

Royal Papworth Hospital NHS Foundation Trust response to the COVID Pandemic

To: CCC Adult Health Scrutiny Committee

Meeting Date: 22 September 2021

From: Chief Executive Officer, Royal Papworth Hospital.

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: For information only

Recommendation: The Adults and Health Committee is asked to note:

- a) The Trust's rapid and comprehensive response to the pandemic.
- b) The role the Trust played in supporting patient care locally and regionally.
- c) Initiatives that the Trust has made to support staff resilience and wellbeing.
- d) Recovery of services and efforts to address the backlog of care and health inequalities for our patients.

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1. Background

- 1.1 Royal Papworth Hospital is a specialist heart and lung hospital, located on the Cambridge Biomedical Campus. It is a world-leading cardiothoracic transplant centre, the largest in the UK, having carried out more heart and lung transplants in 2019/20 than any other hospital⁽¹⁾ it is also home to the UK's biggest sleep centre, one of the largest Cardiology centres in the country and is one of five hospitals commissioned nationally to provide Extra Corporeal Membrane Oxygenation (ECMO) to adults with severe respiratory failure. As a specialist hospital, Royal Papworth Hospital serves the local, regional, and national population.
- 1.2 The 12-month period prior to the global pandemic had been an extremely busy and challenging time for Royal Papworth Hospital. It was a year in which a series of remarkable milestones were achieved by all that work here, and one in which our staff and volunteers, yet again, worked incredibly hard to deliver the best care possible for our patients at a time of profound change and challenge. Following the successful move to our new Hospital in May 2019 the Trust focused significantly on the optimisation of our new facilities to ensure that as many patients as possible could benefit from the excellent care provided at Royal Papworth Hospital.
- 1.3 Shortly after moving into the new facility we received a full core and well-led inspection from the Care Quality Commission (CQC). In October 2019 we received our 'Outstanding' inspection report and rating from the CQC, becoming the first NHS Hospital to achieve an 'Outstanding' rating in all 5 CQC domains, Safe, Caring, Effective, Responsive and Well-Led, and the first NHS Hospital to achieve 'Outstanding' for the Safe domain. As a Trust we continue to set ourselves high standards and strive to meet all of our performance standards and to identify opportunities to continuously improve.
- 1.4 The global impact of COVID19 has been profound, and the public health threat it represents is the most serious seen in a respiratory virus since the 1918 H1N1 influenza pandemic.
- 1.5 Royal Papworth Hospital (RPH), as a nationally recognised centre of excellence for specialist cardiothoracic health care, has played a leading role in the national, regional and local response to this crisis. The Trust has undertaken central roles in both an advisory capacity and in our capacity as a direct provider of health care to the population.

2. Main Issues

2.1 Contribution to NHS Pandemic Incident Response

- 2.1.1 The global pandemic has required Royal Papworth to change our practices, re-deploy many of our staff, increase our capacity, develop new skills, and summon every ounce of our collective knowledge, compassion and resilience.
- 2.1.2 Our purpose-built hospital - with its single patient rooms, air ventilation system and flexible layout - proved incredibly adept at dealing with a highly infectious, airborne disease. We would simply not have been able to respond to COVID19 as effectively had we still been at our old site. In addition, our experience of having recently moved a hospital and managed an ongoing command and control centre has been invaluable. However, it is the manner in which our staff have worked together, and the extraordinary commitment, compassion and resilience they have demonstrated throughout the outbreak that has made the biggest impact to the support we have been able to provide to partner hospitals and to the outcomes delivered by Royal Papworth.

- 2.1.3 As one of the five national adult ECMO centres, the Trust has cared for some of the very sickest COVID patients. Many of these patients have needed treatment on critical care for many months. This has meant that our COVID surge response extended well beyond the timeframe where case numbers and hospital admissions in the region had fallen.
- 2.1.4 The initial response also saw the rapid mobilisation of a Royal Papworth multi-disciplinary Clinical Decision Cell that operated 24/7 to review referrals, clinically support prioritisation decisions and to offer patient management advice to teams managing patients in other hospitals. Recognising early the need to transfer critical care patients between hospitals, both to allow them access to more specialist services and decompress units under extreme pressure, Royal Papworth extended its successful ECMO retrieval service to provide a 24/7 critical care transfer solution. This was a function adopted by the region through the second and subsequent waves.
- 2.1.5 Early in January 2021, as sustainability of oxygen supply became an acute issue for acute Trusts in Essex and Hertfordshire, Royal Papworth created an Acute Respiratory Care Unit (ARCU), and rapidly transferred patients out of affected Trusts. The creation of the unit helped to decompress other organisations and prevented many patients from progressing to ventilation support on critical care. As a result of this system support initiative the Royal Papworth ARCU team has been nominated for a number of national awards.
- 2.1.6 As the country exited the first lockdown, organs for transplantation once again became available and the Trust undertook a record number of heart and lung transplants over July and August 2020. Although, offers reduced to more normal levels in September 2020, we saw no decline in offers through the second lockdown and our Transplant team and the Trust are proud to report that we have maintained normal levels of transplantation throughout.
- 2.1.7 In support of our local system the Trust took a lead role in the delivery of staff support functions for health and social care workers across the system, creating a drive through staff testing hub in the Royal Papworth car park early on and delivering a vaccination hub from its outpatient facilities which has vaccinated over 6,000 staff across Cambridge and Peterborough.

