

Agenda Item 1.v

Report to:	Board of Directors	Date: 3 February 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

Our staff and volunteers have once again demonstrated their unwavering commitment to patients and our community across the winter period. Not only have they supported the Trust's drive to maintain all emergency and urgent care, and as much elective care as possible, they have shown incredible selflessness and positivity in supporting the rapid establishment of an on-site vaccination hub.

To say that this was a monumental team effort would be an understatement. So many of our teams leaned in to respond to the national ask and ensure a safe and efficient vaccination hub was up-and-running in just three days – from estates and facilities colleagues needing to prepare the location on site to the clinical staff delivering vaccinations, and the non-clinical staff providing important booking, staff rostering and hub management support. The hub needed 30 people to work per shift, with two shifts covering a 14-hour day. Staff across all areas of the organisation volunteered their weekend and downtime because they wanted to help protect people and boost the public's immunity against the Omicron variant.

The hub delivered almost 7,500 vaccinations in just a few weeks and it was, once again, an example of Royal Papworth and its people working together at their very best. The appreciation expressed by the public was clear, and very much deserved for our teams.

3 **Operational update**

Now nearly two years on from the onset of a pandemic that has asked much of our staff, the addition of usual winter pressures was naturally going to make December and January challenging months, both operationally and for our people.

Emergency demand rose across all providers in the system. Though the impact was felt most acutely in the north of the county, Royal Papworth saw its highest emergency cardiology demand on record, with 97 activations of the primary percutaneous coronary intervention (PPCI) pathway and 131 referrals on the acute coronary syndrome (ACS) pathway.

Maintaining elective care delivery in this environment has again presented a difficult balancing act for our teams. All acute providers were asked to postpone non-urgent elective activity two weeks before Christmas to facilitate the opening of public vaccination hubs. For Royal Papworth, this meant temporarily reducing outpatient and cath lab capacity by approximately 15-20%.

Although the numbers of COVID cases within the county rose sharply over December and January there was a much lower conversion rate into hospital admissions than in previous waves. The Cambridgeshire and Peterborough system peaked at around 200 COVID inpatients in hospital beds, with a much lower dependency on critical care capacity. Staff absence doubled when compared with a similar period last year.

The winter months have once again showed that robust and effective planning has enabled Royal Papworth to maintain focus on staff wellbeing and patient safety. We were responsive to the increasing pressures and invested time in business continuity planning, particularly around staff shortages and how we could redeploy staff, if needed, to support our core patient services. This was planning that we fortunately did not need to activate, but focusing on our contingency arrangements and planning remains an important aspect of our leadership approach to responding to the operational environment.

Towards the end of December both COVID and staffing pressures became acute in some other trusts in our system, and to provide support Royal Papworth revised its Acute Respiratory Care Unit (ARCU) mobilisation plans to be able to offer mutual aid if required. Numbers peaked and subsided without this intervention being needed, but it once again showed that the system planning we have in place offered additional resilience and mutual aid opportunities. We have also continued to offer local support with cardiac computerised tomography (CT) and bronchoscopy to our partners.

4 **Clinical update**

4.1 **Safer staffing**

Throughout December and much of January we have, through the work of many individuals and teams, maintained green safe staffing levels across the organisation. Having the right numbers of staff, who have the right values and skills, is fundamental to delivering safe care and support and it also remains an important factor in staff wellbeing to avoid redeploying colleagues outside of their normal work area wherever possible.

4.2 **Mycobacterium abscessus**

The Trust continues its close and robust monitoring and management of Mycobacterium abscessus. We are working alongside water specialist advisors and other health agencies to continually investigate and analyse all potential modes of transmission so that we can put any further appropriate mitigations in place.

Information about our ongoing management of the issue remains fully available on our public website, and our clinicians are working proactively with patients who may be particularly susceptible to Mycobacterium abscessus to ensure they have all the information they need as they come in for care. This includes enhanced consent processes where appropriate.

Clinicians at Royal Papworth Hospital remain at the forefront of research nationally and internationally into this disease, and the Trust continues to share its findings and learning with national health agencies.

