

**Agenda Item 1v**

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|--|-------------------------------|---------------------------|
| <b>Report to:</b>                              | <b>Board of Directors</b>     | <b>Date: 1 April 2021</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. Introduction**

- 2.1** We saw a slow but steady decline in the number of COVID-19 patients in the hospital during March, although we are still treating significant numbers of patients needing the highest level of support for severe respiratory failure. This means that our critical care remains in 'surge' and some staff members from other wards are still redeployed to help care for the most seriously ill patients. As we see the numbers of COVID-19 patients reduce, we are focusing on four key areas which will be vital to our response to the next phase of the pandemic. These are: recognise (recognising what our staff have been through and what they have achieved), restore (supporting staff to restore their work/life balance, realign (realigning services in light of new demand) and reshape (defining what our 'new normal' will look like).

At the time of writing the national planning guidance has yet to be received, however we do know that the guidance will reflect the importance of and the requirement to collaborate with our system partners to deliver the best possible outcomes for patients. I have no doubt that the ability to respond so well to the demand of the global pandemic will stand Royal Papworth in good stead as we best support our staff and restore our services for our patients.

One year on from the first national lockdown in March 2020, I would like to express again my huge gratitude to our staff who have made so many sacrifices to care for patients in the last year. I would also like to thank everyone who has supported our charity's COVID-19 appeal, which has now raised more than £1.3m to support our staff and patients.

### **3 Operational update**

- 3.1** The number of patients in our critical care unit remains high and we are still operating at above 100% of our baseline bed capacity. In addition, the number of patients being treated under the respiratory ECMO service is approximately four times the usual levels of activity for this time of year and so we remain very much in surge. However, the number of beds occupied by coronavirus patients continues to slowly reduce, with fewer than 50% of our critical care beds now occupied by patients with COVID-19.

As the numbers of COVID patients decline, our re-deployed staff are gradually being released from the surge areas and capacity is being reinstated for the treatment of elective patients. This resumption of usual activity is being carefully balanced against the welfare needs of staff, many of whom have had limited opportunity to take leave or undertake development activities over the past year. We remain immensely proud of our teams, who are working tremendously hard to realign services in light of changes in demand profiles.

All three specialties have been impacted by this in different ways: our Respiratory Support and Sleep Centre is receiving more than 20 referrals a day, similar numbers to pre-surge; emergency demand in cardiology has been above normal levels for many months (and currently about 50% more than the seasonal average); while the restoration of cardiac surgery is constrained by the number of critical care beds occupied by COVID-19 patients and increased demand in in-house urgent (IHU) referrals.

### **4 Financial update**

#### **4.1 Finance update**

The Trust continues to operate under the financial framework set out by NHS England on 15 September 2020. This provides the Trust with revenue in the form of monthly block payments, a top-up payment, Covid-19 funding and system growth funding. In order to respond to the current wave of the pandemic, the Trust has been required to prioritise patients based on clinical need. The financial implication of this is that lower cost treatment of patients with Covid-19 has been prioritised over higher cost, but less urgent, surgery and other elective work. As a result, at month 11 the Trust delivered a £0.4m surplus, taking the YTD surplus to £1.5m (excluding the proceeds from the sale of our former site).

At the time of writing planning guidance for 2021/22 has not been released and the deferred planning deadlines remain unclear. The Trust has responded to this by setting an interim plan for Q1 2021/22, building on the forecast work undertaken in year as part of the phase 3 planning exercise in September. Where we can, we continue to progress planning and budget setting beyond this period and we are working with Divisions to understand the impact of recovery plans on the long term financial position.

### **5 Clinical update**

#### **5.1 Clinical Decision Cell**

Our Clinical Decision Cell (CDC) – a team of senior clinicians responsible for our clinical response to COVID-19 – continues to meet twice-weekly to coordinate the

care of COVID-19 patients and review patients on our waiting list to make sure we are allocating our elective services to patients in most urgent need of treatment. While we are making good progress with restoring our elective activity, with around half of our critical care capacity still being used for COVID-19 patients, this means that it will take longer for us to return all redeployed staff to their usual roles and restore our other services.

## **5.2 Nosocomial Infections**

RPH continues to have Zero Nosocomial COVID19 infections (the best position in the country). Nosocomial infection rates have been linked unsurprisingly to Infection Prevention and Control Practices. Through a piece of research carried out by the NHS IPC, Nursing and behaviour insights team in January the summary actions are already embedded practice here at the hospital. Whilst our new building was designed to minimise the risk of transmission of infection, it is the behaviours and practices of the staff that continues to protect our patients.

