

Agenda Item 1.vi

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| Report to: | Board of Directors | Date: 6 December 2018 |
| Report from: | 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/Background/Summary

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

2 Key items

2.1 First public Board meeting of Cambridgeshire and Peterborough Sustainability and Transformation Partnership

The Chairman and I attended, as STP Board members, the first public board meeting for the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) on Thursday 22 November in Peterborough. More than 20 members of public attended the meeting, during which a number of short and long-term STP projects were discussed, including work being undertaken in the area to prevent falls, efforts to reduce delayed transfers of care and the STP's financial plan. All future meetings of the STP Board of Directors will now be held in public, with the next meeting scheduled for 22 January 2019.

3 Operational performance

3.1 Referral to Treatment Time performance

We have been working extremely hard to improve our Referral to Treatment Time (RTT) performance throughout 2018 and are beginning to see some real results. The Trust has seen a sustained reduction in breaches of the 18-week standard as well as a reduction in waiting list size over the last few months, leading to our RTT performance for Cardiology and Surgery being ahead of our recovery trajectory for October. Based on the current forward view, this is likely to be repeated in November and December.

We are also continuing to support the development of our Booking team, running a recruitment campaign to increase resource in the team and providing a bespoke RTT training package. Although this work is not yet complete, we are seeing improvements in knowledge, confidence and morale in the Booking team and this is translating into better utilisation of theatre and cath lab capacity. We are now exploring opportunities to improve the booking process for outpatient capacity and expect this to also support our activity recovery plan.

3.2 Cancer performance

Our published cancer performance continues to be adversely impacted by the new 32-day inter provider transfer (IPT) rules, however it is reassuring to see that our previous good performance is sustained if calculated under the old rules and definition. We are aware of a possible risk to performance caused by a national shortage of the tracer used to undertake PET CT scans, which has occurred due to refurbishments taking place at the factory where the tracer is made. This risk has been escalated to commissioners and the team is monitoring waiting times for PET CT scans closely and expediting where appropriate.

3.3 52-week breaches

As you will see in the October edition of the Papworth Integrated Performance Report (PIPR), we are reporting a breach of the 52-week performance target. However, this is not a new breach as the patient breached in September but declined treatment until November for family reasons. This patient has now been treated. Our audit of more than 900 patients who had had “clock stops” in the period following the implementation of our electronic patient record system in June 2017 through to January 2018 is now more than two thirds complete and has not identified any further 52-week breach risks. Once this is complete, from January 2019 we plan to extend the audit to a weekly validation of clock stops that have occurred in the previous seven days to ensure no further 52 week breaches for this reason.

3.4 Perfect Week event

The Trust held a ‘Perfect Week’ event from 26-30 November. During this week, the hospital responded as if it had declared an internal critical incident and focused on optimising capacity utilisation and patient flow in preparation for winter and our hospital move. The week was exceptionally challenging in terms of transplant and emergency activity, leading to very high patient acuity across the wards and in Critical Care. The availability of additional operational resource helped expedite flow, however it quickly became evident that, unlike in many other organisations, the Trust does not suffer from delays in accessing support services such as diagnostics, therapies and Pharmacy.

Throughout the week, an issues log was used to capture escalations to the Operations Centre. More than half of the issues, which largely related to problems with equipment, IT or facilities, were resolved on the same day. For the remaining escalations, a number of process issues were identified which will be addressed over the coming weeks. In addition to the productivity and efficiency opportunities identified, the event provided a great deal of learning for teams and individuals which will no doubt prove invaluable during the move period.

4 Financial performance

4.1 Financial update

The Trust's year-to-date (YTD) position is a deficit of £4.1m, which is favourable to the refreshed plan by £628k. Total clinical income remains below plan at month seven with a YTD adverse variance of £1.8m. The underlying income variance when pass-through variances are removed is adverse by £0.3m. The Trust continues to experience 9.4% less admitted activity than planned, however this is being partly offset by increases in the complexity of case mix, changes in portfolio mix and the positive benefit of the guaranteed income contract with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). Non-pay costs are favourable, reflecting the activity and pass-through variances in income. Pay is adverse to plan, with temporary staffing costs replacing substantive savings from vacancies.

