

Agenda Item 1.vi

Report to:	Board of Directors	Date: 7 July 2022
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

2.1 Ongoing response to elective recovery and COVID-19

Our people continue to put all their efforts into maximising our elective recovery position; we know that this matters hugely to our patients, some of who have been waiting longer than both we and they would like for the treatment they need. There has been a concerted effort across the East of England region to address these waits, and this collective effort is starting to see a positive impact on those numbers.

The progress on our elective recovery position at Royal Papworth is solely attributed to the hard work of our staff across the organisation, who have given this their absolute focus and priority.

This progress is balanced with ongoing urgent and emergency care demands, and there is still significant pressure across the system and wider region. Rising COVID-19 community rates are naturally something we are monitoring, but hospitalisations and ICU cases related to COVID-19 currently remain low when compared to previous peaks. However, as a Trust we are remaining vigilant and are prepared to be able to support the system and region should the position change.

The impact of COVID-19 in those early peaks and waves is being acknowledged very visually in the Campus grounds this month. A temporary art installation called 'In Memoriam'

is in place on the Green and Gardens, designed to remember those we have lost in the pandemic and act as a tribute to healthcare, biomedical and care workers.

The artwork comprises of 120 blue and white flags made from NHS bedsheets, and from a bird's-eye view forms a medical cross. In Memoriam will be in place until the middle of July.

2.2 Heart and Lung Research Institute

Standing proudly next to the Green and Gardens is of course our new Heart and Lung Research Institute (HLRI), a collaboration with the University of Cambridge. We are honoured and delighted that our esteemed Royal Papworth Patron, Her Royal Highness The Duchess of Gloucester, will be joining us for a small, formal opening event on 11 July as our guest of honour.

It is hoped that the HRLI and its work will demonstrate the very best of the Cambridge Biomedical Campus – cross-site collaboration with the best researchers in the world to help to save lives. The HLRI will mean new treatments will be created, tested and delivered all on one site to tackle the biggest causes of premature death in the world, and allow us to provide further education and training to those tackling heart and lung disease worldwide.

2.3 A thank you

This is my final Board report as Chief Executive of Royal Papworth Hospital NHS Foundation Trust; since I joined the organisation in 2016 we have faced a great deal of change together – some planned, like moving to our new hospital, and some not, like the global pandemic.

What has remained constant throughout is the unwavering dedication, commitment and drive from the people who work here to always achieve the very best, not for themselves or for the organisation, but for our patients. The attitude and the values held by Royal Papworth colleagues is exemplary and helps this organisation to keep achieving, innovating and improving.

I would like to express my very genuine thanks to staff past and present who, every day, have helped to make Royal Papworth something we can all be proud of.

On behalf of the Board I also thank our exceptionally capable Chief Operating Officer, Eilish Midlane, for agreeing to be the Trust's Interim Chief Executive after I leave in August and the recruitment process for a permanent Chief Executive continues.

I look forward to seeing the great things Royal Papworth will continue to achieve in its ambition to bring tomorrow's treatments to today's patients.

3 Operational

A drop in patient cancellations, staff sickness falling to near seasonal-norm levels, and stable capacity across May has allowed us to increase the number of patients we have treated, most notably our cardiology day cases.

The Respiratory Support and Sleep Centre (RSSC) teams also maximised the use of the RSSC bed-base by temporarily switching some capacity for day cases. This has allowed us to start patients waiting for Continuous Positive Airway Pressure (CPAP) care more quickly, and we are grateful to the teams involved for their flexibility and support.

The Trust's productivity project with Meridian ended last month; the Cath lab productivity piece has yielded some good results, and we hope to see some real benefits from this work appearing in the second quarter of the year. In theatres, the team are looking at a change management programme which will require more time and planning, but work is already underway to support teams in expediting this piece of work.

Our Critical Care transformation programme is also making strides, with the unit now having 34 beds open each day, in line with the capacity currently needed from our theatre throughput.

4 Clinical

4.1 Surgical face masks and visiting

In line with national guidance changes, we have reviewed a number of infection prevention and control (IPC) procedures and practices over the last month; in inpatient and outpatient settings surgical face masks remain mandatory in clinical areas when in direct contact with patients, including for visitors in patient rooms. Outside of this however, wearing of face masks is now a personal choice for staff and visitors, including in office spaces and other communal areas.

