Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 7 September 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 (PIRP) to the Board:

2. Serious Site Infection (SSI) Rates:

The Trust is pleased to advise that there is an improving position in relation to SSI rates in the month of July, with post CABG surgery rate currently at 3.4% (as at 3rd August). This compares to 7.9% in June 2023, although it should be noted that the July data is early data and will therefore be subject to review. No patients have been identified in July through outpatients and community care. In the month of July, the SSI rate post valve surgery was 1.9%, although this too, is early data and subject to review.

There were no Organ Space infections following CABG surgery in the reporting period from 1st April to 3rd August 2023.

The Trust invited an external peer review from NHSE infection control experts in relation to its increased SSI rates. The review took place on 12th and 13th June and was attended by five external reviewers from NHSE and the ICS. The review report has now been received and its recommendations are being reviewed and actioned through the SSI Steering Group and relevant sub-groups.

3. MRSA Bacteraemia

There was one case of MRSA bacteraemia recorded in July. Whilst the MRSA was a community onset HCAI, some learning has been identified in respect to the progression to development of bacteraemia.

4. Inquests

The text highlighted in blue below has been included for clarification following queries raised at the Quality & Risk Committee held on Thursday 31st August 2023.

Patient A

This inquest was the conclusion of an adjourned inquest which had been heard in February 2023 with further witness evidence in July.

Patient admitted for elective pulmonary endarterectomy (PEA) procedure. Past medical history was significant with chronic thromboembolic pulmonary hypertension on Sildenafil and Warfarin medication. The patient was Hepatitis B positive, Sickle Cell trait and had previously undergone a laparotomy for bowel resection. The procedure was uneventful and the patient was transferred to ICU, extubated the following day and was deemed fit for transfer to the ward from ICU.

In the early hours of the morning the patient deteriorated. This was managed by the medical and nursing team in conjunction with consultation from the consultant surgeon by telephone. The observations of the patient remained a matter of concern and the medical team were contacted for further reviews.

Later that morning, the patient suffered a witnessed cardiac arrest on the ward requiring emergency chest re-opening on the ward due to suspected cardiac tamponade and immediate transfer to the operating theatre. *The operative findings included some bleeding from the right ventricle but no obvious tamponade and the bleeding was controlled.* Thereafter the patient was initiated on veno-arterial extracorporeal membrane oxygenation (VA ECMO). Unfortunately, the patient did not survive the hospital admission and succumbed to complications related to the cardiac arrest.

Investigated as a Serious Incident which identified a missed opportunity in escalation. Findings and actions discussed at inquest. *The post mortem report detailed a thromboembolism wedged in the patent foramen ovale and one possible cause of death would have been new pulmonary emboli but no firm conclusion could be made.*

Cause of death:

1a Multiorgan failure
1b Post operative cardiac arrest *
1c Chronic thromboembolic pulmonary hypertension (operated on)

* *The cause of cardiac arrest is not certain.*

Coroner's Conclusion:

Narrative Conclusion: Died from complications following a Pulmonary Endarterectomy intervention for chronic thromboembolic pulmonary hypertension.

The Trust has currently 116 Coroner's investigations/inquests outstanding.

5. Recommendation

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