5 The new Royal Papworth Hospital

5.1 Preparing for practical completion

I am pleased to confirm that we expect the practical completion of the new hospital building to take place in mid-December as planned. Remedial works have progressed to final finishes and our partners are now focusing on the technical commissioning of building systems and services. Our independent tester is attending site regularly to witness key technical commissioning activities and to review test results. As with all similar build projects, at the point of handover there will be both a list of snags and a small number of agreed items that will not be complete. We are making efforts now to ensure that the incomplete items are known and understood by all parties prior to reaching the date of handover. A joint working group has been established to develop this and an additional meeting of the project's Liaison Committee will take place during December to approve the known issues list. While there is no indication at this stage that practical completion will not be achieved according to schedule, we have ensured that there is a contingency period to cover any unforeseen problems in achieving handover.

6 Workforce update

6.1 Annual flu campaign

Our annual flu vaccination campaign began on 1 October 2018 using the quadruple vaccine that was recommended by Public Health England. A comprehensive and responsive staff communication programme has been deployed to ensure that staff are encouraged and have every opportunity to receive the vaccine. We are using a combination of static clinics based in the main hospital and peer vaccinators who are vaccinating staff in their places of work. Learning the lessons from last year, we have trained 22 peer vaccinators who have been making a significant contribution to vaccination rates. We have also taken the opportunity to offer vaccination at our monthly staff induction session, regular training sessions and large staff meetings such as our weekly 'Our Big Move' briefing. This year we are also offering an incentive by entering any staff members who receives the vaccination into a competition to win John Lewis vouchers. Uptake by staff group and by department is being reported weekly at the Our Big Move briefing.

At the time of writing this report, 76% of front line staff have been vaccinated. NHS Improvement has confirmed that this is the second best performance in the Midlands & East region; we are only 0.4% behind the best performing Trust. We have been collecting information on the number of staff who have refused the vaccine and their

reasons for doing so. So far, six per cent of staff have declined the opportunity to get vaccinated.

6.2 2018 National NHS Staff Survey

The national NHS Staff Survey has been running since the beginning of October. As a result of difficulties in the first week with the national distribution of the survey, the closing date has been extended to 7 December. We are undertaking a full online survey this year and there has been a Trust-wide communication campaign to encourage participation. At the time of writing this report, 48.5% of staff (825 staff members) had completed the survey. This is better than the national average for acute specialist trusts. We will continue to promote participation as an important way for staff to share their views and experiences of working for the Trust.

6.3 Recruitment update

The Trust's nurse vacancy rate has reduced in November to 0.5%, inclusive of Pre-Registration Practitioners (PRP), who are overseas and newly qualified nurses who are working towards registration. Excluding these staff groups our nurse vacancy rate is 9.5%. This marks a significant improvement and sees our vacancy rate compare favourably to our neighboring hospitals.

We have now seen a net gain in our nursing workforce position for fifteen months in a row. The pipeline for new starters will reduce over the coming months as we focus on supporting PRP staff to gain registration. We have 15 healthcare support workers due to join the Trust between November 2018 and March 19. We are also running an ongoing social media campaign called 'We are Royal Papworth' which is helping to reach large numbers of potential candidates and encourage them to click through to our website for details of current vacancies.

We have also been focusing on recruiting administrative and clerical staff, to our crucial support roles; 16 new recruits started administrative and clerical roles in November and there are 39 new starters due to join us between December 2018 and June 2019.

