

Agenda Item 1.v

Report to:	Board of Directors	Date: 4 November 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/Background/Summary

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

2. Introduction

2.1 A sad reflection

I start my CEO report with some saddening news this month, that a member of our Royal Papworth team, Scott Wallace, very sadly passed away. Scott was an incredibly well thought of and respected colleague, whose kindness and generosity embodied everything good about the NHS and what it stands for. We consider ourselves lucky that Scott chose to dedicate so many years to working alongside us and all of our thoughts remain with his family at this difficult time.

2.2 Long Service Awards

It was my great pleasure to co-host our staff Long Service Awards last month with our Chairman John Wallwork. Between them our attendees had accumulated more than 900 years of NHS service – a remarkable achievement and a poignant reminder of how privileged we are to have such a wealth of expertise and experience in the Royal Papworth team, alongside our fresh new starters.

A number of the colleagues we met had gone on to see another generation of their family join the Trust, with sons and daughters now wanting to be a part of the NHS and choosing us as the place they wanted to start their careers. Looking after our people, so that they can in turn look after our patients, remains so vitally important and it was welcome to hear so many stories of positive working experiences.

2.3 National inpatient survey results

It has also been welcome to hear that our patients are having a generally positive experience of our care. We have been named as one of the best NHS trusts in the country for inpatient experience in the Care Quality Commission's 2020 Adult Inpatient Survey, being awarded the highest rating of 'much better than expected' compared to the national average. Our 'overall experience' score was 9.7 out of 10, and we were one of only six trusts in the country to be in this top category.

Patients were asked for their views on various aspects of their care, including hospital cleanliness and the environment, how they were communicated with by staff, the respect and dignity with which they were treated, their pain management and their confidence in the colleagues they were receiving care from.

Collaborative working, where everyone works together to provide outstanding care, is fundamental to our values and I am delighted to see this reflected in the inpatient survey scores. To achieve this result, considering the intense challenges brought by COVID-19, is a credit to our people and shows the dedication they have to patients and the high standards they hold for themselves.

3 Operational update

It has remained a pressured month for the organisation, with short term absences due to sickness and self-isolation having an impact on our staffing levels and our operational capacity. Lack of capacity in other provider organisations also resulted in delays in repatriating patients particularly those that were transferring from critical care to critical care.

Thanks to the flexibility of our people, there have been runs of days this month where we have completed every elective procedure we had planned. However, at other times, electives have been adversely impacted and we have had to make some difficult decisions to rearrange some procedures; this allows us to care for, discharge, and transfer patients safely, and gives the organisation the ability to release some of the pressures it is facing and reset. To support balancing the need to treat patients that have now waited longer than we would have expected against maintaining a safe clinical environment where staff feel supported, we re-focused on capturing 'red flag' events. These are used as part of a suite of metrics which allow us to identify and assess if clinical safety is at risk, and where necessary, to step back planned activity to mitigate this situation.

These difficult decisions and interventions are not always palatable but are necessary to ensure that we maintain a safe clinical environment for our patients and our staff, and we continue to make decisions and prioritise patients in line with clinical need. The Trust is not alone in feeling these pressures, with rising Covid cases, increasing staff absences, increased demand and reduced capacity featuring across not just our system, but the wider region.

4 Financial update

We continue to work through our plan under the national financial framework set out by NHS England for the second half of the 2021/22 financial year, which will provide revenue through monthly block payments, a top-up payment, COVID funding and system growth funding. As mentioned last month, Royal Papworth has been operating under this framework for the first half of the year, and we'll be looking to make this second submission soon.

Following the announcement of the NHS financial settlement up until March 2025, the Trust is continuing to work with the wider integrated care system to understand the impact on both the system and the individual organisations within it, including our own long-term financial position. In the meantime, we are pleased that we are continuing to meet our financial obligations for this year.

5 Clinical update

5.1 Infection prevention and control (IPC)

New recommendations from the UK Health Security Agency (UKHSA) has triggered an IPC review within the Trust and we are awaiting IPC guidance for winter, which is due very soon and we expect to be designed to take a risk-based assessment approach rather than solely pathway based, which will help with flow across the hospital.

In light of the recommendations we have already had some of our processes have changed, and among some other amends our outpatients seating area distance requirements will be reduced as long as masks are worn to increase capacity for patients.

In epidemiology terms, the COVID-19 case rate in the East of England appears to be doubling every two weeks, but in most cases the effects are mild disease thanks to the effect of the vaccine. As has been the case throughout the pandemic, the situation will need to continue to be monitored closely as the picture continues to evolve and change. Reviews of our visiting policies and restrictions will also be considered as part of this, and we will continue to ensure any decisions we make are compassionate and carefully consider the effects they may have on patients and their families.

