

**Agenda Item 1v**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 1 October 2020</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. Operational update**

**2.1 Restoring our clinical services**

Following success over the summer with restoring our imaging, transplant, cardiac surgery and cardiology services, we continue to focus on all of our services that were necessarily impacted due to the COVID-19 pandemic. Each of the areas listed above is now performing at a level which matches the best months of last year. Our booking team has been working hard to support the recovery of our outpatient activity by making sure that we book appointments to our full capacity. We have also made significant improvements in the recovery of our Respiratory Support and Sleep Centre (RSSC) and thoracic medicine services, although there is still work to do in these areas.

**2.2 Supporting STP partners with recovery**

We recognise that partner acute trusts in the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) are facing significant estate and workforce challenges associated with restoring services. As a result, we are leading a number of initiatives to support them with recovery for the benefit of patients across the area. For example, we are carrying out cardiac CT imaging here for patients who would otherwise have attended appointments at Cambridge University Hospitals or North West Anglia NHS Foundation Trusts, as well as transferring bronchoscopy referrals to Royal Papworth to free up endoscopy capacity within the STP. In addition, we are developing a community-based service for respiratory diagnostics to address some health inequalities in the area that could be a barrier to patients accessing treatment. These initiatives are unlikely to address all of the capacity

shortfalls in the Cambridgeshire and Peterborough area but we are actively looking for further ways to support the whole system's recovery.

### **2.3 Planning for winter**

As the COVID-19 infection rate continues to rise, we are carrying out detailed planning in the hospital to plan for winter, which is already a time of increased pressure for the NHS and is likely to be even busier this year as a result of the pandemic. Some of the key things we are doing to ensure we are prepared include recruiting new staff, optimising flow through our theatres and cath labs to treat as many people on our waiting lists as possible and planning a campaign to vaccinate our staff against flu.

### **2.4 Five-year strategy**

Earlier this year, we decided to postpone the launch of our five-year strategy for 2020-25 in order to focus on responding to the COVID-19 pandemic. The strategy has now been reviewed in light of the changes that have happened within the hospital and the wider NHS in the last few months and will be shared with staff and external stakeholders from Monday 5 October 2020.

## **3 Financial update**

### **3.1 NHS financial framework and recovery planning**

As reported in previous months, as a result of the COVID-19 pandemic NHS England/Improvement (NHS E/I) suspended the 2020/21 operational planning round and implemented a revised and simplified financial framework for April to September inclusive. The temporary framework was based on the following principles:

- that financial constraints do not stand in the way of taking urgent, immediate and necessary actions;
- that during a period of potentially increased staff absence, transactional and administrative burdens were reduced; and
- that sufficient, and guaranteed levels of cash flowed quickly to providers to maintain supply chains.

There have been three core elements to provider funding in this period:

- a block payment based on 2019/20 Clinical Commissioning Group (CCG) income;
- a prospective top-up payment based on 2019/20 expenditure run-rate; and
- a retrospective top-up to fund COVID-19 costs and any other additional costs.

In this context, the Trust reported a breakeven financial position in August, which is in line with our regulator's expectations.

A revised financial framework has been announced for the second half of the financial year. This continues to use the block and prospective funding approach that was in operation in the first half of the year, but provides a system level prospective allocation to deal with costs associated with COVID-19 and non COVID-19 cost growth. The Cambridgeshire and Peterborough system has taken a pragmatic approach to the allocation of this system level funding between organisations and we are gaining further clarity on these key elements of funding. The trust is currently working hard to supplement this key funding by improving non-NHS income streams and increasing service efficiency through the implementation of service improvement

programmes. This important work will enable the trust to maximise the benefit it can provide to patients.

## **4 Clinical update**

### **4.1 Launch of national Donation after Circulatory Death (DCD) organ retrieval service**

Five years on from staff at Royal Papworth Hospital performing the first adult DCD heart transplant in Europe, the NHS last month launched a new UK-wide DCD retrieval and transplant service. Worldwide, there have now been approximately 200 DCD heart transplants; 85 of them have been performed by teams at Royal Papworth making our programme the largest in the world. In the last few years, our teams have also supported a number of other UK centres in establishing their own DCD transplantation programmes and have advised hospitals internationally. Until now, each centre has retrieved their own DCD heart, taking it back to their hospital for further assessment and potential implantation into a recipient. Under the new system, however, Royal Papworth will join Wythenshawe in Manchester and Harefield in London to provide a national retrieval service for each other and the other three adult cardiothoracic transplant centres – Newcastle, Glasgow and Birmingham. I would like to thank our transplant team for their work to make DCD heart transplantation a possibility for more patients who need a life-saving heart transplant.

### **4.2 Flu campaign winter 2021/21**

On average, flu kills more than 11,000 people every year and hospitalises many more. This is anything but a typical year, due to the potential impact of flu and COVID-19 circulating at the same time. We know that unvaccinated, asymptomatic staff may unknowingly pass on the virus to vulnerable patients, friends, family and colleagues, and that flu-related staff sickness can impact on service delivery. As a result, the NHS is planning a targeted campaign to increase the uptake of the flu vaccine amongst health and care workers: we at Royal Papworth will be working hard over the coming months to make it as easy as possible for all of our staff to get vaccinated.

