

**Agenda Item 1v**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 6<sup>th</sup> June 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**

RTT recovery remains on track for Cardiology and Cardiac Surgery, despite a reduction in planned activity for 10 days in April as part of the ramp down plan for the hospital move. The Trust experienced a surge in emergency activity during cutover which has continued throughout May. It is anticipated that performance for both specialities will decline slightly in May as a result but it will remain ahead of trajectory.

Respiratory Medicine performance continues to be adversely impacted by the inclusion of community sleep study patients within our waiting list. These are patients who are managed by GPs rather than the Trust but for which the Trust facilitates referral through the national electronic referral system. The issue is under active discussion with the CCG.

**2.2 Cancer performance**

The March 62 day cancer performance declined under the new cancer rules due to a shared breach that the Trust inherited. Reassuringly, performance under the old rules would have been 100% and the Trust continues to lobby for adjustment to the new rules to better reflect the circumstances of specialist Trusts such as ours.

### **3. Financial performance**

#### **3.1 Finance and activity update**

The Trust's month one position is a deficit of £0.75m which is favourable to plan by £0.49m. Total clinical income was ahead of plan with an underlying variance of £0.08m, however the impact of the Guaranteed Income Contract (GIC) has protected the Trust to the value of £0.51m. The Trust has experienced 6.4% lower admitted activity and 5.1% lower outpatient activity than planned. Despite the lower levels of activity, total pay costs are adverse to plan by £0.19m driven by temporary staffing

costs. This is offset by non-pay costs, which are below planned levels due to the lower consumables linked to activity together with non-utilisation of contingency and favourable timing of expenditure for old site decommissioning and NPH transition project costs.

A proposal has been submitted to NHSI for the Cambridgeshire & Peterborough STP which shows a deficit of £193.4m, a reduction from the previous £212m deficit, however, there remains significant risk associated with its delivery.

### **4. The New Royal Papworth Hospital**

**4.1** The move to the Cambridge Biomedical Campus has gone incredibly well and we would like to thank and pay tribute to all those staff who made it such a success. For example, all the patients were transferred from our historic Papworth Everard site to our new hospital in just one day, which is a great testament to all of the teams involved. Everyone pulled together to deliver a highly complex move and while there have been long hours and challenges they were met with good humour, warmth and care.

We would also like to praise the professionalism and care of the East of England Ambulance Service and Amvale, who ensured the patients were safe and comfortable during the 16-mile journey during the transfer.

**4.2** Decommissioning work is now under way on our old buildings, which will last through until the summer, prior to handing over the site to a future buyer, so staff and security teams will remain there during this process.

We know the future of our old hospital site is very important for those living and working in Papworth Everard. This is why over the years, we have kept local councillors, the Parish Council and residents up to date when we had news we were able to share. We currently have a preferred buyer and we will be sharing their details at the appropriate time. In the meantime, we will be working with other public sector organisations such as Cambridgeshire Constabulary and Cambridgeshire Fire and Rescue Service to allow them to undertake training exercises on the site.

**4.3** Plans are moving forward for the official opening of the new Royal Papworth Hospital which will take place on Monday 9 July. The plans for the day are developing and will be communicated in due course.

## 5. Workforce update

### 5.1 Nurse of the Year/International Nurses Day and ODP Day

Royal Papworth Hospital celebrated International Nurses Day on Monday 13 May. A bring-and-share lunch was laid on for all nurses on shift, with a round of afternoon tea being served on the wards. Two awards were presented on the day, with Cheryl Riotto being named Nurse of the Year and Julie Bracken given the Support to Nursing award, both prizes were presented with their prizes by Chief Nurse Josie Rudman.

Highly Commended for Nurse of the Year award were: Staff of 3 South, Charlotte Bishop, Sharon Loveday, Earl Palas, Judy Machiwenyika, Janine McAlpine, Amy Robinson, Emma Harris, Fiona Downie, Fliss Fuller, Caroline Weldon, Angie Jackson, Sonia Aguas and Edwina Fleming. Highly Commended for Support to Nursing Award were: Gabriella Clark and Carole Buckley & the Clinical Governance Team

### 5.2 Medical Examiner Role

Ellie Makings has been appointed as our new Medical Examiner (ME). MEs are a new post to the NHS, aiming to improve the quality of death certification, supporting the coronial system and improving the standard of family liaison. Ellie has been part of the pilot programme for the medical examiner system in Essex and has recently established a comprehensive service in Norfolk.

### 5.3 Clinical Reference Group Appointments

David Jenkins and Alain Vuylsteke have both been successfully appointed to Clinical Reference Groups. These groups are very important in informing the NHS on the shaping of services and their membership means that Papworth continues to set the terms for future clinical strategy.

### 5.4 Culture and Leadership Programme

At the end of last year the Trust Board approved the implementation of a Culture and Leadership Programme in order to review the prevailing culture of the organisation and the development of a leadership strategy to ensure that we consistently maintain a high quality care culture. This programme has three phases with the first one being diagnostic. The Charity have approved funding to support phase one. We paused implementation until after the move as this programme will require involvement and support from leaders and staff across the organisation. We are now ready to commence implementation and resources have been identified to undertake the diagnostic work and set up a "Change Team" to guide and lead the programme. This work will commence in June 19.

