

Agenda Item 1v

Report to:	Board of Directors	Date: 6 February 2020
Report from:	Chief Executive	
Principal Objective/ Strategy and Title	Chief Executive Report	
Board Assurance Framework Entries	Governance	
Regulatory Requirement	N/A	
Equality Considerations	None believed to apply	
Key Risks	N/A	
For:	Information	

1. Purpose/Background/Summary

This report provides the Trust Board with a monthly update from the Chief Executive.

2. Operational performance

2.1 Critical Care performance

The hospital's Critical Care department has been unable to open to its planned capacity of 36 beds since 1 October 2019 and struggled to maintain 30-33 beds open over the Christmas period. A divisional-led recovery project has been in place since December to address this shortfall in capacity which has resulted in cancellations and delays to patient pathways. A number of actions have so far been identified and implemented to improve the situation, including making improvements to our electronic staffing roster and engaging a project manager and rostering manager to support the critical care team. We are also undertaking a range of actions aimed at improving staff retention and supporting recruitment to our critical care team.

2.2 Hospital optimisation project

We concluded a 13-week project to improve productivity in our Outpatients department on 24 January 2020. The project has been hugely successful, with outpatient attendances exceeding expectations during the last three weeks of the project. As part of the project, staff received training to help them sustain this level of throughput and embed the changes in process. I would like to thank our Booking and Outpatient teams who engaged fully with the project and changed many long-standing processes to ensure its success.

3 Financial performance

3.1 Month 9 financial position

The Trust's year-to-date (YTD) position - excluding the land sale - is a deficit of £2.0m, which is favourable to plan by £0.06m. Our total clinical income is below plan YTD by £2.3m, with the Guaranteed Income Contracts (GICs) providing £1.7m of protection to the income position, making the underlying income position £4.0m below plan. This lower activity is driven by 6.0% less admitted activity than planned YTD and 6.2% lower outpatient activity than planned. Pay costs are adverse to planned levels by £1.9m and have not fluctuated in line with the reduced activity. Non-pay costs are favourable to plan, reflecting the lower activity in consumables, non-utilisation of revenue contingency (required to offset the Cost Improvement Plan (CIP) gap) and underspends on the new hospital transition programme. As approved by the Board of Directors previously, the Trust has revised its forecast out-turn (including land sale) in M09 to £2.3m surplus (from £11.6m), due to the termination of the old site land sale.

3.2 Public Finance Initiative (PFI) - sharing best practice

The contract management processes and practices used by our Estate and Facilities team are being shared across the health system as best practice in contract management for PFIs.

The team has received a huge number of requests for advice from other Trusts following presentations at events including the national PFI Trust Forum, Health Estates and Facilities Management Association (HEFMA) regional conferences and the Eastern Academic Health Science Network Estates Innovation Forum. They are working to set up one-day training sessions to share their experience and support other teams to manage their PFI and retained estate contracts.

3.3 Planning for 2020/21

We are still waiting on the national submission deadlines for Trust planning, but we are moving forward with the first draft plan we completed which shows a deficit of £13.5m in line with the Control Total target. We are speaking to commissioners to ascertain the 2020/21 contract values and these will be reflected in future versions of our plan. The Trust has also been part of the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) five-year planning submission to NHS England/NHS Improvement, with the Trust element in agreement with the Control Total targets for all years (£13.5m for 2020/21). As a system, the financial gap remains significant and scrutiny from the centre remains high.

3.4 Cost Improvement Performance update (2020/21)

As part of the current round of operational planning, teams across the Trust have been working hard to develop plans to fully deliver their Cost Improvement Plan (CIP) targets. So far, 238 schemes with an estimated value of between £3.3 and £4.4 million have been identified. These ideas are now being subjected to financial validation and £2.65million worth of projects have been confirmed so far. Work continues to address the remaining balance with a view to fully delivering on our CIP target in 2020-2021.

3.5 Partnership working

For some time, it has been recognised that working jointly with Cambridge University Hospitals (CUH) to deliver one cardiology service could make the greatest contribution to the STP financial deficit. Work undertaken to model both hospitals'

cath lab activity through the six cath labs at Royal Papworth has confirmed that this is achievable and the Trust is strongly advocating that this model be adopted. The six cath lab model offers a range of benefits, including releasing the CUH cath lab footprint for other use and avoiding the need to invest in CUH's facilities which are at end of life. The cardiology teams at both Trusts are working closely together to finalise this new operational model with a view to delivering a single integrated cardiology service in 2020/2021.

4. Workforce update

4.1 Compassionate and Collective Leadership project

We completed the first phase of our collective and compassionate leadership programme in December 2019. Using feedback from the focus groups we conducted in the diagnostic phase. The project team has identified eight priority areas and has developed materials to communicate these with staff during February. We are now beginning the second phase of the project which will involve undertaking a gap analysis between where we are now and where we want to be, and then developing a strategy and action plans to address key areas where we want to make improvements to our culture.