7 Quality and safety

7.1 Internal mock CQC inspection

On 11 October 2018, a team of inspectors including patient representatives, nurses, doctors, managers and quality leads from partner organisations carried out a mock CQC inspection here in the hospital. The resulting report has now been written and circulated to our Quality and Risk Committee and relevant directorates, who will be tasked with completing the recommended actions. The Trust's overall rating in the mock inspection was 'Good' with 'Outstanding' in caring, and the inspection team reported that other areas of the Trust were close to performing as outstanding. There were four areas that required improvement, including our Critical Care department for the undertaking and documentation of the Mental Capacity Act, Theatres for the safe management of medicines, Diagnostics for completing the loop on serious incident actions and learning, and also in the well-led category, where more attention needs to be given to communication within teams. Nine '*must do*' actions that were recommended in the report will be monitored through our Quality and Risk Management Group and our Fundamentals of Care Board. A further unannounced inspection will be carried out before Christmas.

7.2 Registration of the new Royal Papworth Hospital

We will submit our application to register the new hospital with the Care Quality Commission (CQC) this week. This will result in a new site inspection in February. In preparation, The Trust intends to hold a mock internal CQC inspection of the new site in January.

8 Digital transformation update

8.1 Royal Papworth's Digital team receives Health Tech News Award

Royal Papworth Hospital's Digital team has won an award for its work to launch the Trust's Electronic Patient Record system. The department - which has successfully implemented the Lorenzo system over the past 18 months - took the top prize in the Tech Project of the Year category at the Health Tech Newspaper Awards 2018. Since introducing Lorenzo, the hospital has digitised more than a million clinical documents, as well as introducing electronic prescribing and a module for ordering and receiving radiology and pathology tests. Most recently, the team has achieved interoperability between our electronic patient record and the Epic system used at Cambridge University Hospitals through a two-way interface to record laboratory results. Using an electronic system for managing patient care has also helped to improve patient safety, enabling staff to make quicker, better-informed decisions about care and reducing the amount of time patients spend in hospital.

9 International partnerships

9.1 The Inaugural Cambridge-Papworth-Sunway Symposium

On 11-13 November, I attended a symposium in Kuala Lumpur which was hosted jointly by Royal Papworth Hospital and the Sunway Medical Centre. Eight Royal Papworth consultants lectured at the meeting and their presentations were very well received by audiences of up to 250 delegates. During the visit, considerable work was also put into the seven key projects that we are working on in partnership with Sunway Medical Centre. Both the symposium and the projects are fully funded by the £1 million Royal Papworth Hospital and Sunway Medical Centre Collaboration.

While in Kuala Lumpur, Roger Hall and I had the opportunity to meet the CEO of the Malaysian Health Travel Council (MHCT) to discuss a potential future collaboration where Royal Papworth will assist the MHCT with setting standards in Cardiology and Cardiac Surgery in Malaysia.

10 News and updates

10.1 Occupational Therapy Week

Royal Papworth's occupational therapists marked national Occupational Therapy Week (5-11 November) with events throughout the hospital to raise awareness of their role in supporting patients to live with additional health and care needs. Occupational therapists are the only registered profession qualified to work across mental and physical health and in both NHS and social care settings, meaning that they are uniquely placed to see the whole patient holistically.

10.2 New procedure to remove chest tumour takes place at Royal Papworth

A team at Royal Papworth Hospital has become the first in Europe to remove a chest tumour using a minimally invasive technique that reduces patient recovery time and minimises pain and side effects. Consultant surgeon Mr Giuseppe Aresu worked with consultant anaesthetists at the hospital to perform the pioneering procedure (called

(subxiphoid non-intubated thymectomy) on a patient who presented an anterior mediastinal tumour called thymoma with associated myasthenia gravis, a condition which weakens body muscles.

10.3 Royal Papworth's DCD programme reaches significant milestone

Royal Papworth Hospital's pioneering donation after circulatory death (DCD) heart transplant programme reached a significant milestone when clinicians used the new life-saving technique on the 50th patient. The transplant took place in October, and since then surgeons and physicians have added to the figure – taking the total number of non-beating heart transplants to 51.

Recommendation:

The Board of Directors is requested to note the content of this report.