

**Agenda Item 1.vi**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 4 October 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 Launch of the new Rapid NSTEMI pathway for heart attack patients**

On Monday 10 September we launched a new pathway for patients with high-risk NSTEMI (a type of heart attack) in partnership with the East of England Ambulance Service, Cambridge University Hospitals and North West Anglia NHS Foundation Trusts. The Rapid NSTEMI pathway sees high-risk patients transferred immediately to Royal Papworth Hospital for coronary angiography and revascularisation, rather than being admitted to an acute trust first. So far, we have accepted 14 patients onto the pathway. In the year ahead, the new pathway has the potential to save the NHS 125 ambulance transfers, 604 occupied bed days and £238,000 while improving outcomes for patients.

**3. Operational performance**

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

In August, the Trust met its trajectory for RTT performance with Trust-wide performance of 85.65%. This is an improvement of 1.13% on July's performance. The number of patients waiting more than 18 weeks for treatment at the end of August continues to fall, with August delivering an 11% reduction compared to the previous month. Improvements were seen across all areas in month as initiatives from the ongoing recovery action plan for RTT were embedded across the Trust.

The Trust's total waiting list for RTT-applicable pathways continues to reduce as we increase our efforts to activity to treat long-waiting patients. This is a positive measure which demonstrates the Trust's improving ability to manage its waiting list effectively.

In addition, we have now completed an analysis of our previous failures to deliver our agreed RTT recovery plan and this work has confirmed there are no new issues for the Trust to address. However, this detailed analysis has allowed us, with the support of an RTT recovery consultant, to construct breach reduction and waiting list reduction trajectories for Cardiology and Cardiac Surgery. Our focus on these elements of recovery is in line with the national focus and means that we are concentrating on areas which make the most difference to our patients.

While managing the waiting list down to a sustainable level, our Operational team has also been scrutinising the rate of referrals to Royal Papworth Hospital on a weekly basis. We have maintained a strong referral rate in Respiratory Medicine and Cardiac Surgery over the past 12 months, but we have seen a decline in referrals to our Cardiology services both from primary care and other hospitals. We anticipate that we will see a recovery in the rate of referrals to Cardiology as waiting times reduce.

### **3.2 Improvements to bed meetings and patient flow**

Our Operational and Nursing teams continue their joint work to improve and enhance our bed meetings and patient flow across the hospital. The template used daily by ward staff to report patient safety and staffing has been updated and was re-launched on 24 September. This includes an updated way of looking at registered nurse and unregistered nursing staffing levels, providing a registered nurse-to-patient ratio for each of our inpatient areas.

We are also routinely reporting the number of 'Red' and 'Green' days at our 0815 daily bed meetings ('Red' days being where patients are in hospital but receiving little or no value added acute care). In recent months, we have identified that problems with arranging patient transport are a major factor in causing delays to patient discharge. As a result, in September we appointed a patient transport co-ordinator to liaise directly with the ambulance providers and Clinical Commissioning Groups (CCGs). Early indications show that this initiative is proving successful, both in unburdening clinical staff on the wards and improving the speed of patient collection from the hospital.

Our Nursing and Operational teams are also working jointly to consider creating a new role profile for 'patient flow facilitators' – staff members who could help with improving the patient journey while freeing up the nurse in charge to spend more time working clinically. We have begun work to evaluate the roles of our existing ward coordinators and ward clerks and have encouraged them to spend time shadowing the nurse in charge in clinical areas to get a better understanding of patient flow.

### **3.3 Targets to treat cancer within 62 days of urgent GP referral**

As highlighted last month, NHS England has recently introduced a new process to measure cancer performance. The target to treat cancer patients within 62 days of referral remains in place, but where the cancer diagnosis and treatment pathway is split between two organisations, the first organisation must refer the patient to the second provider within 38 days. This gives the 'treating provider' 24 days to start treatment in order to meet the 62-day target. The aim of the change is to avoid the

second organisation being unfairly held to account for breaching the target, even though it may not have received a referral from the first organisation until late in the 62-day period. However, the change has adversely affected our reported cancer performance for July. Discussions with NHS Improvement and other providers has not yet yielded a solution to the issue, although we are assured that there has been no change in the level or timeliness of patient care. For further information on our current cancer performance, please refer to the 'Responsive' section of our most recent Papworth Integrated Performance Report (PIPR).

