

**Agenda Item 1.v**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 3 December 2020</b>
<b>Report from:</b>	<b>Chief Executive</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>Chief Executive Report</b>	
<b>Board Assurance Framework Entries</b>	<b>Governance</b>	
<b>Regulatory Requirement</b>	<b>N/A</b>	
<b>Equality Considerations</b>	<b>None believed to apply</b>	
<b>Key Risks</b>	<b>N/A</b>	
<b>For:</b>	<b>Information</b>	

**1. Purpose/Background/Summary**

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

**2. Operational update**

**2.1 Restoring our clinical services**

During October, we continued to make progress with recovering clinical services that were interrupted at the peak of the pandemic. This has been particularly challenging given the need to reconfigure our hospital environment and many of our processes in order to protect staff and patients from the ongoing risk posed by COVID-19. Our outpatient services have returned to levels of activity seen in January 2020 and our cardiology and surgery services are delivering levels of admitted activity which exceed both our recovery targets and some of the best months in the last two years. We have also made sustained progress with recovering our respiratory medicine service and activity levels are now meeting our recovery targets. Thanks to successful recruitment and changes in patient flow, our imaging services have recovered quickly and we are now supporting Cambridge University Hospitals by carrying out cardiac CT scans on a number of their patients.

I would like to express my sincere thanks to all our staff who have worked so hard to restore our services, leading to significant improvements in our Referral to Treatment (RTT) performance across all specialties. Our clinical teams have also completed an exercise, as part of the national validation project, to assign clinical prioritisation codes to all patients on our cardiology and surgery waiting lists (respiratory medicine will follow shortly). The combination of service recovery and the clinical prioritisation of patients has put us in the best possible position as we prepare for the winter ahead. We understand how important it is that our patients are seen and treated as quickly as possible and we will continue to work hard to further improve our recovery efforts.

## **2.2 Planning for winter**

Winter is always a challenging period in the NHS and the current pandemic is placing additional demands on our services. We at Royal Papworth Hospital are taking a number of steps to ensure that we are prepared for the upcoming winter season, including vaccinating as many staff as possible against flu, training staff who could be redeployed to critical care in the event of a surge in demand, introducing regular testing of our staff for COVID-19 and supporting the national COVID-19 vaccination programme. I am pleased to report that our staff flu vaccination rate is 84% and efforts are continuing to increase this prior to the introduction of the Covid vaccine.

## **3 Financial update**

### **3.1 Finance update**

During October, the trust posted a £0.5m deficit, which was £0.2m better than the £0.7m planned deficit in the month. The first six months of the financial year saw the trust break even, due to the emergency financial regime enacted by the NHS in response to the COVID-19 pandemic. As a result, at the end of October, the trust's year to date position is also a £0.5m deficit. The pandemic continues to cast a shadow of uncertainty over the financial position of the trust for the remainder of the financial year. Notably, we are one of only five centres in the UK to provide an extracorporeal membrane oxygenation (ECMO) service, a highly specialised and very high cost therapy which is used as a last resort for patients suffering severely from COVID-19. This has the potential to impact the trust's financial position between now and the end of the year.

### **3.2 Sale of our former hospital site**

On Thursday 26 November, we exchanged contracts on the sale of our former hospital site in Papworth Everard. The buyer was local property developer Cambridge West Holdings, whose parent company is Real Property Assets. The developer is seeking planning permission to build a nursing care facility alongside residential housing on the site. The sale marks the end of an era but our connection to Papworth Everard village will remain an important part of our history and we remain very grateful to the residents of Papworth Everard for their long-standing support.

## **4 Clinical update**

### **4.1 Increasing demand for our ECMO service**

During the first peak of the pandemic in spring 2020, we experienced a surge in demand for our ECMO service, at one point caring for 20 ECMO patients compared to our usual maximum capacity of five. In preparation for the winter, we have been asked by NHS England to be prepared to provide up to 20 beds for ECMO patients at any one point. At the time of writing, we have 11 ECMO patients at the Hospital.

### **4.2 Investigation into mycobacterium abscessus outbreak**

Last year, we declared an outbreak of mycobacterium abscessus after a number of patients tested positive for mycobacterium abscessus infection. Mycobacterium abscessus is part of a group of mycobacteria which are found in the natural environment. Although not usually harmful to people, it can cause lung infections for some people with underlying respiratory conditions including cystic fibrosis. We now know that of all our patients who have tested positive for the infection since June last year, around two-thirds of patients show a common source of infection, meaning that

our water supply could be a credible source. As a result, we have taken a number of steps to try and ensure a safe supply of water into the hospital, including enhanced water testing, extra filters across our estate and additional safeguards for patients. In November, we met with Public Health England to provide assurance to them about our response to the outbreak.

## **5 Workforce and employee engagement**

### **5.1 Asymptomatic staff testing**

As part of a national programme to regularly test NHS frontline staff, the Trust has now introduced twice weekly testing of asymptomatic staff for COVID-19, using lateral flow testing kits. Our staff members carry out the tests at home and receive results in around 30 minutes, which they then report to us using an online portal. The lateral flow tests are less sensitive and less specific than a laboratory PCR test but this is mitigated by the frequency of testing – all positive tests from the lateral flow tests are then confirmed by a PCR test carried out on our hospital site. We expect that around seven per cent of staff will receive a false positive result and will need to self-isolate until the confirmatory test result is available. We will closely monitor the impact of the testing programme on short notice absence.