This is something that we will closely monitor, and we remain resolute in advising staff to regularly take and report lateral flow tests, adhere to hand hygiene best practice, and not to come to work if they have symptoms to ensure that we continue to protect one another and our patients from the spread of COVID-19.

There are no visiting restrictions in place for patients and their loved ones, and we have kept a booking system in place for peak times to help us to manage footfall.

4.2 Maintaining best practice

Reducing the rate of surgical site infections remains a top priority; a whole organisational approach is being taken with specific attention on maintaining an uncluttered environment, implementing further evidence-based techniques and enhanced best practices, and supporting staff with training in the essentials of IPC.

4.3 Update on National Clinical Impact Awards

In last month's report I mentioned that we were facilitating applications to the new National Clinical Impact Awards, which act as recognition for consultants going above and beyond in their work. By way of an update - it was heartening to be able to endorse 12 strong applications, with a mix of men and women, renewals and 'first timers', and of disciplines across the consultant body.

4.4 Clinical Research Facility (CRF)

Planning for the opening of the Clinical Research Facility in the HLRI is making good progress.

As a further example of closer working with the University of Cambridge, our consultants have been invited to apply for competitively appointed, affiliated education and research positions, with recognition as associated professorships across different levels of seniority.

With the new relationship affiliated research posts held by the Trust, the process for holding grant funding will be much easier. This has major potential to encourage recruitment and

retention of research active staff, and these centrally sourced, high-quality grants will help us to build our core infrastructure for research.

5 Finance

The month two financial position for 2022/23 shows a deficit of £0.1m, which brings the Trust's year-to-date deficit to £0.3m. The position includes the continuation of national funding arrangements comprising of locally agreed variable and block payments for NHS clinical activity, top-up payments and COVID-19 funding.

Alongside this, £1.0m of efficiency savings have been delivered year-to-date as part of our cost improvement programme (CIP), and the Trust has £5.4m of pipeline schemes identified against an annual target of £5.8m.

The improving pipeline on CIP, plus a reduction in the reported deficit month on month, provides some green shoots around the mitigating actions put in place to address the reported deficit.

Ongoing community prevalence of COVID-19 and headwinds in relation to inflation continue to indicate that the Trust faces higher than normal financial risk during the year; we will remain focused both internally and collectively with our system partners on managing this position.

6 Workforce

6.1 Disability and Difference and Working Carers Network

Our staff Disability and Difference and Working Carers Network was formally launched at a webinar last month. The event welcomed a wide range of inspirational speakers, who talked candidly about their experiences and how, as a Trust, we can best support staff who have a disability and/or who are a carer. It was a very impactful event and sees our work around equality diversity and inclusion (EDI) take another important step.

6.2 Reciprocal mentoring

In early June I was delighted to speak at the launch of the Trust's new Reciprocal Mentoring Programme.

This transformational leadership development programme brings together senior staff with colleagues who are from a BAME background and/or have a disability. The structure of the programme helps to identify aspects of working in the Trust that they want to change in order to improve the working experience of staff.

The first session was held in the HLRI and the ability to meet face-to-face provided huge benefits to the participants. It is clear from the feedback that this first module was extremely powerful, and that the programme has the potential to have a very great impact on the organisation.

6.3 Recruitment

The Recruitment Team held another very successful healthcare support worker (HCSW) recruitment event in the hospital in June, with 23 people being offered HCSW or housekeeping posts on the day. These events are only successful because of all the planning and preparation that goes into ensuring they run smoothly, are advertised well, and

that attendees on the day feel supported through the process. Thank you to all colleagues who play a part in making them happen.

7. Estates and facilities

7.1 Celebrating Estates and Facilities Day

The Trust's Estates Team, Clinical Engineering, OCS, Skanska and Project Co came together last month to celebrate the first national day of estate and facilities management within the NHS.

Estates and facilities colleagues make up 8% of the NHS workforce – and this should not be surprising when we consider the huge range of roles and responsibilities that sit under their remit: they make sure NHS buildings and the grounds around them are a safe and pleasant environment for our staff and patients; they make sure that goods and patients are where they need to be so care is received at the right time and the right place; they repair equipment; and they ensure staff and patients have access to good quality food and nutrition.

