

**Agenda Item 1.vi**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 7 February 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 NHS Long Term Plan published**

The NHS Long Term Plan was published on Monday 7 January. The plan sets out the health service's priorities for investment over the next 10 years. As well as a major focus on primary, community and mental health care, the plan sets out objectives to tackle major health conditions and improve stroke, respiratory and cardiac services. Our local Sustainability and Transformation Partnership (STP) will now develop the local strategy for delivery against the Long Term Plan. You will find a paper in today's Board papers with more details about what the plan means for our STP and Royal Papworth Hospital in particular.

**3 Operational performance**

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

We continue to deliver steady and sustained improvement in our RTT performance, with the Trust achieving 90% as an aggregate position in December and Cardiology and Cardiac Surgery both delivering ahead of trajectory. It is anticipated that full recovery to 92% performance will be achieved ahead of plan across all areas.

**3.2 Cancer performance**

Again this month, it is disappointing to see that our cancer performance as published under the new 38-day inter provider transfer rules shows the Trust failing the 62-day cancer standard in November and December. Based on these numbers we are

predicting failing quarter 3, despite delivering in excess of the 85% threshold when using the old rules to calculate performance. The Trust continues to lobby with the support of commissioners and regulators for a change to the new rules.

### **3.3 52-week breaches**

There were two 52-week breaches reported in December, one of which is a patient who breached as they were unfit for their planned surgery and a second who breached waiting for a procedure for which the Trust is not commissioned. Both patients have been treated in January. Nationally there is a move to treat 52-week breaches as an equivalent to a never event and the Trust is increasing its vigilance in relation to long-waiting patients.

## **4 Financial performance**

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

The Trust's year to date (YTD) position is a deficit of £6.99m, which is favourable to the refreshed plan by £0.67m. Total clinical income remains below plan at month 9 with a YTD adverse variance of £2.61m. The underlying income variance when pass-through variances are removed is adverse by £0.84m. The Trust continues to experience 11 per cent less admitted activity than planned; however, this is being partly offset with 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**

The Trust is currently in the process of operational planning for 2019/20, and we are due to submit our draft plan to NHS Improvement (NHSI) on 12 February. This submission will include a statement as to whether the Trust accepts the Control Total offer from NHSI and the associated Financial Recovery Funding and Provider Sustainability Funding. The Operational Plan will be finalised and any further updates approved by Trust Board prior to the final submission on 4 April.

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

### **5.1 Construction work on our new hospital building is complete**

Construction work on our new hospital building on the Cambridge Biomedical Campus is now complete and we have received handover of the building from our construction partner, Skanska. Several teams – including the Project team, Digital and Medical Engineering teams – have now moved into the new building to carry out equipping and staff training in preparation for our move in April/May 2019. Significant progress is being made with delivering, installing and equipping a huge range of medical equipment, digital services and clinical and general furniture. The Digital team, for example, has now installed Wi-Fi across the whole hospital, phone systems on two floors and 29 multi-function printers. At the same time, clinical teams are visiting the site to carry out operational planning. The next milestone for the project is the beginning of our clinical training and familiarisation programme which is due to start in mid-February. In addition, the team managing the hospital cutover process is carrying out a series of detailed reviews with all departments and services to ensure they are ready for the move process in April/May 2019.

## 6 Workforce update

### 6.1 Flu vaccination

At the end of January we had vaccinated 75 per cent of all staff against flu, including 80 per cent of clinical staff. Eight per cent of staff members have declined the vaccination for a variety of reasons. While this is a significant proportion of staff, we continue to encourage staff to get vaccinated and are still providing regular drop-in sessions as well as visiting wards and departments. We have been congratulated by NHSI on our high uptake rate.

### 6.2 Recruitment

The Trust's nurse vacancy rate increased in December to 2.2% inclusive of Pre-Registration Practitioners (PRP), who are overseas and newly qualified nurses working towards registration. Excluding these PRP staff our nurse vacancy rate was 9%, which represents an increase from November 2018. This was an expected increase as we had reduced overseas recruitment in order to focus on supporting existing PRP staff to gain registration. We also experienced a fall in the number of job applications we received in December, which is normal at the end of the year. We expect the pipeline for new starters to be lower in the months leading up to the move as many new applicants want to start once we have moved into the new hospital. However, we expect and have started to experience an increase in interest and applications in the run up to the move as excitement builds regarding the new hospital. At the time of writing this report there were 23 registered nurses and 21 HCSW attending for interviewing on the 9 February 2019. We have 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 Royal Papworth Hospital is the best-performing NHS hospital in the country for cardiac surgery survival

Royal Papworth Hospital is the best-performing NHS hospital in the country for cardiac surgery survival, according to a newly published report. Over a three-year period, the hospital had a risk adjusted survival rate of 98.81%. The national survival rate for this group of patients is 98.16%. During that time, Royal Papworth also performed the most procedures, recording 5,722 cases, making it both the biggest and best-performing cardiac surgery unit in the UK. The data comes from the National Institute for Cardiovascular Outcomes Research (NICOR) report, which looked at hospital performance between 2014 and 2017. I would like to congratulate the surgical team at Royal Papworth on these outstanding results which really highlight the difference that our hospital makes to the lives of so many patients.

