

Agenda Item 1.

Report to:	Board of Directors	Date: 6 April 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

March saw the first round of BMA strike action, while the agenda for change unions received a pay offer from the government. It was a month full of reasons to be proud, from awards success to strong collaboration with partners.

3 Compassion: our people

3.1 National Staff Survey

The 2022 survey was undertaken October 2022 to December 2022. We had a response rate of 61% which is a reduction from the last survey but good in comparison to our peer group (52%) and the national response rate (46%). Our results are benchmarked against our peer group of 13 acute specialist hospitals.

We will discuss the survey in more detail later in the meeting but the results clearly represent a picture that I am not proud of and illustrates the continuing impact of the Covid-19 pandemic on staff during 22/23.

3.2 Industrial action

The British Medical Association (BMA) junior doctor strike action in March impacted our activity, and I would like to once again thank staff for their hard work to keep patients safe during the ongoing industrial action.

It has been impressive to see our values of compassion, excellence and collaboration in action both in planning for the strikes and on the days of action, balancing our two priorities to maintain patient safety while also supporting our staff, whether they are striking or not.

Strike action this month (11-15 April) is likely to be even more impactful, occurring immediately after the long Easter weekend and during the Easter holidays when large amounts of annual leave is taken. We will seek to maintain as much clinical activity as we can, but this will be reliant on staff availability and redeployment to cover key roles.

Meanwhile the agenda for change unions have paused any further strike action while their members vote on a new pay offer from the Government. Eligible Royal College of Nursing members have until 09:00 on Friday 14 April to cast their vote, while for the Chartered Society of Physiotherapy it is Thursday 27 April.

3.3 SCTS annual conference

March saw a highly successful meeting in Birmingham at the Society of Cardiothoracic Surgery's (SCTS) annual conference. This was noteworthy for Royal Papworth Hospital: the current president is our cardiac surgeon Narain Moorjani and the president-elect is thoracic surgeon Aman Coonar.

Further to this, there were several presentations from our people throughout the few days of the meeting, from surgeons to Allied Health Professionals (AHPs), showing our commitment to sharing our learning and expertise with national colleagues.

At the meeting there was also recognition of our chair, Professor John Wallwork, who was presented with a lifetime achievement award.

The success of the meeting and national leadership of our staff is to be celebrated.

3.4 Student doctors

There was a visit from the Clinical School to quality assess our offering to student doctors. The visitors met with students and educators and members from the exec team. The feedback was universally positive which is a major credit to the multidisciplinary team who are so ably led by our education lead Dr Nicola Jones.

3.5 Congestion charge

At the end of last year, there was a consultation launched in Cambridge which included introducing a road user charge (congestion charge) from 2027/28.

We launched our own survey in NewsBites, and while there were some comments welcoming the proposals, the vast majority of our people strongly raised concerns about the impact on patients and staff - mainly the financial impact and how busy the road network would become around the park and rides.

We sent a letter representing those views to the Greater Cambridge Partnership (GCP), which is the organisation running the consultation, transparently expressing those concerns.

The public consultation closed before Christmas. It generated 24,000 responses, with the results expected to be made public in the summer.

We continue to engage with our staff and patients on this topic, particularly mindful of its potential impact on recruitment and retention.

4 Excellence: quality

4.1 Total body PET scanner (TB PET)

On 21 March the University of Cambridge submitted a bid for a TB PET CT scanner to the Medical Research Council. The bid is another ambitious collaboration between Royal Papworth and the University of Cambridge which would see the installation of a TB PET at Royal Papworth Hospital.

No NHS site in the UK has a TB PET, and if successful we would be just one of three hospitals in the country able to offer this resource for research and clinical use.

This innovative development would see the hospital, yet again, shaping the forefront of national UK research and clinical practice. We've all got all our fingers crossed!

4.2 Surgical site infections

We continue to focus on reducing surgical site infections. Our multidisciplinary team, including subject matter experts, are meeting regularly to progress the quality improvement work taking place in this area.

4.3 Financial position

At the end of February, the trust's financial position was £2.1m favourable to plan. 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.

4.4 Digital update

Our digital team has launched an updated PACs viewer. This is specifically designed to improve functionality in the system for CT scans and ECHOs, meaning a better clinical user experience and efficiency.

5 Collaboration: productivity

5.1 Robotic thoracic surgery

We were delighted to be able to announce that Royal Papworth Hospital will be the site of the first use of the Versius robot in thoracic surgery in the UK.

This feat will be achieved following the signing of our new partnership with CMR Surgical. CMR are a local Cambridge company whose ambitious research and development programme is a strong fit with the trust's strategic plan.

Our thoracic surgery team are due to undergo extensive training in the coming weeks, before the first cases later this spring.

We look forward to working together in line with our vision to bring tomorrow's treatments to today's patients.

5.2 Clinical Research Facility (CRF)

The research agenda continues to proceed with further recruitment of staff for the CRF in the HLRI and a 'go' decision on full opening to clinical studies.

The HLRI itself has been renamed the Victor Phillip Dahdaleh Heart and Lung Research Institute, to recognise a £16million philanthropic grant gifted from Dr Dahdaleh.

I was at the renaming ceremony and am excited by what lay ahead in the future. This is an extraordinary collaboration between Royal Papworth and the University of Cambridge, supported by so many other organisations, to change the future for people around the world with cardiovascular and respiratory diseases.

5.3 Digital patient letters

Our new digital patient letters initiative, in collaboration with DrDoctor, has had a positive uptake in its first month, enabling more than 70% of eligible patients to access their appointment letters online, rather than receive paper letters.

This represents a significant step forward in our efforts to improve patient experience by reducing the risk of lost letters or letters arriving in the wrong order, streamline our operations and become more sustainable through reduced paper usage.

6 Reasons to be proud

6.1 HSJ Partnership Awards

Royal Papworth Hospital and Amazon Web Services won the 'Workforce and Wellbeing Initiative of the Year' award at the HSJ Partnership Awards, due to the success of positive incident reporting platform, Laudit,

Laudit has gone from strength to strength since being devised by our cardiologist, Dr Will Davies, in 2018.

In May 2022, in collaboration with Royal Papworth Charity and AWS, a more sophisticated version of Laudit was launched, improving user experience and reporting capabilities.

We are now seeing around 200 Laudits being sent each month, a significant increase on the previous 12-month average of 150, helping to support a culture of workplace recognition.

6.2 SCTS awards

At the SCTS annual conference in Birmingham, our teams picked up two 'Team of the Year' awards.

Our ALERT team were named as 'Advanced Clinical Practitioner Team of the Year' while our thoracic physiotherapists were 'NAHP Physiotherapy Team of the Year'.

I am so proud of both teams for their hard work and commitment, putting patient safety, excellence and collaboration at the heart of everything they do.

6.3 Heart attack clinical trial

Last month I included in my report a clinical trial, DAPA-MI, sponsored by AstraZeneca and conducted in the UK and Sweden, which is looking to discover whether diabetic drug Dapagliflozin can reduce hospitalisation for heart failure or cardiovascular death in heart attack patients.

At the time we were 5th out of 64 UK sites. Recruitment has now closed, and thanks to the efforts of our team we ended 4th with 87 participants recruited, a very strong effort against much bigger hospitals.

We know how important research is to improve treatments and care for our future patients, and I'm very grateful to our researchers – supported by the cardiology ward – for their hard work.