Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 4th April 2024**
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: 675, 742**	
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. Surgical Site Infections (SSI)

There continues to be a reduction in the rate of surgical site infections (SSIs) for patients who have undergone coronary artery bypass graft surgery (from 5.4% in January to 1.3% in February), with a quarterly rolling average of 4.5%. The SSI Stakeholder Group continues to oversee the improvement work relating to reducing SSI ensuring actions are being progressed and compliance with standards are maintained. There has been a notable improvement in compliance with decolonisation treatment in February (increase from 20% in January to 90% in February). Main areas of focus for March are Theatre footfall and cleaning and decontamination of equipment in Critical Care.

There has been 1 case of clostridium difficile (c.diff) in January and 2 in February. All cases of c.diff are subject to a review by the Infection Prevention and Control Team using a systems approach and in 3 cases there were no omissions of care and were unavoidable.

3. Safer Staffing

Safer Staffing fill rates for daytime and nighttime staffing (Registered Nurses and Health Care Support Workers) has continued to improve throughout January and February. This is consistent with a reduction in vacancy rates.

4. Matron Development Programme

On March 18th, in collaboration with Cambridge University Hospitals, we launched a Matron Development Programme. The Programme aims to provide Matrons and aspiring Matrons with an opportunity to review, practise and enhance their skills confidence and capability whilst having an opportunity to network and share experiences.

5. Inquests

Two inquests were concluded as outlined below and the Trust also attended two Pre-Inquest Review Hearings (PIRH) with the Cambridge and Peterborough Coroner. The purpose of these hearings is for all interested parties to meet and agree the scope of the future inquest. Both of these inquests are listed for summer 2024.

There are currently 78 Coroner's investigations /inquests outstanding.

Patient A

Patient referred for pulmonary endarterectomy surgery in 2020 and made a good recovery. The patient was discharged but re-admitted with a wound infection one month later. The patient had regular follow up appointments and was discharged back to the care of their DGH. Sixteen months later the patient was found dead at their home as a consequence of complications arising from a deep vein thrombosis. Their death was contributed to by diabetes mellitus and infected leg ulcers.

Medical cause of death:

1a	Pulmonary thromboembolism
1b	Deep Vein Thrombosis
2	Diabetes mellitus, self-neglect with infected leg ulcers

Coroner's Conclusion:

Natural cause contributed to by self-neglect.

Patient B

The patient had a history of complex congenital heart disease and had undergone a series of corrective procedures and a heart transplant under the care of Great Ormond Street Hospital. The patient transitioned to Royal Papworth Hospital transplant team. Sirolimus medication dose was adjusted in accordance with blood results and the patient developed problems with peripheral oedema and was unwell so was seen both by General Practitioner and later by the Cardiologist at Royal Papworth. Investigations at that stage revealed little of concern and medication was adjusted. Patient admitted as an emergency to Maidstone Hospital with shortness of breath and peripheral oedema as well as reduced consciousness and also had a raised D Dimer. A CT scan of their head ruled out any new intracranial pathology and a CT pulmonary angiogram revealed no signs of a pulmonary embolism but a possible pericardial effusion. Advice was sought from Royal Papworth and an echocardiogram showed no change when compared to previous echocardiograms and patient was discharged home with a plan for follow up. Patient suffered a cardiac arrest at home from which they not be resuscitated and a post mortem revealed the patient had died as a consequence of a cardiac arrest due to acute cellular rejection of their cardiac transplant due to congenital cyanotic cardiac disease.

Medical cause of death:

1a	Cardiac arrest
1b	Acute cellular rejection of cardiac transplant
1c	Congenital cyanotic heart disease (treated with cardiac transplant)

Coroner's Conclusion:

Narrative Conclusion – died as a consequence of acute rejection of cardiac transplant. The transplant itself was undertaken 21 months earlier for significant congenital cardiac disease.

6. Recommendation

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