

Agenda Item 1.vi

Report to:	Board of Directors	Date: 4 May 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

April was once again a month dominated by industrial action, either through lost activity or planning for future strike action. This has undoubtedly been unsettling for all those concerned but I have been impressed by the calm professionalism and collaborative approach of all our staff to keep our patients safe.

In the month, I have had the opportunity to attend both the national CEO leadership event in London and the National Cardiac Benchmarking Collaborative (NCBC) annual conference. The former, while acknowledging many of the challenges in the current operating environment, focused on mid to longer term strategy and heralded the launch of a continuous improvement framework which will be rolled out across the health system under the banner of NHS Impact.

The NCBC two day conference was well attended by all of the UK cardiac centres and I was proud to see both Dr Will Davies, Consultant Cardiologist, and Alaina Yardley, lead Cardiac Physiologist, present to the conference on Laudit, Rapid NSTEMI and recruitment and retention of ECHO physiologists.

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.

A 96-hour BMA junior doctor walkout took place 11-15 April, and as with previous rounds of industrial action, we significantly reduced the number of appointments, procedures and operations taking place.

However, with our staff working together and displaying our Trust values, we were able to maintain safety across the hospital and care for our patients who needed us most, such as our emergency cardiology patients, urgent cancer surgery, ECMO retrievals and transplantation.

Work continues to prepare for the forthcoming RCN strike action, following their members' vote to reject the government's the pay offer in England. At the time of writing we were preparing for a 48-hour walkout to take place from the evening of Sunday 30th April to the evening of Monday 1st May. Although the RCN and the government are in dispute over the timings of these strikes, for operational purposes we must plan for an eventuality where the strike goes ahead as the RCN intends.

Alongside this action the RCN will be conducting an England-wide statutory ballot to extend the scope and duration of their current mandate for strike action.

Meanwhile members of the Unison union have accepted the pay offer.

The focus of our efforts in planning for strikes continues to be supporting staff and ensuring that we continue to provide safe care for our patients.

3.2 Recruitment

Our recruitment events held on site at the hospital continue to deliver results. On Saturday 22 April, the recruitment team ran another successful recruitment event. As always, there was tremendous support from across the Trust and the teams involved were a great representation of our values. Applicants could pre-book an interview or just turn up to the event and make an application. There were 15 offers of employment made at the event:

- 6 RNs (CCA, x1 4 South, x1 Cardiology, x1 TBC)
- 2 HCSW (Cardiology)
- 1 PEA (CCA)
- 6 Admin staff (Clinical Admin, temporary staffing)

In addition, the day was very challenging from a staffing perspective several of our clinical staff who had come to the hospital to support the event covered for ward colleagues to allow them to have breaks.

3.3 Ramadan

Ramadan, which is the ninth month of the Muslim calendar and the holy month of fasting, started on 22 March and finished on 20 April 2023. The EDI team created and distributed care packages for staff who were observing Ramadan. We also talked at the briefings about how managers and colleagues could support members of their team fasting. Two members of staff talked at the briefings about what Ramadan meant for them.

4 Excellence: Quality

4.1 Surgical site infections

Reducing surgical site infections (SSI's) continues to be a top quality priority for the Trust. Throughout the past year we have focused on ensuring we are complying with essential practice in respect to infection prevention. We continue to audit compliance and set actions as required for improvement.

Despite the hard work of all, we remain an outlier in respect to SSI in coronary artery bypass patients (8.5%) when compared with the UK Health Security Agency (UKHSA) benchmark (2.6%). We have invited further peer reviews and scrutiny from external experts to assist with guidance and recommendations for ongoing improvement.

In March we received a report from the ICB quality leads following a peer review conducted on our respiratory wards in February. The report was extremely positive, recognising the work and collaboration of the multi-disciplinary team and the positive patient outcomes.

4.2 SignLive

At the beginning of April we launched SignLive in our outpatient areas. SignLive provides British Sign Language interpretation for patients visiting the hospital who are deaf or hard of hearing. Patients will be able to use SignLive on their phone or tablet by downloading the app or on our Trust devices, if they do not own a smart phone. This initiative was championed and lead by the Disability and Difference and Working Carers Network with the support of the EDI team.

4.3 Digital landscape

We have made significant progress in several areas that have had a positive impact on our operations and staff experience.

