

Agenda Item 1.v

Report to:	Board of Directors	Date: 6 August 2020
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/Background/Summary

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

2. Operational update

2.1 Restoring clinical services

Follow the peak of the COVID-19 pandemic in April, the Trust developed a medium-term clinical strategy for the restoration of our services; we are now midway through the delivery of this strategy and good progress has been made. Elective activity across our cardiology, thoracic medicine and surgery services is ahead of plan, despite an increase in patients needing our emergency cardiology and cardiac surgery pathways. Our diagnostic services are also making good progress: we have addressed a backlog of CT scans and have added additional capacity for Echo testing. We are now focusing on recovering our MRI and Respiratory Support and Sleep Centre (RSSC) services, and it has been pleasing to see the teams working together to optimise the number of patients we can treat in these areas. Although there is some way to go until our services are fully restored, informal feedback from other specialists providers suggests that we are restoring services at a faster rate than many other organisations. Our Clinical Decision Cell (a group of senior clinicians who led our clinical response to the pandemic) is developing the next phase of our recovery strategy which will cover the period from the end of August through to April 2021.

2.2 Preparing for winter

Planning for winter 2020/21 is being led at a system level as part of the third phase of the NHS' recovery strategy. We are actively contributing to this plan and have identified nine areas which will need detailed planning. These include roster optimisation, staff recruitment, optimisation of patient flow through constrained

treatment areas, delivery of an effective flu vaccination programme and developing sustainable services.

3 Financial update

3.1 NHS financial framework and recovery planning

As reported in previous months, as a result of the COVID-19 pandemic NHS England/Improvement (NHS E/I) suspended the 2020/21 operational planning round and implemented a revised and simplified financial framework for April to July inclusive. The temporary framework was based on the following principles:

- that financial constraints do not stand in the way of taking urgent, immediate and necessary actions;
- that during a period of potentially increased staff absence, transactional and administrative burdens were reduced; and
- that sufficient, and guaranteed levels of cash flowed quickly to providers to maintain supply chains.

There have been three core elements to provider funding in this period:

- a block payment based on 2019/20 CCG income;
- a prospective top up payment based on 2019/20 expenditure run-rate; and
- a retrospective top-up to fund COVID-19 costs and any other additional costs.

In this context, the Trust reported a breakeven financial position in June, which is in line with our regulator's expectations.

On 28 July NHS E/I took the decision to extend the temporary financial arrangements to cover August and possibly September 2020 on the basis that this would support restoration, and enable continued collaborative working.

The Trust understands that from 1 October, NHSE/I's intention is to move to a revised financial framework. This revised framework will retain simplified arrangements for payment and contracting, but will have a greater focus on system partnership funding and activity restoration.

4. Clinical update

4.1 COVID-19 patient outcomes

In total, we have now cared for 130 patients with COVID-19, including 97 who were admitted to critical care. Very sadly, 22 of the 130 patients treated here died. However, 91 of our COVID-19 patients have now been discharged. I am very pleased to report that our outcomes data so far shows that, despite the fact that Royal Papworth treated some of the sickest patients, our critical care mortality rate to date is 23.7%, which compares favourably to a UK average of 38.4% for COVID-19 patients leaving critical care. When considering all patients - not only those in critical care - our total mortality rate is 17.7%, compared to the UK average of 26.8%. We continue to monitor this data regularly and of course it is still too early to know the longer-term outcomes for our COVID-19 patients, however I believe that we can all be very proud of the patient impact and outcomes that have resulted from the remarkable efforts of our staff.

4.2 National Inpatient Survey

In the latest annual national survey, Royal Papworth Hospital has been listed as one of the best-performing hospitals in the country for inpatient experience, according to The Care Quality Commission's (CQC) 2019 Adult Inpatient Survey. Patients aged 16 or older who had at least one overnight stay were asked a range of questions including whether they had confidence and trust in the doctors, the cleanliness of the hospital, and the quality of the food. Trusts were then listed in one of five categories based on the proportion of patients who responded positively compared to the average; 'much better than expected', 'better than expected', 'about the same', 'worse than expected' or 'much worse than expected'. Patients at Royal Papworth experienced care that was 'much better than expected'; with 78% of responses listed as the most positive answer. Royal Papworth is one of only nine Trusts in the country to be rated as 'much better than expected' according to the survey. Patients rated their overall experience as an inpatient at Royal Papworth Hospital as 9.1 out of 10. The highest rating Royal Papworth Hospital received was in the question around respect and dignity, with patients recording a rating of 9.7 out of 10 when asked whether they were treated with respect and dignity in the hospital. I would like to thank all of our staff and volunteers who have worked so hard to provide such a positive experience to our patients.

4.3 Research and development activity

Throughout the pandemic, clinicians at Royal Papworth Hospital have been extremely active in COVID-related research involving both patients and staff. To date we are participating in 10 patient research studies and have recruited 234 patients; we recruited one of the largest numbers of patients (59) in the East of England to the pivotal RECOVERY trial. So far, 150 of our staff members have been recruited to the Oxford Vaccine Group study and more than 400 to the serology umbrella study which is being coordinated by Dr Helen Baxendale to provide insights into immunity to COVID-19. We will provide further updates as results of these trials emerge.

