

## Agenda Item 1.vii

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 5 September 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 bi-monthly update from the Chief Executive.

### 2 Introduction

Since the last Board meeting in June, we have had a change in government. While early actions to resolve the long-standing junior doctor industrial action and to accept the headline recommendations of the pay review body have been well received, it is also recognised that challenging public finances means there is little chance that the new government will be able to allocate additional funding to the NHS. For the NHS, this means a continued focus on living within our means while continuing to address performance across urgent and emergency, cancer and elective care.

Sadly, we have also seen widespread civil unrest and overt racism across the country over the summer. Although there were no events in Cambridge or Cambridgeshire, these racist riots led to some of our staff feeling anxious and scared for the safety of themselves or loved ones. Our approach to supporting staff has been to enhance the visibility of our leadership, promote active allyship and listen to staff concerns, and deploy flexible working arrangements on an individual basis where appropriate. I have had direct feedback from a number of staff expressing their gratitude for the support that they have received and our clear internal messaging of condemnation of the racism widely reported.

### 3 Compassion: our people

#### 3.1 Staff deaths

We have had the very sad and unexpected deaths of two members of staff, since the Board last met.

Nisha Abraham was a specialist nurse with the pulmonary vascular disease unit team. Malcolm Thatcher was a nurse in our cath labs. We have been supporting the staff who work in those teams as well as Nisha and Malcolm's families.

They will both be sorely missed by their teams and the wider trust.

#### 3.2 Consultant appointments

I am delighted to announce that, following very competitive processes, we have appointed Dr Hema Nair and Dr Lilian Sandu to the posts of consultant in anaesthesia and consultant in cardiothoracic radiology respectively.

Both are exceptional candidates who demonstrated clear alignment with the trust's values and articulated, on questioning, examples from their recent career of their active allyship for colleagues experiencing discrimination. My congratulations to both candidates who I am confident will be assets to the organisation.

#### 3.3 EPR staff engagement

Our latest round of engagement with staff on our new EPR has been very successful, with the information, themes and feedback being used to support the outline business case (OBC) which is being prepared.

Since the start of July, we have: had demo days from three suppliers; had 750 interactions with staff across atrium stands, trolley tours, and in-person and online sessions; received 100 feedback forms; attended 40 meetings comprising approximately 500 attendees; and consulted with dozens of staff at our admin office, Kingfisher House.

Thank you to the EPR programme team – comprising digital, clinical and communication colleagues - who have been out and about speaking to as many staff as possible over the past couple of months. The engagement with staff has been mature, transparent and richly valuable for everyone involved.

The team is now engaging with patients with conversations focused on a patient portal app as part of a new EPR.

#### 3.4 Pay awards

Pay awards for Agenda for Change staff and consultants have been made in line with recommendations by the Pay Review Body. These pay uplifts will be paid to staff in October, backdated to April.

A new offer has been made to junior doctors and this is out to ballot with members.

### 3.5 Upcoming events

Our Annual Members' Meeting takes place on Wednesday 18 September. This is being held in the HLRI from 13:30 – 15:30.

On Friday 4 October we will be holding our Long Service Awards. These annual awards are an opportunity to recognise and thank our longest-serving members of staff, which this year includes two nurses who are celebrating 40 years of continuous service to Royal Papworth Hospital.

Our annual staff awards were launched on Monday 2 September at our all staff briefing. We will have the same 15 categories as last year, which represent our values and strategic priorities.

The awards ceremony will be held at Homerton College on Thursday 12 December.

### 3.6 Medical Director fellows appointed

We have successfully recruited to our fellows programme as part of the medical director's office.

The fellows are doctors in training who benefit from leadership training from the University of Cambridge and will contribute to delivering quality improvement projects over the next year. Congratulations to all six of the new appointees.

## 4 Excellence: quality

### 4.1 Surgical site infections (SSI)

We remain an outlier for surgical site infection rates when compared to the UKHSA benchmark.

In August we held a special SSI summit to take stock of the improvement work done so far and to hear from staff about further areas of focus. Four main areas were discussed including: air monitoring and theatre ventilation; respecting the theatre environment; management of diabetes; and endoscopic vein harvesting. Leads for the workstreams are preparing workplans around these key areas following the summit event.

### 4.2 CPE outbreak

At the start of July, we declared a carbapenemase- producing enterbacterales (CPE) outbreak. This followed the identification of indirect transmission of infection. An incident management team was immediately convened with support from UKHSA, NHSE and ICB infection control leads.

