

**Agenda Item 1vi**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 3 January 2019</b>
<b>Report from:</b>	<b>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/Background/Summary**

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

**2 Key items**

**2.1 New NHS England and NHS Improvement regional directors appointed**

In December, NHS England and NHS Improvement announced the appointment of a series of joint national and regional directors. Ann Radmore, currently Chief Executive at Kingston Hospital Foundation Trust, will be the new Regional Director for the East of England. I would like to congratulate Ann on her appointment and look forward to working with her in her new role. I am due to meet Ann in February.

**2.2 Strategic planning workshop with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)**

On 18 December the Trust's Executive team held a strategic planning workshop with executive colleagues at the Cambridgeshire and Peterborough CCG. The aim of the session was to align organisational priorities and identify opportunities for closer working between individual trusts and the CCG. We discussed the importance of Royal Papworth Hospital providing leadership to the wider system to develop cardiac services and improve outcomes across all providers. I look forward to working more closely with our commissioners in 2019.

**2.3 NHS England/NHS Improvement briefing**

On 20 December I attended a briefing organised by NHS England and NHS Improvement for Trust and CCG Chief Executives. The briefing included information about NHS financial and operating plans for 2019/20 as well as the latest guidance

on preparations for Brexit. We will make sure to take account of these plans in our own local planning for the year ahead.

### **3 Operational performance**

#### **3.1 Referral to Treatment Time (RTT) performance**

We continue to see a steady and sustained recovery in our RTT performance at both aggregate and specialty level. The aggregate RTT recovery trajectory has been exceeded by more than two per cent this month (89.49%), with total breach reduction targets for Cardiology and Cardiac Surgery being exceeded by 65 fewer breaches of the 18 week standard. We are confident that patients are being treated in order and that our focus on RTT recovery is improving booking efficiency and capacity utilisation.

#### **3.2 Cancer performance**

Our Cancer performance for October has been finalised at 100% for both 31 and 62-day performance, which is better than anticipated. There was some confusion recently around a delay to the introduction of a new national digital reporting system, following a letter from NHS Digital which implied that the new rules were being suspended until the system is launched in April 2019. However, we have now received clarification through the Cancer Alliance and NHS Improvement that the new rules for reporting cancer performance remain in use.

Timely access to PET CT scans remains a risk to cancer performance following a national shortage of the tracer used to undertake the scans. The impact is that patients are waiting up to 14 days for scans that should be undertaken within seven days. This has been raised with NHS England, who commission PET CT nationally, and they are working with the provider to address the shortfall in tracer.

### **4 Financial performance**

#### **4.1 Finance and activity update**

The Trust's year-to-date (YTD) position is a deficit of £5.5m, which is favourable to the refreshed plan by £26k. Our total clinical income remains below plan at month 8 with a YTD adverse variance of £2.5m. The underlying income variance when pass-through variances are removed is adverse by £0.86m. The Trust continues to experience 9.9% 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 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.

#### **4.2 Annual planning activity**

Our annual planning process for 2019/20 is progressing in line with the Trust's timetable and the first draft has been prepared, showing a net deficit of c.£18.3m on a control total basis. Work continues to refine this plan and reflect the impacts of contract negotiations and national tariff guidance. The initial draft submission, which focuses on the Trust's activity plans, is due to be submitted to NHS Improvement by 14 January 2019. The Trust's financial plans will need to be submitted in two stages by 12 February and 4 April.

## **5 The new Royal Papworth Hospital**

### **5.1 Preparing for practical completion**

The construction work on our new hospital building is now complete and our Independent Tester is carrying out the final tests required for us to take handover of the building from our construction partner, Skanska. Our first two teams have moved in to the building ready to start an important phase of equipping and staff training over the next few months in preparation for our move, which is due to take place during a three-week period from 23 April 2019.

## **6 Workforce update**

### **6.1 Annual flu campaign**

At the end of December we had vaccinated 75 per cent of all staff against flu, including 80 per cent of clinical staff. While this is a significant proportion of staff, we are renewing our efforts to increase this figure by conducting further drop-in sessions, visits to wards and departments and by asking staff to let us know if they have already received the vaccination elsewhere.

