

Agenda Item 1.v

Report to:	Board of Directors	Date: 2 December 2021
Report from:	Chief Executive	
Principal Objective/ Strategy and Title	Chief Executive Report	
Board Assurance Framework Entries	Governance	
Regulatory Requirement	N/A	
Equality Considerations	None believed to apply	
Key Risks	N/A	
For:	Information	

1. Purpose

This report provides the Trust Board with a monthly update from the Chief Executive.

2 Introduction

Figures released this month highlighted that, in October, major A&Es treated more than 1.4 million people – the third highest month of all time – and the health 999 service had its busiest ever month with staff answering more than a million calls.

The emergency pressure around the country has been sustained for a considerable period of time, including here at Royal Papworth Hospital. This has to be managed alongside our continued collective focus on maintaining elective recovery as best as circumstances allow, and despite the pressures more than 1.3 million patients started consultant led treatment nationally in September.

Together with delivering a national vaccination programme which has seen more than 93 million jabs, and 12 million boosters, administered, a lot is being asked of the NHS and our people at the moment.

At the Trust we have seen increased emergency and critical care pressures which have impacted our ability to deliver elective care, and our staff have continued to work incredibly hard as a result. I would like to iterate my formal and public thanks here for their continued focus on compassion, excellence and collaboration in delivering the care our patients need.

With this as a backdrop it is a testament to the whole organisation's focus on quality that as a Trust we have been placed in segment one of the NHS System Oversight Framework (SOF).

The framework, published in June by NHS England and NHS Improvement, reflects the ambitions of the NHS Long Term Plan and is built into themes around a set of metrics.

All trusts and integrated care systems (ICSs) have been placed into a segment in the framework, categorised from one to four. Segment one means the organisation or system is consistently high performing, while segment four replaces what was previously known as 'special measures', and reflects complex issues around quality or finance concerns.

At the moment just 15% of provider trusts, and 19% of specialist trusts, are in segment one nationally; the eligibility criteria includes being on agreed financial plans, being rated Good or Outstanding by the Care Quality Commission (CQC) overall and for 'well-led', and typically being in the top quartile nationally based on relevant oversight metrics.

We do not take this for granted and know that, despite the pressures, there needs to be a continued focus on maintaining the high standards we, and our patients, rightly expect.

3 Operational update

As mentioned, throughout the month capacity has remained constrained due to staff absence, primarily due to sickness and COVID self-isolation, and high emergency demand for patients requiring surgical or cardiological intervention.

This affected all areas of the Trust but was most acutely felt within the critical care nursing team. Alongside staffing factors, the team has continued to experience high levels of ECMO demand – with approximately a third of available beds occupied in this way.

Despite adjusting to a lower level of planned elective activity, as a consequence of the challenges mentioned we have had to postpone higher numbers of elective procedures, and utilisation of theatre capacity and the surgical bed base was adversely impacted.

To maintain safety, temporary measures were put in place to move staff between their rostered location and areas where they were needed more acutely, but we recognise how disruptive this can be for staff. As such, we took the decision to offer a series of fixed-term secondment opportunities into critical care, and our first cohort of six nurses have now taken this up. This should help to provide some additional stability and consistency, and the Trust is very grateful for all those who have chosen to support in this way and help us to ensure safe nurse to patient ratios.

4 Clinical update

Earlier this month we reported our first COVID nosocomial infection since April 2020, which means that a patient acquired COVID whilst in our hospital. We are disappointed that this has happened and have apologised to the patient and their family; the case will undergo scrutiny through the Trust's incident review process to ensure all possible lessons have been learned, and any necessary improvements or changes are made.

This has served as a reminder to all on the vital importance of adhering to essential infection prevention and control practises and maintaining the highest possible standards. The infection prevention and control team are undertaking additional walk-arounds to provide support and guidance, which is being reinforced by senior leaders across all areas.

5 Financial update

Our current year to date financial position shows a surplus of £2.6m, which is marginally favourable to plan. The position includes the continuation of national funding arrangements, including block payments for NHS clinical activity, top-up payments and COVID funding. In turn, our cost improvement programme (CIP) is currently ahead of plan by £1.9m. The Trust has £5.4m of pipeline schemes identified against an annual target of £5.4m.

