

## Agenda Item 1.v

Report to:	Board of Directors	Date: 3 March 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 and Approval of Trust's 2022/23 Corporate Objectives	

### 1. Purpose

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

### 2 Introduction

January has proved to be one of the most challenging since the first wave response to the pandemic. Although the number of patients suffering with COVID-19 being treated at Royal Papworth remained fewer than 20, short-term staff absence due to sickness or self-isolation peaked in January, making staffing rotas fragile.

I want to formally thank and acknowledge our staff, who yet again demonstrated enormous flexibility and resilience in supporting each other and maintaining high quality care, for their efforts during this time.

### 3 Operational

Although emergency demand did not continue to grow at the levels seen in December, the level of demand in January exceeded that for the same period last year. The elective waiting list has, as expected, continued to grow as a result, particularly for patient pathways with a dependence on critical care.

We therefore welcome the publication of the national *Delivery plan for tackling the COVID-19 backlog of elective care*, which sets out a progressive agenda for how the NHS will recover elective care over the next three years.

It focuses on four areas of delivery:

1. Increasing health service capacity
2. Prioritising diagnosis and treatment
3. Transforming the way we provide elective care
4. Providing better information and support to patients.

The Plan is consistent with our organisational approach to resetting and focusing our attention upon addressing elective backlogs by concentrating our efforts on identifying opportunities to improve our productivity. The outpatient and booking teams have agilely begun to use the tools deployed in a successful 2019 outpatient productivity project, and we now plan to launch a similar initiative for our catheter laboratories and theatres. The ambition and energy our teams are bringing to these efforts is impressive.

A number of our clinical pathways have already been transformed through the introduction of virtual consultations, the accelerated roll out of remote diagnostics and patient-initiated follow-up (PIFU) initiatives and our planned patient portal will enhance real time communication with patients and allow them access to information held about them.

Part of the first phase of the national Plan is to support the roll-out of the web-based My Planned Care Patient Platform. This has been developed at pace to provide patients with information specific to a range of conditions to enable a better understanding of supporting their own health while on the waiting list, and waiting list information to enable people to better understand how long they may be waiting.

There will undoubtedly be challenges ahead, but we fully intend to take the opportunity to capitalise on the successful approaches that have supported our recovery efforts following previous waves and we will continue to identify and embed new ideas and best practice to ensure that our services are fit for the future and are best placed to meet demand for our services.

## **4 Clinical**

### **4.1 Supporting critical care transfers**

In February, the UK Health Security Agency (UKHSA) confirmed three cases of Lassa fever in England, which were within the same family and linked to travel to West Africa.

UKHSA contacted individuals who had close contact with the cases prior to confirmation of their infection, to provide appropriate assessment, support and advice. This included some NHS staff in trusts where some of the patients received care. Our campus colleagues at Cambridge University Hospitals NHS Trust (CUH) were one of the trusts affected, and as a result of UKHSA guidance a significant number of their critical care staff were advised to undertake a precautionary isolation period of 14 days, with no patient contact for 21 days. Isolation periods following suspected contact are standard protocol and are completely precautionary - cases of Lassa fever are rare in the UK and it does not spread easily between people.

Understandably this impacted on critical care staffing capacity at CUH. As part of our normal mutual aid arrangements we provided support as system partners, and have taken the transfer of a small number of CUH critical care patients as needed over the last few weeks.

We also made available our ECMO retrieval service so that we could provide critical care patient transfer support to the region.

#### **4.2 Critical care**

Our critical care unit consistently delivers amongst the best care and outcomes in the country to our patients. It is a complex and demanding environment and the Surgery, Transplant and Anaesthetics divisional leadership and executive teams are extremely appreciative of the huge effort and contribution the team have made, and continue to make, to delivering the very best possible care.

To ensure our critical care continues to deliver excellent outcomes, maximises the use of commissioned beds and ensures all staff working in critical care have a good working experience, the executive team have supported the appointment of a senior transformation lead for a period of nine months in critical care; this will support key areas such as workforce planning and rostering, roles and responsibilities, equality diversity and inclusion and leadership development.

Progress updates on this important support programme will be received through our Quality and Risk Committee.

#### **4.3 Clinical vacancy rates**

Despite the staffing challenges already referenced, we have maintained green safer staffing throughout our wards and departments.

