

## Agenda Item 1.vi

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 4 April 2024</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

The Chair and I were very pleased to welcome Amanda Pritchard, CEO of NHS England, on a visit to our hospital and our neighbour, Addenbrooke's, on 16 February. During the visit we followed the primary PCI pathway, visited critical care, the respiratory ward on 4 South, and finished at the Clinical Research Facility. Along the way, Amanda met many of our multi-disciplinary teams and talked with patients. She reported that she was impressed by the consistent themes of delivery of excellent care now and also in the future through research and innovation which came through all of her discussions with staff. My thanks to everyone involved.

Victoria Atkins, Secretary for State for Health and Social Care, visited the campus for International Women's Day on 8 March. Although Victoria didn't visit Royal Papworth, I had the pleasure of joining a group of senior professional women working on the Cambridge Biomedical Campus for a wide-ranging round table discussion. As part of meeting, I had an opportunity to describe our organisational focus on improving staff experience, building strong collaborative relationships with life science partners, and excellence and innovation.

Since my last report the Cambridge and Peterborough Integrated Care System (ICS) has launched its Above Difference programme which is intended to precipitate cultural transformation across the ICS. This programme has a range of Royal Papworth participants

across three cohorts, with Board members, sub-Board level senior leaders and staff network representatives. The focus of the programme is on the development of cultural intelligence and it is complimentary to the work already in flight here with our Transformational Reciprocal Mentoring Programme and Collective and Compassionate Leadership Programme.

Lastly, in recent weeks we have appointed two new cardiology consultants from a very strong field of applicants, one in transplantation and the other in interventional cardiology. Both appointees are exceptional in their alignment to our Trust values and their leadership skills and experience. I look forward to announcing their appointments in due course once pre-employment checks are complete and welcoming them into the organisation.

### 3 Compassion: our people

#### 3.1 Vacancy rates and safer staffing

I am delighted to report that our vacancy rates continue to fall.

Across the Trust, our vacancy rate in February 2024 was at 6.3%. This is down by more than half, from 12.7% in February 2023.

Our registered nursing vacancy rate is also improving. In the same time frame, it's gone down from 11.9% to 4.8%. We also have 51 registered nurses in our recruitment pipeline waiting to join us. Our unregistered staff have also seen (smaller) improvements in the vacancy rate.

As a result, safer staffing fill rates for daytime and night-time staffing (registered nurses and health care support workers) has continued to improve throughout January and February.

#### 3.2 NHS Staff Survey feedback sessions

During March we have run three NHS Staff Survey feedback sessions which have been attended by more than 200 members of staff in total.

One meeting was for all staff, while the other two were specifically for line managers.

Chaired by myself and our Director of Workforce and Organisational Development, Oonagh Monkhouse, these sessions have been not only well attended but also harnessed rich, vibrant conversations, with strong engagement throughout.

This is the first time we have run these feedback sessions. I hope it made clear to our staff that we listen and respond to what they say, and our managers are now feeling empowered to be curious to drive positive change for their teams.

#### 3.3 Development programmes for clinical staff

On 18 March, in collaboration with Cambridge University Hospitals, we launched a Matron Development Programme. The programme aims to provide matrons and aspiring matrons with an opportunity to review, practise and enhance their skills, confidence, and capability whilst having an opportunity to network and share experiences.

We have also made good progress with the Clinical Leadership Programme. This is facilitated by the King's Fund, with about 10% of our consultants so far in attendance.

## 4 Excellence: quality

### 4.1 Surgical site infections

There continues to be a reduction in the rate of SSIs for patients who have undergone coronary artery bypass graft surgery. In January, our rate was 5.3 before dropping to 1.3% in February. Our quarterly rolling average is currently 4.5%.

The SSI stakeholder group continues to oversee the improvement work relating to reducing our SSI rates. They are ensuring that actions are being progressed and people are maintaining compliance with standards.

### 4.2 Financial position

At month 11, the Trust is reporting a surplus of £1.3m. This is after the re-distribution of system funds in support of a breakeven position by organisations across the ICS and is on track to deliver a breakeven or better position at the financial year end.

