

**Agenda Item 1v**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 5 July 2018</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 On Friday 15 June, our construction partner Skanska informed us in writing that they had used insulation materials that do not meet our original requirements in the lower part of our new hospital building. As an NHS Trust, we have a duty to uphold the highest safety standards for our patients and staff. As a result, the Trust's Board of Directors took the decision on 21 June not to accept handover of the building until this insulation material had been replaced. Unfortunately, this will cause a delay to the opening of the new hospital. We are now awaiting confirmation from Skanska with regards to how long remedial work will take and we will share an update as soon as we can. This news will obviously have a big impact on our staff and we are committed to supporting them at this time. We have reassured patients that we will continue delivering high quality services on our current site until we move.
- 2.2 On Monday 25 June, we opened a new office at Royal Papworth House in Huntingdon. Around 250 staff members will spend at least part of their time at the new office, which will be home to our clinical administration teams, as well as our Research and Development team and corporate functions such as HR and finance. I would like to thank the many staff members who worked so hard to make the move go as smoothly as possible. On Friday 29 July we held a coffee and cake morning to celebrate the opening of the new office.

### **3. Operational performance**

#### **3.1 Introducing the Non-ST Elevation Acute Coronary Syndrome (N-STEACs) pathway**

Work continues towards the deployment of the NSTEACs pathway, which is currently planned for Autumn 2018. We have now developed the pathway and training materials for the Ambulance service. We have also secured funding for the first year of implementation through the NHS England Commissioning for Quality and Innovation (CQUIN) framework. Stakeholder sessions will continue during July and August in preparation for go-live.

#### **3.2 In-House Urgent performance**

Disappointingly, in spite of the actions undertaken since April to support our In-House Urgent (IHU) performance, we have seen a limited impact on performance. Our analysis of referrals has revealed that demand has doubled since October 2017 - a feature consistent with benchmarking with other cardiac surgery centres.

### **4 Financial performance**

#### **4.1 In May, the Trust has reported an in-month surplus of £0.67m, which is £0.09m ahead of the planned surplus of £0.58m.**

The surplus is driven by the receipt of donated assets amounting to £1.36m in month. The underlying position before this receipt is a deficit of £0.68m in month against an underlying planned deficit of £0.88m.

This results in the Trust's year-to-date financial position being favourable to plan by £8k, with an actual deficit of £0.51m (including donated assets).

The Trust's activity levels are behind plan by £0.56m, particularly in Cardiac Surgery, Pacing specialties and outpatient activity. However, this is being partly offset by positive changes in complexity and case mix of £0.41m, work in progress at the end of May of £0.30m and private patient income of £0.17m, driven by higher Cardiac Surgery and PTE activity in month.

Pay costs are £0.16m adverse to plan due to the level of temporary staffing, offset by favourable non-pay expenditure totaling £0.61m on clinical supplies, other non-pay consumables and the timing of new hospital project expenditure.

The cash balance of £43.10m is favourable to plan by £9.77m, predominantly due to the receipt of the full £6.9m of transitional funding in month (the plan assumed monthly receipts throughout the year) together with the timing of the new hospital capital equipping programme.

### **4 Workforce update**

#### **4.1 Guidance for EU nationals in UK**

In June The Home Office announced a settlement scheme for EU migrants and their family members living in the UK. The scheme delivers on the citizens' rights

agreement with the EU reached in March 2018 and guarantees the rights of UK nationals living in the EU. We are pleased to be able to share this news with the many EU staff members who make a significant contribution to the work of Royal Papworth Hospital.

## **4.2 Staff consultation processes**

The consultation process for our move to Royal Papworth House in Huntingdon closed on 28 May 2018. Letters were sent out the week commencing 11 June to all staff involved, confirming changes to their primary base and working arrangements. The consultation period supported team and individual discussions regarding new ways of working and structures.

The consultation process for staff members who will be moving to the new hospital commenced on 11 June, with all staff receiving a letter and consultation document in the post to their home address. We have followed a similar process to the Royal Papworth House consultation – starting with open meetings led by myself and the Executive Team, followed by departmental meetings and one-to-one sessions. The consultation period will run from 11 June to 31 July. During the consultation period, and immediately following it, we will collect all queries and provide responses on a dedicated section of our staff intranet. We held ten open meetings during the first two weeks of the consultation period. These sessions provided the opportunity for staff to hear directly about the consultation and ask questions. Approximately 200 staff members attended these sessions. The majority of queries raised in these meetings related to travel and parking concerns. There were also queries about how the move will be managed and the training that staff will require.

Despite the delay to the hospital opening, the consultation process will continue as planned. The process will enable discussions within teams about the impact of the delay on our proposed new ways of working and help us to identify any issues we need to address.