### 7.2 Our thoracic surgery for lung cancer survival rates are rated the best in the UK

I am extremely proud to say that Royal Papworth also has one of the best survival rates for thoracic surgery for lung cancer in the country. The hospital was one of only two positive outliers for one-year survival following thoracic surgery in the most recent figures for 2016, according to the National Lung Cancer Audit, which collaborated with the Society for Cardiothoracic Surgery of Great Britain & Ireland. Again, I would like to thank the team involved in achieving such fantastic results for our patients.

**7.3 Royal Papworth cardiologist implants the hospital's first 'CardioMEMS' device**  
 Cardiologists at Royal Papworth implanted the hospital's first revolutionary CardioMEMS device just before Christmas, which will allow doctors to monitor heart failure patients from home. The wireless sensor – which is around the size of a few grains of rice – is implanted into the pulmonary artery via the groin and, because it is battery free, never needs to be replaced. The sensor then links-up with an 'electronic pillow' in the patient's home, transmitting information back to Royal Papworth Hospital. If the readings deteriorate then an early warning alert is sent to the care team. This is an important development which has the potential to bring huge benefits to our heart failure patients.

## **8 Research and development**

### **8.1 Research grant for quality of life after cardiac surgery study**

We have recently received a research grant of £815,000 for a study called QUACS (Quality of Life after Cardiac Surgery) which will be led by Royal Papworth surgeon Mr Nashef and funded by the Mouton Charitable Trust. The study aims to help us better understand the impact of cardiac surgery on quality of life, to provide patients with more evidence-based information to inform their decision about whether or not to undergo a major heart operation. The study aims to recruit 8004 patients from all cardiac surgical centres in the UK over the next two years. All patients will complete monthly questionnaires for 12 months following their operation.

### **8.2 Research grant awarded by Cancer Research UK**

Cancer Research UK (CRUK) has also recently awarded our lung cancer lead, Dr Robert Rintoul, and Dr Nitzan Rosenfield from CRUK, a £2.6m grant to study circulating tumour DNA (ctDNA) in early stage lung cancer. The overall project is called ELUSIVE. The study will involve setting up an 850 patient cohort of patients who have had curative treatment for lung cancer and monitoring them for the development of second primary lung cancer. Bloods for ctDNA will be collected every six months for several years to see if we can detect evidence of recurrent disease or second primary cancers at an earlier stage than normal. The study will run over five years. The second primary cohort (SPORT) will be run through the Papworth Trials Unit Collaboration (PTUC).

## **9 Commercial partnerships**

### **9.1 Philips UK and Ireland partnership update**

Last week, Medical Director Roger Hall, Clinical Lead for Transplantation Pedro Catarino and Surgical Registrar Simon Messer attended a workshop run by Philips Innovation Services in Eindhoven. The workshop was set up to provide advice on how to industrialise and commercialise a Royal Papworth developed organ perfusion device (The MORGAN). Initial feedback from the workshop was extremely positive and gives hope that we will soon have a device to support both Donation after Circulatory Death (DCD) and Donation after Brain Death (DBD) heart Transplantation, with a considerable cost advantage over currently available products. The event is a tangible demonstration of the benefits of our collaboration with Philips UK and Ireland.

## **10 Digital transformation**

### **10.1 Lorenzo Digital Exemplar status**

Royal Papworth is on track to become the national reference site for the Lorenzo electronic patient record system, as well as a Lorenzo 'digital exemplar'. Becoming a

Lorenzo Digital Exemplar will mean we can improve digital maturity and introduce new functionality such as 'Lorenzo on the Wall' screens in clinical areas. We will also be able to introduce an important system called OpenHealthConnect which will enable our systems to communicate with those used in the community.

#### **10.2 NHS England Chief Information Officer (CIO) to visit our new hospital**

We are looking forward to welcoming Will Smart, CIO of NHS England, to see the benefits of the new technology in our new hospital in the coming months.

### **11 News and updates**

#### **11.1 Royal Papworth Staff Awards 2019**

We received around 350 nominations for this year's Staff Awards, with the ceremony due to take place on Thursday 14 March in our new hospital. We held a judging panel in January to shortlist three candidates for each award and will be inviting shortlisted candidates to the ceremony this week.

#### **11.2 Marking 40 years of heart transplantation at Royal Papworth Hospital**

On Monday 14 January we marked 40 years since Papworth Hospital carried out its first ever heart transplant. On 14 January 1979, a 44-year-old patient underwent the operation, which was overseen by surgeon Sir Terence English, having spent a prolonged time in hospital with advanced heart disease. The recipient died 17 days later after developing a brain injury, but the dramatic effect of providing a patient in terminal heart failure with a normal functioning heart had been shown. The operation which is considered the UK's first successful heart transplant was carried out at Papworth Hospital in the August of the same year.

#### **11.3 Media tours at our new hospital**

On Friday 25 January we invited local and regional media to see inside our new hospital now that construction work is completed. We also gave our first patient a tour of the new hospital. The resulting media coverage has helped us to raise awareness of the move; in total, we received 33 pieces of media coverage, reaching up to 7.5 million people. We have also received some excellent feedback from patients and the public on our social media channels, and a video tour of the new hospital was viewed more than 35,000 times on Facebook.

**Recommendation:**

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