5 Research

5.1 HLRI handover

The Heart and Lung Research Institute (HLRI) has moved a step closer to completion with the building officially 'handed over' by the constructors, SDC, in December.

The HLRI is a joint initiative between the Trust and the University of Cambridge and will create the largest centre for heart and lung research, education, academic-industrial collaboration, and clinical care in Europe.

The HLRI will focus on conditions such as the causes of heart attacks, acute lung injury and repair, cystic fibrosis, vascular dementia, atrial fibrillation and pulmonary hypertension. Features of the building include a 10-bed clinical research facility, laboratory space and an underground tunnel linking HLRI to Royal Papworth Hospital.

This is an incredible opportunity to collaborate and bring together the University's expertise in cardiovascular and respiratory science and Royal Papworth Hospital's expertise in treating heart and lung disease. The next steps will be to work towards moving staff into the building, before an official opening later in the year.

5.2 Director of Research and Development

The Trust is delighted to have appointed Dr Patrick Calvert as our new Director of Research and Development. Dr Calvert is a Consultant Interventional Cardiologist at the Trust, and the NIHR (National Institute of Healthcare Research) Clinical Research Network National Specialty Lead for Atherosclerosis, and Preventative Cardiovascular Diseases.

5.3 New trial to target premature death

A new UK-wide trial being led by Royal Papworth Hospital is aiming to improve treatment and outcomes for atherosclerotic cardiovascular diseases (ACVD).

ACVD are a category of diseases, including coronary heart disease, in which the arteries that supply oxygen to the heart become narrowed and stiffened by a build-up of fatty materials. This causes pain known as angina and, ultimately, if untreated, leads to a blockage and a heart attack.

Managed by the Papworth Trials Unit Collaboration in partnership with Cambridge biotech start-up PlaqueTec, the planned study will attempt to pave the way for personalised, patient-specific approaches to improve ACVD care.

Called BIOPATTERN, the study will later this year begin recruiting 400 patients who have been scheduled for an invasive coronary angiogram across eight hospitals throughout the UK.

6 Finance

The Trust continues to operate under the national financial framework set out by NHS England for the second half of the 2021/22 financial year. This provides the organisation 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 to date, delivering a £2.6m surplus compared to a planned surplus of £2.0m. The Trust is currently forecasting that this position will improve as we move to the end of the financial year, with a £3.4m surplus compared to a planned £2.5m surplus.

Looking forward, the Trust is working with system partners to implement the NHS 2022/23 priorities and operational planning guidance. The focus the guidance places on reducing waiting times and more integrated system working is welcome, as is the return to a 12-month planning cycle.

7 Workforce and employee engagement

7.1 Staff absence

As referenced in section 3, the Trust saw high levels of sickness absence throughout January. This was linked to the high rates of Omicron infection in the community and the Trust's position was in common with other NHS trusts across the East of England.

At the beginning of January the East of England average rate of absence was 6.6%, with the Trust's rate reaching a similar level at points. The nature of this absence is short-notice which makes it more difficult to source alternative cover and inevitably impacts on effective workforce utilisation.

7.2 Freedom to Speak Up

The Trust has continued to emphasise the importance of staff speaking up about any issues that concern them, as well as raising awareness of how they can access support to do so.

We know that our people respond to situations in very different ways and we have been working collectively with leaders and teams to reinforce that, no matter the situation, there is no room in our organisation for behaviours that do not fit in with our Trust values of compassion, excellence and collaboration.

Our very proactive Freedom to Speak Up Guardian and Champions have also been running virtual drop in and face-to-face sessions in the Atrium throughout January.

7.3 Mandatory vaccinations

The motion to impose mandatory vaccines for NHS staff was passed during a session in the House of Commons in December.

This requirement means that staff (this includes students, contractors, volunteers and educational visitors) with direct or social contact with patients will need to provide evidence that they have received at least two doses of the COVID-19 vaccine by April 2022. To meet this timeframe, staff in scope need to have had their first dose by 3 February at the latest.

The numbers are very small, but the Trust has been proactively supporting staff who are not recorded as having had two vaccinations to help them make an informed decision and discuss next steps.