4.2 Staff awards

Having received around 500 nominations for our staff awards this year, we held a judging panel session last month to shortlist three candidates for each award. I am pleased to confirm that the candidates for each award, in no particular order, are:

The Care and Compassion Award (Nurse) – Kate Slaven, Amanda Duffy, Judith Machiwenyika

The Care and Compassion Award (Doctors) - Dr Helen Barker, Dr David Meek and Dr Kumal Bhakhri

The Care and Compassion Award (Professional Support Services) – Sarah Pethurst, Garry Hill, Bethany Wrenn

The Care and Compassion Award (Healthcare Scientist) - Judy Daniels, Lorraine French, Joanne Payne

The Care and Compassion Award (Healthcare Assistant) - Anizete Ross, Sara Braz, Corey Higgins

The Care and Compassion Award (Partners) Beth Peek, Victor Valdez, Nurten Osmanova

The Care and Compassion Award (Non-Clinical) – Jo Cobain, Caterina Meanwell, Lynn Roberts

The Change Champion of the Year Award – Dr Muhunthan Thillai, Lorraine Wilde, Emma Harris

The Excellence and Innovation Award – Mr Pedro Catarino, Mr Yasir Abu-Omar and team, Mr Giuseppe Aresu

The Learning and Development Award – Amil Magpantay, Katrina Oates, Lorenca Daci

The Lifetime Achievement Award – Joanna Pepke-Zaba, Hilary Bugden

The Student of the Year Award –, Carrie Polwarth, Elenora Iervella, Holly Curtin

The Team of the Year Award – Clinical Familiarisation team, Ward 3 South, Outpatients team

The Volunteer of the Year Award – Lionel Henderson, David Smith and Ron Flewett

The Working in Partnership Award – Anthony Gill, Cheryl Riotto

The Collective and Compassionate Leadership Award – Gerri Powell-Jones, Chris McCorquodale, Lana Shirley

4.3 Recruitment update

Recruiting registered nurses remains a priority for the Trust and we are working hard to optimise our recruitment processes to ensure we are attracting the right candidates and processing applications as efficiently as possible. For example, we are now shortlisting nursing job applications on a weekly basis to allow us to hold interviews as quickly as possible after receiving applications. We are also trialing a new nursing associate role in our Critical Care department, promoting our 'refer a friend' scheme to encourage existing staff to introduce potential candidates, and attending a wide range of recruitment events in the region, as well as hosting our own events in partnership with Cambridge University Hospitals.

4.4 Flu vaccination

I am pleased to report that the Trust has met the Commissioning for Quality and Innovation (CQUIN) targets for flu vaccinations this winter. As at 23 January, 84.8% of our frontline staff and 79.4% of all Trust staff had received their vaccine (the national target is for 80% of frontline staff to be vaccinated against flu). These figures are the result of a huge effort from peer vaccinators across the Trust who have supported the clinics provided by our occupational health provider at both sites. The CQUIN target for next year will be even higher (90% of frontline staff) and in anticipation of this, the Trust is gathering information from those staff who chose not to have the vaccine this year. This will help us to run an even more effective campaign next year, addressing some of the concerns and misunderstandings that exist around the vaccine.

5 Digital update

5.1 Optimising our electronic patient record system

We continue to work towards greater interoperability between our electronic patient record system, Lorenzo, and the Epic system used by Cambridge University Hospitals. On 21 January 2020 we enabled microbiology results to flow directly from Epic into Lorenzo as soon as the result is released, replacing a process where results were emailed to Royal Papworth and then uploaded onto our system twice weekly.

6 International collaborations

6.1 Current strategy for international partnerships

Following guidance and advice from the Department of International Trade, the Trust has been focussing on growing its presence in the Asian markets, primarily Malaysia and China. The Trust has continued with its approach of establishing meaningful and trusted partnerships through first offering consultancy by our expert team, followed by educational opportunities with the possibility of long-term partnerships for those organisations that closely align to Royal Papworth's vision and values. Recent projects have included:

- Providing consultancy cardiothoracic surgery advice to Hwa Mei Hospital in Ningbo, China. A team consisting of Professor John Wallwork, Dr Roger Hall and Mr David Jenkins conducted a two-day scoping visit and provided recommendations for improvement of their services. Hwa Mei has subsequently

requested further support, both in China and at Royal Papworth and it is likely that this will last throughout 2020/21.

- Hosting a visit from the National Heart Institute, Malaysia who are looking to implement a new electronic patient record system.
- Organising an international medical conference with Sunway Medical, Malaysia in collaboration with the University of Cambridge and the Royal College of Physicians. Dr Michael Davies, Dr Will Davies, Dr Robert Rintoul, Dr David Gilligan and Dr Roger Hall will represent Royal Papworth under a consultancy arrangement.
- Hosting five medical observations from across different Chinese hospitals including Luohe Central Hospital, West China Hospital, Chongqing Medical University Hospital and Zhongda Southeast University Hospital.
- I also conducted a development visit to China alongside Cambridge University Health Partners and the Department of International trade to strengthen ties with Shanghai province in China.

7 Other projects

7.1 Heart and Lung Research Institute (HLRI)

The University of Cambridge has awarded the building contract for the HLRI to SDC, and the full lease between Royal Papworth Hospital NHS Foundation Trust and the University of Cambridge has been engrossed. Work on the building will commence in earnest very shortly with training and familiarisation due to commence in March 2021 with full occupation of the HLRI by February 2022, and the Clinical Research Facility accepting its first patients in October 2022.

8 News and updates

8.1 Pioneering lung cancer surgery

Late last month we secured an exclusive article in The Sunday Times about a pioneering non-intubated subxiphoid pneumonectomy (lung removal) performed at the hospital late last year. This led to a great deal of media interest in the procedure and the story was featured in The Daily Mail, The Sun, The Telegraph, on BBC Breakfast, BBC World Service and BBC Radio 4, reaching more than 20 million people in total. I would like to thank Royal Papworth surgeon Mr Giuseppe Aresu, consultant anaesthetist Chinmay Patvardhan and our patient Mr Raymond Page for giving up their time to help raise awareness of this minimally-invasive surgery.

8.2 Finally, some staffing news: I am pleased to welcome Professor Ian Wilkinson to the Board. Ian joined the Board as a Non-Executive Director in January 2020. We have also appointed Tim Glenn as our new Chief Finance Officer. Tim, who is currently Finance Director at Cambridge University Hospitals, will join us in April. We look forward to welcoming him to the executive team.

Recommendation:

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