Royal Papworth Hospital
NHS Foundation Trust

Agenda Item 1.v

Report to:	**Board of Directors**	**Date: 7 April 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

The continued theme of high levels of staff absence, as a consequence of Covid-19 infection or need to isolate from the hospital, has continued through the final quarter of the financial year and has naturally made staff rosters more fragile.

Elective recovery efforts throughout February have also been a challenge; with high levels of the virus prevalent in the Cambridgeshire and Peterborough area, a number of patients tested positive for Covid-19 on their admission which then impacts their wellness and ability for operation, and many also cancelled scheduled outpatient appointments at short notice due to testing positive for the virus.

3 Operational

As an organisation we are using spring as an opportunity to reset; from an operational perspective this has meant focusing on re-establishing the normal operational flow and escalation triggers through the hospital. The launch of a 12-week productivity programme, supported by Meridian Productivity, in cath labs and theatres is also building on the work already underway in outpatients.

This focus on productivity links directly to the ambitions and priorities in the national Elective Recovery Plan, which was published in February and aspires to increase capacity and transform the way that elective care is provided. We continue to manage our waiting lists in order of clinical priority rather than time waited.

One priority in the national plan is to improve information and support for patients, and to that end the NHS has launched a new information platform called My Planned Care. This is an open access web-based application through which members of the public can view and compare average waiting times for services across all NHS providers in the country, as well as access information on how to stay well and optimise their health while waiting for care. Each provider was required to develop a suite of supportive information guides for patients as part of this, and ours were among the first to be published on the platform at the end of March.

4 Clinical

4.1 Infection prevention and control

The Covid-19 variant circulating in the local area is highly transmissible; we had no nosocomial infections in February, but have seen a spike in March with six cases identified across the last few weeks. Though the rate and number of nosocomial infections remains low in comparison to other hospitals, we take each case very seriously and conduct a full review of each to make sure we capture all learning and share this with staff.

The key themes have been staff ensuring they follow processes accurately if they are symptomatic, and adhering to good infection control practices and cleaning standards. Last week we received updated guidance in respect to testing protocols and considerations from the Government's Living with Covid plan. This guidance is being reviewed by our infection prevention and control and workforce teams to understand the implications, and our patient visiting and staff testing and isolation protocols with also be reviewed in light of these changes.

4.2 Staffing

As acknowledged above, the higher prevalence of Covid-19 has impacted on staff absence and some of our wards have seen stretched nurse-to-patient ratios for some shifts. Staff absence has been felt across many of our multi-professional groups, and in some cases we have needed to work to business continuity plans to keep services open and safe.

Staff have shown real dedication and flexibility in changing shifts to protect the safety of our patients.

4.3 Shared learning

Last month we welcomed Dr Art Baker for a Trust visit, who is both a Lead for Infectious Diseases and expert on the epidemiology and treatment of M. abscessus from the Duke University Hospital in America. The Duke hospital experienced an M. abscessus outbreak a number of years ago, and the visit was designed to facilitate shared learning between our organisations on the wide ranging challenges of managing this complex issue. The programme included a focused session looking at the strategic elements, a clinical forum, a research focused session with clinicians and UKHSA representatives, and the opportunity to contribute to our inaugural Executive Oversight Group. Ongoing collaborative opportunities with research projects are already being planned.

5 Finance

5.1 Financial position

The year-to-date financial position, reported against the Trust's 2021/22 plan, shows a surplus of £5m which is £2.5m better than planned. Recognition of year-to-date income earned through the Elective Recovery Fund (ERF), private patient income over-performance, and favourable delivery against our cost improvement programme (CIP) is partially offset by a number of non-recurrent items and provisions.

Our CIP is ahead of plan by £0.9m, year-to-date, which is primarily driven by additional delivery against pharmacy schemes; cost savings have been achieved by switching to generic brands, reducing usage in line with need, and non-recurrent operational pay underspends as well as savings made on the revaluation of business rates. The Trust has a total of £5.4m in pipeline schemes identified, against our annual target of £5.4m.

Looking forward, we continue to forecast a year-end surplus which is better than plan.

5.2 Operational plan for 2022/23

The October Spending Review (SR2021) outlined the NHS budget for the periods covering 1 April 2021 up to 31 March 2025. This settlement focused on the recovery of elective waiting times, the gradual removal of costs associated with the public health impact and management of Covid-19, against an environment in which inflation sat at circa 2.8%.

The assumptions of SR2021 have been delegated down through integrated care boards (ICBs) to trusts, and Royal Papworth has a breakeven plan that is consistent with those assumptions. We have an important role in reducing waiting lists and managing inflation, along with the rest of the NHS, but the current economic climate with inflation expected to peak at circa 8%, and high Covid-19 prevalence does impact the level of risk associated with the plan. We continue to discuss potential ways to manage this effectively together with the ICB and wider system.

6 Workforce

6.1 Staff support scheme

We have been reviewing what opportunities we have to further support staff, and to recognise and show appreciation for the sustained clinical and financial performance that staff delivered over the financial year.

