

Agenda Item 1v

Report to:	Board of Directors	Date: 2 August 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 Launching a new module in our Electronic Patient Record system

In July, we took an important step in our digital transformation journey by launching a new module in our Lorenzo Electronic Patient Record system. The new 'Requests and Results' module now handles all of our radiology and pathology requests, as well as specimens collection and the acknowledgement of results. It is a vital step in preparing for the move to our new hospital on the Cambridge Biomedical Campus, as it allows electronic communications with EPIC, the Electronic Patient Record system used at Cambridge University Hospitals. As with most IT enabled change projects the digital team are now working hard to resolve any matters arising resulting in the early life stages requiring technical fixes or additional training. This was a particularly complex project and I would like to thank our Digital team and the many other staff members who worked hard to ensure a safe and effective launch.

2.2 NHS England shares key priorities for next 10 years

In the last month, NHS England Chief Executive Simon Stevens has announced that heart and circulatory diseases will be one of five key priorities for the NHS in the next 10 years, alongside cancer, mental health, health inequalities and children's services. We welcome this focus and look forward to working with our NHS partners to deliver improved care and outcomes for patients affected by heart and circulatory diseases.

3. Operational performance

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

Disappointingly, we have seen slow progress with regards to the revised recovery trajectory – agreed at May’s Trust Board - to improve our Referral to Treatment (RTT) times in Cardiology. This has meant that performance remains broadly in line with the previous month, with no significant improvements. As a result, we have established a series of executive-led escalation meetings which take place three times a week, addressing issues including our booking processes, Consultant leave and list pooling. In addition, we have secured support from NHS Improvement (NHSI) and an experienced former Interim Management and Support (IMAS) employee working two days a week on the project, as well as a specialist RTT recovery advisor from NHSI. These resources have been made available to the Trust for as long as is considered necessary to establish sustained recovery to our RTT position.

3.2 New Rapid N-STEMI pathway

We are currently working with the East of England Ambulance Service and other NHS Trusts in Cambridgeshire and Peterborough to develop a new pathway for patients with high-risk NSTEMI (Non-ST-elevation myocardial infarction). 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 has the potential to save 125 ambulance transfers, 604 occupied bed days and £238,000 in the first year.

3.3 Cambridge Transition Programme update

We continue to work closely with Cambridge University Hospitals (CUH) as part of the Cambridge Transition Programme (CTP), which aims to use the opportunity of our move to the Cambridge Biomedical Campus to develop shared services between the two NHS Trusts. Clinicians from Royal Papworth and CUH’s Cardiology and Respiratory teams recently presented an update on their work to redesign patient pathways and expedite patient transfers between the two Trusts. Although we are limited in the capacity that we can offer to CUH this winter, there is a shared view that our CTP work and the introduction of the Rapid NSTEMI pathway this autumn will make a material contribution towards reducing winter pressures.

4 Financial performance

4.1 Year-to-date financial position

The Trust’s year-to-date financial position is a deficit of £1.45m, which is favourable to plan by £0.05m. Our total clinical income is below plan by £0.74m - a concerning adverse position with the Trust continuing to experience lower than planned activity (specifically, 555 (8.4%) fewer inpatient/day cases, which represents £0.65m of our reduced income). However, the underlying income is £7k ahead of plan due to an increased complexity of case mix and increased private patient income. Pay costs are broadly in line with plan despite the lower levels of activity. Non-pay expenditure is higher than plan by £0.14m, as a result of the costs associated with the delayed move to our new hospital, lower activity levels, commissioner fines (£0.39m) and unachieved non-pay Cost Improvement Plan (CIP) savings (£0.14m). Depreciation charges are lower than plan by £0.23m following delayed capitalisation of assets, with the capital plan being underspent by £1.57m to date due to timing.

4.2 Resetting our Operational Plan

The Trust has refreshed its 2018/19 Operational Plan to reflect the recent delay in the move to our new hospital. We will share the impact of this in part two of our Board of Directors meeting today.

5 Workforce update

5.1 Support for staff affected by the delay to our new hospital opening

Immediately after announcing the delay to our hospital move, we held a number of drop-in sessions and individual meetings with staff whose personal circumstances will be negatively impacted by the news. This includes staff members who had made changes to childcare arrangements in anticipation of a September move, as well as those who have moved house or planned to move house and will now have difficulty commuting to Papworth Everard for a longer period. Our overseas nurses were particularly concerned about the planned closure of our staff accommodation in Papworth Everard, but our Estates team reacted quickly to this concern and soon confirmed that we would be able to retain around 100 units of staff accommodation here in Papworth until we move. Our Recruitment team has also contacted new recruits who were due to join the Trust in the coming months, to see whether any of them need additional support to be able to work in Papworth Everard for longer. Now that we have a better idea of the numbers of staff who are affected and the areas of concern, we have developed plans for supporting staff in the interim period before we move.

5.2 New staff accommodation at Waterbeach

Last month, the Trust opened new accommodation for up to 230 staff members in Waterbeach, Cambridgeshire, on the former barracks site. The staff accommodation, which represents one of the first Ministry of Defence sites in the country to be redeveloped for public sector use, provides modern, purpose-built facilities to staff members at Royal Papworth Hospital and other NHS Trusts in the area. All residents will have furnished bedrooms and shared kitchen, dining and lounge areas, with access to residential gardens and car parking. We will provide transport for staff between Waterbeach and Papworth Everard from now until we move into our new hospital on the Cambridge Biomedical Campus.

