

Agenda Item 1.vi

Report to:	Board of Directors	Date: 2 March 2023
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

February was a month dominated by industrial action, either through lost activity or planning for future strike action.

3 Compassion: our people

3.1 Industrial action

The challenging industrial relations landscape continues to have an impact with further strike action by trade unions taking place.

On 26 January there was strike action by the Chartered Society of Physiotherapists (CSP) in which our staff participated.

There was also considerable work undertaken in planning for two consecutive days of strike action by the RCN at the start of February. As with the previous RCN strike action in December, and the CSP in January, we focused on supporting staff and ensuring that we continued to provide safe care for our patients. This was again disruptive to our outpatient, day cases and elective services, but I am pleased to say that, overall, the incident was managed well and patient safety was maintained.

Pat Cullen, General Secretary of the RCN, visited our picket line and spoke to our striking staff during this strike action, which was the third national RCN action and the second held at RPH.

Unfortunately, there is no end in sight to industrial action. At the time of writing, the RCN has called off their 48-hour walkout planned for Wednesday 1 – Friday 3 March while it enters ‘intensive’ negotiations with the government. Unlike previous action, we had been informed that there would be no local derogations, meaning that without national consideration of our specialist services we were expecting to see much greater impact than we have experienced previously.

The result of the BMA junior doctors ballot was announced on Monday 20 February with a strong mandate for industrial action. On Friday 24 February, the BMA confirmed that the proposed 72-hour full walkout will begin on the morning of Monday 13 March and end on the morning of Thursday 16 March. Our industrial action task force continues to meet regularly and is liaising with our clinical decision cell about the best way to keep patients safe. Further meetings are also planned with the local BMA rep to maintain clear communications.

In addition, we have been informed that GMB and Unison have a mandate to call staff to strike at East of England Ambulance Service (EEAST have previously not been involved in strike action) and that plans are being made for action on Monday 6 March.

Our planning for all of this is well underway. I know that this is a period of high uncertainty, with many members of staff feeling anxious and concerned. We are doing everything we can to support all of our staff and keep our patients safe.

3.2 Recruitment

Recruitment continues to be a key priority for the Trust and we have a timetable of recruitment events planned throughout the year. We will also be attending external events including a number organised by universities.

We will also continue with a programme of overseas recruitment for registered nurses, some AHP roles and we are exploring the potential of this route for theatre practitioners. We held an event on 21 January in the hospital specifically focused on

recruiting to roles in the surgery, transplant and anaesthetics division. There was great team working between the communications, recruitment and divisional teams to run a successful event at which we recruited 17 new members of staff – 12 HCSWs, 4 registered nurses and 1 patient environment assistant.

Our next event is on Saturday 25 February and is targeting operating department practitioners, surgical care practitioners, and nurses across the Trust.

3.3 Visit to the Palace

On Tuesday 28 February, myself and chairman Professor John Wallwork are due to visit our patron, HRH Duchess of Gloucester, who is kindly hosting us for the morning at Kensington Palace.

4 Excellence: quality

4.1 Surgical site infections

We continue to have a focus on reducing surgical site infections (SSI) and have had a renewed focus on maintaining a safe environment through decluttering and a programme of deep cleaning. The SSI multi professional stakeholder group continues to meet bi-monthly to action and monitor areas for improvement.

4.2 VTE risk assessments

Clinical teams have had a focus on improving compliance with venous thromboembolism (VTE) risk assessments on admission to hospital. This focus has seen an improvement in overall compliance and it is also pleasing to note that there has been no harm to patients from any VTE events identified through identification and reporting mechanisms.

4.3 Total body PET scanner

Work continues on the joint bid with the University of Cambridge for a Total Body PET scanner. In February we had a productive meeting with one of the potential suppliers and anticipate contact with the second manufacturer in the coming weeks.

4.4 Digital upgrades

We have now taken receipt of 20 out of 56 new computers or 'Workstations on Wheels' (WOWs) to improve the quality of devices available for the wards. These will

help to improve ward rounds and the experience for our staff – and therefore patients - with giving medications and general care.

