

## Agenda Item 1.vi

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 6 July 2023</b>
<b>Report from:</b>	<b>Eilish Midlane, Chief Executive</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>Chief Executive report</b>	
<b>Board Assurance Framework Entries</b>	<b>Governance</b>	
<b>Regulatory Requirement</b>	<b>N/A</b>	
<b>Equality Considerations</b>	<b>None believed to apply</b>	
<b>Key Risks</b>	<b>N/A</b>	
<b>For:</b>	<b>Information</b>	

### 1 Purpose

This report provides the Trust Board with a monthly update from the Chief Executive.

### 2 Introduction

I want to use my introduction this month to report on our two team development days that we held in May and June for the executive team.

The purpose of these was to provide an opportunity for the executive team to come together for the first time since changes to the composition of the team, to explore and agree ways of working, to strengthen relationships and build trust.

Having time to focus on areas such as risk management and decision making as well as the different aspects of executive portfolios and preferred work styles was very welcomed by all members of the team.

I am delighted that we will be continuing these conversations and building in regular team development time throughout the year and setting a clear example to the divisional leadership teams of the importance of investing in building a sound resilient team even if all members are familiar.

### 3 Compassion: our people

### 3.1 Industrial action

There was a further three-day strike by junior doctors from 14-17 June, during which time we had to postpone 125 electives. As on previous occasions, non-striking doctors in training, the consultant workforce and the multidisciplinary team stood up alongside the cancellations to ensure patient safety. I am grateful to our booking team who have done great work to re-book our patients who were affected.

We are now busy planning for a five-day BMA junior doctor strike from Thursday 13 – Tuesday 18 July, which will be immediately followed by a BMA consultant strike on 20-21 July.

The RCN was one of the unions which rejected the pay deal offered back in March, however it failed to achieve a mandate for further strike action in England, after turnout (43%) in a recent ballot which closed on Friday 23 June did not reach the required threshold (50%).

### 3.2 Operational update

With the continued pressure of industrial action and staffing levels, the In-House Urgent list has been impacted. We have been able to maintain our RTT performance, seeing an improvement to 72.9% in May.

We have seen improvements across our theatres and critical care access pathways, with 5.5 theatres in use through the month and a push up to using on average 33 beds in critical care, with six days where we had 36 beds in use. This is a marked improvement and a result of the hard work of the STA team delivered via the improvement programme.

There has been an increase in 52-week breaches. This is driven mainly by the backlog of patients waiting to be treated and continued constraints on surgical capacity compounded by the impact from the last two months of strike action.

As we turn our attentions to July and our planning for a month that will be impacted by at least seven days of strike action across medical teams, we are planning how we mitigate the risk to our capacity plans and how we ensure that we have alternative dates for our patients impacted.

### 3.3 Recruitment Day

Our recruitment team held their most recent recruitment day on Saturday 17 June. It was another hugely successful event with six registered nurses offered jobs, alongside nine healthcare support workers and one patient environment assistant. My thanks to the teams who work so hard in preparing these recruitment days and people who give up their weekend to deliver the event.

### 3.4 NHS 75

At the time of writing, we are in the final stages of preparations for celebrating the NHS's 75<sup>th</sup> birthday, which is on Wednesday 5 July.

On the day itself, we are hosting a joint staff BBQ with CUH, with a free lunch also provided for people inside who are unable to get outside and our colleagues at Kingfisher House in Huntingdon.

We are also opening our reproduction TB hut, which is the final part of the Heritage Lottery funding we were given to mark our centenary in 2018. We will have two VIPs joining us. Sonja Allerton (93) worked at Royal Papworth Hospital for 42 years. She married the switchboard operator Reg Allerton in 1952, who had been a TB patient. Colin Oxbury (86) is the son of a TB patient. Colin's father was treated at Papworth for TB in the 1930s. He was told at 26 that he had a year to live and went on to live until the age of 82 years.

We will also be joined by schoolchildren from Trumpington Park Primary School and Pendragon Community Primary School, reflecting our present and future and our past.

On Saturday (8 July) we are partnering with St Neots parkrun as part of the national 'parkrun for the NHS' initiative. I am excited to be addressing the runners before the race begins, and will be joined by Dr Nik Johnson, Mayor for Cambridgeshire and Peterborough, who recently underwent cardiac surgery in our hospital.

### **3.5 Windrush Day and the Race Equality Network**

On 22 June we celebrated national Windrush Day which marked 75 years since the arrival of the Empire Windrush in Tilbury Docks, Essex, on 22 June 1948.

The ship carried 1,027 Caribbean people who had come to the UK to help rebuild the country after the Second World War and many of them joined the NHS. This was an opportunity for us to recognise and show appreciation for the enormous contribution that staff who come to Royal Papworth Hospital from overseas make to the organisation and our patients.

We held an event in the HLRI with some wonderful speakers sharing their personal connections with the Windrush generation, what it means to them and how we ensure that all staff are valued for their contribution.

We also used the event to relaunch the Race Equality Network (previously the Black and Minority Ethnic Network) and discuss its aspirations for improving the working experience of staff from a black/minority ethnic background.

