium

Coroner's Conclusion:
Natural Causes

Patient B:

Patient underwent double lung transplant for interstitial lung disease with a very long and complex transplant operation, a long bypass time with large volume blood transfusions. The

patient had a period on critical care and a CT head scan confirmed hypoxic brain injury. Patient passed away later within CCU.

Cause of death:
1a Multi organ failure and hypoxic brain injury
1b Intraoperative haemorrhage
1c Bilateral lung transplant for interstitial lung disease

Coroner's Conclusion:
Patient died of a complication following a necessary surgical procedure.

Patient C:
Patient underwent an urgent coronary artery bypass graft procedure and aortic valve replacement. Severe mitral regurgitation was seen on post op transoesophageal echocardiogram and patient put back on bypass. Patient found to have suffered a stroke, transferred to local DGH where sadly patient passed away.

Coroner's Conclusion:
Narrative - Died from recognised complications of necessary surgical procedure.

Patient D:
Patient had thoracic surgery for mesothelioma.

Coroner's Conclusion:
Industrial disease of mesothelioma

Patient E:
Patient underwent surgery for mechanical mitral valve replacement and mechanical aortic valve replacement. Patient later sadly passed away on the ITU.

Medical cause of death:
1a Pulmonary oedema and organising pneumonia
1b Intra-operative haemorrhage from possible mitral valve pseudoaneurysm
1c Rheumatic mitral and aortic valve disease (operated on) with decompensating cardiac failure
2 Stroke. Obesity.

Coroner's Conclusion:
Narrative conclusion - patient died from a rare complication of a surgical procedure

7. Recommendation

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