

**Agenda Item 1.vi**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 7 March 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 Operational performance**

**2.1 Operational performance update**

Although still not at the desired level, we carried out an increased amount of clinical activity in January as a result of using our theatres and cath labs more effectively. However, the UK continues to experience a surge in demand for ECMO (extra corporeal membrane oxygenation), which has driven a high level of acuity and occupancy in our Critical Care department. In terms of our ability to meet Referral to Treatment Time (RTT) targets, we have now seen continued improvements for 11 months in a row. We are managing to reduce the number of RTT breaches and reduce our waiting lists more quickly than originally anticipated, although a recent flu outbreak in the hospital is expected to impact our RTT recovery trajectory for February. The flu outbreak will also adversely impact our ability to re-book cancellations within 28 days but will not impact on 52-week breaches, which is another area of national focus.

**3 Financial performance**

**3.1 Finance and activity update**

The Trust's year-to-date (YTD) position is a deficit of £7.5m, which is favourable to the refreshed plan by £1.2m. Our total clinical income remains below plan at month 10 with a YTD underlying adverse variance of £1.08m. The Trust has experienced 10.5% less admitted activity than planned so far this year, however this

is being partly offset by increases in the complexity of case mix and changes in portfolio mix, as well as the positive benefit of the guaranteed income contract with Cambridgeshire and Peterborough Clinical Commissioning Group. Pay costs are adverse to plan, driven by temporary staffing costs, while non-pay costs are favourable, reflecting the lower activity and underspends on the new hospital transition programme.

### **3.2 Annual planning update**

Our draft 2019/20 Annual Plan was submitted on 12 February 2019, showing a £15.5m deficit on a control total basis and a break-even position post Financial Recovery Fund/Provider Sustainability Fund funding. Contract negotiations remain ongoing; we have reached agreement in principle with Cambridgeshire and Peterborough Clinical Commissioning Group but are still awaiting agreement from NHS England. The final plan submission deadline to NHS Improvement is 4 April.

## **4 Workforce update**

### **4.1 NHS Staff Survey**

On 26 February the NHS published the results of its annual Staff Survey, which was carried out in October – December 2018. The response rate for Royal Papworth staff was 54%, which was slightly above the average response rate of 53% for our peer group and an improvement on last year's response rate of 46%. Our staff engagement score was above the national average but below the average for our peer group. We saw a statistically significant reduction in our score from last year in the areas of Equality, Diversity and Inclusivity and Health and Wellbeing. In the other areas the changes in our scores were not statistically significant. We will be analysing the results in detail in order to understand the drivers for the changes. We have started communicating the results with leaders and staff with a request that teams discuss them and identify any learnings or areas for improvement. The results will form an important part of the diagnostic phase of our new culture and leadership programme.

### **4.2 Staff training and familiarisation**

The programme of staff training and familiarisation in our new hospital is now well underway. Clinical staff members are carrying out a mandatory four-hour training programme, while admin and clerical staff are also taking part in a two-hour session to ensure they are familiar with the hospital's layout, amenities and IT systems. We have also produced a 15-minute video guide to the new hospital which will be shared with all other staff members.

## **5 Quality and safety**

### **5.1 Flu outbreak**

During February, we experienced a flu outbreak within the hospital which at one point led to both Hugh Fleming and Mallard wards being closed. Unfortunately we also had to cancel a number of patient procedures due to a lack of available beds and staff. However, I would like to say a huge thank you to the teams across the hospital – including our Infection Control, Clinical and Operational teams – who worked extremely hard to control the outbreak and re-open our wards as quickly as possible.

## **5.2 Preparing for a Care Quality Commission (CQC) inspection**

Royal Papworth Hospital was last inspected by the CQC in 2014, so we can expect a visit in the near future. In preparation, we have produced a brochure for all staff members to help them understand what to expect from a CQC visit and how best to use the inspection as an opportunity to highlight the care they provide.

## **6 Research and development**

### **6.1 CoMICS trial**

Royal Papworth Hospital has recruited its first patient to the CoMICS trial (Conventional versus Minimally Invasive extra-corporeal circulation in patients undergoing Cardiac Surgery). The study will be the largest ever trial assessing the potential benefits of mini-bypass, which uses a miniaturised version of the conventional heart-lung machine and has been manufactured to try and reduce the risk of complications.

## **7 Commercial partnerships**

**7.1** Last year, The Trust entered into a Memorandum of Understanding with NHS Shared Business Services (SBS) to explore opportunities for innovation to improve our back- and middle-office functions. As part of this partnership, I was pleased to host a visit from senior SBS executives, together with Ben Masterson from the Department of Health, to our new hospital on Friday 1 March.

## **8 Digital transformation**

### **8.1 Visit from Will Smart, Chief Information Officer (CIO) at NHS England**

On Friday 1 March, I was delighted to welcome Will Smart, CIO at NHS England, to our new hospital, to find out more about the technology we will be using in the new building to enhance patient care. From an electronic patient wayfinding system to free Wi-Fi and electronic patient information screens at nurses' stations, we are extremely excited by the opportunities of using new technology to improve patient care and enhance the patient experience in our new hospital.

## **9 News and updates**

### **9.1 Royal Papworth surgeon appointed to leading national transplant role**

One of our surgeons, Marius Berman, has been appointed as the Associate National Clinical Lead for Organ Retrieval for NHS Blood and Transplant. He is the first Royal Papworth surgeon – and the first-ever cardiothoracic surgeon - to hold the position and will be in post for the next three years. I would like to congratulate Marius on his appointment and wish him all the best in his new role.

### **9.2 Royal Papworth Hospital performs its 2,000th pulmonary endarterectomy procedure**

Royal Papworth Hospital has performed its 2,000th pulmonary endarterectomy (PTE) procedure, 23 years after the hospital's first in 1996. This is the second biggest PTE series in the world and is one of the most active currently, with nearly 200 operations carried out each year. Royal Papworth remains the only centre in the UK offering the service with some of the best long-term outcomes internationally. I would like to congratulate the whole team involved in reaching this significant milestone.

**Recommendation:**

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