4.5 Financial position

The month 10 financial position for 2022/23 shows a year-to-date surplus to £2,657k.

Our position reflects the continuation of national funding arrangements comprising locally agreed variable and block payments for NHS clinical activity, top-up payments and COVID-19 funding.

The Trust is forecasting full delivery of its targeted Cost Improvement Programme (CIP) for the year of £5.8m.

5 Collaboration: productivity

5.1 Three pump day

Our theatre teams completed their third 'three-pump day' in recent weeks on 10 February. The reference to 'pump' describes procedures requiring a cardiopulmonary bypass.

This is very welcome news from our cardiac surgery team and is such an efficient use of our assets, the greatest of which of course is our staff. They embodied our values that day to make this happen and get an additional patient through theatres, treating them safely and improving their quality of life.

This is one of the steps we are taking to get more patients through theatre.

The work ethic was inspiring, as it was on the other two days, with everyone working efficiently and collaboratively. We have more 'three-pump days' planned in the coming weeks.

5.2 Visibility rounds

The senior nursing team continue to lead weekly inclusive visibility rounds. In January and February, two of our non-executive directors took part in an 'in your shoes' initiatives visiting clinical engineering, cardiac rehabilitation and Ward 5 North.

A number of our governors joined us for our quality assurance round visiting Day Ward and Ward 5 South where they spoke with staff and patients. All visits were

positively received with areas of good practise identified as well as some areas for improvement which are being taken forward by the ward/department leads.

5.3 CUH collaboration

Over recent months there has been closer collaboration between Royal Papworth and CUH to improve patient services. One example of this was the nested ward on 4NE where we provided additional inpatient capacity within our hospital to help ease winter pressures at CUH.

There are many more examples of joint working across patient and non-patient facing services, some of which have been in place for many years.

It is in this context that our organisations have co-designed and agreed to proactively determine where we can strengthen our collaboration to the benefit of staff and patients. This will mainly be across patient care, corporate services and research.

The work is sponsored jointly by myself, Roland Sinker CEO at CUH and Patrick Maxwell, Regius Professor of Physic and Head of the School of Clinical Medicine at Cambridge.

5.4 Shared Care Record

We now have a live connection to the Shared Care Record as part of a pilot. This new system enables users to access certain aspects of GP systems, providing them with a more comprehensive view of patient information, much like GP Connect, but will evolve and expand in the future with the addition of connections to social care and other secondary care providers.

5.5 2023/24 NHS operating guidance

We are working closely with system colleagues to work through the implications of the 2023/24 NHS operating guidance.

A huge amount of work has been completed, leading to the trust submitting a draft plan on 23 February. Work continues with system colleagues to facilitate the submission of a compliant final plan at the end of March.

It is clear that across the NHS significant productivity improvements will be fundamental to our continued delivery for patients and the taxpayer in 2023/24.

6 Reasons to be proud

6.1 Heart attack clinical trial

We are one of the leading recruiting sites to an AstraZeneca sponsored clinical trial called DAPA-MI.

This trial is investigating the effect of the licenced diabetic drug Dapagliflozin in heart attack patients, led by consultant cardiologist Dr Steve Hoole and our research team, with support from the cardiology ward.

We are currently 5th out of 65 UK sites with 80+ patients currently recruited.

6.2 New cardiology cases

On Thursday 23 February, we had our first left atrial appendage occlusion (LAAO) list since 2018.

This is a procedure we have carried out before in the past in our old site, but has not been performed for the past five years due to commissioning.

LAAO is a minimally invasive procedure used to reduce the risk of stroke in fragile patients who have atrial fibrillation (AF) and are prone to bleeding.

This is another treatment that we can now provide for patients across the East of England living with the debilitating effects of AF.

Our first few patients have spoken of how grateful they are to now have access to this treatment in Cambridge, rather than having to travel to London – an important step in tackling health inequalities for these typically elderly AF patients.

6.3 Awards

The National Clinical Impact Awards for 2022 were announced at the end of February. Royal Papworth Hospital had a strong showing, recognising the national contribution of our consultant staff.