As of the middle of January, the Trust had the highest COVID booster and flu vaccination uptake for eligible staff across all NHS trusts in the region. This is yet another a testament to our staff and the commitment they show to keeping their patients, and themselves, as safe and protected as possible from these highly transmissible viruses.

8 Digital

8.1 Shared care records

The Shared Care Records (shCR) project Board has resumed and continues work to with system partners and Orion Health to continue the journey to Minimum Viable Solution (MVS1.0).

The details for Minimum Viable Solution are set out in the Core Information Standard by the Professional Record Standards Body (PRSB), and identify 1500+ data fields which are necessary to achieve the basic level of a shared care record.

The ShCR project board is undertaking an impact assessment to identify the next steps and timetable, which will see the project deployed to primary care, mental health and community settings in the first instance.

Our Chief Information Officer, Andrew Raynes, continues to chair the system's Digital Enabling Group and provide digital leadership across the ICS to help support the system's momentum in this important field of work.

9 Awards and nominations

The Trust was delighted to win the Health Sector Award at the Institute of Collaborative Working Awards 2021 in December for its work with Philips. The judges said they recognised the value of the collaboration between industry and the NHS to improve patient outcomes, staff experiences, reduce costs and release capacity.

The Trust's digital team also secured places as finalists in five categories in this year's Health Tech news (HTN) Now Awards, including two places in the Health Tech Leader of the Year group, demonstrating the talent and expertise of the individuals and teams that work here. We offer our congratulations to all shortlisted.

10 Integrated Care System

The Health and Care Bill sets out plans to put Integrated Care Systems (ICSs) on a statutory footing, empowering them to better join up health and care services, improve population health and reduce health inequalities.

The current proposals mean that each ICS would be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. When ICBs are legally established, clinical commissioning groups (CCGs) will be abolished.

It was originally expected that these changes would come in to effect in April 2022. However, this target date has now been changed to 1 July 2022 to allow more time for the remaining parliamentary stages and to enable organisations to manage their more immediate pandemic response priorities.

In other news, the system's Digital Diabetes project has been shortlisted in the Best Consultancy Partnership with the NHS category at the HSJ Partnership Awards 2022. The digital service helps to improve diabetes remission and care; as a result of the pilot scheme, three primary care networks improved their process performance (Ely South PCN, Ely North PCN and Octagon North PCN) and more 400 additional patients received care. The model has now been rolled out to a further four areas.

11 Governance

In line with the requirement set out in a national NHS letter for providers to prepare the NHS for the potential impact of the Omicron variant and other winter pressures, in January the Trust reviewed requirements for meetings and crucial business and prioritised only the most essential matters.

As such, Board sub-committees have met but worked to a streamlined agenda agreed between executive director leads and non-executive director chairs, and are now reviewing any deferred matters to be rescheduled through the coming months.

12 News and updates

12.1 New regional service launched for previously untreatable heart condition

Royal Papworth Hospital has launched a new service for patients from across the East of England with refractory angina, a previously untreatable heart condition.

An innovative procedure called a coronary sinus reducer is now offering a new hope to these patients, who have exhausted other symptom control options and have long lasting symptoms like increased pain and breathlessness, affecting their quality of life. It involves cardiology teams inserting a small, stainless-steel, hourglass-shaped device (the reducer) into the main vein carrying blood out of the heart (coronary sinus). This narrows the sinus, elevating the pressure and helping to redistribute blood to where it is needed most.

The procedure was successfully performed on three patients at Royal Papworth Hospital last month by a team including cardiologists, nurses, radiographers and cardiac physiologists.

12.2 Cambridge demonstrates how science is improving lives

Last month the Cambridge Biomedical Campus (CBC) welcomed George Freeman MP, the Parliamentary under Secretary of State in the Department for Business, Energy and Industrial Strategy, to learn how the city is leading innovation in life sciences.

The visit followed the site's delegation as a Life Sciences Opportunity Zone and demonstrated how Cambridge is home to one of the strongest health and life science clusters, dedicated to improving people's lives.

The visit involved tours of organisations across the CBC, including the HLRI, with the Minister meeting Trust, University of Cambridge and commercial partner colleagues who are working together to advance healthcare.