6 Workforce and employee engagement

6.1 Staff payment

It is our ethos as a Board that part of looking after our people is making sure they feel valued and appreciated for the work they put into our organisation. We have tried to do so often and in a variety of ways across the last 18 months, whether in words, through our thank you afternoon tea event, with ice creams, or with discounted food and hot drinks.

These small gestures are exactly that – simply a small show of thanks and gratitude to our people for their continued compassion, excellence and collaboration. We know however that it has been a long 18 months, and as such the Board has taken the decision to award every member of the Royal Papworth team a small payment of £100, as a thank you, which will be paid to colleagues in November.

6.2 Flu and COVID booster staff vaccinations

It is incredibly important that we all take action to get vaccinated from both COVID-19 and flu this year. For most of 2020 and 2021 amid COVID restrictions, flu practically vanished from much of the globe. But research now shows that it is likely to spread again once borders reopen and measures are eased; and we are all only too aware of the devastating impact COVID-19 has had.

We continue to offer both vaccinations for our staff. At the time of writing our uptake is at 73% for staff eligible for the booster and 57% for flu. We are the best performing Trust for flu vaccination across the East of England and in the top quartile for COVID-19 booster vaccination, so although this is a good start we have more work to do. I consider this an

absolute priority and we are reviewing the accessibility of our clinics, among other things, to ensure we see these vaccination figures continue to increase.

7 Estates and facilities update

7.1 Sustainability

Sustainability is rightly getting the spotlight at the moment with the upcoming UN Climate Change Conference (COP26), which will be in full flow at the point this report is published. Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.

The national Greener NHS programme is working to share ideas on how to reduce the impact on public health and the environment, save money and reach net carbon zero. The NHS recently marked one year from announcing its commitment to become the first ever net zero healthcare system - not a small ambition, but one we should all be working towards.

Here at Royal Papworth we want to find ways to have a positive impact on the environment by providing sustainable healthcare, and we have finalised our sustainability strategy and will be formally launching our Green Plan in the New Year.

Our Sustainability Board meets every month to discuss issues like plastic use, energy, water, waste, carbon emissions and transport, among others. Some actions we take will be big, and some will be smaller, more marginal gains, but they all make a difference. When we moved to the new hospital site we were awarded BREEAM status for our building - BREEAM, first published by the Building Research Establishment in 1990, is the world's longest established method of assessing, rating, and certifying the sustainability of buildings. But sustainability is a continuous journey and there is much more we can do.

We are currently looking at whether we can move to reusable gowns and moving from on-premises digital servers to the cloud, which will look to reduce CO2 use, and we've recently rolled out new bins to help us better manage our waste streams. Detail matters with sustainability and we're assessing many aspects of what we do, right down to making sure we use the most environmentally-friendly gases in our theatres, so that we keep holding ourselves to account for making improvements in this important area.

8 Governance update

You will see in the later Board papers that two risks have been formally added to our Board Assurance Framework (BAF); one relating to a reliance on supplies to deliver commissioner requested services, and another relating to our ongoing management of M.Abscessus. Our BAF tracker includes the Residual Risk Rating (RRR) and long-term trends and is a vitally important part of the overall risk management and assurance process of the Trust.

9 Integrated Care System update

Last month Cambridgeshire and Peterborough Integrated Care System (ICS) announced that John O'Brien has been appointed as Independent Chair Designate of its new Integrated Care Board (ICB).

John brings with him a wealth of experience of working in both the public and private sector, including time spent as director of local government performance and practice at the Department of Communities and Local Government (formerly Office of the Deputy Prime

Minister), and most recently as chief executive of London Councils, a role he held until earlier this year.

As we know, the proposed Cambridgeshire and Peterborough ICB will oversee the commissioning, performance, financial management and transformation of the local NHS, as part of Cambridgeshire and Peterborough ICS. I have no doubt that John will be fundamental in continuing to drive forward health and care improvements.

10 News and updates

10.1 Royal Papworth on BBC News

New data shows that one in six COVID-19 patients needing ECMO between July and September were unvaccinated pregnant women. As a result, last month NHS England and the Royal College of Obstetricians and Gynaecologists were encouraging expectant mothers to get vaccinated to protect themselves against serious illness.

We chose to support this important message here at Royal Papworth Hospital because we too have noticed this increase in seriously ill pregnant women during the pandemic, particularly this most recent wave, needing ECMO.

One of our patients, Sultana, who spent a month in critical care with us at the start of the year and 41 days away from her new-born twins, shared her powerful story with BBC News – and we hope to share her reflection and message for our staff as our patient story at the Board meeting.

Also interviewed was consultant anaesthetist Dr Rachel Jooste, about the ‘devastating’ impact of mothers being away from their babies at the start of their lives. Following the coverage, one pregnant woman wrote into a national newspaper to say that it had convinced her to go and get her COVID-19 vaccination, which is a brilliant result.