Our registered nurse vacancy rate is 4.8%, which I am pleased to report is the lowest in the region, and we have now secured funding to help us invest in recruitment and retention work around healthcare support workers (HCSWs), where our vacancy rate is currently at 24.5%.

### **5 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 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 to date, delivering a £3.6m 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 the Trust forecasting a £6.3m surplus compared to a planned £2.5m surplus.

Looking forward, the Trust continues to work with system partners to implement the NHS's 2022/23 priorities and operational planning guidance. We expect 2022/23 to be a stretching year operationally and financially, as we play a part in the system-wide, and in indeed national, plan to reduce elective waiting lists, improve productivity and deliver financial improvement. These improvements have patients at their heart as we work to maximise the amount of care we can provide.

Alongside these stretching targets, the Trust is pleased to be able to continue to provide regional and national resilience for any future waves of COVID-19, with the formal

commissioning of a further three beds of intensive care beds for our extracorporeal membrane oxygenation (ECMO) service.

## 6 Workforce

### 6.1 Pulse survey

We undertook our quarter four staff 'pulse survey' at the end of January, which is designed to provide more regular insight into the working experience of our people.

Despite the pressures on staff and the hospital as a result of the Omicron surge, the percentage of staff recommending the Trust as a place to work improved and we saw no deterioration in the percentage of staff having regular one-to-one meetings with their line manager and team meetings.

We are committed to doing all we can to create a positive work environment so that all staff have the best possible experience here, and we know there are areas where we can further improve; in February we re-launched our 'values and behaviours' workshops after a temporary pause while the Trust supported the expected winter and Omicron surge. The sessions explore the Trust's values and behaviour framework, which was developed with staff, and aid reflection on some key communication and feedback tools that can be embedded in day-to-day practice. I attended a 'values and behaviours' workshop in February and can personally attest to the quality of the delivery, the power of the message and the positive engagement from all those attending.

We have seen an excellent response from colleagues and our ambition is for all staff to participate in a session over the next nine months.

### 6.1 LGBT+ History Month

February marked LGBT+ History Month and the Trust's LGBT+ staff network organised a series of engaging and informative webinars throughout the month to celebrate and raise awareness of LGBT+ issues and history. I was honoured to be invited to contribute to an event, alongside external speakers sharing their perspective and expert knowledge. The sessions have included lived experience from Trust staff talking about what LGBT+ History month means to them.

## 7 Digital

I am pleased to report that our digital team have connected Lorenzo, our electronic patient record (EPR) system, to 'GP Connect'. This allows, with the appropriate consent in place, authorised hospital staff to view a patient's full GP record from any practice in England, including appointments, medications, vaccinations, referrals and other key clinical information.

Having this readily available means our staff can make better, more informed decisions about a patient's treatment, saving them time and increasing efficiency.

In keeping with our ambition to improve staff experience through digital; we plan to roll out Microsoft 365 by May 2022, which will deliver improved functionality and open up more capability for collaboration with partner organisations.

## 8 System

Alongside the various work streams the Trust continues to lead and support for our Integrated Care System, Royal Papworth continues to provide support to the system in relation to the development of the Cambridgeshire and Peterborough community diagnostics strategy and business case.

Building on our existing commercial partnership with Philips, we are ensuring that the very latest technology and thinking from industry is being used in Cambridgeshire and Peterborough to improve diagnostic waiting times for patients.

## 9 Corporate Objectives

The 2022/23 Trust Corporate Objectives have been developed by the leadership team of the Trust.

The 2022/23 objectives reflect the strategic priorities and objectives identified in the Trust Strategy approved in 2020. The objectives, once approved, will be used to inform the CEO, Executive team and wider leadership team objectives.

A copy of the 2022/23 objectives is appended to this report for review and they will be brought to the April Board for final approval.

## 9 News

### 9.1 Cardiac CT scan excellence

The Trust's radiology team has been recognised for their clinical excellence in cardiac CT scan imaging.

When patients with suspected coronary artery disease are scanned, the images undergo analysis using a technology called HeartFlow, which creates a detailed map of the patients' coronary arteries to assist clinicians with diagnoses and disease management.

It requires very high image quality to run its computer modelling and, during 2021, 94% of scans conducted by our radiology team were able to undergo the HeartFlow Analysis, compared to average acceptance rates of 89% across all centres.

This means that fewer patients at Royal Papworth require second tests because clinicians have greater certainty when diagnosing patients. This provides another example of innovation that will support our elective recovery programme.