Because of this, we were pleased to be able to develop an employee benefit scheme of around £700,000 in recognition of the financial year performance; the scheme will be used to develop initiatives to reduce staff costs for things like travel and food, as we acknowledge the impact of increased costs that staff may be experiencing across all aspects of their lives.

We will work with Staffside partners and external bodies, like transport providers, to develop these further.

6.2 NHS Staff Survey

Our NHS staff survey 2021 results were released on 30 March, and with more than 70% of colleagues responding we can be confident that the results provide a good insight into their working experience and views.

There is a huge wealth of information to be digested from the results, which give an overall Trust view as well as information for specific directorates. A high level overview of the results is that we have seen improvements across a number of areas, which is particularly pleasing given the pressures on the organisation over the last year; 91% of staff agreed or strongly agreed that they would be happy with the standard of care if a friend or relative needed treatment here (national average 67.8%), and 70% of staff would recommend the Trust as a place to work (national average 59.4%).

Over the last 24 months we have focused on supporting staff health and wellbeing so it was good to see that 68.5% of staff either agreed or strongly agreed that the Trust takes positive action on this. This was the highest score in our peer group and compares well against the national average of 57%.

We heard a strong message that our colleagues are tired, and we scored worst within our specialist trust peer group in the set of questions measuring staff burnout, though were in line with the national average for burnout and exhaustion. Results showed our staff are also working a high number of additional paid hours. This further strengthen our resolve to ensure that we continue to encourage staff to take regular breaks from work, are supported to have good mental health, and that we focus on working smarter, not harder, in meeting the needs of our patients.

We were disappointed and concerned at the responses to questions in the Workforce Race Equality Standard (WRES), which looks at the experience of colleagues from a Black, Asian and Minority Ethnic (BAME) background compared to white colleagues. Although we have seen some improvements in the four key areas measured, we have not seen dramatic advances in our scores on previous years and we have seen a deterioration in some indicators. It reinforces the importance of initiatives such as our Reciprocal Mentoring Programme, Cultural Ambassadors, the Compassionate and Collective Line Managers Programme and the Values and Behaviour Workshops. These are all in the early stages of implementation and we must re-double our efforts to support their success. We are extremely grateful to our staff networks which we will continue to work with to improve the working experience of our people.

6.3 Recruitment

There has been a notable shift in the labour market both for permanent and temporary staff; pay rates increasing in retail and hospitality sectors have impacted on applicants for roles within the Bands 2-4 bracket, but we have seen a good increase in our recruitment to Band 5 posts – recruiting 15 UK nurses in February. Our overseas nurses campaign has also progressed well and we are set to welcome our first cohort of colleagues at the end of April. As of the end of February, we had 47 Band 5 nurses in our pipeline.

Our recruitment team has been working exceptionally hard, restarting engagement with universities and getting in a position to run face-to-face recruitment events again. Our healthcare support worker vacancy rate remains very high at 24.3%; to enable us to take a more proactive approach to healthcare support worker recruitment and retention, we increased capacity in the nurse recruitment team and as such we have been able to attend more career events and arranged our own weekend recruitment in the hospital last month.

Thanks to the event being well publicised and well run, it was very successful and 17 offers of employment were made on the day.

7 Digital

7.1 Shared care record

The system is soon to begin public communications across Cambridgeshire and Peterborough in support of upcoming the roll-out of the shared care record.

The first phase of the roll-out will include primary care, mental health and community settings, and this public engagement will be hugely important in giving assurance that data and consent is being managed appropriately.

7.2 Electronic patient care record (EPR)

Dedalus recently announced that ORBIS U will be its strategic EPR clinicals solution for the UK and Ireland market. As a result of this decision, it has commenced the planning of the upgrade of existing Lorenzo clinicals customers to the ORBIS U platform. We are working with Dedalus to manage this transition.

8 News

8.1 New research shows personalised blood tests can detect persistent lung cancer

The results of a Lung Cancer Circulating Tumour DNA (LUCID-DNA) study were published last month, in which scientists at the Cancer Research UK Cambridge Institute used a personalised blood test for Royal Papworth patients to detect people who are at a higher risk of their lung cancer returning.

According to researchers at the University of Cambridge, in collaboration with our research and development team, by finding signs that lung cancer cells might still be present and active after treatment, specialists may be able to make more informed choices about treating patients; aiming to improve the chances of survival for patients who are at higher risk, while reducing side effects for patients who are at a lower risk group.

8.2 New technology an East of England first

Patients across the East of England are benefiting from a new catheter technology which makes ablations safer and quicker.

A team at Royal Papworth recently performed its first ablations using a catheter containing industrial grade diamonds in the tip, enhancing patient safety and potentially leading to shorter procedure times.

The Medtronic DiamondTemp catheter is already in use at a handful of NHS trusts, but this represents its first use for the benefit of patients in the East of England.