5 Workforce and employee engagement

5.1 Staff debrief project

We are now in the final stages of our debrief project, which has involved speaking to staff across the Trust about their experiences of our COVID-19 response. We hope that the report, which is due to be presented to our Emergency Planning Committee in August, will provide useful learning to help us prepare for any future emergency situations and to ensure we provide all of our staff with the support they deserve.

5.2 Workforce risk assessment process

Our workforce team has now received more than 2,000 risk assessments for our staff members and conducted 690 individual risk assessments for staff identified as being at greater risk from COVID-19. This work has helped us to identify which staff members can carry on doing their usual work safely, which need modifications in order to do so and, in a few cases, which staff members are not able to carry out their usual role safely. We are using the information gained during the risk assessment to change some of our usual processes to mitigate the new risks that COVID-19 presents to our workforce.

5.3 Recruitment update

Our recruitment team has worked exceptionally hard over the last four months to adapt their recruitment processes to meet the complex demands of running a hospital during a pandemic. One of our recruitment nurses, Cora McKeown, recently

had an article published in the Nursing Standard outlining how we have approached recruitment during the COVID-19 outbreak. The time-to-hire period is significant - the nurse recruitment team have been shortlisting and interviewing two to three times a week to reduce the risk of applicants being interviewed elsewhere first. These changes, together with improved use of NHS Jobs functionality has brought our time-to-hire period down to 42 days in June (in April and May the period was 52 days; and prior to COVID-19 time to hire took 60 days or more). In July, we also held a live webinar for nurses interested in moving from ward nursing to critical care – an important way of engaging with potential new recruits given that we can no longer hold in-person recruitment events. We will be looking into running similar events in future as we look to further explore more innovative ways to recruit in the current environment.

5.3 Charity funding for staff engagement projects

In the last month, we have announced further projects funded by Royal Papworth Hospital Charity to support staff wellbeing, as part of our work to improve our staff experience and ensure our staff feel valued for the important work they do. These projects include new facilities to support staff taking breaks during their shifts, an in-house psychological wellbeing service for staff experiencing mental health challenges and an employee reward and recognition scheme.

5.4 Royal Papworth Recharge Week

Last month we held a 'Royal Papworth Recharge week' to encourage staff to take restorative break to help manage stress, get perspective and recharge. It was really encouraging to see so many staff taking a proper break, either on their own or with colleagues. As part of this event, we encouraged staff to sign up for email reminders and guidance about how to make the most of their breaks. Feedback from staff has helped us understand how taking restorative breaks has helped them, but also what barriers might prevent them from taking breaks during their working day. We will be using learnings from this initial pilot to inform further work to support staff to take breaks as part of our efforts to improve staff wellbeing at work.

5.5 Collective and Compassionate Leadership programme

Last year, we launched our Collective and Compassionate Leadership project which aims to develop a supportive, compassionate leadership culture within the organisation for the benefit of staff and patients. While the delivery of the project was put on hold due to the COVID-19 pandemic, we have now relaunched the programme and are working to address eight key aims for improving our culture, from developing and supporting managers to reviewing our values and treating each other with compassion.

6 Digital update

6.1 Managing cyber security threats

COVID-19 continues provide cover for criminals attempting to steal information through cyber-attacks. In this context, we are working hard to protect the Trust's cyber defences to help manage what is now the top risk on our organisational risk tracker. Recent interventions have included implementing an improved back-up service to enable a quicker data restore in the event of an outage and developing comms plan to increase awareness across the Trust.

6.2 In-context Health and Care Record (IHCR)

We are working with healthcare partners across Cambridgeshire and Peterborough to develop a shared care record, meaning that patients would be able to share information once to be available across the system. This work is being led by the Cambridgeshire and Peterborough Sustainability Transformation Partnership (STP) Digital Enabling Group, who recently held a market engagement event to produce a shortlist of suppliers who could provide this joint health care record.

7. News and updates

7.1 Dr Andrew Grace to become honorary professor

I would like to offer my sincere congratulations to our consultant cardiologist Dr Andrew Grace, who has been given the title of Honorary Professor of Experimental Cardiology by the University of Cambridge. Honorary Professorships are one of the most prestigious honours in the gift of the University and mark rare distinction and academic contribution. As well as working at Royal Papworth for 35 years, Dr Grace has had a long association with the University's Department of Biochemistry and has worked on several ground-breaking studies in experimental cardiology, most notably on the genetics and mechanisms underlying cardiac arrhythmias. We are extremely proud to count Dr Grace amongst our team and thank him for his important contribution to Royal Papworth Hospital.

7.2 New ventilator sharing device developed by clinicians at Royal Papworth Hospital

Clinicians at Royal Papworth Hospital have worked with volunteers from the Institute for Manufacturing (IfM), University of Cambridge and Cambridge Design Partnership to develop a device that, if needed in an emergency, could be attached to a ventilator to enable two patients to receive tailored respiratory support. The new device – which is still in testing and not yet approved for clinical use – illustrates that it is possible to split the air flow from one ventilator to mechanically support the breathing of two sedated patients with different lung capacity and changing breathing needs. This system could be used to provide emergency support to hospitals in other countries which are still facing significant challenges with the COVID-19 pandemic, or for longer-term use in countries that have ongoing ventilator capacity shortages.