It was welcome therefore see them recognised, and the teams had displays in the atrium, opportunities for staff to try different patient foods, and a chance to meet the often unseen members of clinical engineering and maintenance staff. Thank you all.

7.2 Reflection garden

The Estates and Facilities team have also been developing a staff reflection garden to provide a staff-only area, with seating and pagodas, for staff to be able to take time to step away in a quiet, reflective outdoor space when they need it.

The team, and in particular our Site Services Operations Manager Darran Allen, has put in many evening and weekend hours to make progress on the garden, for which we are incredibly grateful; these wellbeing initiatives are important in creating a kind, supportive and compassionate working environment for our people, and I have no doubt the team's efforts and the garden itself will be very well received by staff.

8 Digital

The digital team remains on track in supporting the Trust to go live with a new picture archiving and communications system (PACs) in mid-July, and the team is also continuing its engagement with Dedalus about how its new EPR system will meet our needs as a Trust. It remains vitally important that any system provides the necessary platform to continue on our work towards HIMMS 7 digital maturity.

Around 400 new computers have been rolled out across the Trust as part of an IT refresh, and the next step will be a focus on workstations on wheels (WOWs) to further improve stability and usability.

The Trust has also submitted its annual Data Security and Protection Toolkit, part of which requires a minimum 95% of staff to have been trained in information governance – a standard we have met and that contributes to our statutory compliance.

9 System

9.1 Integrated Care Board

The first meeting of the NHS Cambridgeshire and Peterborough Integrated Care Board (ICB) took place last week.

The ICB brings the NHS together locally to improve population health and care; it not only takes on the functions previously delivered by the former Clinical Commissioning Group, but it has broader strategic responsibility for setting healthcare strategies for the system, and for planning and monitoring services.

I am delighted to be a voting member of the Board, which meets as a unitary board and is collectively accountable for the performance of the ICB's functions. The seat reflects our true system citizenship approach, as it is the seat that represents the NHS voice at the ICB.

The Board meeting covered traditional items around governance, operational performance, patient safety and quality, but also discussed our collective approach as an ICB to engaging with our people and communities. It was a productive, collaborative first meeting.

9.2 Shared Care Record

The Cambridgeshire and Peterborough Integrated Care System (ICS) is set to launch its Shared Care Record in November.

The Shared Care Record will provide read-only access to connected care records, drawing on data from health and care systems across our ICS partners, and staff will be able to access records based on existing role permissions.

Linking patient and care records together will provide better co-ordinated and more seamless care, less paperwork and repetition, and give staff more time back doing what they do best – caring for patients.

Currently we are in the first phase of the Shared Care Record where plans are being put in place to develop the solution, test the system and train staff. Clinical safety workshops are also running in July which staff from across the system can join and contribute to, helping to collectively and collaboratively shape this for our ICS staff and patients.

10 Governance

Our Governor elections will be opening for nominations on the 14 July. This year we have vacancies for governors in each of our four public constituencies, as well as elections in three staff constituencies.

I would like to extend our thanks to all our Governors, both public and staff, who undertake these roles - joining and contributing to the Council of Governors and Governor Committee work. We appreciate that the roles needed to flex and change in some cases during the pandemic, but it has been welcome to see our Governors return to undertaking visits and other duties at the Trust, and their collective contribution is very much appreciated by the organisation.

The Governor roles are critical to helping shape the future direction of the Trust, and ensuring that the voices of patients, staff and the wider community are taken into account when developing our services. If you know someone who might be interested in the role -

perhaps a patient, former patient or a supporter of the Trust - please do encourage them to think about standing.

11 News

11.1 Health Service Journal Patient Safety Awards

We are delighted that our antimicrobial stewardship team have been shortlisted as a finalist in the very prestigious Health Service Journal Patient Safety Awards.

The team have been shortlisted in the 'Patient Safety Pilot Project of the Year' category for a project that introduced structured, twice weekly, multi-disciplinary ward rounds to review all cardiothoracic surgical patients on antibiotics. Good luck all for the finals.

11.2 Milestone surgery

The Trust is very proud to have performed a milestone 2,500th pulmonary endarterectomy (PEA) surgery – a pioneering lung surgery that is only performed here at Royal Papworth.

This highly specialised procedure is only possible thanks to the involvement of theatres, critical care, surgical ward and rehab staff, and our specialist PEA nurses. A fantastic achievement.