### **3.4 Royal Papworth across Europe**

As part of our commitment to supporting staff learning and development, as well as improving patient care through collaboration, it has been great to see so many of our people sharing knowledge with and learning from European colleagues at various conferences.

In June our cystic fibrosis team, comprising dieticians, R&D, specialist nursing, consultants, physios, and social work attended the European Cystic Fibrosis Conference in Vienna.

There was also Royal Papworth Hospital representation at the World Sarcoidosis Conference in Stockholm, and our critical care team were in London for the first-ever UK ECPR summit, discussing the role of ECMO in CPR.

### 3.5 Celebrating our people

From 1-7 June we celebrated National Volunteers Week. Royal Papworth Hospital joined thousands of charities and voluntary organisations in recognising the contribution volunteers make to supporting our patients, visitors and staff.

On Wednesday 21 June, our estates and facilities teams took over our hospital atrium, showcasing the vital and varied work they do across clinical engineering, building maintenance, food, cleaning, security and so much more.

## 4 Excellence: quality

### 4.1 SSIs

We welcomed infection control experts from NHSE and the ICB on Tuesday 13 and Wednesday 14 June. This was a supportive visit and review of the surgical patient pathway in light of surgical site infections (SSI) rates. The visiting team fed back very positively in respect to the improvement work already under way and we are expecting a full written report in the coming weeks.

It is pleasing to note that SSI rates for May were reduced. We will, however, continue the monitoring and improvement initiatives through a revised and enhanced governance structure.

We reported 1 case of MRSA bacteraemia in May. A full root cause analysis is underway to understand key learning from the incident.

### 4.2 Financial position

At this early stage of the year the Trust is reporting a small surplus of £0.4m. Despite this position, the context for 2023/24 remains challenging for the ICS and wider sector and we continue to work with partners collaboratively to respond to these challenges.

The continued impact of high levels of inflation is providing financial uncertainty and ongoing industrial action is setting a challenging framework for the delivery of elective activity and income targets.

### 4.3 Financial accounts

As the Board will be aware, the Trust submitted its 2022/23 financial accounts by the 30 June deadline. We extend our thanks to the finance team and our external audit colleagues for meeting this deadline.

### 4.4 Data security

We have submitted our annual Data Security and Protection Toolkit having achieved 'all assurances met', reaching the mandatory 95% staff training target by the deadline of the end of June 2023.

#### 4.5 New recruitment system

Our new recruitment system, Oleeo, went live on Monday 12 June. There is a comprehensive roll out plan, with managers currently trained on the system.

Oleeo will enable us to have clearer overview and visibility of our recruitment processes.

We will be able to create bespoke messages during onboarding to keep candidates informed and engaged whilst waiting to start. The automation in the system will increase efficiency and we anticipate continuing to see a reduction in our time to hire.

We will also have improved reporting systems, giving us a richness of data about our recruitment process which we currently do not have.

### 5 Collaboration: productivity

#### 5.1 Shared care records

'My Care Record' is the name given to the project for shared care records (ShCR) developing across Cambridgeshire and Peterborough. GP Connect enables clinical staff at RPH to be able to view GP interactions, supporting continuity of care.

Progress at North West Anglia NHS Foundation Trust (NWAFT) is live and seeing records using interoperability standards to view primary, community and mental health data. Phase two will mean sharing acute data, meeting 80% of clinical information sharing needs across our community, including other views of EPRs. This includes but is not limited to Epic, and SystemOne in community and mental health.

Later the full ICS information will be available through the ShCR including local authority. While still in its infancy, connections to the shared care record presents a massive breakthrough and a life-long career ambition to join up care through a virtual single record made possible through interoperability and standards.

Subject to consent, the GP Connect HTML viewer at Royal Papworth means clinicians can see referrals, allergies, medications, immunisations and much more.

Supported by the national innovation fund as part of an agreement through NHSE, the benefits of the viewer will mean improved data quality and that it is available to the end-user from within Lorenzo. GP Connect HTML shows more information than SCR (Summary Care Records) and is the beginning of another exciting aspect of developing shared care records.

### 6 Reasons to be proud

#### 6.1 High flow oxygen after cardiac surgery

In research we were pleased to hear that the NOTACS study of high flow oxygen after cardiac surgery has been awarded further support from the NIHR Health Technology Assessment funding stream.

The extension grant is worth £287,555 for an 18-month extension. We have so far recruited 725 participants (over the UK, Australia, and New Zealand) out of a target of 1280.

## **6.2 Research equipment**

We have also received £545,000 of funding from NIHR infrastructure, which will help to fund two useful pieces of equipment for research in radiology and in the CRF. This will enable us to expand our research capacity in the hospital and HLRI.

## **6.3 Lung cancer screening**

At the start of last week (Monday 26 June) it was announced that a new national targeted screening programme for lung cancer will be launched. This is wonderful news for future lung cancer patients and will be a significant step forward in improving care, treatment, and outcomes for for what is the biggest cause of cancer death in the UK.

I am extremely proud that Royal Papworth Hospital was involved in some of the early research that demonstrated proof of concept for lung cancer screening and that lung cancer screening could be cost-effective. We recruited half of the 4,000 participants to the UK Lung Cancer Screening Trial, alongside colleagues in Liverpool, which published its findings in 2016.