Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 6 October 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. **CQC NHS Adult Inpatient Survey - 2021:**

   On 29th September 2022, the CQC published results for the 2021 NHS Adult Inpatient Survey. The report summarises the experiences of over 62,000 patients who used NHS adult inpatient services during November 2021. The survey asked patients for their views on aspects of their care such as: hospital environment, communication with staff, involvement in decisions and being treated with dignity and respect.

   In addition to eight other national Trusts, Royal Papworth Hospital has been identified as an outlier performing 'Much better than expected', highlighting that the proportion of respondents who answered positively to questions across the entire survey was significantly above the trust average.

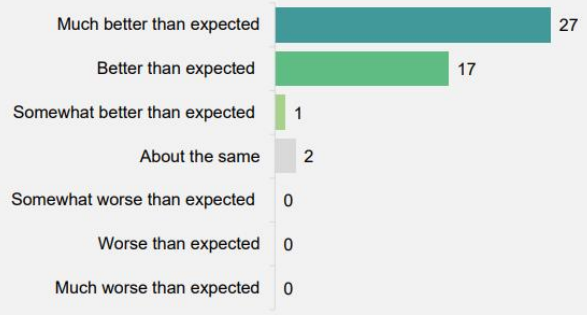
   Below are two tables highlighting: the Trust's results in comparison to other trusts, and the top five and bottom five scores achieved by the Trust. The full report is attached as Appendix 1.

   The results have been communicated with all staff and learning from the results will continue to be shared with all teams.

Summary of findings for your trust

Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



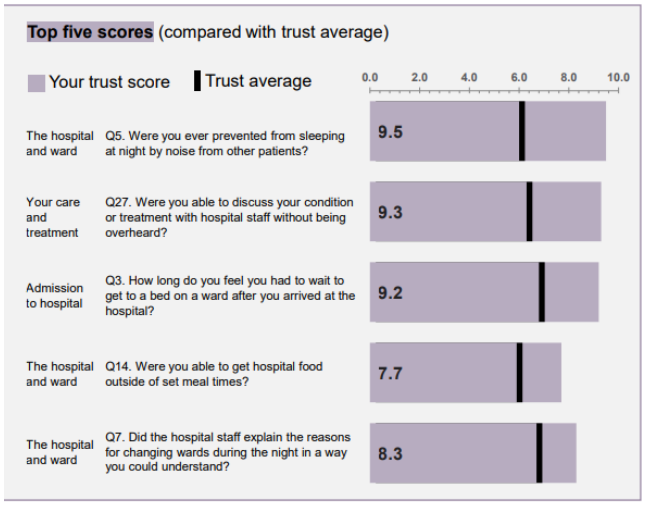
Comparison with last year's results

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2020 results.

Best and worst performance relative to the trust average

These five questions are calculated by comparing your trust's results to the trust average (the average trust score across England).

- **Top five scores**: These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.



3. Critical Care Transformation Programme

The Critical Care Transformation Programme (CCTP) team is continuing with programme delivery across the workstreams below with critical care staff / muti-professional teams, and planning is underway for transition of the programme to Business As Usual within the division.

Key focuses for the programme and transition are as follows:

1. Roster optimisation work continues with some interim dedicated support.
2. Roles and responsibilities: Band 7 line management development programme is being developed, which will help consolidate roles and responsibilities in the unit.
3. Culture and Civility: On 13th October, we will welcome Dr Turner for a Civilities Saves Lives event.

4. Inquests

Patient A
Admitted via PPCI pathway in September 2020, patient found to have severe aortic stenosis and admitted for work-up for surgical management. During ward stay, patient developed Fast AF with decompensated heart failure and worsening AKI. Patient transferred to critical care where there was a sudden deterioration and the patient died.

Serious Incident SUI-WEB36634
Patient's management and deterioration on the ward investigated.
Root cause: There were missed opportunities for earlier senior review leading to a delay in investigations and escalation and transfer to Critical Care for closer monitoring and support.

Cause of death:
1a Pulmonary oedema
1b Cardio-renal failure
1c Bicuspid aortic stenosis
2 Degenerative mitral valve disease

Coroner's Conclusion: Narrative
Patient was admitted to Royal Papworth Hospital. He was known to have a number of significant co-morbidities including severe aortic stenosis with moderate aortic regurgitation, moderate-severe mitral and tricuspid regurgitation with severe left ventricular systolic impairment. Patient's condition deteriorated whilst waiting for planned urgent surgery and he developed anuria (no urine output). A Hospital investigation determined that there was a delay in the recognition of the importance of anuria. The Hospital identified two missed opportunities to escalate patient's deterioration to the on-call Consultant Cardiologist. Earlier recognition of the importance of anuria and earlier escalation to the Consultant may have led to earlier transfer to Critical Care to facilitate closer monitoring of patient's condition. Following transfer to CCU the patient suffered a sudden deterioration, went into cardiac arrest and died.

Patient B:
Patient underwent a heart transplant for a cardiomyopathy. Initially made a good recovery but presented with worsening heart failure and thought to have antibody mediated rejection for which they were treated but continued to deteriorate and died.

Cause of death:
1a Myocardial infarction
1b Chronic allograft vasculopathy
1c Heart transplant for dilated cardiomyopathy

Coroner's Conclusion: Narrative
Death due to a known complication of surgery.

5. Recommendation

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