### **5.2 Staff redeployment training**

In response to feedback from our Wave One Debrief Exercise, in Wave Two we have been careful to ensure we have responded to staff feedback. Since mid-November, we have been carrying out redeployment training for ward staff who could be asked to work in our critical care department in the event of a surge in COVID-19-related hospital admissions. A first cohort of 35 staff members have already been redeployed to help care for the increasing number of patients needing our ECMO service due to severe respiratory failure caused by COVID-19.

### **5.3 COVID-19 vaccine deployment**

We have established a project team who are working closely with NHS partners to ensure that our staff are vaccinated against COVID-19 as soon as a safe vaccine is approved.

### **5.4 Support for staff wellbeing**

The COVID-19 pandemic has placed huge demands on our staff, who have had to quickly develop their understanding of a new disease, care for seriously ill patients in often difficult circumstances and restore other clinical services that were interrupted during the first peak of the virus. In many cases our staff have taken on different roles to support our pandemic response, often while dealing with challenges in their personal lives at the same time. As a result, we have introduced a number of physical and mental wellbeing initiatives for staff, including recruiting a psychological wellbeing practitioner to provide counselling support for staff and new staff rest areas to allow staff to social distance during breaks. We have also introduced an employee reward and recognition scheme and funds to support staff who are working at home or experiencing financial hardship. We are very grateful to our staff for the commitment and dedication they have shown during the pandemic and supporting them remains our absolute priority to ensure that we are in a position to deliver excellent care.

### **5.5 Recruitment and retention**

I am pleased to report that our staff vacancy rate is now lower than five per cent, although we do have a higher vacancy rate in some specific areas. This low vacancy rate is the result of excellent cross-team working between our recruitment,

communications, clinical and admin teams, who have worked hard to promote Royal Papworth Hospital as an employer and ensure all applicants experience an efficient and supportive recruitment process. I would particularly like to thank our recruitment team for the excellent pastoral support they have provided to the overseas nurses and radiographers who have joined us recently, ensuring they receive a warm welcome despite the current rules regarding travel restrictions and quarantine periods.

## **6 Research and development**

**6.1** I would like to recognise and thank our research and development team for their continued commitment to research, despite the challenges presented by the pandemic. Although around 20 research studies we are involved in are currently on hold, we are running 53 studies at the moment, with a further 64 studies in the pipeline. In October, we recruited 1,400 participants to vital COVID and non-COVID research studies and published 267 research papers. We have played an important role in research into COVID-19, and I would particularly like to thank the significant number of our staff who participated in the Oxford Vaccine Group Trial which has delivered an effective vaccine against COVID-19. We are also participating in a genomics study to try to understand the genetic susceptibility to COVID-19 and are carrying out research with our COVID-19 follow-up patients to better understand the longer-term effects of COVID-19.

## **7 Digital update**

### **7.1 Fysicon launch**

On 11 November, we launched an application called Fysicon which allows us to monitor cardiac implantable devices used by our patients. The application will primarily be used by our cardiac physiologists and their administrative support teams in conjunction with our electronic patient record system, Lorenzo. Cardiologists and interventionists will also use the system to review patient information relating to the devices.

### **7.2 Patient Aide portal**

We know how important it is for our patients to be involved in their care. In mid-December we will launch a new patient portal in our Lorenzo electronic patient record system which will allow patients to access their health records and see important information such as past treatment and appointments.

### **7.3 Shared care records in Cambridgeshire and Peterborough**

We are working with partners in the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) towards a shared care record for patients accessing health services in the area. This will allow different NHS trusts to share patient records, supporting patient care where patients are accessing services from a number of different trusts. We will provide further updates on the progress of this project in due course.

## **8 Governance**

### **8.1 EU exit transition planning**

In September we relaunched our EU Exit Board and reviewed all our services that could be impacted when the transition period ends on 31 December 2020. We have reviewed all of our business continuity plans and have scheduled a contingency planning exercise to prepare for the reasonable worst case scenarios this week.

## **9. News and updates**

### **9.1 Pioneering DCD programme increases transplants by almost half**

A pioneering type of transplant developed at Royal Papworth Hospital has increased adult heart transplant activity here by 48% in five years. Writing in The Journal of Heart and Lung Transplantation, our transplant team explained how DCD heart transplants – also referred to as non-beating heart transplants - have also delivered similar survival rates when matched against traditional DBD transplants.

### **9.2 Annual Members' Meeting 2020**

On Wednesday 18 November we held our Annual Members' Meeting via Microsoft Teams. During the meeting we updated our foundation trust members on the hospital's performance during the year 2019/20 as well as our response to COVID-19 and our plans for the upcoming winter season.

### **9.3 Important message to heart attack patients**

During the first wave of the COVID-19 pandemic, we reported a 33% reduction in emergency heart attack admissions in April, from 63 in 2019 down to just 44. Throughout the first half of 2020 we saw a consistent 20 per cent fall in heart attack patients compared to the same period last year. Numbers rose throughout the summer but fell again in September, leading to fresh concerns from our clinical teams that people may be putting their lives at risk by either not wanting to come into hospital or wrongly believing the NHS is only open for people with coronavirus. At the end of November we spoke to ITV Anglia, BBC Look East and other media outlets to remind the public that our emergency services are open and that anyone experiencing heart attack symptoms should seek treatment as quickly as possible.