

**Agenda item 3.ii**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 2 November 2023</b>
<b>Report from:</b>	<b>Chief Nurse and Medical Director</b>	
<b>Trust Objective/Strategy:</b>	<b>GOVERNANCE: Patient Safety, Effectiveness of Care, Patient Experience and DIPC</b>	
<b>Title:</b>	<b>COMBINED QUALITY REPORT</b>	
<b>Board Assurance Framework Entries:</b>	<b>Unable to provide safe, high-quality care BAF numbers: 675, 742</b>	
<b>Regulatory Requirement:</b>	<b>CQC</b>	
<b>Equality Considerations:</b>	<b>None believed to apply</b>	
<b>Key Risks:</b>	<b>Non-compliance resulting in poor outcomes for patients and financial penalties</b>	
<b>For:</b>	<b>Information</b>	

**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. Cardiac Rehabilitation – reaccréditation**

Cardiac Rehabilitation regained their accreditation with the British Association for Cardiovascular Prevention and Rehabilitation (BACPR), which had been affected by COVID. This accomplishment is a testament to the team’s hard work.

**3. Allied Health Professionals Day – 13 October 2023**

The Trust celebrated Allied Health Professionals (AHP) Day on 13 October with events showcasing the wonderful work that the AHPs do on a daily basis including Step In My Shoes and fun, educational activities in the Atrium.

Following a very successful nomination period, awards were given to AHPs from different groups, with the Overall Achievement Award going to Occupational Therapist, Helen Long.

**4. ICB Quality Assurance Visit**

The ICB undertook a bi-annual Quality Assurance Visit to the Trust where they visited our Cardiac Support and 5North and 5South and met with Mr Jenkins.

The visit was linked to the recent Serious Incident around escalation of NEWS observations and focused on pre-operative optimisation of patients and the patient experience and journey.

The full report will be available in November, but verbal feedback was very positive, with key highlights being:

- The ICB felt reassured about the shared decision making, how consent and risk is discussed with patients before surgery.

- They spoke to two patients on the wards who gave positive feedback of their care and experience.
- Staff were welcoming and very professional.
- ICB felt reassured that the Trust's consent booklets and All About Me booklets were excellent.
- Two areas of reflection from patients were noted including distance travelled pre-surgery for an MRSA screen (they had taken the option of a cancellation slot), and also linked to how the Trust can better support carers/loved ones when patients are undergoing surgery. Both areas of reflection have been noted and learning shared.

## 5. Inquests

One inquest heard in September which RPH provided a statement for but no-one from the Trust was required to attend. One pre-inquest review hearing was attended in September – the purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest.

There are currently 116 Coroner's investigations/inquests outstanding.

### **Patient A**

Patient had a history of progressive lung disease and had pneumonia in 2006 which required right thoracotomy for drainage and rib resection at a District General Hospital (DGH). The patient had worsening breathlessness resulting in emergency hospital admission in December 2014. Patient referred from DGH to RPH and assessed by the pulmonary vascular disease unit (PVDU) in January 2015. There was a concern that the interstitial abnormalities noted on the thoracic CT scan may have been drug induced, as propylthiouracil has been associated with pleural and interstitial lung diseases and treatment was therefore discontinued at the end of January 2015.

The patient continued to be reviewed regularly until March 2017 and was then referred back to RPH in 2022. Despite discontinuation of the drug, after initial improvement, the patient's ILD continued to progress with the development of progressive pulmonary fibrosis and the patient sadly died at their DGH in February 2023.

### **Medical Cause of Death:**

- 1a) Septic Shock
- 1b) Community Acquired Pneumonia
- 1c) Pulmonary Fibrosis
- 2) Chronic Myelomonocytic leukaemia, ST elevation myocardial infarction, pulmonary hypertension

### **Coroner's Conclusion:**

Natural causes: It is not possible to state, even on the balance of probabilities, that the interstitial lung disease was caused by the propylthiouracil.

## 6. Recommendation

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