## **4 Financial performance**

- 4.1** The Trust's year-to-date financial position at August is a deficit of £2.985m, which is marginally favourable to the refreshed plan by £10k. Our total clinical income is below plan by £1.72m, continuing the adverse trend with the Trust experiencing 8.8% lower-than-planned activity (representing £1.50m of this variance), with increases in complexity of case mix and increased private patient income partially offsetting the lower activity. Both Pay and Non-Pay costs are favourable to plan, which is offsetting the adverse income position on a non-recurrent basis.

## **5 Workforce update**

### **5.1 2018 National Staff Survey**

The NHS 2018 National Staff Survey will commence later this month. We have chosen to undertake a full survey in order to give all staff the opportunity to have their say on their experience of working for the Trust. A full survey will provide for a larger number of responses and provide an engagement opportunity for all staff. We are also choosing to use an electronic survey which will be emailed to nhs.net email addresses, rather than asking staff to complete paper forms – we expect this to lead to higher response rates as well as being more cost effective.

### **5.2 Annual flu campaign**

Our annual flu campaign will begin next week on Monday 8 October. This year, we are aiming to vaccinate an even higher proportion of staff than the 80 per cent who received the vaccine last year. We have trained 22 peer vaccinators to undertake vaccination in clinical areas, and have also arranged a number of drop-in clinics. We have planned a comprehensive communications plan to promote the importance of vaccination; as an extra incentive, all staff members who receive the vaccine will be entered into a draw to win John Lewis vouchers.

This year, NHS organisations are being asked to achieve a 100 per cent vaccination rate amongst patient-facing staff in high risk areas. In these areas, we will need to collect information from staff members who choose not to be vaccinated. We consider that all of our patient-facing areas meet the definition of being 'high risk', and our clinical leads will be conducting risk assessments to identify risks and mitigating actions that may be necessary in areas where a staff member has chosen not to be vaccinated.

## **6 Clinical developments**

### **6.1 Fundamentals of Care Board**

At Royal Papworth Hospital, we are committed to providing high quality care and want to ensure that we have rigorous procedures in place to monitor the care we provide to all of our patients. The Care Quality Commission (CQC) sets a series of standards called 'Fundamental Standards' which cover issues such as patient

privacy and dignity, consent, safety and safeguarding. These standards should be met for every patient, every time they access healthcare. To ensure we are always meeting – and ideally exceeding – these standards, we have agreed to set up a Fundamentals of Care Board. The first meeting to agree the Terms of Reference of the group and set expectations will take place on 12 October.

## **6.2 Excellent results for training cardiothoracic surgeons**

I would like to congratulate our Surgical team on receiving outstanding results in the General Medical Council (GMC) Annual Trainee Survey in 2018. The results – which were the best for any surgical specialty in the UK – reflect the team’s outstanding commitment to providing high quality training to the next generation of surgeons.

## **6.3 New reporting tool for positive incidents**

As an NHS Trust, we know that learning from when things go right is just as useful as learning from when things go wrong. As a result, we have introduced a new reporting tool on our intranet called ‘Laudix’ (from the Latin word for praise) to celebrate instances where individuals or teams have gone the extra mile to provide an excellent patient experience. The reports will be shared with our Quality and Risk Committee and via our internal communications channels to ensure we recognise outstanding staff and share learnings with other teams and departments.

## **6.4 New uniforms for clinical staff**

We are currently planning to introduce new uniforms for clinical staff, thanks to funding received from Royal Papworth Hospital Charity. The new uniforms will respond to patient feedback by ensuring that uniforms are consistent across hospital departments and helping patients to easily identify the role of staff members involved in their care. We hope to introduce our new uniforms in time for the move to our new hospital in April 2019.

