

Agenda Item 1.v

Report to:	Board of Directors	Date: 6 September 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 Revised opening dates for our new hospital

We have now received a revised construction timetable from our construction partner Skanska, which has allowed us to reset the programme for our move to the new Royal Papworth Hospital. As a result, we now expect to move into the new hospital between 23 April and 13 May 2019, immediately after the Easter holidays.

3. Operational performance

3.1 Improving our Referral to Treatment (RTT) times in Cardiology

We continue to focus on improving our Referral to Treatment (RTT) times to bring our performance in line with national targets. We have received support from an NHS Interim Management and Support (IMAS) accredited resource in order to ensure we recover our performance as rapidly as possible for the benefit of our patients. NHS Improvement (NHSI) has offered workshop-style training for administrative and booking teams in September and a development session for Board members in October.

Our aggregate RTT performance in June was 83.82%, improving to 84.15% in July, and we have seen improvements in the number of RTT breach patient bookings as a proportion of all elective bookings. For example, RTT patient bookings as a

proportion of all elective bookings increased from 63.7% in June to 68.2% in August for Cardiology, and from 68.9% to 74.9% for Surgery. Bookings for RTT breach patients as a proportion of all elective bookings increased from 20.8% in June to 27.2% in August in Cardiology and from 25% to 44.8% in Surgery. In recent weeks, we have appointed a new manager for the Booking team, to improve the way that patients are booked in for appointments and procedures. We are also scheduling additional Cath Lab sessions on Saturdays from September, pooling surgical waiting lists and transferring some patients to consultants with shorter waiting lists to reduce the amount of time that patients are waiting for treatment. Improving our RTT times will remain a priority in the coming months, and we expect to see a full recovery of our performance by early 2019.

3.2 Activity recovery action plan

Our Quarter 1 Activity Report highlighted a shortfall in activity when measured against both the average run rate in 2016/17 and the operational plan for 2018/19. Directorate teams have contributed to an activity recovery plan which aims to mitigate the shortfall and return the Trust to its planned run rate. The plan is iterative in nature and delivery will be monitored through weekly meetings.

3.3 New Rapid N-STEMI pathway

This month, we will launch a new pathway for patients with high-risk NSTEMI (Non-ST-elevation myocardial infarction) as part of a Sustainability Transformation Partnership (STP) programme to improve Cardiology services in the region. The new Rapid NSTEMI pathway will see high-risk patients transferred immediately to Royal Papworth Hospital for coronary angiography and revascularisation, rather than being admitted to an acute trust first. The new pathway will deliver:

- Improved clinical outcomes.
- Reduced demand on local Emergency Departments.
- Reduced system expenditure on A&E attendances and emergency admissions delivering system savings of £238,000 in the first year.
- Reduced lengths of stay, projected to save 604 bed days in the first year.
- Reduced ambulance conveyances with potential to save 125 ambulance transfers in the first year.

4 Financial performance

4.1 Year-to-date financial position

We have reset our 2018/19 Operational Plan to reflect the delay to our hospital move, and the latest version of the plan was approved at last month's Board of Directors meeting. The Trust's year-to-date financial position at Month 4 is a deficit of £2.16m, which is marginally favourable to the refreshed plan by £33k. Our total clinical income is below plan by £1.33m, a concerning adverse position with the Trust continuing to experience lower-than-planned activity (equating to 697 (8.2%) inpatient/day cases and representing £1.01m of this position). Unlike in previous months, the complexity of case mix and additional private patient income are no longer offsetting the cost of this lower-than-planned activity. Pay costs are broadly in line with plan despite the lower levels of activity, while non-pay expenditure is below the refreshed plan as a result of the lower activity levels.

5 Workforce update

5.1 Staff vacancies

Our total percentage of staff vacancies increased to 13.2% in July. The prime reason for this was an increase in budgeted establishment of 39.74WTE, primarily due to the increase in Cath Lab/Radiography staff (25.55WTE) and Estates staff (5WTE).

