

## Agenda Item 1.vi

Report to:	Board of Directors	Date: 1 September 2022
Report from:	Eilish Midlane, 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

It is my very great pleasure to share my first report as Chief Executive Officer of Royal Papworth Hospital NHS Foundation Trust (RPH) and would like to start by formally thanking former CEO Stephen Posey on behalf of the organisation. Stephen's contribution has been significant, and his leadership saw the Trust through some considerably turbulent times; on behalf of the organisation, I want to formally acknowledge our thanks.

It is a privilege to be taking up the mantel as the CEO of an organisation with such a proud history of excellence and innovation. It is my intention to continue the good work already underway and, ahead of what will undoubtedly be a challenging winter, bring a 100-day plan to the next Board meeting to set out my intentions and areas of focus for our Trust.

### 3 Compassion: our people

#### 3.1 Supporting our teams

There is positive work underway to try and make sure the working experience of our people is the best it can be.

Our original lease for our space at Royal Papworth House in Huntingdon is coming to an end, meaning the Trust needs to review options available. We are committed to keeping an administration base in Huntingdon and are involving our administration teams and colleagues currently working there with proposed arrangements as they progress. I had the pleasure a couple of weeks ago in presenting our outline plans to two groups of staff based at the House both face to face and virtually on Teams. Although some areas that need more work were identified, I was impressed by the professional and ‘can do’ attitude of these groups of corporate staff who were actively thinking themselves into the solution by mid-afternoon.

We are also undertaking a joint project with our theatre teams, ‘Delivering Excellence Together’, to develop and implement a programme of positive changes; the project is designed to improve the working experience and improve efficiencies so that we can be confident that we are treating as many patients as possible. It is being organised around four key workstreams and covers multiple avenues from roster reviews to the practical working environment itself. The project is being managed from within the surgery, theatres and anaesthetics (STA) division, supported by the strategic projects team with Tim Glenn, Chief Finance Officer and Deputy Chief Executive, as SRO.

We continue to support our people with new opportunities to help develop their skills and prospects to grow; three cohorts of our compassionate and collective leadership programme have been launched, more than 850 staff have completed our values and behaviours training, and our line managers’ training programme is also well underway.

### 3.2 Saying thank you

I was delighted to see so many staff attend our thank you afternoon tea event in July, where colleagues were able to take a break in the warm weather and enjoy a free afternoon tea style lunch and some garden games. The event was arranged as a thank you for the ongoing work and effort that we see our people put in every day in helping us to care for patients and keeping the organisation running smoothly.

I am very much looking forward to celebrating some shining examples of compassion, excellence, and collaboration at our annual staff awards event later this month. It is always a humbling experience to hear so many stories that demonstrate the best of the Trust and of the NHS. Our greatest asset is our people and I am sure it will be an evening filled with great pride.

### 3.3 Governor elections and Annual Members’ Meeting

Voting is now open for the Council of Governor elections 2022. This year we have contested elections in two constituencies:

Public: Cambridgeshire  
Staff: Nursing, Admin Clerical and Management.

Our governors play a vital role in the running of our organisation, supporting our work but also offering constructive challenge and insight to help us shape our upcoming plans.

Voting closes on 8 September with results due to be announced at the Annual Members’ Meeting on 14 September. The meeting is open to both foundation trust members and members of the public, and we are delighted to be holding it in our newly opened Heart and Lung Research Institute this year. As well as reflecting on our key achievements from the

past year and looking ahead to our future ambitions, there will be clinical presentations on our progress in research and an opportunity for attendees to ask questions. Places are limited but more about the event, and a link to book a place, can be found on our public website.

## 4 Excellence: quality

### 4.1 Going above and beyond

It gave our entire organisation something to be proud of last month when our teams managed to facilitate two concomitant heart transplants, out-of-hours, alongside an emergency cath lab procedure for a third patient.

Very few units would be willing and able to undertake such a feat, but thanks to the sheer determination of our people, two patients who were in desperate need of a transplant received the care they needed; one of the patients had been on the waiting list for four years. From the transplant coordinators and organ retrieval team to the theatre staff and consultants performing these complex operations – thank you for the quality and care you have showed our patients.

### 4.2 Taking opportunities to improve

We remain entirely focused on making improvements in some of our identified quality issues. Part of being a good-quality organisation is about identifying where things could be done better and working robustly to address them.