Despite this position, the context for 2023/24 remains challenging for many ICSs and the wider sector. We are continuing to work with partners collaboratively to respond to these challenges.

### 4.3 Cyber attacks

In recent months there has been a noticeable increase in reports of cyber incidents. These have affected healthcare, industry and academia, with the University of Cambridge among a number of universities hit by a malicious cyber attack in February.

Our cyber team is continuously reviewing and improving our systems here at the Trust, including but not limited to increasing staff awareness and education; removing legacy devices; completing our multi-factor authentication (MFA) rollout; and monitoring compliance of related mandatory training.

### 4.4 Workstation on wheels progress

Our digital team continues to work hard to upgrade our fleet of workstations on wheels (WoWs).

They have deployed 45 new WoWs, including all on Day Ward, 4 South and 5 South, with 35 new label printers across the hospital site.

Both the WoWs and the label printers are remotely monitorable. This means our digital team can proactively monitor if a workstation unit is low on battery or faulty, and they can also remotely configure a label printer which will help with a faster diagnosis when there is a fault.

These upgrades have been well received by clinical staff who have commented on the improved mobility, accessibility and efficiency, which in turn we hope will lead to enhanced patient care, reduced errors and increased staff satisfaction.

## 5 Collaboration: productivity

## 5.1 CT reporting backlog

Throughout January and February there has been a significant and sustained reduction in the CT scan reporting backlog. This has allowed patients to receive results in a more timely manner and therefore a better patient experience. Thank you to all the teams involved, who are working hard to bring down this backlog each week.

## 5.2 Operational planning 2024/25

Work to finalise the Trust's financial and operational plan for 2024/25 is ongoing. Full national guidance has only been published on 27<sup>th</sup> March, although NHSE have published '2024-25 finance assumptions for local modelling' and draft financial guidance, which has been used as the basis of financial planning to date.

Given the lateness of planning guidance and ongoing discussions around several key funding contracts with commissioners, there remains uncertainty in the Trust's draft financial plans. Further work is ongoing to fully understand the impact of the guidance.

Internally, we have made good progress on the development of activity, capacity and financial plans, with a focus on establishment plans at divisional level, review of proposed investments and early work on identification of efficiencies.

Externally, we are working collaboratively with ICS colleagues on the collective system financial plan, including capital spend plans. We are in positive dialogue with colleagues at specialised commissioning. Work is ongoing ahead of the expected final submission on 2 May.

## 6 Reasons to be proud

### 6.1 First CRF trial

Our CRF team reached an important milestone earlier this year, launching their first trial to be fully set-up, co-ordinated and run solely from the CRF.

The trial is investigating the use of a new drug to see if it can reduce the reliance on steroids for people living with the lung disease sarcoidosis, which is typically hard to treat.

It has opened to recruitment in north America, Europe and Asia, and is the first advanced stage trial ever for pulmonary sarcoidosis.

### 6.2 HSJ Digital Awards shortlisting

We have been shortlisted alongside CMR Surgical in the 'improving urgent and emergency care through digital' category at the HSJ Digital Awards.

Our teams will present to the judging panel in early May for a chance at winning the award.

### 6.3 Cambridge Festival

On 24 March we held an open day at the hospital as part of the Cambridge Festival's family weekend.

We had more than 13 stands, including a mini operating theatre and a Teddy Bear Clinic in the CRF, with dozens of staff giving up their Sunday to speak to the public and the families of colleagues. I attended for a couple of hours and am so grateful and proud of all of them for showcasing what they do with warmth, enthusiasm and so much energy.

More than 300 people attended across five hours, with positive feedback across the board. This was the first time we have opened our atrium in this way since moving to the new hospital. Plans are already starting to run something similar next year.

#### **6.4 Recruitment events**

Earlier in this paper I wrote about the improvements we have seen in our vacancy rates. Thank you to our recruitment team who have been out and about across Cambridgeshire and Peterborough attending many careers and apprenticeship events.

In recent weeks they've been at Cambridge Regional College, Long Road Sixth Form College in Cambridge, at the Kingsgate Centre in Peterborough for an ICS recruitment day (where 1,400 people attended) and were involved in the first-ever Cambridge Biomedical Campus recruitment event, again attended by hundreds of job seekers.