5.2 Staff turnover

Staff turnover continues to fluctuate from month to month, with a large increase in the number of leavers in July (35.4WTE) compared to the previous two months (16.5WTE and 15.2WTE respectively). The number of nurse leavers remains below the numbers forecast in our supply and demand modelling and we have remained a net recruiter of nurses for the last 12 months. In the last few months, the staff group experiencing the highest number of leavers was the Admin and Clerical (A&C) staff group. There was no clear trend in terms of the reasons for A&C staff leaving, but this staff group has experienced significant organisational change as a consequence of the move to Royal Papworth House and the centralisation of clinical administration services. We have strengthened the leadership for this service through the appointment of an Operational Manager for Clinical Administration, and an interim manager is supporting the team in the meantime. We have planned a recruitment campaign to help reduce the number of vacancies in Clinical Administration, and in the short-term we have engaged bank staff and offered overtime to existing A&C staff.

5.3 Individual Performance Reviews (IPR)

The rate of staff having received an up-to-date annual IPR remains just below our target of 90%. Our reports show a low number of IPRs completed in July. This links to the pressures on staffing levels in the ward areas and other clinical areas. Managers in these areas report that they have had to focus on providing clinical care, which has impacted on their management time. The importance of IPRs in relation to staff engagement continues to be reinforced by the senior leadership team. Given the level of change the organisation is experiencing at the moment, I expect we will fluctuate between amber and red in the workforce domain for the foreseeable future. The improvement in staffing levels in the clinical areas forecast over the next four months should have a positive impact on sickness absence and IPR rates. However, budgeted establishment will increase over the coming months and there is often a delay between establishments increasing and staff in post catching up. Improvements in staffing levels will help, however the degree of organisational change is likely to continue to affect IPR rates.

5.4 Staff engagement

An important aspect of good staff engagement is our senior leaders in the organisation being visible and approachable to staff. This supports two-way communication and provides leaders the opportunity to understand better the experience of staff and any problems/issues they are facing. We already have in place a number of initiatives where executive directors spend time in work areas, either working alongside staff or undertaking patient environment inspections. As part of my role as a CQC Executive Inspector, I recently came across the idea of pairing up executive and non-executive directors in a Trust, allowing non-executive directors the opportunity to build up an in-depth knowledge of a particular area of the

organisation. I am pleased to report that we have all committed to implementing a similar scheme here at Royal Papworth. We will do this by pairing up executive and non-executive directors who will attend meetings and events in the assigned departments to get to know staff in these areas. This will help us gain a real insight into operational pressures and issues being experienced by staff and will complement the various reports and information we receive as a Board.

5.5 Support for staff affected by the delay to our hospital move

In the week following the announcement of the delay to our hospital move, we held a number of drop-in sessions and individual meetings with staff whose personal circumstances would be negatively impacted by the delay. We also contacted all new appointees in the recruitment pipeline to identify whether the delay presented them with any problems/concerns. As a result of this engagement, we have put in place the following package of support for staff in order to support the recruitment and retention of staff;

- We have retained approximately 100 rooms of on-site accommodation in Papworth Everard. Overseas staff and those who work on-call have been prioritised for access to this accommodation.
- Our staff accommodation at Waterbeach opened as planned in July. We are providing a free bus service between Waterbeach and the hospital at a cost of approximately £65,000.
- Approximately 60 staff have/will have moved to Cambridge by September 18 in anticipation of the relocation. We have allocated £100,000 to support them with transport costs, either by payment of our Daily Excess Travel Allowance or by providing transport for those who have no access to a car.

6 Clinical developments

6.1 New rotation opportunity for Royal Papworth and Cambridge University Hospitals staff

From January 2019 we will offer a rotation opportunity for registered staff working in adult intensive care at either Royal Papworth Hospital or Cambridge University Hospitals (CUH). Initially, two staff members will rotate each way, with the secondment lasting for nine months. To be eligible for this opportunity, staff will need a minimum of two years of critical care experience as well as a postgraduate intensive care nursing award or equivalent. The aim of the partnership is to foster links between the two units ahead of our co-location on the Cambridge Biomedical Campus. Staff from both sites will have the opportunity to gain experience in an area of intensive care that they are unfamiliar with. This will benefit all our patients, as the nominated staff can return to parent units with specialist skills in general intensive care, neuro intensive care or in the case of CUH staff, specialist cardiothoracic intensive care skills. The initiative is a significant Continuous Professional Development (CPD) offering from both Trusts, and we anticipate that the rotation will become an attractive opportunity for many staff members working at the two hospitals.