2.2 Clinical Outcomes

- 2.2.1 During the first wave of the pandemic figures from ICNARC (Intensive Care National Audit and Research Centre)⁽²⁾ showed that 77.4% of our patients were discharged at Royal Papworth Hospital compared with a national average of 60.3%. This was achieved despite 95% of our patients needing advanced respiratory support, which is 20% higher than the average.
- 2.2.2 The Trust has treated 372 of the sickest COVID patients in the East of England and beyond of which 77.7% have survived.
- 2.2.3 Research undertaken and supported by clinicians at Royal Papworth has significantly shaped the development of successful treatments for COVID across the country. In the year 2020-2021, despite the pandemic, the Trust's commitment to research and development has resulted in the organisation enrolling 3,400 participants across a balanced portfolio of 49 clinical studies and the publication of 350 research papers authored by members of Royal Papworth staff.

2.3 Activity recovery

- 2.3.1 Key to the re-start of our planned and elective care programme was the establishment of our COVID secure pathways in the hospital for elective patients and putting in place pre-admission COVID testing and triage.
- 2.3.2 The restoration of diagnostic services was recognised as key to unlocking all patient pathways and as such these services were prioritised as staff were released from their redeployment in critical care. Diagnostic services rapidly recovered to a higher level of activity than pre-pandemic and we were able to offer mutual aid to the system by undertaking CT imaging for other Trusts.
- 2.3.3 Outpatient services were rapidly restored to pre-COVID levels, but where virtual appointments were possible these have been embedded as part of our new ways of working.
- 2.3.4 A complete review of booking templates was undertaken at the end of the first surge and these were adjusted to reflect the new pathways introduced and our new digital solutions, e.g. virtual out-patient appointments. The Booking team undertook a series of "Super-Saturday" booking initiatives to rapidly fill capacity as it became available.
- 2.3.5 On both occasions, consultant to consultant referrals returned rapidly to pre-COVID levels but GP referrals were slower to return and remain significantly lower than previous years.
- 2.3.6 Elective and day case admissions were restored quickly in Cardiology and Respiratory but a little more slowly in Surgery due to the residual COVID demand.
- 2.3.7 Demand for our emergency pathways initially declined as the country went into the first lockdown, demand particularly in Cardiology rebounded at a much higher level and this has been sustained since September 2020. Cardiac surgery has seen a similar increase in emergency demand since January 2021.
- 2.3.8 The national clinical prioritisation codes have been applied to all patients waiting for treatment and waiting lists are being strictly managed by drawing patients through in order of clinical priority rather than length of time waiting. Codes are kept under constant review and patient priority is adjusted should their condition deteriorates.

2.4 Staff Wellbeing

- 2.4.1 Throughout the response the Trust leadership was acutely aware of the impact of the pandemic and incident response on our staff and teams. Staff, both clinical and non-clinical, have all been working incredibly hard, often taking on new roles at short notice and having to quickly learn new skills. Those working on the frontline may have witnessed incredibly difficult things and many have also been dealing with caring responsibilities, school and nursery closures, financial worries and concerns for loved ones at the same time.
- 2.4.2 A significant number of health and wellbeing measures have been put in place over the last 18 months including free ready meals, so that staff could have a hot meal during their shift even though break time were curtailed, psychological support, mindfulness events, keeping in touch team for those ill or self-isolating, a recognition scheme, acupuncture and many more.
- 2.4.3 Staff were very grateful for the many gifts that members of the public or businesses sent to support them. These included everything from colourful scrubs and pamper packages to pizza and fresh fruit baskets.

- 2.4.4 As staff returned in cohorts to their original base and teams at the end of re-deployment, each member of staff was offered opportunities for de-brief and support. An organisational wide de-brief project and lessons learnt project was run at the end of each wave so that we could adjust our incident response to maximise our impact for patients and also to address how it felt for staff to contribute to the response.
- 2.4.5 Throughout the pandemic we have sought opportunities to show our thanks and appreciation to our staff through the issuing of a commemorative pin badge, thank you cards, our reward and recognition scheme and other staff events. In early July, with the easing of restrictions, we were able to hold a "Big Tea" event with an afternoon tea for all staff to thank them for all that they have done over the 18 months.
- 2.4.6 We continue to hold listening events and action staff ideas on what they feel may improve their experience of working in the NHS in the current circumstances and to enhance the support schemes we now have in place.

2.5 Winter 2021/2022

- 2.5.1 Both at a local and system level Royal Papworth has now turned its attention to planning for what will undoubtedly be a challenging winter period.
- 2.5.2 Within our activity modelling we have made an allowance for COVID, flu and the higher level of emergency activity experienced since the end of the first pandemic wave. We anticipate that there will be high demand upon our critical care capacity and at intervals this may constrain elective surgical activity.
- 2.5.3 The multi-disciplinary Clinical Decision Cell, that was so impactful in the acute phases of the pandemic response, has considered the competing demands over the next period and agreed that capacity should be allocated against the following priorities: emergency and cancer pathways, including transplantation, maintaining nationally and regionally commissioned services where we are the sole or one of a small number of providers and elective activity in order of clinical priority.
- 2.5.4 The Trust is committed to delivering high quality care for the most patients that it can, while supporting staff and working in close partnership with other providers to add value wherever we can do so.

3. Source documents guidance

3.1 Source documents

(1) *Organ Donation and Transplant Activity Report*". NHS Blood and Transplant.
12 May 2020.

(2) ICNARC report on COVID-19: risk-adjusted outcomes by critical care unit. *Intensive Care National Audit and Research Centre*. 25 September 2020

3.2 Location

- (1) *Organ Donation and Transplant Activity Report*".
- (2) *Copy held by Royal Papworth Hospital NHSFT*