

Agenda Item 1.vii

Report to:	Board of Directors	Date: 6 June 2024
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

Politically, there has been a growing focus on Cambridge in the past few months with the establishment of a new Cambridge Delivery Group (CDG).

‘The Case for Cambridge’, as published at Spring Budget 2024, detailed the government’s commitment to developing Cambridge as ‘Europe’s science capital through an expansion of the city to facilitate future growth’.

The CDG has been established as a government team to advise on and drive forward this vision, with the Cambridge Biomedical Campus at the heart. There are challenges that need to be unblocked such as water, housing, transport, and lab space, as well as engagement with local politicians and residents.

I recently attended a round table with the Secretary of State for Levelling Up, Housing and Communities, Michael Gove, as part of an event organised by Cambridge Ahead, where some of this detail was discussed. It was an interesting conversation and a good chance for me to represent Cambridge University Health Partners with some key considerations from the health sector.

Since then, a general election has been called for Thursday 4 July and we have subsequently entered the pre-election period. We wait to see the impact on the plans for Cambridge moving forward.

Additionally, the Cambridge ecosystem hosted the Lifesciences Advisory Council on 13th May. Convened by Lord David Pryor, the council received updates on the development of three core principles that will underpin the new Children's Hospital; holistic approach of addressing both mind and body of children and young people and their families, integration of research within the hospital, and design of integrated datasets which can be used to create tools for early disease prediction and intervention.

3 Compassion: our people

3.1 Celebrations

At the end of April and in early May we celebrated five years since moving into our new hospital on the Cambridge Biomedical Campus. Executive colleagues and I visited areas of the hospital and the HLRI to distribute fruit to colleagues and say thank you for their work, both in 2019 to help us move and today. There were a lot of positive reflections about our move period and the immense sense of teamwork that allowed us to safely move our staff and patients.

There were also celebrations in May for International Nurses Day and ODP Day. Nursing teams celebrated in a number of ways, with teams coming together for bring and share lunches, displaying where in the world staff come from, and showcasing the work and achievements of specialist teams.

3.2 April recruitment event

Our busy calendar of recruitment events continued in April, where we recruited six registered nurses and four healthcare support workers.

At the end of April, our registered nurse vacancy rate was below our 5% target at 4.94%, which is fantastic news. My thanks to everyone involved, but particularly our recruitment team for their hard work at organising and delivering these recruitment events.

3.3 EPR Month

Our month-long focus on our new EPR begins on Monday 10 June, running until Friday 5 July. During these four weeks we will be engaging with as many staff as possible. Expanding upon feedback gathered in our exploration phase at the end of 2023, the main aim of the month is to compile a comprehensive list of benefits from staff that they would like to see in a new EPR, helping to build the case for an EPR that will empower and enable them in their work.

4 Excellence: quality

4.1 Surgical site infections

Reducing surgical site infections continues to be a top priority. Compliance with the fundamentals of practise has seen a marked improvement in recent months. There has,

however, been a spike in identified infections in March. A detailed review is under way to help identify any themes and areas for further work and improvement.

4.2 Financial position

The Trust is reporting a breakeven financial position at M1, following the conclusion of the national planning round. Financial reporting is not required nationally at M1, and a collective ICS position is not yet available at the time of writing.

The national financial context for 2024/25 remains challenging and the Trust is focusing on maximising patient outputs and care through its funded resource base. This is the first year that specialised services have been delegated to local commissioners. The Trust is working with partners across the ICS to ensure stability to the Trust's commissioned services.

4.3 Cyber Security Update

In recent months, there has been a significant increase in cyber incidents across the country. Resilience testing was carried out in mid-May as part of an annual test to minimise cyber security risks. This testing is a controlled, simulated cyberattack on a computer system, performed to evaluate the security of our digital environment, and identifies any weaknesses. The team is awaiting the outcome and are ready to review and act on any improvements if required.

4.4 Hardware deployment

Progress continues on the upgrades to IT hardware across the hospital. About 130 WoWs (workstations on wheels) have been installed with software that can manage battery usage and more than 130 new printers have been installed to WoWs.

This has enabled the digital team to proactively identify issues before they are reported, reducing the number of tickets to our digital service desk, and saving the time of clinical staff.

5 Collaboration: productivity

5.1 New enhanced recovery unit

Monday 13 May saw the opening of our new enhanced recovery unit (ERU) within critical care. The ERU is intended for patients who are predicted to be in critical care for fewer than 48 hours following their operation and are managed and progressed according to an agreed protocol, before being discharged to the surgical ward. The ERU is initially open for up to five patients with plans to increase to 10 beds by September.

This is one of many initiatives to improve patient flow whilst also providing a positive patient and staff experience.

Initially open for up to five patients, the ERU is a nurse-led unit with support from a consultant surgeon and consultant intensivist. However, the list of people and teams who

have supported this project is immense, from digital to business intelligence, estates to clinical governance. Thank you to everyone involved.

5.2 Facilities optimisation

Our plan to optimise the space we have within the hospital is making good progress, with the opening of our new CPAP Hub on 24 April on the ground floor. This is the space which was previously the discharge lounge before it moved to the day ward. The CPAP team have enjoyed their first few weeks in their new home, which will in time allow them to care for even more patients.

We are currently in the middle of moving respiratory and cardiology wards around so that all respiratory services will be co-located on floor 4 and cardiology on floor 3. The only exception to this is the sleep lab, which will remain on floor 3. The first of these moves took place on 3 May with respiratory ward relocating from 3NE to 4NE.

Clinical education are moving around as part of these works and will settle in their interim location on 3NW ahead of re-locating permanently in the HLRI.

All of these changes are aimed at improving patient experience, team cohesion and staff morale.

5.2 Thoracic surgery

Our thoracic surgery team has performed more than 700 operations in a 12-month period for the first time ever (705 between May 2023-April 2024). This was aided by the successful robotic surgery programme.

Thank you to our thoracic team in theatres and all the teams who care for and support our thoracic surgery patients.

5.3 Long waiters

We are focused on reducing the number of patients waiting 40 weeks or more for treatment. The chief operating officer is reviewing this list on a weekly basis with the triumvirate leads together with other executive colleagues. At the time of writing, there are 282 patients waiting 40+ weeks across all treatment pathways, down by 32 (between 1 May and 23 May). Areas of focus include reducing waiting times for cardiac surgery, TAVI, and some structural services.

6 Reasons to be proud

6.1 CT scan quality

Our radiographers have been presented with an award to recognise the outstanding high-quality images produced during cardiac CT scans. In 2023, 97% of cardiac CT scans at Royal Papworth were of the best quality, compared to a national average of 92%. This makes it easier and quicker for consultants to interpret scans and decide on treatment, which in turn means that a patient is less likely to require further scans or tests.

6.2 Respiratory physiologists

Our respiratory physiologists were showcasing their research excellence on the national stage at their recent national conference. About 20% of the research submitted came from either Royal Papworth Hospital or Cambridge University Hospitals, with one of our respiratory physiologists winning the prize for the best respiratory research poster.

6.3 Estates collaboration award

Congratulations to our estates and facilities team who were winners in the ‘best operational – healthcare’ category at the 2024 Partnership Awards, which recognises excellent partnerships across the world.

They won the award alongside Skanska, OCS, and Project Co for their collaborative approach to building and running our new hospital.

6.4 Next CIO awards

I am pleased to share the news that Dr Raj Vaithamanithi, Deputy Director of Digital, received the prestigious ‘Next CIO 2024 UK Award’. He will now be part of the next CIO mentoring scheme.