Firstly, we have begun to introduce Zivver a mail add-on, which allows staff to send encrypted large emails to non-NHS accounts reducing the risk of a data breach. This new feature will help us to ensure the confidentiality and security of our communications with external stakeholders, such as patients, suppliers, and research partners. We believe that this will improve our reputation for data protection and enhance our relationships with key stakeholders.

Secondly, we have made improvements to our server infrastructure to reduce downtime for our pharmacy operations, by clustering our stock control servers these can now be patched without needing to be rebooted. As a result, there will be a significant reduction in the number of service interruptions and improved overall reliability of our pharmacy systems. This is part of an ongoing process to cluster all our essential services to reduce downtime for clinical teams whilst also making the systems more robust.

Finally, we have introduced faster data flows to improve reporting of activity to NHS-England, this removes the need for manual reporting freeing up staff time whilst ensuring prompt submission of performance metrics.

4.4 Financial position

The trust's reported financial position for the 2022/23 financial year is a surplus of £498k. This is a fantastic result, which reflects the hard work and dedication of our staff.

Looking forward into 2023/24 the trust has been able to approve a breakeven budget. To achieve this position and maximise the positive impact the trust can have for patients, we have planned for an ambitious productivity gain over the course of the year. The trust is aiming to deliver 9% more elective activity in March 2024 than in March 2023, and on average over 2023/24 the trust will deliver 5% more elective activity than 2022/23.

This productivity gain, alongside continuing inflationary pressures, represent the greatest risks to our plan; however we recognise that the consequences of the pandemic on our waiting lists require ambitious targets to deliver for our patients.

The Integrated Care System has also been able to submit a revised operational plan for 2023/2024 with a breakeven budget. This has been achieved through tremendous effort from all involved and particularly as a result of work undertaken by the CUH and NWAFT teams.

4.5 Estates and Facilities

Following three years of planning and negotiation the remedial works in relation to the ground source heat pump have been completed. This represents a significant achievement and improves the security and sustainability of the energy supply to the hospital both now and into the future.

In addition, the team have completed a complex negotiation with our soft facilities management provider which has secured the continuation of high-quality cleaning and restaurant services at the hospital.

5 Collaboration: Productivity

5.1 Elective programme and cancellations

Due to the continued pressure of industrial action and the need to reduce capacity in the hospital to respond to reduce staffing, the Trust's referral to treatment (RTT) position and in-house urgent (IHU) list has been impacted. Whilst the overall number of IHU in the system is steady, the number dated and waiting for surgery has increased from 25 to 39 and the wait for a non-surgeon specific procedure has increased from 15 to 22 days.

Our RTT position has been managed carefully with only a small variation to the backlog and no additional patients waiting greater than 52 weeks untreated.

In the most recent junior doctors strike we had to stand down 24 elective cases over the course of the four days and the forthcoming nursing strike will see us stand down a further seven elective cases. All the cancelled cases from the junior doctor's strike have been rearranged with new dates, with many being treated in the month of April. We will continue to manage this risk of cancellations closely, with daily oversight from the chief operating officer and the divisional leadership teams.

6 Reasons to be proud

6.1 Quality of life after cardiac surgery (QUACS) study closes to recruitment

We know that most patients having heart surgery have symptoms, such as pain and breathlessness, which affect their quality of life (QoL), and they submit to surgery in the hope of achieving relief from these symptoms and thus improving their QoL.

We also know that, immediately after surgery, QoL is actually worse for all patients because postoperative pain, hospitalisation and functional limitation all have an impact.

The Quality of Life After Cardiac Surgery (QUACS) study aims to collect data on quality of life post surgery so that we can better advise patients on how they will feel both immediately

post surgery and longer term. This will enable patients to make as full an informed decision whether they want to go ahead with major heart surgery.

Nationally 29 NHS cardiac surgical centres took part in this study with Royal Papworth as the lead centre. Over 2,800 patients were recruited to the study and Royal Papworth was the largest individual recruiter with 438 patients in total.

There is now a 12 month follow up period for the last patients recruited to the study and results will be available spring 2024.

6.2 Laudit hits 1,000 sign ups

Laudit is our award winning positive reporting system, and registering for an account streamlines the positive reporting process, meaning that Laudits can more efficiently be sent to both recipient and recipient's line manager. In April we reached a significant milestone - 1,000 members of staff signed up to report achievements and appreciation of colleagues.