

Agenda Item 1.vi

Report to:	Board of Directors	Date: 1 June 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

This month's report focuses heavily on our current operational performance, which continues against the backdrop of ongoing industrial action.

3 Compassion: our people

3.1 Pay deal

The NHS Staff Council trade unions consulted with their members on the offer that was made by the government in March for staff employed on the NHS Terms and Conditions of Service (Agenda for Change). This offer included:

- An additional non-consolidated pay award for 2022/23.
- A consolidated pay award for 2023/24.
- A series of non-pay measures to support the NHS workforce.

At the NHS Staff Council meeting held on 2 May 2023, the Agenda for Change trade unions confirmed the outcome of their individual ballots and recommended that the pay offer made by the government should be implemented.

The NHS Staff Council then requested that the government implement the pay offer which covers the 2022/23 and 2023/24 pay years. This will apply to all staff on Agenda for Change Terms and Conditions regardless of whether staff are a member of a Trade Union that did not accept the offer.

It will be paid in June. We are supporting staff who may wish to receive the lump sum in instalments due to managing any impact on benefits or tax arrangements.

3.2 Industrial action

Six of the NHS Staff Council trade unions were in formal dispute with the government regarding pay. Four of these - UNISON, GMB, the British Dietetics Association and Chartered Society of Physiotherapists - voted to accept the payments set out above. Industrial relations disputes with these unions has now ended, but action by the RCN, Unite and BMA continues.

We have begun planning for the next round of BMA junior doctors strikes, which will be a full, 72-hour walkout from Wednesday 14 – Saturday 17 June. The BMA has rejected an offer from the government of a 5% pay award for 2023/24.

Additionally, the BMA is balloting consultant staff on industrial action. This closes on 27 June.

Members of the RCN went on strike on Sunday 30 April and Monday 1 May. There were no national derogations (exemptions from strike action) for any area. The RCN encouraged members to inform us whether they intended to strike or not in order to assist with planning. As a result of good planning, led by our industrial action taskforce, we maintained safe services during the strike period, however this was in part achieved by significantly reducing our elective services in the days leading up to and during the strike.

The RCN has announced a fresh ballot on a further six months of industrial action. This ballot is for a country-wide mandate as opposed to individual employers. The ballot is open from 23 May to 23 June.

3.3 Cambridge congestion charge

Last year there was a consultation launched by the Greater Cambridge Partnership on a set of proposals to improve public transport in Cambridge. These proposals included introducing a road user charge (congestion charge) from 2027/28.

We carried out our own survey of staff to help us understand their views and inform our response to the consultation. Whilst there were some comments welcoming the proposals and in particular the improvements to sustainable travel, the vast majority of staff raised strong concerns about the impact on them and our patients, mainly financial and how busy the road network would become around the park and rides. Our patients were also extremely concerned, especially as many have health concerns over using public transport.

We wrote to the GCP to represent the views of our staff, patients and visitors. We very transparently expressed our staff's concerns in this letter.

The public consultation closed on 23 December 2022. This consultation generated 24,000 responses, the largest response they had ever received in response to a public consultation.

At the time of writing, the GCP is about to release their consultation feedback (Friday 26 May). We understand that there will then be a period of reflection and they have strongly indicated to us that whilst doing nothing was not an option, they expected the proposals relating to the road user charge to change to reflect the concerns raised.

3.4 Transformational Reciprocal mentoring

We are currently recruiting to the second cohort of our Transformational Reciprocal Mentoring Programme (TRMP).

TRMP is a systemic change programme which aims to address inequity within organisations and systems. The programme brings together pairs of employees and encourages them to learn from one another and explore how they can create positive change and a more inclusive workplace.

It is built upon a proven theoretical and practical framework that will help us deliver genuine and sustainable change in our two areas of focus – race and disability. With this second cohort we are also interested in exploring sexism.

Participants will enter a reciprocal mentoring relationship with another member of staff to become 'partners in progress'. This unique, mutual learning relationship will provide the opportunity to develop from each other and understand important challenges faced by some of our BAME colleagues, those with a disability and those who want to level the playing field around gender issues.

3.5 Recognition and awareness days

On Friday 12 May we celebrated International Nurses Day, as well as ODP Day which was the following day. The day was filled with activities which ranged from showing appreciation by delivering cakes to all nursing and ODP staff, engagement in developing our nursing strategy and fun in the form of a 'guess who' game and a raffle.

Our palliative and supportive care team supported a week-long stand in our atrium for Dying Matters Awareness Week. The team spoke with staff, patients and visitors on all matters about death, dying and grief. The aim was to get people talking and sharing stories, whilst also providing advice for colleagues who may be going through grief and bereavement.

Thank you to our palliative and supportive care team for taking the time to organise and lead on such an important topic.

3.6 NHS 75

We are busy planning for events to mark the 75th anniversary of the NHS on 5 July. This includes a joint staff celebration event with CUH, unveiling our reproduction TB hut to mark our history as a tuberculosis colony – an event at which we will be engaging with local schoolchildren, and partnering with St Neots parkrun.