5.3 Support for Cardiology wards

Our Cardiology wards are currently experiencing high vacancy rates, due to a number of leavers in April/May. Although we have recruited new staff members to join these areas, it will be several months until they are all in post. In order to provide support to the Cardiology wards during this time, we have established a taskforce involving the Director of Nursing, Chief Operations Officer and Director of Workforce and OD, as well as senior nurses in Cardiology. The group aims to review staffing rotas in advance and identify actions that could improve the fill rate for nursing shifts, as well as reducing the time it takes us to recruit new staff.

5.4 Well-led review

In anticipation of a future 'Well-led' inspection by the Care Quality Commission (CQC), we are taking a number of steps to ensure we are providing the best possible leadership to the Trust during this period of change. We have accepted an offer of support from NHS Improvement to observe and review our Board and Committee meetings over the next few months, and we have addressed a number of issues identified in a self-assessment exercise we completed a few months ago. In recent

weeks, we have refreshed our Executive Director and Non-Executive Director portfolios and updated our Board Assurance Framework (BAF) reporting to reflect our 2018/19 strategic objectives and provide the Board with a clear view of how BAF risks have changed over time. Over the next month, we will look at how we communicate our strategy and values to staff to ensure that we have a shared vision and narrative across the organisation. We also want to improve the way we celebrate individual and team achievements and share examples of excellence and innovation across the Trust.

6 Estates and equipping

6.1 Contracts relating to services on our current hospital site

Since the announcement of the delay to our new hospital opening, our Estates and Facilities team has developed a continuity plan to ensure we can continue to run our services in Papworth Everard until we move. Our Soft Facilities Management contract with ISS has been extended to ensure we maintain our catering and cleaning provision. We have also agreed a recruitment plan between ISS and OCS, the facilities management provider in our new hospital, to ensure continuation of staff through to TUPE and until our current site is closed. The Estates and Facilities team has developed a comprehensive project plan for backlog maintenance on the current site, identifying areas where investment will be needed to ensure we can run our current site safely until we move.

7 Clinical initiatives

7.1 National Early Warning System (NEWS2) update

An updated version of the National Early Warning System - a national scoring system to identify acutely ill patients - is to be introduced to the Trust before the end of March 2019. While the NEWS2 scoring tool is extremely useful for detecting early deterioration in general patients, it presents a challenge for our surgical patients in terms of the sensitivity of parameters and the fact that certain parameters are now excluded (namely urine output). Along with Liverpool Heart and Chest Hospital, we requested an exemption from using the tool as it is less sensitive than our existing tool, but this request was declined. However, we are hopeful that, as we had already planned to introduce new, more sensitive monitoring equipment in the coming months, we will be able to manage the implantation of the new scoring tool.

7.2 Registering our new hospital with the Care Quality Commission (CQC)

Our Director of Nursing has begun the process of registering our new hospital with the Care Quality Commission (CQC). A timetable has been established to ensure this process is complete by the time we are ready to move to the new hospital.

8 Commercial partnerships

8.1 In June, we entered into a new partnership with Philips Electronics UK Limited to explore how new technological innovations could help improve the way we care for patients with heart and lung disease. The first Leadership Committee between Royal Papworth and Philips took place on the 18 July – an extremely positive meeting during which we approved a number of future projects. One particularly promising initiative is a collaboration looking at early lung cancer screening, which could help improve lung cancer decision rates across the East of England and beyond. We are also working with Philips to see whether new technology could help with our implementation of the new Rapid NSTEMI pathway which is due to launch in September (more details in 3.2 above).

8.2 Our partnership with Sunway Medical Centre in Malaysia

Our partnership with Sunway Medical Centre in Malaysia continues to progress well. Following a visit to the hospital earlier this year, Sunway has asked for our support on seven key projects relating to cardiothoracic medicine. In addition, we have been asked to partner with Sunway on a joint symposium in Kuala Lumpur, provisionally booked to take place in mid-November. We understand that Malaysia's Minister for Health is due to be a guest speaker at this event, and some of our senior consultants are due to attend.

9 News and updates

- 9.1 On Friday 6 July our Thoracic Oncology team marked Annual Mesothelioma Day with members of the Papworth Mesothelioma Social Group, which was set up 10 years ago to provide support to patients and families with this rare type of lung cancer. The annual event, which took place at Papworth Village Hall, was a chance for guests to hear about recent research developments and remember loved ones who have been lost to the disease.
- 9.2 During July we hosted 14 year-10 pupils from local schools and colleges as part of a one-week work experience programme. The group had the chance to meet teams across the hospital including nursing, physiology, transplant, critical care, communications and finance – finding out about the 350 different career choices that are available in the NHS. I would like all of the teams who helped to ensure that the group had a valuable experience during their time here.
- 9.3 Clinicians at Royal Papworth Hospital have been awarded a new research grant to help speed up the diagnosis of a rare heart disease. The project, led by Royal Papworth Consultant Dr Muhunthan Thillai, aims to build on work already underway at the hospital - which was funded last year by the British Lung Foundation - to find a way to spot cardiac sarcoidosis earlier so patients can receive treatment more quickly.
- 9.4 On Saturday 21 July, more than 250 people attended two screenings of 'Papworth: A moving story' in Papworth Village Hall. The film, which celebrates 100 years of Papworth Hospital, was made thanks to a grant received from the Heritage Lottery Fund. We hope to hold a few more screenings of the film across the East of England later this year.

Recommendation:

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