

## Agenda Item 1.vi

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 1 December 2022</b>
<b>Report from:</b>	<b>Eilish Midlane, 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

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

### 2 Introduction

#### 2.1 Tribute and thanks to Glenn Edge

Glenn Edge, a former Governor here at Royal Papworth Hospital during two terms from 2014-2020, recently sadly died. Glenn underwent surgery at our old hospital site and it was his experience as a grateful patient that had prompted him to seek election as a Governor. In 2017 he was re-elected and carried on supporting the hospital and the move in 2019 to the Cambridge Biomedical Campus. As a Governor we could always rely on Glenn's wise input, and he served as a very active member on several committees, ward inspections and interview panels. If we ever needed an extra pair of hands Glenn would always be the first to come forward.

We send our thoughts to his family and thank him for his service to our hospital, our staff and our patients.

### 3 Compassion: our people

#### 3.1 Industrial action

The Royal College of Nursing has published its ballot results which shows that a majority of RCN members at Royal Papworth have voted to strike. Of staff eligible to vote (509), 262 did so. Of these 262, 233 voted in favour of strike action which met the legal threshold. This means there will be industrial action at Royal Papworth Hospital.

It is a mixed picture across the ICS, with CUH also set to strike but NWAFT did not meet the legal threshold.

The RCN nationally has confirmed the initial dates for industrial action on the 15 and 20 December. Unison are currently balloting their members (208 at RPH) with a closing date of Wednesday (30 November). Unite and the Chartered Society of Physiotherapists will be closing their ballots in December. The BMA are expected to ballot junior doctors in January 2023.

While we await the results of the other ballots for these other staff groups, we continue to work on business continuity plans.

Our planning for industrial action sits alongside the Trust's existing emergency planning/contingency planning processes and in early October we stood up an Industrial Action Task Force (IATF) with the specific purpose of planning to mitigate the impact of strike action as far as possible. The task force is chaired by the Chief Operating Officer and the membership includes senior leaders from each Directorate, which includes detailed reviews and compliance with NHS England's Potential Industrial Action Self-assessment Framework

During any period of industrial action, the priority for the Trust will be to ensure that any disruption does not put patients' and staff safety and welfare at risk and we continue to provide as many of our services as possible.

The priority planning action has been to agree business continuity plans (BCPs) for clinical services at the time of industrial action and this has now been completed. A comprehensive set of frequently asked questions (FAQs), managers' guide and health and wellbeing booklet are available on the intranet for staff to access. This is in support of regular communication to the organisation distributed via weekly staff briefings and written updates.

We value all of our staff and fully understand that good pay and conditions are vitally important for our people, their families and retention and recruitment in the NHS. We understand that this is a very difficult decision for staff to have made and that the coming months will be challenging for all.

A resolution to the strike would be welcomed as soon as possible, however, pay is a national matter for the Government and trade unions.

We are committed to supporting staff and maintaining positive dialogue and communication.

### 3.2 Vaccination

Getting vaccinated remains the single biggest thing that our staff can do to protect themselves, our patients and our services this winter. Though we continue to see a slower uptake than previous years (which is a pattern across the NHS), 58.1% of staff have now had their flu jab and 56.5% the COVID-19 booster.

We have been informed by the NHS England – East team that we currently have the highest rates of uptake across the region. Our head of communications was recently asked to give a short talk to the other communications leads across the East of England to share best practice and techniques for how we have managed this, which we hope will be of use to our regional colleagues.

### 3.3 Values and behaviours training

We continue to encourage attendance at this very important workshop, a key driver in our aim to create a truly compassionate culture at Royal Papworth Hospital.

I had set an aspirational challenge of having 90% of staff attend by the end of December. At the last board I reported that 44% of staff had attended a workshop; by mid-November we had pushed this up to 50%.

We are unlikely to achieve our aspirational goal by the end of December which is a consequence of the pressures on staffing levels over this year as a result of increased COVID absence and vacancy rates affecting managers' ability to release staff to attend. We will continue to run sessions in 2023 and work towards the goal of 90%.

We have a session embedded in the corporate induction so all new staff starting are being introduced to the values and behaviours and key skills.