### 5.5 Recruitment Drive

We are continuing to focus on recruitment and using the momentum created by the publicity surrounding our successful move. We are conducting a number of recruitment events in the hospital and a joint large scale Nurse and Allied Health Professionals Recruitment Event on 22 June 2019 with CUH.

## 6. Quality and safety

### 6.1 Care Quality Commission (CQC)

The CQC have written to confirm their inspection plans for the hospital. They will be visiting the hospital on 18/19 June for the Core Services inspection and then returning on 25/26 July to carry out the Well-Led visit.

We are working putting in place plans to ensure the hospital is prepared for our visits through workshops, listening events and a recent mock inspection. We would like to thank partner organisations for their assistance as their staff joined us as inspectors and thank our own staff for their contributions in what has been a busy period.

## 7. Strategy update

During 2019 we have been developing our new five-year Strategy for 2020 – 2025. Now that we have moved into our new home on the Cambridge Biomedical Campus, we are looking to set the direction of travel for our services and our organisation into the future. We want to explore how Royal Papworth Hospital can best play a role which is valuable, and valued, in all the systems we work in. We want to position ourselves in a way which is supportive and complementary to the work of others to establish effective, efficient patient pathways and services.

We want to fully unlock the potential of our special expertise and skills, harnessed to the capabilities of our new facilities and digital infrastructure, for the benefit of the entire health system and the patients we care for. We want to do all this while continuing to offer excellent quality of outcomes and care, be a great place to work, and remain financially robust.

The foundations of our strategy were laid in 2018 and early 2019, with a series of Clinical Vision workshops involving all our Directorates. We are now following a structured strategy development process in four phases. In the first phase we reviewed the environment within which we are working, and at a workshop in March we identified five “Big Questions” to address. They are:

1. Role in Pathways: What part can and should we play in the overall clinical pathways; and how can we do it?
2. Service / Education / Research: How do we ensure that service, education and research are (a) balanced; (b) embedded; (c) synergised?
3. Focus and Priority: If “we can’t be world leaders in everything”, then what areas should we focus our attention on?
4. Reputation Potential: How can we (and should we) maximise our brand and reputation nationally and internationally?
5. Campus and Digital: How do we get most benefit from our new facilities, campus and digital capability?

Since then, five working groups drawn from across the organisation have been giving thought to those five questions, and their initial conclusions will be discussed with the Board and clinical leaders at a second workshop on Thursday 6 June. After that, we hope that every Directorate will get involved in developing its strategy for the future – we will be talking in the June workshop about how that can happen most effectively and what support will be needed.

## 8 STP

### 8.1 STP Digital Enabling Group

The DEG met in May 2019 and appointed Andy Raynes, CIO at Royal Papworth as the new Chair of the STP digital group. The meeting comprises membership of Digital Leaders from across the community from Primary Care, LA and Trusts including partners at the SDU and EAHSN. The focus of the group is to drive the business case for resources and the delivery of the Local Health Care Record.

### 8.2 STP Joint Clinical Group

Josie Rudman has been appointed as Vice Chair of the STP JCG. This is a subgroup of both the CCG and STP and replaces the Clinical Senate in the new CCG governance structure. This group provides one clinical senior leadership forum across the STP and the membership and purpose allows for the JCG to have greater influence on the local NHS system than the current CAG by having Executive Clinical Director membership.

## 9 News and updates

### 9.1 Positive patient reaction to first week in new hospital

Royal Papworth Hospital has now been treating patients at its new home on the Cambridge Biomedical Campus for a week, with one of the first patients through the door describing his care as “fabulous” and “phenomenal”. Four operations took place on the first day of activity (Wednesday 1 May) – two thoracic cases and two cardiac cases – as well as eight procedures in Cath Labs. Michael Badcock, who is 76 and from Soham, was one of the first cardiology patients to be treated. He was fitted with four stents after suffering from angina last summer, and was well enough to be sent home later the same day.

### 9.2 Organ donation Service of Remembrance at Ely Cathedral

I had the privilege of attending a special service to remember and give thanks to organ donors in May. The ‘East Anglian Regional Transplant Service of Remembrance and Thanksgiving’ was held at Ely Cathedral on Sunday 19 May. Staff from Royal Papworth Hospital’s transplant team attended, along with patient Michelle Hemmings who lit a candle as part of the service.

### 9.3 Patient from first operation recovering well at home

Margaret Sharpe is now recovering well at home, having been the first patient to be operated on at the new hospital on the Cambridge Biomedical Campus. Margaret, who is 78 and from Bedford and underwent an aortic valve replacement and coronary artery bypass grafts on Wednesday 1 May. “The care was fantastic,” Margaret said. “Seeing the teamwork of the staff and how everyone worked together was lovely. People were obviously still getting used to being in the new environment but even though I knew I was being admitted on day one, I had no concerns and I can’t fault a single part of my care.”

#### Recommendation:

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