

**Agenda Item 1.v**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 3 June 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** In recent months we have seen the hospital begin to return to a more traditional footing and our teams have been working hard to restore our elective services while also supporting our staff to recover their wellbeing. Due to the expansion of COVID-19 testing in the community, we no longer have a mobile testing centre outside of the hospital although our vaccination hub will continue providing second doses of the AstraZeneca vaccine until mid-June. While we continue to enforce rigorous infection prevention and control practises across the hospital, I am very pleased to report that we have been able to introduce some limited patient visiting, recognising how important this can be to patient recovery. Our emergency pathways remain extremely busy with our cardiology and transplant services in particular seeing very high numbers of patients treated in the last month. I would like to express my sincere gratitude to our staff for the work they are doing to help us provide the best possible care to the patients who need our services.

**3 Operational update**

**3.1 Cardiology emergency pathways**

Our cardiology service has experienced extremely high demand in recent months and there was one 24-hour period in which we received eight emergency heart attack patients compared to our more usual average of two. In April, the Trust treated 83 patients on our emergency primary percutaneous intervention (PPI) pathway and 139 patients on our acute coronary syndrome (ACS) pathway. We also received 31 referrals under our Rapid NSTEMI pathway, which admits patients experiencing a certain type of heart attack to Royal Papworth Hospital directly. This represents a doubling of emergency activity when compared with pre-pandemic levels of referrals.

### **3.2 Transplant activity**

Our transplant service was exceptionally busy in April, carrying out 11 transplants in the month – a record since moving to our new hospital in 2018. In the same month our transplant team carried out three transplants in a 24-hour period. Our organ retrieval team, which works as part of the national organ retrieval service, also retrieved 23 organs for transplantation across the country during April.

### **3.3 Cardiovascular Diseases (CVD) Strategy**

I am pleased to report that we have led a project to develop a Cardiovascular Disease Strategy for the Cambridgeshire and Peterborough Integrated Care System (ICS) which was endorsed by the ICS Cardiology Steering Group on 7 May and is now beginning the approvals process through the ICS governance structure. The steering group agreed to re-start the working groups that were engaged in this work prior to the pandemic. These include the system's Heart Failure group and CVD Risk Management Group.

## **4 Financial update**

### **4.1 Finance update**

The Trust is operating under the national financial framework set out by NHS England for the first half of the 2021/22 financial year. This provides the Trust with revenue in the form of monthly block payments, a top-up payment COVID-19 funding and system growth funding. The Trust's financial and operational plan sits within the context of the wider plans of the Cambridgeshire and Peterborough Integrated Care System and the Trust has performed favourably against these plans in the first month of the new financial year, delivering a £0.3m surplus at month 1, compared to a planned deficit of £0.2m.

The framework for the second half of 2021/22 and beyond remains unclear at the time of writing. Where we can, we continue to progress planning beyond this period and we are working with our divisions to understand the impact of recovery plans on the long-term financial position.

## **5 Workforce and employee engagement**

### **5.1 Collective and compassionate leadership programme**

Our work to address the national staff survey and WRES feedback remains a significant priority at Royal Papworth. We are making good progress with our collective and compassionate leadership programme, which aims to improve our organisational culture using research from The Kings Fund that shows how this impacts positively on patient care. Following a huge listening exercise with staff, we identified eight priorities for improving our culture, including introducing new organisational values and behaviours which will be discussed at today's Board meeting.

### **5.2 Equality, diversity and inclusion**

As part of our collective and compassionate leadership programme, we are working to create a more equitable and inclusive culture for the benefit both staff and patients.

The Trust now has three staff networks which feed into our Equality, Diversity and Inclusion Committee:

- Black, Asian and Minority Ethnic (BAME) Network
- Lesbian, Gay, Bisexual and Transgender (LGBT+) Network
- Disability and Difference (DAD) Network

Our BAME Network played a vital role during the pandemic in guiding and advising on our approach to risk assessments, communication, use of Personal Protective Equipment (PPE) and our vaccination programme. The network has good attendance and is now focusing on how we can improve career progression and development for staff from a BAME background and address the discrimination and bullying behaviour which was highlighted in our staff survey. Our LGBT+ Network continued to meet during the pandemic and focused on providing opportunities for staff to connect socially. They have now returned to focus on some previous priorities such as relaunching the rainbow badge scheme (where NHS staff wear a badge to show solidarity with LGBT colleagues) and organising training on how to support transgender staff and patients. Our Disability and Difference Network is our newest network and is keen to widen participation, particularly amongst staff who experience mental health issues. They have developed a proposal to our Patient and Public Involvement (PPI) committee to implement Sign Live, which improves the experience of deaf and hard of hearing patients. Our equality, diversity and inclusion manager has developed and commissioned a development programme for network chairs and deputy chairs to support them in their roles.