### **6.2 Recruitment**

The Trust's nurse vacancy rate has remained stable in November at 0.7% inclusive of Pre-Registration Practitioners (PRP), who are overseas and newly qualified nurses working towards registration. Excluding these PRP staff our nurse vacancy rate has reduced to 8.5%. The Trust's nurse recruitment strategy will now increasingly focus on attracting nurses with the appropriate language qualifications to more quickly achieve registration. The pipeline for new nursing starters will reduce over the coming months as we focus on supporting PRP staff to gain registration.

We had 41 new starters in December and a further 45 already planned for January, seven of whom are nurses and five of whom are Healthcare Support Workers. While there are still a number of difficult-to-recruit to roles across the Trust, the overall pipeline remains strong as we approach our move to the new hospital. There are a number of recruitment events planned on the Cambridge Biomedical Campus in the spring of 2019 to showcase the new hospital building to potential employees.

## **7 Quality and safety**

### **7.1 Initial results of our new Rapid NSTEMI pathway for heart attack patients**

In September last year, the Trust introduced a new pathway for patients suffering from high-risk NSTEMI – a type of heart attack caused by a severely narrowed artery. The new pathway means that patients identified as being high-risk are now transferred directly to Royal Papworth Hospital for treatment within 24 hours, rather than being admitted to an acute hospital first. This offers huge benefits to patients, as research and guidelines state that high-risk patients achieve better outcomes if they receive treatment to unblock the heart's blood supply within 24 hours. Since the new 'Rapid NSTEMI' pathway was launched in September, 71 patients have been accepted onto the pathway, with 94 per cent of patients receiving treatment within 24 hours. As well as helping patients receive quicker, safer treatment, the pathway has also led to a wide range of efficiencies in the wider healthcare system. Transferring patients directly to Royal Papworth could save 125 ambulance transfers, 604 days spent in hospital and £238,000 in just one year – helping to ease pressure on the NHS across the region.

## 8 Commercial partnerships

### 8.1 Initial meeting with Baxter Healthcare UK

On 18 December the Trust welcomed delegates from medical equipment firm Baxter Healthcare Ltd (UK) for a tour of the new hospital and a workshop-style session to explore opportunities for future joint working. Under the framework of a Memorandum of Understanding, the two organisations have agreed to explore opportunities for innovation and effective pathway management to make the best use of available resources. Further updates will be provided to the Board as this work progresses.

## 9 News and updates

### 9.1 Royal Papworth Staff Awards 2019

We have now received more than 200 nominations for our annual staff awards, which will take place this year on 14 March in our new hospital. It has been wonderful to see so many people being recognised by their colleagues and patients for the exceptional work they do here every day. I will write to all the nominees this week to let them know they have received a nomination.

### 9.2 Congratulations to Deputy Finance Director Jason Hollidge

I would like to congratulate the Trust's Deputy Finance Director, Jason Hollidge, for being selected for the NHS Midlands and East Regional Talent Pool, *Aspire Together*. The aim of the pool is to establish a cohort of aspirant directors, who will be rigorously assessed as being ready to be shortlisted for executive director posts on Trust boards and CCG governing bodies. It is fantastic to see one of our deputy directors being recognised in this way.

### 9.3 Goodbye to Yvonne and Hazel

Last month we said goodbye to two highly regarded colleagues who have retired after dedicating many years of service to Royal Papworth Hospital. Firstly, Yvonne Inglis retired from her role as secretary to Dr Parameshwar – an incredible 65 years after starting work in the hospital. Then, later in December, Hazel Farren retired from her role as Senior Sister in Critical Care, 36 years after joining the team. I would like to wish them both a long and happy retirement.

### 9.4 Thank you to staff working during Christmas and New Year

Finally, I would like to thank the many staff members who worked over the Christmas and New Year period. More than 200 staff members were working on Christmas Day, giving up time with their families to ensure we could continue providing excellent care to our patients. Their hard work and dedication is hugely appreciated.

**Recommendation:**

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