We have continued our whole organisational approach to tackling our rates of surgical site infection (SSI), and while we have more work to do, our three month position has shown early signs of improvement. Our work has focused on supporting staff with best-practice infection prevention and control (IPC) refresher training, and we also invited Mr Simon Kendall to conduct an external review of our surgical patient pathway to help identify further changes we could make. Mr Kendall is President of the Society of Cardiothoracic Surgeons, a former cardiac surgeon, and current Medical Director of the North East and Yorkshire region of the NHS; he is highly experienced and we were grateful for his time and expertise.

Some routine water testing identified elevated levels of legionella bacteria in a small number of samples at the hospital last month and a number of actions were immediately taken in response, including installing additional water filters, to ensure continued safety for patients and staff. We conduct regular water testing to ensure that we can respond to any identified issues efficiently, and thanks to the quick actions of those involved patients were able to continue to come for care as they normally would. Enhanced testing, water treatments and mitigations remain in place and we continue to monitor the situation closely.

The Trust continues to manage its identified and publicly reported M abscessus risk closely, and we are grateful for the input of external stakeholders, including UKHSA, into our assurance oversight meetings. We have a number of mitigations in place to help manage this known issue and we are pleased that no new M abscessus cases were identified in July.

### 4.3 Staffing

We maintained a green position for safe staffing across all ward areas in July, though staff vacancies and sickness did impact on our theatre position at some points of the month, meaning we needed to temporarily reduce some theatre activity as a result.

## 5 Collaboration: productivity

### 5.1 Operational performance

July has proven to be a very challenging month operationally, with an unfavourable reduction in activity across all points of delivery, caused by a mixture ad-hoc short-term sickness and a lack of overtime uptake in theatres. A renewed focus on optimising the use of available capacity, and re-calibration to clinical risk appetite, is being supported in discussions through the Clinical Decision Cell.

### 5.2 Financial position

The month-four financial position for 2022/23 shows a surplus of £1.6m, which brings the Trust's year-to-date surplus to £1.6m. The position includes the continuation of national funding arrangements comprising of locally agreed variable and block payments for NHS clinical activity, top-up payments, ERF and COVID funding.

A total of £2m efficiency savings have been delivered year-to-date as part of our cost improvement programme (CIP), and the Trust has £5.8m of pipeline schemes identified against an annual target of £5.8m.

Whilst ongoing community prevalence of COVID, and headwinds in relation to inflation, continue to indicate that the Trust faces higher than normal financial risk during the financial year, the position to date is a cause for cautious optimism looking towards to year end.

### 5.3 Using digital to deliver effective services

The new Shared Care Record (ShCR) for Cambridgeshire and Peterborough will be going live in primary care across the system soon, and we are collectively beginning work on an information campaign with our local community. For those patients who are content to share their data in this way, the benefit will mean a record being shared across the whole of the ICS, enabling part of the GP record to be visible in our electronic patient records (EPRs). This means more reliable information for staff and more timely, effective care for our patients.

Over the summer we have also introduced a new picture archiving and communications system (PACS), which now gives a much richer experience for clinicians when viewing images. The system gives the ability to manipulate images in 3D and use other tools to improve diagnosis at any workstation in the hospital, or off site. Moving forward it is hoped there will be the ability to share images and reports across the region. Imaging is important to most patients coming through the hospital as images are needed by many teams - for the patient, this means more accurate and timely diagnosis will be possible.

Media narrative nationally has flagged a number high profile cyber incidents in the UK over the last few weeks, including on NHS 111. While the Trust has not seen an increase in intrusions compared to normal levels, we remain on a high level of alert and vigilance.

## 6 Reasons to be proud

We are privileged at Royal Papworth that so many of our staff are considered world-leading experts in their field: Dr Sarah Clarke was recently announced as the 122<sup>nd</sup> president of the Royal College of Physicians - becoming the sixth Royal Papworth consultant to hold the role of president at a professional membership body; Dr Karl Sylvester has been made an honorary fellow of the Academy for Healthcare Science; and Professor R. Andres Floto has been awarded a mid-career gold medal in NTM from the European Respiratory Society. Congratulations all.

In research news, a new clinical trial has been launched at the Trust which is using ethanol detected in exhaled breath as a potential tool to diagnose lung cancer earlier. Just a quarter of lung cancers are detected at an early stage when treatment is more likely to be successful, so this is an exciting venture that has the very real potential to save lives. We look forward to seeing its progress.