

**Agenda Item 1v**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 5 September 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 Hospital Optimisation**

Work continues to improve activity flow through all parts of the hospital and it has been pleasing to see that in July's PIPR we can begin to see an improvement in both admitted and out-patient activity undertaken in month.

The Hospital Optimisation project has been formally launched to oversee a complex programme of work which includes work streams tasked with improving pre-operative assessment, Day ward utilisation, flow through theatres and cath labs, ward and critical care staffing, the opening of theatre 6 and Out-patient utilisation.

The initial focus of the project has been preparing for the opening of theatre 6 on 1 October. The theatre environment is ready for use and has already been used on occasions for cardiac and PTE surgery. We now have confirmation that staffing rotas for theatres and surgery are in place and the schedule of activity to be undertaken is in the final stages of approval. The challenge of a shortfall in ODP staffing has been overcome through a review of ODP staffing across the whole of the hot floor.

With the recruitment pipeline it is planned that level 5 capacity will increase in October with 5N and 5S being nursed as one area in terms of sharing resource. The five beds that have been intermittently closed on 5N and four to five beds on 5S will open in October. The rest of the capacity will open in December. CCA capacity has

opened to 31 beds, one week behind plan, but is now on track to open to the 36 beds in October as required for theatre 6.

Looking beyond the opening of theatre 6, the next three priorities of the Hospital Optimisation Project are:

- 1) Roster review on Critical Care and Level 4
- 2) Enhancing productivity through Cath Labs and theatres
- 3) Improving Out-patient utilisation

Each of these priority areas have been assigned an Executive lead who will support a small team, injecting pace into the improvement work and helping to unlock any barriers to change that may be encountered.

## **2.2 Digital Update**

Digital teams from Papworth and CUH have delivered another UK first, successfully connecting Epic Histopathology to Lorenzo enabling CUH laboratory staff to report on our samples in real time.

This comes at a time when we have commenced our 16 month Digital Exemplar journey with road-shows taking place throughout our hospital and house in September and October to showcase and help staff get the most out of the new hospital tech and learn about our exciting plans to be a Lorenzo digital exemplar.

## **3. Financial performance**

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

The Trust's year to date (YTD) position is a deficit of £2.4m on a Control Total basis which is favourable to plan by £0.7m. The Trust continues to forecast delivery of the full year planned breakeven Control Total.

Total clinical income is below plan YTD by £1.1m, with the Guaranteed Income Contracts (GICs) providing protection of £2.1m to the income position to date. The GICs have also supported the Trust's in year cash position of £13.5m which remains favourable to plan as a result of lower than expected capital expenditure and an improving working capital position.

Despite these positive headlines, the Trust's underlying position when the GIC protection is removed presents a significant risk that will require mitigation in order to return to financial balance. Underlying admitted clinical activity remains below planned levels by c9%, however July saw an improvement in the Trust's activity run rate and an activity recovery plan has been developed to support a further return to planned run rate levels. Pay spend remains inelastic with demand and the Trust has seen a rise in temporary staffing costs. In response to this, a series of rapid grip and control actions have been put in place with weekly Executive oversight to mitigate further spend increases.

### **3.2 CIP**

CIP is in line with plan, with only marginal levels planned until September, however at the end of July there remained a gap of identified CIP schemes fully signed off through the gateway process of £3.3m (65% of the £5.1m target). A further £0.7m of schemes are in the pipeline and work is ongoing to identify additional opportunities.

#### **4. Update on former hospital site**

##### **4.1 Royal Papworth announces winning bidder for former hospital site**

The Trust has announced that Global Healthcare Real Estate Ltd has won the bid to acquire the site of its former hospital in Papworth Everard. Global Healthcare Real Estate Ltd, chaired by investor and entrepreneur Grace Bian, has bought the land to open a five-star health and wellness village comprising a country club and spa, convalescence and rehabilitation units, villas, and apartments.

#### **5. Workforce update**

##### **5.1 Recruitment update on pipeline**

The Trust's recruitment pipeline continues to grow with nearly 250 people currently going through the recruitment process. More than 50 staff were inducted this week as part of September's induction with similar numbers predicted for October and November. The Trust was a net recruiter in June and July and looks likely to be so for the foreseeable future. There are currently over 70 nurses and 70 HCSW going through pre-employment checks along with substantial numbers of admin and clerical and estates staff.

Recruitment events, particularly for Cardiac Nursing continue to be well attended and the Trust has seen significant increases in applicant numbers following the move. The next nurse recruitment event will take place on Saturday 14 September with a Trust wide event planned for November.

Although the overall pipeline for the Trust is strong there are a number of areas, notably Thoracic Nursing, Cardiac Physiology and Radiology where significant vacancy rates and recruitment challenges remain. In many instances the challenges faced by the Trust are part of a wider national shortage and departments are working to develop new approaches to attracting candidates.