## **6 Workforce and employee engagement**

### **6.1 Vaccinating staff against COVID-19**

Since we established our vaccination clinic in January 2021, around 8,153 first vaccinations had been administered to health and social care workers at Royal Papworth. As of 22 March 2021, more than 90 per cent (92.2%) of Royal Papworth Hospital staff have received a first dose of either the Pfizer-BioNTech or AstraZeneca vaccine. Significant efforts have been undertaken to identify as many staff who have had the vaccine elsewhere as possible, and we understand that some of our staff have chosen not to receive the vaccine due to current or future pregnancy or other medical reasons. I would like to express my thanks to all of our staff who have been involved in running our vaccination hub and making a significant contribution to protecting healthcare workers from across our Integrated Care System footprint, and the public, from COVID-19.

### **6.2 Vacancy rate**

We have made significant progress in recent months in reducing our vacancy rate across the organisation. Although there is significant variance in vacancy rates across different services and areas within the Trust, we have been very successful in attracting high calibre staff to work for Royal Papworth Hospital overall. The variance between services has, for understandable reasons, been further impacted by large scale redeployment and higher than normal staff absence due to COVID-19.

In addition we have identified that there are issues with roster efficiency and compliance that need to be resolved, and there will be changing needs over the next 12 months as we move out of 'surge' to develop our 'new normal' service. In order to help with these issues we will shortly be carrying out an establishment review in April 2021 to ensure we are managing our rosters in line with best practice.

Overall our vacancy rate remains low in comparison with other trusts in the region and I am grateful for the work of our recruitment team and our many line managers who work so hard to help us recruit and retain talented and committed staff.

### **6.3 NHS Staff Survey**

The NHS Staff Survey results were published during March, and the latest Workforce Racial Equality Standard (WRES) report was also published recently in February. We had a very good response rate for the NHS Staff Survey this year, with 65.1% (1,337

responses). This is an increase of nearly 3% on last year, despite the challenges of the pandemic.

I am proud to report that we have seen a 10% increase in staff recommending Royal Papworth as a place to work, which I hope reflects the actions we have taken in the last year to support staff wellbeing, whether through the appointment of our mental wellbeing practitioner or the introduction of our financial hardship fund and reward and recognition scheme.

However, our staff survey data and recent WRES report highlight that we must continue our work to create a fairer workplace for our staff from Black, Asian and minority ethnic (BAME) backgrounds. Both reports show that we still have many staff facing discrimination at work or not having fair access to career progression. Resolving these issues and creating a fairer and more inclusive workplace for all of our staff will continue to be an absolute priority for myself, the wider team and the Trust as a whole in the year ahead.

## **7 Digital update**

### **7.1 Shared Care Records in Cambridgeshire and Peterborough**

On behalf of the Cambridgeshire and Peterborough ICS, I hold the role of CEO lead for Digital and work alongside Andy Raynes, our RPH CIO who chairs the ICS Digital Enabling Group.

I am pleased to report that following rigorous procurement, the Digital Enabling Group has now agreed on a preferred supplier to implement phase one of our shared care record. This means together as a community we are on track for implementing the minimum viable solution - a system connecting and sharing records as a minimum data set from multiple EPRs across health and care by the national target date of September 2021. The supplier will be announced in due course following the standard 10-day standstill period.

## **8 Corporate Objectives**

The Trust has developed its corporate objectives for 2021/22 and these are attached at Appendix 1. These will be shared across the organisation and will inform Executive and staff objectives in 2021/22.

## **9. News and updates**

### **9.1 International Women's Day**

On Monday 8 March, we marked International Women's Day at Royal Papworth Hospital by sharing stories of women who have shown 'everyday courage' during the last 12 months. We also encouraged staff to submit a 'Laudix' (a reporting tool for positive incidents) to recognise one of their female colleagues, many such Laudix' were submitted to celebrate so many examples of 'everyday courage'

### **9.2 Healthcare Science Week**

During the week beginning 8 March, we recognised Healthcare Science Week through a range of posts on our website and social media channels the contribution of healthcare scientists to our hospital and our patients.

### **9.3 World Sleep Day**

For World Sleep Day on 19 March, Earl Palas, advanced nurse practitioner for our Respiratory Support and Sleep Centre (RSSC), was interviewed by the media about

the link between sleep and health and the contribution our RSSC makes to people suffering from sleep disorders.

#### **9.4 National coverage of our work to realign services**

The Press Association visited our hospital during March to see how we are realigning our services and re-introducing elective activity as COVID-19 patient numbers fall. This resulted in national coverage including articles in the Evening Standard, Daily Mail and i paper. The story was also picked up by a wide range of local/regional newspapers, including the Cambridge News.

#### **9.5 Nurse Anie shares her shielding experience in The Metro**

Our lead clinical nurse specialist for the national pulmonary endarterectomy service, Anie Ponnaberanam, shared her experience of shielding during the last year with Metro newspaper last week.

“Shielding is hard when you’re a nurse and your natural instinct is to look after people,” she said. “I have always put my patients first over myself and my family. I’ve never in my life put my own health first.”

Thank you Anie - and all our other shielding staff - for the vital contribution you make to our hospital.