Agenda Item: 3iii

Report to:	**Board of Directors**	**Date: 2 April 2020**
Report from:	**Chief Nurse and Medical Director**	
Principal Objective/ Strategy and Title:	**GOVERNANCE: COMBINED QUALITY REPORT Patient Safety, Effectiveness of Care, Patient Experience and DIPC**	
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/Background/Summary

The Medical Director and Chief Nurse would like to highlight the following in addition to the Papworth Integrated Performance Report (PIPR) to the Board:

2. Quality and Risk Committee Exception report and Escalation February/March 2020

The Chief Nurse and Medical Director have no matters to escalate to the Board as the information is sufficiently summarised in Chair's Report.

3. DIPC Report (BAF 675)

In addition to the Chair's report the Chief Nurse and Medical Director would like to report the following.

Emergency preparedness

As we prepare our staff for the pending surge from the CoVID 19 Pandemic we have enacted the following:

- Command and Control Centre is up and running. This is open 8am to 10pm, with an on call system out of hours.
- Commenced preparing areas to accommodate Critical Care Patients
  - Zone 1 (46 beds in CCA) complete
  - Zone 2 Complete (requires ventilators)
  - Zone 3 in progress
- Staff training is going well with over 200 staff attending Critical Care basic training including junior medical staff.
- Clinical Nurse Specialists and the research team are returning to ward areas.
- Donning and doffing training is well underway.
- We have opened staff stations to provide extra space for staff to relax and unwind. We have had a lot of gifts of snacks and hand cream donated to staff. Each staff facility has access to free tea / coffee and refreshments. We have also commenced the free onsite parking for staff.
- We have stopped elective work but continued urgent and emergency work, with 2 theatres and 2 catheter labs in operation.
- We have procured 3 additional ambulances (vehicle and driver) to aid with Critical Care transfers.
- We reduced visiting initially, and then stopped visiting across the whole hospital last week except in extreme circumstances, for example end of life care.

- Our PALs office remains open to deal with telephone enquiries and we are providing facetime facilities for patients and their relatives.

4. Inquests/Investigations:

Patient A
Patient suffered aortic arch aneurysm and admitted to Royal Papworth Hospital and underwent surgery the following day. Sadly the patient died on the operating table with an unusual complication of capillary leak syndrome. Over 24 litres of fluid were infused during the operation. This meant the patient was exceptionally swollen at the time of death. This is a very rare complication.

Coroner's conclusion:
Died from a recognised, but rare complication of a necessary procedure.

Patient B
IHU patient awaiting date for surgery was found unresponsive in bed and disconnected from cardiac monitor.

Coroners Conclusion:
Natural causes: Death due to cardiac arrest whilst not being monitored continuously for cardiac rhythm disturbances.

This case was investigated as an SI at the time SUI-WEB29910 and actions completed.

Patient C
Vascular injury during bicuspid aortic valve surgery. Recognised and vascular input requested. Patient transferred to CUH for vascular intervention and sadly died the following day.

Coroners Conclusion:
Medical Misadventure (an unintended outcome of an intended action).

This was investigated as an SI at the time SUI-WEB32857. All actions completed

Patient D
Patient was under the Aortic follow-up clinic, having suffered a Type A aortic dissection in July 2016 and treated by emergency surgery at Royal Papworth Hospital.

In August 2017 it was noted that the patient had a persistent false lumen following the aortic dissection, but that this did not meet the size for intervention (5cm at this stage). Continued surveillance was recommended and a scheduled surveillance CT scan arranged for 2018. On this scan, the descending aorta had increased in size to 6.1cm, and the patient was brought to the joint Papworth-Addenbrookes Aortic MDT in April 2018 for discussion. The aorta now met the size at which intervention is recommended, but the group did have concerns about whether the patient was fit enough to undergo such extensive surgery.

The patient was reviewed again in the joint Papworth-Addenbrookes aortic clinic in April 2018 where the risks and benefits of intervention were discussed with a quoted 10% risk of operative mortality and the same risk of a serious complication. The likelihood of sudden aortic rupture which would be fatal was very high.

The patient underwent redo-sternotomy, aortic arch replacement and stenting of the descending thoracic aorta in May 2019. The operation proceeded uneventfully. It was at the point where the anti-coagulation required for the surgery was reversed that the right heart distended and failed. The patient was placed on a temporary mechanical assist device to support the right heart. Unfortunately this

intervention was unable to sufficiently de-congest the liver and the patient developed worsening liver failure. The patient's left heart began to fail, and despite maximal support passed away.

Coroners Conclusion:
Medical Misadventure (an unintended outcome of an intended action).

No learning for the Trust

The Trust currently has 35 open cases – 2 of which are with an out of area Coroner.

The Trust has been notified that a case was closed in September 2019 without witness attendance from Royal Papworth Hospital. There was no learning for the Trust.

The Trust has given evidence at 4 inquests since the last Board report in January.

Recommendation:

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