#### **6. Marking 40 years since the UK's first successful heart transplant**

Forty years on from the UK's first successful heart transplant at Royal Papworth Hospital, the surgeon and the patient's son have been reunited. The operation was performed by Sir Terence English on 18 August 1979, with the 52-year-old patient Keith Castle living for more than five years post-transplant.

Sir Terence and Keith Castle Jr met at Royal Papworth's new hospital on Monday 19 August to mark the 40th anniversary of the pioneering transplant.

The first three heart transplants in the UK took place at the National Heart Hospital in London in 1968 and 1969, but the patient's only lived for a matter of weeks. With survival rates not improving, a moratorium was placed on heart transplantation. Ten years later, in 1979, Sir Terence began the transplant programme at Royal Papworth, and whereas the patient from the hospital's first heart transplant in January lived for just a few weeks, the next attempt in August saw Mr Castle discharged from hospital by the end of October before going on to live for five years post-transplant.

Since the ground-breaking operation a further 1887 transplants have taken place at the hospital.

**7 STP Joint Clinical Group (JCG) – emerging priorities**

The JCG has charged the MDs and CNs to explore areas of efficiency across the STP. There are a series of drop in workshops (6<sup>th</sup> September CUH and RPH) where clinical staff are being encouraged to share ideas to improve pathways, reduce variation and improve productivity. RH has volunteered to lead on the cardiology pathway and Ian Smith the Respiratory pathways. The further identified priority is radiology / imaging which is awaiting a volunteer from the STP. RH has developed a draft action plan based on the recently published cardiology GIRFT reports.

**8. Governor Elections and Annual Members Meeting**

The nominations for our Governor Elections closed on Friday 2 August 2019. We have contested elections in our staff constituency for Admin, Clerical and Management as well as three of our Public Constituencies: Cambridgeshire, Norfolk and the Rest of England and Wales – there are twenty-five candidates standing in these constituencies.

One staff governor has been elected unopposed in our staff constituency for Ancillary, Estates and Others and two public governors have been elected unopposed for Suffolk. We will have two vacancies on the governing body one in our staff constituency for nursing and one in our public constituency for Suffolk where we will carry one vacancy. The results of the elections will be reported to the Annual Members meeting which is being held at 1330 on Wednesday 18 September 2019. (Further details can be found on the Trust website).

**New Non-Executive Directors**

Dr Jag Ahluwalia and Gavin Robert joined the Trust as designate Non-Executive Directors on Sunday 1 September 2019.

Jag has a clinical background as a Consultant Neonatologist and was Executive Medical Director at CUH. His role included professional medical governance and leadership for over 1400 doctors, executive lead for Research and Development, executive lead for Postgraduate Medical Education, lead for patient safety and Director of Infection Prevention and Control.

Gavin has many years' experience as a private practice lawyer specializing in competition law. He is currently a senior consultant with boutique competition law firm Euclid Law, and teaches competition law at Cambridge University as part of a Master's programme. Gavin was previously a Panel Member of the UK Competition & Markets Authority, where he decided complex merger, market and antitrust cases, for five years until March 2018.

**9 News and updates**

**9.1 Royal Papworth wins 'Best Heart and Lungs Hospital' at Transplant Games**

The Royal Papworth Transplant Sport team has once again emerged victorious in the British Transplant Games, with a total of 59 medals. It is the fourth year in-a-row that the team has claimed the 'Best Heart and Lungs Hospital' award at the Games, which this year were held in Newport from 25-28 July. Led by team manager Maggie Gambrell, it was the biggest-ever squad that the hospital has taken to the competition, with 37 athletes (including 11 new members) claiming 25 golds, 21 silvers and 13 bronzes between them.

**9.2 Royal Papworth patient and Cambridge student to be subject of feature film**

Alex Stobbs, a Royal Papworth patient and Cambridge University student, is set to be made the subject of a new film. Alex, 29, was diagnosed with the incurable disease cystic fibrosis when he was a baby and is currently awaiting a double-lung transplant.

The film is inspired by a documentary that Walker George Films produced about Alex when he was 16 years-old and a music scholar at Eton College. The documentary was called 'A Boy Called Alex' and was nominated for three BAFTAS (Best Documentary, Best Director and Best Editing) and a Royal Television Society Award (Best Documentary).

**9.3 Royal Papworth recruits 500th LuCID study patient**

Our thoracic oncology research team have celebrated a big milestone, with the 500th participant recruited to the LuCID study. The Lung Cancer Indicator Detection (LuCID) study is examining whether exhaled breath can be used to diagnose lung cancer at an earlier stage.

The first Royal Papworth patient joined the study in January 2016, and people will continue to be recruited until the end of 2020. The 500 Royal Papworth participants are part of 2,300 across Europe, with capacity to recruit up to 4,000.

**Recommendation:**

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