I would like to thank all of our network members and chairs for their leadership and ongoing contribution.

In May, the Trust Board started a development programme developed by Diversity by Design. The aim of the programme is to support the Board in considering the diversity deficit in the Trust and how the senior leadership in the Trust strategically address this deficit. The second session will be a joint session with the senior divisional and corporate leaders.

### **5.3 Listening to staff**

We recognise how important it is to listen to the views of our staff as we try to continuously improve our staff experience and patient services. We are currently undertaking a quarterly 'Pulse Survey' which helps us to track how staff are feeling across a range of issues. Since the beginning of the pandemic we have also introduced monthly all staff briefings which provides our staff with the opportunity to hear directly from the executive teams and raise any questions or concerns they have. We have also recently launched a virtual 'suggestions box' which gives staff members the opportunity to send anonymous ideas and feedback that could help Royal Papworth Hospital improve as a place to work or receive treatment.

### **5.4 Staff recognition event**

Subject to any changes in government guidance, we are planning to host an event in July to say thank you to our staff for the huge commitment they have shown to their colleagues and patients during the pandemic. We are also encouraging managers to make increasing use of our 'recognition and appreciation fund' to recognise individuals and teams who have delivered exceptional service in the last year.

### **5.5 Supporting staff wellbeing**

Following the appointment of our employee wellbeing practitioner in 2020, we are now looking to appoint several health and wellbeing facilitators across the trust to support the ongoing development and promotion of a culture of wellbeing. These roles will be funded by the Royal Papworth Hospital Charity.

## 6 Digital update

### 6.1 Shared healthcare record for Cambridgeshire and Peterborough

We have recently started our engagement with Orion Health to help deliver a shared healthcare record across the Cambridgeshire and Peterborough Integrated Care System (ICS), which will allow partners across the system to view healthcare records in accordance with data protection guidance. The contract will be hosted by Cambridgeshire and Peterborough NHS Foundation Trust and we are in contract negotiations with the supplier to meet the September 2021 deadline for system-wide healthcare records. We have ensured patient and public involvement to our workstreams as we start to bring all partners together to agree a phased approach to the roll out of the record.

## 7 News and updates

### 7.1 International Nurses' Day

On Wednesday 12 May we celebrated International Nurses' Day in the hospital with a video featuring nurses from across the hospital talking about what the last year has been like for them. Our Chief Nurse, Josie Rudman, hosted a webinar in the evening which included Q&A sessions with some of our nurses and many other nurses who have played an important role in the national response to COVID-19.

### 7.2 International Clinical Trials Day

On Thursday 20 May we celebrated International Clinical Trials Day by raising awareness of the active research programme at Royal Papworth Hospital which supports our vision to deliver tomorrow's treatments to today's patients. Our staff have contributed to more than 50 research papers into COVID-19 and despite the challenges of the pandemic our teams recruited patients into 31 non-COVID studies last year.

### 7.3 Award for our thoracic oncology team

In May 2021 our thoracic oncology team were awarded one of four first prizes for their patient experience project at the British Thoracic Oncology Group (BTOG) conference. The project, which was undertaken during the first surge of the COVID-19 pandemic from mid-March to the end of May 2020, evaluated the use of telephone consultations for follow-up lung cancer patients instead of face-to-face consultations during the pandemic. The project was presented by Claire and Lavinia at the conference on 22 April, and was subsequently awarded one of the top prizes. The prize money will be spent on enhancing patient experience and clinical nurse specialist (CNS) nursing education.

### 7.4 News coverage about our transplant service

In May 2021 ITV Anglia and Channel 5 News visited the hospital to hear how our transplant service has continued to run during the pandemic and how the change in organ donation law to an opt-out system has affected transplantation a year after it was introduced.