The outbreak was quickly brought under control by putting in place enhanced measures to prevent the spread of infection. In total, 32 patients were affected. One patient displayed signs of infection but has since recovered.

### 4.3 Financial position

The trust is reporting a surplus to date in this financial year of £0.7million. This is primarily driven by the phasing of reserves which are expected to be used later in the year.

The national financial context for 2024/25 remains challenging. This is the first year that specialised services have been delegated to local commissioners and we are working with partners across the ICS to ensure stability to our commissioned services.

#### 4.4 AI in radiology

Our radiology team is now using artificial intelligence, called Brainomix, which helps NHS trusts to make faster treatment and transfer decisions for its stroke patients. The AI tool was introduced in our hospital in July and reduces the time for transferring images to our two stroke hub centres at Cambridge University Hospital and Royal London Hospital.

This AI technology helps radiologists to provide a faster diagnosis and treatment, reducing long term morbidity and mortality from acute strokes for patients.

### 5 Collaboration: productivity

#### 5.1 Shared Care Record (ShCR)

The ShCR now provides a summary view of GP records and records held by Cambridgeshire and Peterborough Foundation Trust. This phase has enabled our staff to access GP connect 25,000 times since March 2023.

Phase two of the ShCR project plan is to share health and social care data of Royal Papworth Hospital NHS Foundation Trust (RPH), Cambridge University Hospitals NHS Foundation Trust (CUH), North West Anglia Foundation Trust (NWAFT), Cambridgeshire Community Services NHS Trust (CCS) and adult social care.

Achieving this important milestone will enable our staff to view the following data:

- appointments
- admission and discharge details
- referrals
- diagnoses
- allergies
- medications
- results and documents

The data will be available for staff to view in the coming months, providing benefits to patients such as avoiding travel, avoiding repetition, reducing fractured pathways and providing more joined-up care between partners.

#### 5.2 Love Research campaign launched

In collaboration with CUH and CPFT we have launched a Love Research campaign, which aims to highlight the world-leading healthcare research taking place in Cambridge.

Part of the campaign is to encourage staff-patient conversations about participating in research. More than 150 members of staff from Royal Papworth have made a 'pledge' to have more conversations with patients about research.

In collaboration with the Cambridge Independent, the campaign is being featured in weekly installments across August and September to promote to patients the importance of taking part in healthcare research.

### 5.3 Alan Turing practitioners hub

Our digital team is part of cohort two of the Alan Turing Institute's practitioners hub, which engages stakeholders across academic, government and private organisations to exchange knowledge.

Our involvement will enable us to foster innovation through collaboration with industry experts by exploring AI solutions in healthcare; establish guidelines and policies to design and deploy AI solutions; and educate staff on AI best practices.

## 6 Reasons to be proud

### 6.1 Annual inpatient survey 2023

The annual inpatient survey looks at the experiences of people who stayed at least one night in hospital. It asked patients for their views on all aspects of their care such as the hospital environment, communication with staff, involvement in decisions and being treated with dignity and respect.

We are one of a small number of hospitals to be named in the top ranking of 'much better than expected'. This is based on the proportion of our patients who responded positively when compared to the national average.

It is at least the fifth consecutive year we have been named in the top category. On average, patients rated the overall experience as 9.2 out of 10.

### 6.2 National appointment

Dr Stephen Hoole has been appointed to lead a nationwide review of cardiology services. He is one of two new clinical leaders appointed to NHS England's Getting It Right First Time (GIRFT) programme, helping to improve cardiology services for patients, staff and the wider NHS in England, and support elective recovery.

Dr Hoole joins Dr Sarah Clarke, also from Royal Papworth, as part of the team of four consultants who make up the GIRFT cardiology senior leadership team.

### 6.3 Global digital award

Congratulations to CIO Andrew Raynes who was recognised by the CIO Global Forum 200. He has been asked to be the UK nomination to attend the Global 200 CIO Conference in South Africa, along with other leading CIOs identified from industry from across the world.

### 6.4 Milestone for national service

Our cath lab team recently carried out the 500th balloon pulmonary angioplasty (BPA), a pioneering procedure for patients with a rare form of pulmonary hypertension. It is a

minimally invasive alternative for chronic thromboembolic pulmonary hypertension (CTEPH) patients who are unsuitable for surgery.

We are the only hospital in the UK that carries out this cardiology procedure, having launched the service in 2015.