### 3.4 Staff Survey

The NHS Staff Survey closed last Friday (25 November). At the time of writing, with three days to go, our response rate stood at 53.6%. Feedback from this survey is crucial to allow us to know what we are doing well and where we can improve. Having more than half the organisation fill this out is therefore really important to allow a richness to the data.

### 3.5 Healthcare Support Workers

Alongside Chief Nurse Maura Sreaton, I spent some time visiting healthcare support workers across our hospital to say thank you, recognising and appreciating the work they do to support our nurses, patients and families. I met people who have worked here for years and those who had only just joined in the past couple of weeks, but despite the many pressures our staff are under I was struck by the teamwork, the commitment to their job and their dedication to always do the best thing for our patients.

## 4 Excellence: quality

#### 4.1 CQC visit

On 2 November we welcomed the Care Quality Commission, who performed a planned focused inspection in respect to compliance with Ionising Radiation (Medical Exposure) Regulations (IRMER) in our cardiology intervention department.

The CQC commented on how helpful, professional and engaging all staff were during the visit.

Following the inspection, we received two improvement notices relating to non-compliance with IR(ME)R. The team had identified gaps in compliance whilst preparing for the inspection and immediately took steps to address this. We will continue to make the necessary improvements as outlined by the CQC over the coming weeks and progress will be monitored through our governance structures.

#### 4.2 Mycobacterium abscessus inquest

The inquest into the deaths of two of our patients, Karen Starling and Ann Martinez, started on 3 November and concluded eight days later. Both patients had undergone lung transplantation in the new hospital and subsequently acquired Mycobacterium abscessus. They were among the first cases that we identified leading to the declaration of an outbreak, a major investigation and consequent extensive interventions in particular focused on the hospital's water which was the most likely source of the infections.

These measures, such as point-of-use filters and enhanced water treatment, remain in place and through our regular testing we know that these measures have been effective in reducing the counts of mycobacteria at the Trust.

The Coroner concluded that sadly both patients had died in part because of the acquisition of M abscessus or its treatment with antibiotics. However, he did not make any safety recommendations to the Trust in response to the clinical care provided.

The Coroner talked in detail about the healthcare technical memorandum (HTM) - issued by the Department of Health and Social Care (DHSC) - which regulates water safety before a hospital premises can be occupied. He said that the HTM has limited reference to Mycobacteria and none at all in relation to M Abs.

He concluded by issuing a Prevention of Future Deaths (PFD) report, aimed at the DHSC, about concerns he had over a lack of guidance from Government to hospitals around identifying and controlling the bacteria and therefore a continuing risk of death.

The Coroner acknowledged that he was satisfied the Trust did 'all that it can' with the guidance in place at the time and 'steps would likely have been taken to reduce the risk of infection', but we welcome the opportunity to review the Coroner's finding in full to ensure further opportunities for learning about this rare situation are embedded and shared.

### 4.3 Clinical Research Facility

Progress continues on our CRF inside the Heart and Lung Research Institute. We have now had the first participant for an outpatient appointment (as part of a lung cancer study), though this was just a soft trial run. Everything went well and we are looking forward to welcoming more participants in the future as we get the CRF up and running, driving our research and innovation ambitions.

## 5 Collaboration: productivity

### 5.1 Financial update

The month seven financial position for 2022/23 shows a surplus of £0.3m, which brings the Trust's year-to-date surplus to £3.1m. The position includes the continuation of national funding arrangements, including block payments for NHS clinical activity, top-up payments and COVID funding. Whilst financial risk to the Trust and ICB driven by ongoing community prevalence of COVID remains, as well as the pace of elective recovery and inflationary pressures, the Trust remains in a positive position going into the winter period.

### 5.2 CUH nested service

Capacity pressures in the Cambridge and Peterborough ICS system are well known and these are expected to increase as we head into winter 2022/23.

I have been in dialogue with Roland Sinker, CEO at CUH, to agree in principle the use of one of our wards to help them with winter pressures, from which they would provide their services as part of a CUH nested ward.

Work is underway on both sides to deliver a medically-optimised service, work being led by our director of strategic projects. It is anticipated that a final decision on this proposal will be made jointly by the executives of both Trusts with an anticipated start date of early December.

### 5.3 Tech improvements

The digital team is working together with junior doctors to increase the number of workstations on wheels (WOWs) by 25 across the Trust and moving our EPR Lorenzo to Edge compatibility mode to improve stability.