6.2 Government planning for 'no deal' Brexit scenario

In recent weeks, the Secretary of State for Health and Social Care wrote to NHS providers to provide an update on the Government's plans for the health care system in the event of a 'no deal' Brexit scenario in March 2019. In the letter, the Secretary of State assured providers that the UK will have an additional six-week supply of

medicines in the event of imports from the EU being blocked through certain routes. The letter also re-iterated guidance on how EU nationals working in the NHS can apply for settled status, and included the recent announcement about doctors and nurses now being exempt from the cap on skilled worker visas.

7 Estates and equipping

7.1 Risk assessments on our current site

Since announcing the delay to our new hospital move, we have undertaken a piece of work to ensure our current site will remain safe and fit-for-purpose until spring next year. As a result, we have identified a number of items of equipment that were due to be procured for the new hospital which we will now bring forward to the current site. For example, we have taken the decision to introduce new patient monitoring equipment on four wards at our current hospital, as well as a quota of new beds and patient chairs, to improve our patients' experience over the coming months. We have also undertaken a series of refurbishment works on the current site, including refurbishments to our heating system, repairs to roof tiles and the re-drawing of road markings, to ensure our site remains resilient during the winter months.

8 Digital transformation

8.1 Update on our Electronic Patient Record system

In July 2018, the Trust introduced a new module in our Lorenzo Electronic Patient Record (EPR) system in order to manage pathology and radiology requests and results. A new interface with the Epic beaker EPR means that we can now share these requests with Cambridge University Hospitals – a significant advantage for the many patients who require treatment at both hospitals. Furthermore, we are undertaking work this month to enable messages to return to Lorenzo from EPIC, creating a safer and more efficient solution for our clinicians. We have also started to explore the possibility of interoperability with West Suffolk and Cambridge University Hospitals as part of our plans for sharing medical records, a project which should be further enabled through our recently gained 'Lorenzo Digital Exemplar' status. In 14 months, we have improved our 'digital maturity' score (a scoring system set by the NHS) from 1 to 5 (out of 7). This is a significant achievement and I would like to thank our Digital team and other staff members who have worked hard to improve our use of technology for the benefit of our patients.

9 Commercial partnerships

9.1 New partnership with NHS Shared Business Services

On Monday 6 August, Royal Papworth Hospital signed up to a strategic partnership with NHS Shared Business Services (SBS) to explore new opportunities for the digital transformation of a range of back and middle office functions. As part of the agreement, the two organisations will work together to consider how innovative technologies can be used to develop modern ways of working across the Trust's corporate and admin services. We look forward to working with SBS on this exciting project.

9.2 Update on plans for a new Heart and Lung Research Institute (HLRI)

We continue to make good progress with our plans to build a Heart and Lung Research Institute (HLRI) on the Cambridge Biomedical Campus, in partnership with the University of Cambridge. The Board of Directors for the project will hold an

extraordinary meeting on 27 September 2018 to review the appointing business case for the HLRI and the final suite of legal documents relating to transfer of land for the HLRI from the University. I will share further updates in future CEO reports.

10 News and updates

- 10.1** A group of Royal Papworth transplant recipients - The Royal Papworth Transplant Sport Team – achieved great success at the British Transplant Games which took place in Birmingham last month. More than 50 transplant hospital teams were represented at the games, with more than 1,000 athletes taking part, but the Royal Papworth team retained the trophy for the Best Heart & Lungs Hospital team for the third year running. I would like to congratulate the team on their success; they are all a real credit to the life-changing work of our Transplant team here at Royal Papworth Hospital.
- 10.2** Royal Papworth Hospital’s Lead Extracorporeal Membrane Oxygenation (ECMO) nurse, Jo-anne Fowles, has been appointed as Nurse Representative on the UK Intensive Care Society (ICS) Seminar Committee. This new role reflects Jo-Anne’s significant experience of caring for critically-ill patients here at Royal Papworth. We wish her all the best for this important new role.
- 10.3** Our Clinical Director for Cardiology, Simon Fynn, has stepped down from the role after seven years. On behalf of the Trust, I would like to thank him for his hard work during this time. We are conducting interviews for a new Clinical Director in the next few weeks and I hope to be able to share an update at next month’s Board meeting.
- 10.4** Finally, I would like to welcome Ivan Graham to the Trust as our new Deputy Director of Nursing. Ivan was previously Assistant Director of Nursing at North West Anglia Foundation Trust, where he was involved in the move from Peterborough District Hospital to Peterborough City Hospital. I have no doubt he will make an excellent contribution to the nursing team here at Royal Papworth.

Recommendation:

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