Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 6 April 2023**
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 Transformation Programme (CCTP)**
   In February 2022, the Surgical, Transplant and Anaesthetics (STA) Division together with the Chief Nurse, jointly commissioned a nine-month Transformation Programme to develop and implement several interventions to deliver improvements in Critical Care (CC), in partnership with CC staff. This approach was enabled by the appointment of an Associate Director of Nursing for Transformation in CC for the duration of the programme.

   The aims of the Critical Care Transformation Programme were:
   - To ensure the programme was collaborative, supportive, inclusive, led and locally owned by all Critical Care multi-professional staff.
   - To provide support, facilitation, and challenge to develop and deliver opportunities to think and work differently across several key areas including:
     - Roles and responsibilities
     - Roster optimisation
     - Equality, diversity, and inclusivity
     - Workforce improvements: workforce planning, nursing recruitment and retention, education and training and leadership development

   Project outcomes included:
   - Improved roster effectiveness
   - Recruitment and retention of nursing staff
   - Improvement in staff engagement scores and staff survey results
   - Optimising Critical Care commissioned bed capacity.

   The key operational outcome required from the programme was the delivery and sustainability of 36 commissioned critical care beds. The Critical Care Transformation Programme has supported CC opening to 36 beds and the delivery of the highest bed occupancy of 87% since October 2021.

A strong working relationship between Critical Care nursing leads, staff on the unit and the Critical Care Transformation Team developed, building trust over the course of the programme with senior nursing at the forefront of leading and working in partnership with the transformation team across the four workstreams. Moving forward, CC nursing leads remain motivated and committed to embedding changes and ongoing continuous service improvement across the unit.

Over the past three months, work has been ongoing with the STA Triumvirate and the Critical Care Multi Professional Implementation Group to develop an agreed and sustainable transition and handover plan for each of the workstreams developed, using existing governance structures within the division.

The challenge now is sustaining the progress that has been made to date and continuing the culture of continuous service improvement for Critical Care, building on the commitment of staff and the opportunities identified.

3. Serious Site Infection (SSI) Rates

Quarter 3 data has been reviewed in line with external reporting and submitted to UKHSA. 8.1% of inpatients/readmissions who had developed an SSI post CABG surgery was reported. Overall SSI total for Quarter 3 is 9.7%. Data for Quarter 4 are still being collated.

Fortnightly SSI Stakeholder Group meetings continue with multi professional attendance. The action plan is progressing with additional work streams for March 2023 focusing on:

- NICE Guidance
- Reduction of footfall numbers in theatres
- Review of diabetic management pre and post surgery.

All actions are being monitored by the SSI Stakeholder Group and the monthly Infection Control and Pre & Peri Operative Care Committee.

4. Quality Assurance Visit by ICB – 8th March 2023

On 8th March four senior members of the ICB undertook a Quality Assurance visit to Thoracic and Ambulatory Care. An official report is awaited, but feedback received on the day was very positive and highlights include:

- Environment was tidy, organised and clean.
- The atmosphere was calm, and the visiting team commented on staff describing how they felt updated and involved in Trust communications demonstrating good leadership.
- Excellent MDT working was observed and described as ‘knitted together’.
- All staff were passionate about patient care and pride in their work and roles shone through.
- Patients reported feeling supported and confident in the staff, and patients also reported improved quality of life as a result of care received.
- Electronic monitoring and recording were clear to see.
- Staff reported that their training was supported and felt confident in raising concerns and they felt listened to.
- Staffing challenges were recognised but also how staff mitigate to maintain safety.

The feedback was shared with all staff who were involved in the visit.

5. Inquests

Patient A

Patient suffered a myocardial infarction in September 2021 for which they underwent a coronary artery bypass graft. Patient suffered post operative complications and continued to deteriorate despite medical intervention and treatment.

Medical cause of death:

1a Pneumonia and multi-organ failure
1b Sternal wound infection (treated) and
1c Ischaemic heart disease (operated on)
2 Diabetes mellitus, hypertension, myocardial infarction

Coroner's conclusion:
Natural causes.

Patient B
Patient was diagnosed with respiratory failure in 2017 and subsequently motor neurone disease, required ventilatory support and used home non-invasive ventilation (NIPPY3). Admitted to local District General Hospital with signs of pneumonia. Nursed in a side room and became disconnected from their ventilatory support and was found collapsed. The alarm on the machine malfunctioned. Despite attempts at resuscitation the patient died as a consequence of pneumonia in conjunction with lack of ventilatory support needed for their motor neurone disease.

Medical cause of death:

1a Acute bronchopneumonia and disconnection of non-invasive positive pressure ventilation tubing.
1b Motor neurone disease

Coroner's Conclusion:
Narrative Conclusion – died as a consequence of respiratory failure due to bronchopneumonia as a result of the motor neurone disease and the disconnection of ventilatory support.

Patient C
Patient underwent elective pulmonary thromboendarterectomy surgery for the treatment of severe pulmonary hypertension. Despite appearing to be progressing well, four days post surgery started to deteriorate and was returned to theatre to evacuate a blood clot. Returned to theatre for a second time as post operative bleeding continued despite attempts to identify and remedy the source of bleeding. Patient continued to deteriorate despite continued care and treatment and died.

Medical cause of death:

1a Multi-organ failure
1b Post operative haemorrhage and tamponade (operated on)
1c Pulmonary thromboendarterectomy for chronic thrombo-embolic disease.

Coroner's Conclusion:
Narrative conclusion – patient died as a result of a known complication of surgical procedure

Patient D
Frail patient with past medical history of COPD (long term steroid use), ischaemic heart disease, previous angioplasty and stents. Admitted to local hospital due to breathing difficulties (COPD) and during admission suffered chest pain. Transferred to RPH for angiogram, access difficulties due to previous angioplasties and low body weight. Balloon dilatation and stent placed. Reversal of protamine at end of operation and sheath removal in recovery by Registrar (no evidence of bleeding). Patient deteriorated that evening on ward with ECG changes, transferred to Cath Lab but due to suspicion of gastrointestinal bleeding patient taken for CT scan. The bleeding confirmed on the CT but seen to be remote from the femoral punctures. Patient managed conservatively and died later that evening.

Medical cause of death:
1a Myocardial infarction, spontaneous rectus sheath haemorrhage
1b Ischaemic heart disease

Coroner's Conclusion:
Natural causes – patient had ischaemic heart disease which led to a myocardial infarction. A spontaneous rectal sheath haemorrhage happened in the presence of a number of risk factors.

Patient E
Patient exposed to asbestos fibres in working life which caused patient to develop a malignant mesothelioma and therefore directly contributed to patient's death.

Medical cause of death:
1a Mesothelioma

Coroner's Conclusion:
Industrial disease

The Trust currently have 109 inquests pending. Five inquests were heard in February with one requiring further witness evidence and will be relisted for conclusion in May 2023.

6. Recommendation

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