4 Excellence: quality

4.1 Robotic thoracic surgery

Robot-assisted thoracic surgery is making great progress. Having performed our first case at the end of April, we are seeing early operative successes, widespread media interest and have received a tweet of recognition from the Secretary of State for Health and Social Care.

4.2 Surgical site infections (SSI)

This remains top of our agenda in respect to quality improvement. Our rates for April for inpatients and readmissions remains high at 8.4%. The national benchmark is 2%.

The governance structure in respect to managing SSIs has been reviewed to enable more oversight of key areas of work and this has been very welcomed.

On 12 and 13 June we will welcome infection control experts from NHSE and the ICB who will carry out a peer review.

4.3 Financial position

As noted in my last report the Trust was able to submit a breakeven budget for 2023/24. Against this plan, April saw a small surplus. Despite this position, this financial year promises to be a challenging one financially for both us and the wider system.

Ongoing financial uncertainty due to high levels of inflation and further industrial action provide an unhelpful backdrop to the need to urgently reduce our waiting lists.

4.4 Preoperative virtual ward

Consultant respiratory physician Helen Barker, consultant microbiologist Sumita Pai and tissue viability nurse consultant Rob Gannon have secured nearly £400,000 in funding to establish a virtual ward. This will be designed to improve preoperative patient care and community based antibiotic management for wound infections.

5 Collaboration: productivity

5.1 Operational performance

It has been another challenging and busy month across the Trust from an operational perspective, balancing several days of industrial action against our work to improve flow, productivity and performance.

In April we delivered an RTT position of 71%, which puts us best in class across our system and region. Whilst this is an improvement on the last month, we want to push this further and to this end we are working through the COO to set local trajectories for recovery across the RTT standard. Disappointingly we had 15 patients wait above 52 weeks in month and we are taking a deep dive into these waits to ensure learning.

Our cancer performance in month for patients on 31-day pathways was at 96% and within the national standard. Our 62-day pathway was more challenged due to late tertiary referrals meaning we delivered 62% in month. Again, disappointingly, we had six patients wait greater than 104 days for their cancer treatment, though all six cases were breached due to their late referral to us. These are all treated as incidents and we are again reviewing the learning.

We continue to focus on backlog clearing and reducing the waiting times for our patients, with lots of great progress in month with outpatients, diagnostics and cancer performing above the 108% target. Inpatients remains below plan, and we are working to establish RTT trajectories.

Our diagnostic position for the month was 98.8% across all modalities, which is 0.2% off national standard and 3% better than last month's position. I am assured that our COO, CNO and CMO are focused on improving the pathways into diagnostic and this makes up part of our Trust wide flow programme and our RTT recovery planning, more on which we will share next month.

5.2 Shared Care Record

Phase 1 of the Shared Care Record in Cambridgeshire and Peterborough went live at NWAFT (North West Anglia NHS Foundation Trust) during May. This marks a significant milestone in our journey to enable clinical staff to access records they need to provide more seamless care.

This phase enables healthcare providers to see GP records throughout the entire region. Currently live to 1,000 staff and growing in number all the time, NWAFT has made commendable progress. Royal Papworth Hospital already has access to GP records thanks to GP Connect in Lorenzo.

We are now collaborating with our partners to be part of Phase 2, which will involve integration of secondary care data into the record.

We acknowledge the importance of collaboration with partners to streamline data sharing between primary and secondary care settings, enhancing quality and continuity of patient care. Our commitment to inclusivity drives us to support initiatives that bridge communication gaps and empower individuals with diverse needs, building a comprehensive and patient-centric healthcare ecosystem for the benefit of all.

5.3 Sign Live goes live

My thanks to all our teams involved, notably our Disability & Difference and Working Carers Network and digital team, who have supported the implementation of Sign Live.

This is an innovative platform that grants individuals access to online British Sign Language translators when face-to-face interpreters are not readily available, significantly enhancing the accessibility of healthcare services for the hearing-impaired community.

6 Reasons to be proud

6.1 100 pulsed field ablations

In May our cath lab team performed their 100th pulsed field ablation, nearly a year on from our first – which was a UK first - in June 2022. This is a new type of technology which has the potential to improve safety and outcomes for NHS patients undergoing an ablation, as it is less likely to damage surrounding tissue.

6.2 ECMO team

Our ECMO multidisciplinary team of nurses, consultants, physiotherapists and perfusionists spent a few days in Lisbon, Portugal, sharing and learning with European colleagues at the EuroELSO conference. Our staff gave a number of presentations and chaired discussions, and I am so proud of all of our people who collaborate with other centres on the international stage to help improve care for our patients and those around the world.

6.3 Transplant team recognised

Our transplant team were recognised through a Letter of Special Commendation for Staff Supporting the Hybrid DCD Heart Retrieval Team from NHS Blood and Transplant. This marks the extraordinary effort of the multidisciplinary team in supporting transplantation across the country.