6 Workforce and employee engagement

6.1 Mandatory vaccinations

You'll be aware that this month the Secretary of State for Health and Social Care announced that, with effect from 1 April next year, it will be compulsory for all patient-facing staff working within the NHS in England to have received both doses of the COVID vaccine.

The principle arguments put forward for making these vaccines compulsory are that they: protect staff from these infections and will reduce transmission within health and social care settings; contribute to the protection of individuals who are clinically extremely vulnerable; and avoid disruption to services that provide care.

We are currently awaiting further guidance from the Department of Health and Social Care on the roles that will be covered by this, and any associated exemptions. In the meantime, we have been reviewing our data to ensure that our records are comprehensive and up to date, and begun to talk to staff about this change and how we want to appropriately support the small number of people who are not yet double-vaccinated. These decisions are clearly personal, and managers will be having sensitive one-to-one conversations to understand each individual's reasons and circumstances, and to answer any concerns or information needs they may have.

The feedback from these discussions will further inform what support we need to put in place, and to understand any potential impact on staff utilisation and service provision arising from this Government regulation.

6.2 Launch of Women's Network

November saw the launch our Women's Network via a webinar with a panel of women leaders from inside and outside the organisation. It was a fantastic event with really stimulating discussion, covering a range of topics like the menopause, authentic leadership, flexible working, having a growth mind-set and challenging stereotypes. I am looking forward to seeing the Network develop.

7 Estates and facilities update

We had the first of a now regular series of meetings with the Chief Executive of Skanska this month. It was a productive meeting and was useful to talk together about how we can set a sustainable, productive working relationship moving forwards. The senior Skanska team reaffirmed their commitment to Royal Papworth and the intention to be a strong working partner with the Trust.

The Trust also held a joint workshop between our estates and facilities team, Skanska and OCS around cultural behaviours and team working, to help us collectively improve relationships and service delivery. This has been an encouraging step and feedback from the session was overwhelmingly positive from all sides.

8 Integrated Care System update

This month saw Jan Thomas appointed as Chief Executive Officer Designate for the new Cambridgeshire & Peterborough Integrated Care Board (ICB).

We're delighted to see Jan take on the role of CEO following her current position in the system. Jan clearly demonstrates the passion and drive to lead our system as we evolve into a thriving ICS and her insight will be invaluable in ensuring our system works together to secure excellent health and care outcomes for the people of Cambridgeshire and Peterborough.

Jan's appointment was recommended by NHS England and NHS Improvement following an open and robust national recruitment process, and she will take up the designate CEO role prior to statutory accountability changing on 1 April.

9 News and updates

9.1 Surgeons: At the Edge of Life

The fourth series of the award-winning BBC documentary series Surgeons: At the Edge of Life started this month, which showcases some of the most advanced and complex surgery in the world - including that which takes place behind our theatre doors at Royal Papworth Hospital.

The series so far has seen our surgical teams deliver life-saving surgery to repair an aorta which has doubled in size, operate on three of four valves in an 80-year-old's heart, and attempt to remove a rare tumour from the bronchus.

The series has highlighted how our people, and those at our neighbouring Addenbrooke's who also feature in the programme, undertake some of the most complex operations in the world; where technical skill is paramount and the margins for error are slim. Throughout the series some of our lesser known teams, like our clinical engineering colleagues, have also received a well-deserved spotlight on the work they do to help keep the hospital, and its vast amounts of equipment, running.

It has been humbling to watch, and having seen some of the many comments shared from all over the country on social media about the programme and our people, it seems many feel the same. I'm hopeful that will help to show not just our staff just how valued and appreciated they are, but be a morale boost to staff across the NHS.

9.2 Health Service Journal Awards

It was a pleasure to see the Trust shortlisted in the Acute or Specialist Trust of the Year category at this year's Health Service Journal (HSJ) Awards.

Although this time the Trust did not walk away as the winner, I hope everyone who is part of Royal Papworth can take pride that the Trust was one of just nine organisations in the country to be chosen as a finalist.