### **4.3 Mycobacterium abscessus update**

Last year, we declared an outbreak of mycobacterium abscessus after a number of patients tested positive for mycobacterium abscessus infection. Mycobacterium abscessus is part of a group of mycobacteria which are found in the natural environment. Although not usually harmful to people, it can cause lung infections for some people with underlying respiratory conditions including cystic fibrosis. We now know that of all our patients who have tested positive for the infection since June last year, around two-thirds of patients show a common source of infection, meaning that our water supply could be a credible source. As a result, we have taken a number of steps to ensure a safe supply of water into the hospital, including enhanced water testing, extra filters across our estate and additional safeguards for patients. Going forward the Trust intends to share its experience and learning more widely to ensure that this is available to other hospitals both nationally and internationally.

### **4.4 COVID-19 related research**

We have been extremely active in supporting the National Institute for Health Research (NIHR) Urgent Public Health studies which include the Recovery Trial, the Oxford Vaccine Study and our consultant Dr Helen Baxendale's into factors affecting the immune response to COVID-19. To date we have recruited over 900 participants to these studies. More than 540 of these are Royal Papworth staff participating in the Dr Baxendale's study. Alongside this we have restarted recruitment to a number of

our previously active studies and have recruited 178 patients since the study restart. This means that in the first six months of the year we have recruited a similar number of participants to the whole of last year. Dr Andrew Klein's multi-centre study looking at the use of high flow nasal oxygen following cardiac surgery is now fully approved and the first patient is expected to be recruited in the next few weeks. We also continue to support the writing of a number of grant applications across respiratory medicine, cardiology and our Respiratory Support and Sleep Centre (RSSC).

## **5 Workforce and employee engagement**

### **5.1 Staff support schemes funded by Royal Papworth Hospital Charity**

Following feedback from our staff, we have introduced a number of new staff support schemes thanks to funding from Royal Papworth Hospital Charity. These include funding for initiatives to support equality, diversity and inclusion, a reward and recognition scheme to enable managers to provide recognition to their teams and a hardship fund to support staff experiencing severe financial crises. I would like to thank the charity for their support for these schemes which I hope will help improve the employee experience for all of our hard-working staff.

### **5.2 New staff rest area**

Social distancing requirements have made it difficult for us to provide adequate rest facilities for clinical staff who are unable to work from home. As a result, we have built a new 45-seater rest facility adjacent to the restaurant on the ground floor of the hospital to enable our hard-working staff to take breaks during their shifts. I would like to thank our estates and facilities team for working so hard to install this facility quickly, before the weather makes it more difficult for staff to take breaks outside. Work is now underway to explore the options for providing additional locker room space and additional on-call facilities.

## **6 Governance**

### **6.1 EU Exit transition planning**

The transition period following the UK's departure from the European Union is due to end on 31 December 2020, meaning that we will no longer be bound by EU law from 1 January 2021. In preparation for this, our EU Exit Project Board has now reconvened as our End of Transition Management Board, to ensure we have business continuity plans in place with regards to medicines, contract management and emergency planning.

## **7. News and updates**

### **7.1 New Acting Chief Nurse appointed**

Josie Rudman, our Chief Nurse and Director of Infection Prevention and Control, will be starting a six-month secondment with NHS Test and Trace at the end of this month. Reflecting the high regard in which Josie is held here at Royal Papworth and nationally, Josie has been asked to take on an important national role as Head of Operational Capacity for the NHS Test and Trace programme, focusing on containment of the COVID-19 virus. However, I am pleased to confirm that Josie will continue to work one day a week for Royal Papworth Hospital as our Director of Infection Prevention and Control. From 28 September, our Deputy Chief Nurse Ivan Graham has taken on the role of Acting Chief Nurse for a six-month period, with Jennifer Whisken taking on the role of Acting Deputy Chief Nurse. On behalf of the executive team, I would like to wish Josie all the best for her secondment and thank Ivan for taking on the role of Chief Nurse while she is away.

**7.2 Royal Papworth to feature in series three of Surgeons: Edge of Life**

Series three of the award-winning series 'Surgeons: At the Edge of Life' was filmed at Royal Papworth Hospital and Cambridge University Hospitals late last year and early this year, before the COVID-19 pandemic. The first episode in the series features one of our pulmonary endarterectomy (PTE) procedures and will be broadcast on BBC Two at 21:00 on Tuesday 6 October.

**7.3 Sons perform for their father at Royal Papworth Hospital**

On Monday 14 September, one of our motor neurone disease patients asked if we would arrange for his four sons, who are in a band, to come and play some songs for him outside the hospital. Our Respiratory Support and Sleep Centre (RSSC) team were only too happy to arrange this. The family asked us to share a video of the performance widely and it reached more than 82,000 people through our Facebook page alone. I would like to thank our staff involved in providing such excellent, holistic care for this patient.