## **7 Digital transformation update**

**7.1** Our Digital team continues to monitor cyber security threats through an action plan linked to national initiatives, advice and guidance such as the CareCert programme with NHS Digital. In April, Royal Papworth was identified as just one of 16 per cent of Trusts in the country to have reported positively (no impact) to a second national threat (following the WannaCry Ransomware incident) to NHS Digital. We are also exploring board-level development, further staff training and a peer-to-peer review to check that our cyber controls are as effective as possible. In addition, we are planning to introduce a new Acceptable Use Policy for staff to help tighten controls in terms of safer web browsing and provide tips for using technology remotely while keeping our equipment, information and person-identifiable information safe.

## **8 Cambridge Biomedical Campus developments**

### **8.1 Proposal to build a Heart and Lung Research Institute (HLRI) on the Cambridge Biomedical Campus**

For some years now we have been working towards building a Heart and Lung Research Institute on the Cambridge Biomedical Campus in partnership with the University of Cambridge. The full business case for the Institute was put to project’s Board of Directors for approval at an extraordinary meeting held on 27 September 2018. The Board was asked for approval to grant a c.160 year lease to the University of Cambridge under an Agreement for Lease and to enter into a Sub-Underlease to occupy part of the HLRI when constructed. The Board was asked to delegate authority to the CEO to approve the final premiums in line with the Full Business

Case and to agree the final items outstanding in the suite of legal documents that provide the framework the transaction.

In addition, the Board of Trustees of Royal Papworth Hospital Charity held an extraordinary meeting on 27 September 2018 to seek approval to grant the University of Cambridge a donation towards the capital costs of the HLRI. The approval of the transaction will allow the University of Cambridge to submit a full bid to the UK Research Partnership Investment Fund (RPIF) on 1 October 2018. It is anticipated that the University will be notified as to whether the bid has been successful or not in 2019. Capital funding security remains the key dependency for the HLRI as without the RPIF funds the project is unlikely to go ahead. In this scenario, the Trust will need make alternative arrangements for its Research and Development and Education staff, who were due to be based in the HLRI. If the Trust is notified of a successful RPIF bid, the Agreement for Lease, Lease and Sub-Underlease (also referred to as Underlease in the legal report/documents) will be signed. The agreements will not be signed until this point. I will provide updates on further progress in future CEO reports.

## **9 News and updates**

### **9.1 Annual Members' Meeting**

We had a great turnout for our 2018 Annual Members Meeting, which took place on Wednesday 19 September in Papworth Village Hall. Our Foundation Trust Members heard updates on the hospital's performance over the past year, as well the latest on the hospital move and some excellent clinical presentations from some of our consultants. Many of the questions raised by those at the event echo the discussions we have been having internally regarding travel and parking at the Cambridge Biomedical Campus, how we plan to work with our partners at CUH and other hospitals in the future and our progress with implementing our Electronic Patient Record.

### **9.2 Organ Donation Week**

As you may know, earlier this year our Transplant team carried out a record-breaking five transplants in 36 hours here at Royal Papworth Hospital, and the patients have since become known as the 'Famous Five'. Last month, to mark Organ Donation Week, we reunited the five patients to help raise awareness of the need for more organ donors and for more families to have the discussion about organ donation at home. All of the patients are doing well and making the most of life since their transplant, with one even having climbed Mount Snowden the previous weekend. I would like to thank them for taking the time to travel back to Papworth to help us celebrate Organ Donation Week.

### **9.3 New Clinical Director for Cardiology appointed**

I am pleased to announce that Dr David Begley has been appointed as our new Clinical Director for Cardiology. This appointment was made after a rigorous and competitive selection process from a very strong field of applicants. I would also like to take this opportunity to thank Dr Simon Fynn, our outgoing Clinical Director, for his many years of leadership as our previous Clinical Director for Cardiology.

**Recommendation:**

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