Patients smart TVs have also had an upgrade with new functionality with our Patient Entertainment System (PES) providing an additional menu to ordering food.

Work with Dedalus on their T4C research tool continues, phase 1 is currently live and phase 2 which introduces natural language processing is progressing well. This is aiming for a March go-live and will aid with recruitment of participants for research studies.

#### **5.4 Ministerial visit**

Last Monday (21 November) I spent time with Cambridge Biomedical Campus partners alongside: Will Quince MP, Minister of State for Health and Secondary Care at the Department of Health and Social Care; Anthony Browne MP, South Cambridgeshire; and Professor Lucy Chappell, DHSC Chief Scientific Adviser and NIHR Chief Executive Officer.

We spent a good hour discussing challenges and opportunities at the research/NHS/industry interface and healthy discussion with early trial research leads and industry partners.

#### **5.5 Life Sciences**

Prof John Wallwork and I also attended the second Lifesciences Advisory Council meeting the same day, hosted by Lord David Prior. We were joined by senior industry and academia colleagues as well as CUH, with all around the table focused on exploring the opportunities in Cambridge to progress the national life sciences vision. It was a very productive meeting with considerable appetite across all three sectors of healthcare, industry and academia for co-operation and co-design.

#### **5.6 RSSC ANP team**

Our Advanced Nurse Practitioner team on the Respiratory Support and Sleep Centre are performing amazingly well at the moment. They are a great clinical team and are overperforming on some of their numerical measures - hitting >100% of activity. They are all also pushing their development profiles and have completed recruitment of more than 200 patients to a research study.

#### **5.7 Redeployments**

Redeployment of staff is continuing to support service delivery, with the destination location of the majority of this redeployment being our surgical wards on 5 North and 5 South.

We continue to monitor this and report it through PIPR.

## **6 Reasons to be proud**

### **6.1 COVID-19 patient discharged after more than a year**

After more than 13 months in hospital, we were thrilled to discharge our longest stay COVID-19 patient last month. Nicoleta came to us after two weeks spent in Colchester Hospital, where she had an emergency C-section due to her condition deteriorating after contracting COVID-19 when 36 weeks pregnant.

Nicole was retrieved by our ECMO team for advanced respiratory support in early November 2021. She remained in a medically induced coma until mid-February 2022 and on ECMO until August. After 299 days on ECMO (our longest ECMO run ever), 11 months in critical care and a further month under the care of our Respiratory Support and Sleep Centre, she went home after one year and 10 days in our hospital.

She was clapped out by dozens of the staff who cared for her in an emotional goodbye, and we saw coverage of this on Sky News, BBC News and ITV News.

## 6.2 40<sup>th</sup> heart transplant anniversary

We held a special event last week for a very special patient. Sandy Law has been a patient of ours for more than 40 years. In November 1982, Sandy had a heart transplant at our old hospital. In 2005, she had a second heart transplant.

Celebrating the 40<sup>th</sup> anniversary of her first transplant, she is the longest-surviving heart transplant patient in the UK and believed to be one of the longest in the world.

Sandy was joined by her husband, Terry, and our transplant team for a special event with current and former staff, including her two surgeons Sir Terence English and Mr Steven Tsui. We also had doctors, nurses, admin staff, transplant co-ordinators, the transplant data team and others as part of the occasion.

Sandy wasn't predicted to live to Christmas in 1982, but thanks to so many people here at Royal Papworth she is still living and thriving 40 years later.

Once again I am in awe of how many people from across the MDT who go into looking after each of our patients.

This was featured on BBC Breakfast on BBC One, BBC Radio 4 and the Daily Telegraph.

## 6.3 New AI research study

Researchers at Royal Papworth Hospital will receive £3.4 million to fund new UK-wide trials investigating if machine-learning technology can transform how people living with chronic respiratory conditions manage their health.

They will examine the impact of home monitoring and machine-learning decision support algorithms for people with cystic fibrosis (CF) and non-CF bronchiectasis (NCFB).

Previous studies have shown it has the potential to improve health and spot signs of lung infections days before symptoms appear, avoiding admissions to hospital.

Starting in early 2023, the study will enrol up to 500 adults with CF and NCFB across the UK, work led by our R&D team.