## **4.3 Nurse recruitment**

In May, the Trust continued to be a net recruiter of registered nurses for the tenth month in a row. Our vacancy rate also reduced to 7.8%. The rolling six-month pipeline of recruits is approximately 120 Working Time Equivalent (WTE). This is an extremely positive position and compares well with our neighbouring organisations. These numbers include Pre-Registration Nurses (PRP) who are overseas nurses working towards attaining registration with the Nursing and Midwifery Council (NMC). They are qualified nurses in their home country but in order to gain registration they need to achieve the required level of English qualification and/or pass the Objective Structured Clinical Examination (OSCE) process. The Trust provides them with educational support and paid study time. These staff members work at Band 4 level in our clinical areas. We have approximately 50 WTE staff working across all areas of the Trust. These staff members provide valuable support to the registered nurses; however, they also require appropriate mentorship and supervision. Vacancy rates are not evenly spread across all clinical areas and in those areas with higher vacancy rates the support required for PRP staff does contribute to the pressures on registered staff. It is very important that we enable the PRP staff to gain registration as quickly as possible. We have a strong system of monitoring and support in place where it is clear that a PRP member of staff is not going to achieve registration within the timescales given. In these situations, we will work with them to offer an alternative unqualified post.

Our vacancy rate for Healthcare Support Workers (HCSWs) increased significantly in April to 24.5%. While we saw a reduction to 22.4% in May, this still represents a very high vacancy rate. The driver for the increase was an increase in budgeted posts. We are reviewing our recruitment approach for HCSWs in light of the relocation to Cambridge. We have been speaking to Cambridge University Hospitals (CUH) to understand their recruitment strategy and see if we can learn from them. We attended a recruitment event hosted by CUH on the campus and made contact with 16 people who were interested in working joining the Trust as HSCWs.

In light of the delay to our new hospital opening, we are contacting all new recruits to inform them of the delay and to establish whether a prolonged stay on the current site will cause any problems with their planned start date. If so, we will try to offer any support needed to help them start work as planned.

#### **4.4 Staffing levels on our cardiology wards**

We recognise that two of our cardiology wards – Hugh Fleming and Hemingford Wards – have a number of vacancies at present. This, together with the fact that five of their EU nurses are awaiting successful completion of English language tests - is putting pressure on our trained staff. I would like to thank our Ward Sisters and Matrons from both wards who have demonstrated exceptional leadership in joining the nursing teams from both wards to help with skill mix. In addition, we have set up a task and finish group to implement a number of actions to support cardiology during this challenging time. Actions include breaking the cap on agency rates for cardiology nursing and temporarily moving staff from other departments. Our Deputy Director of Nursing and Heads of Nursing are reviewing staffing for each 48 hour period to ensure staffing is safe. Staffing levels have not exceeded the safer staffing criteria of 1:8 Registered Nurse-to-patient ratio. Four beds remain closed on our Hugh Fleming ward due to staffing levels.

### **5 Digital transformation update**

- 5.1 We are currently preparing to launch a new module in our Electronic Patient Record system, Lorenzo. The module, called Requests and Results, will be used for all pathology and radiology requests, specimens collection and the acknowledgement of results. This is a highly ambitious and complex project, as despite a relatively simple front end for users, at the back end of the system there are four complex interfaces. The interfaces provide bi-directional messaging with other systems used here and at neighbouring Trusts - EPIC, Metavision, Lorenzo and CRIS.

### **8 News and updates**

- 8.1 On Monday 11 June, Royal Papworth Hospital signed up to a strategic partnership with Philips Electronics UK Limited to explore new healthcare innovations. As part of the hospital's commitment to working with industry to tackle major heart and lung conditions, the two organisations have agreed to team up on a number of projects that have the potential to transform patient care. I am looking forward to working with Philips in the months and years ahead.
- 8.2 On Saturday 16 June, we held a summer fete here in Papworth Everard to recognise 100 years of partnership with the village. The event, which raised funds for Royal Papworth Hospital, featured a huge range of traditional fete activities as well as stalls about our history, the work of our Research and Development team and our wards. I

would like to thank everyone – both from the hospital, our charity and the village – who worked so hard to make the day a success.

- 8.3 On Monday 25 June, we accepted handover of our new staff accommodation at Waterbeach. This is a significant project which enables us to provide 230 new units of high quality staff accommodation to current and future staff members. I would like to thank our Estates and Facilities team for their hard work to deliver this project on time.
- 8.4 On Monday 25 June, BBC2 broadcast a documentary about Royal Papworth Hospital as part of a series called 'How the NHS Changed our World'. The documentary, which was part of the channel's NHS 70<sup>th</sup> anniversary programming, looked at the history of heart and lung transplantation at the hospital.
- 8.5 On Wednesday 27 June, we held a thanksgiving service in Papworth Village Hall to give thanks for 100 years of service to patients here in the hospital. The service, which was conducted by the Bishop of Ely, was a fitting way to give thanks for the many people whose lives have been changed or saved as a result of the hospital's work. I would like to thank the patients and families who joined us for this celebration.
- 8.6 On Friday 29 June, we held an event to recognise staff members who have achieved more than 15 years' service at Royal Papworth Hospital. It was a huge pleasure to celebrate these staff members' commitment to the hospital and hear about their experiences at Royal Papworth over the years.
- 8.7 Finally, today marks exactly 70 years since the National Health Service was established. We are pleased to be involved in the celebrations taking place across the country. Today, two of our staff members – Maria Mantziou, Staff Nurse and Dr Jayan Parameshwar, Consultant Cardiology – will represent the hospital at a special service being conducted at Westminster Abbey. It seems fitting that the NHS' 70<sup>th</sup> anniversary celebrations coincide with our own centenary celebrations. This evening, we will host a screening of a new film about our history at Cambridge Picturehouse, followed by a Q&A session. Other screenings are planned for later in the year.

**Recommendation:**

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