

Agenda Item 1.vii

Report to:	Board of Directors	Date: 6 March 2025
Report from:	Eilish Midlane, 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

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

2 Introduction

Since my last report there have been a number of announcements in relation to senior NHS leadership changes. Dr Penny Dash has been announced as the government's preferred candidate to become Chair of NHS England. A former doctor, she will bring a wealth of experience to the role, from her career which spans across public health, medicine, and healthcare management.

Additionally, we learned last week that Amanda Pritchard, CEO of NHS England, has announced plans to step down from the role at the end of March 2025. Amanda has been an inspirational leader in the role of CEO since 2021 and through that time she has been a passionate advocate for patients, staff and services. Her role will be covered by Sir Jim Mackey while a permanent replacement is sought.

Lastly, Sir Mike Richards has been selected as the preferred candidate to chair the Care Quality Commission. Sir Mike, a clinical oncologist, was the first chief inspector at the CQC and more recently has led two major service reviews for NHS England: adult screening services and diagnostic services.

Beyond the announcements of leadership changes, the NHS has been focusing on completing the current round of operational planning, following the publication of guidance for the year 2025-2026 at the end of January. This is proving to be one of the most challenging planning rounds, not least because of the exceptionally tight timeline to complete it but also because the NHS is being challenged to reduce patient waiting times and lists by treating more patients within the resources it currently has. This has meant that the leadership team at Royal Papworth has needed to have some frank, stark conversations with leaders in the organisation to manage expectations as we try to recover our own referral to treatment back up to 80% and ultimately the standard of 92%.

As an Integrated Care System there is a lot more work to be done over the coming weeks to articulate how we will achieve this for our population.

3 Compassion: our people

3.1 Strategy Development

As reported to Board last month, work on the development of Royal Papworth Hospital's next five-year strategy (2026-2031) has begun. The approach we are taking reflects the fact that we believe we need a strategic development process that actively rebuilds connections between staff, creates new connections with communities, and sets an exciting future direction.

This means genuinely involving a wide range of people - going beyond asking their views but showing how they shaped decisions. In order to achieve this we need to be very deliberate in our design strategy.

We set out in our development plan that this would be worked through in a 'scoping phase' that will conclude at the end of March. The scoping phase is progressing well with approximately half of the interviews planned with Board members completed, management executive workshops scheduled in the next two weeks, and staff interviews also being organised. We look forward to continuing to update Board on the progress we are making.

3.2 Recruitment event

Our latest recruitment event, held at the start of February, was another success with 38 interviews held and 18 offers made. This comprised 12 healthcare support workers, two registered nurses, three theatre porters and a theatre scrub practitioner.

At the same time, a virtual event was held for clinical administration roles with seven job offers made.

Thank you to all our teams involved in both events for their continued focus and energy on reducing our vacancy rate with high-calibre appointments.

3.3 Medical students teaching

On Thursday 13 February we welcomed a team from the School of Clinical Medicine at the University of Cambridge for a quality assurance visit. The visiting team fed back on how impressed they were with the quality and experience of teaching provided to undergraduate medical students here at Royal Papworth Hospital.

3.4 Resident doctors teaching

In the same week we also welcomed members of the Deanery who were looking at the experience and teaching provided to resident doctors (formerly called junior doctors) in training.

It was another positive visit, identifying areas of excellent practice as well as areas for improvement.

Thank you to the entire multidisciplinary team involved in preparing for both visits and to everyone who contributes to the experience of our learners.

3.5 New deputy chief operating officer (DCOO)

Congratulations to Zoe Robinson who has been appointed as our new DCOO working with Harvey McEnroe as chief operating officer.

Zoe is currently our divisional director of operations in thoracic and ambulatory and will remain in this role until a successor is appointed.

In her role as DCOO, she will focus mainly on helping teams to reduce our waiting lists for patients in line with the 2025/26 NHS England national planning guidance.

I am very excited by her appointment and look forward to her starting her new role.

4 Excellence: quality

4.1 EPR case gets EPRIB approval

On Wednesday 26 February, our outline business case (OBC) for our new EPR was fully endorsed and approved by NHS England's EPR Investment Board (EPRIB).

Approval by EPRIB is required before we can go into procurement to select a new EPR, so this is a significant step forward on our journey towards a new, integrated EPR.

Thank you to everyone in the Nexus team for their hard work to get us to this stage.

4.2 Surgical site infections (wound infections)

Our coronary artery bypass graft wound infection rate for quarter 3 (October to December 2024) for inpatients and readmissions has been confirmed at 3.9%. This is a reduction from the previous quarter (4.2%), which itself was a reduction from the quarter before that (5.4%).

The reduction is believed to be due to improvements in essentials of practice relating to infection prevention and control, as well as the use of specialised post-operative dressings for the highest risk patients.

This continued reduction throughout 2024/25 means our SSI rates are the lowest they have been since 2019, which is welcome news. However, it continues to be above the UK Health Security Agency benchmark of 2.6% and our improvement work continues, with oversight provided by the SSI steering group and the infection prevention and control committee.

5 Collaboration: productivity

5.1 Financial position and operational planning

The trust continues to deliver a small surplus in 2024/25. Work over the past few months has been focused on operational planning for 2025/26 and navigating the changes in the financial framework proposed for 2025/26.

There are well-described financial challenges across the NHS and the NHS England leadership team have continued to share updates through national webinars where they have described the environment and asks for 2025/26. These briefings have set out clear principles for the final quarter of 2024/25 and for the year ahead.

Increased activity levels to improve waiting lists and access standards will need to be managed through clinical productivity gains in the region of 4-5%, alongside a reduction of cost base in real terms by 1%, with no additional funding flowing to the NHS.

This is challenging but we are working with system partners and across our own clinical teams to develop plans for 2025/26 that balance quality and safe care, workforce experience and financial affordability with the need to accelerate progress on improving waiting times for our patients who need our specialist treatments.

5.2 TAVI same day discharge

Earlier this month our teams successfully discharged home their first patient on the same day as their transcatheter aortic valve implant (TAVI) procedure.

This has been a work in progress, which has included liaising with other UK hospitals to see how they have managed same day discharge for TAVI patients.

Our first patient is doing well and I'm very grateful to all the teams involved, such as the heart valve specialist nurses, doctors, the cath lab team and cardiology ward staff for their collaborative work to make this happen.

5.3 Lung cancer screening

NHS England's lung cancer screening programme launched in Peterborough and Huntingdon at the end of February.

The programme is being run in Cambridgeshire and Peterborough by the local Integrated Care Board, but the co-clinical leads are Royal Papworth consultants Professor Robert Rintoul and Dr Robert Buttery.

Estimates suggest that there are 98,000 people aged 55-74 in Cambridgeshire and Peterborough who smoke or have previously smoked. This number is expected to rise to over 110,000 by 2029. As part of the roll-out of the NHS lung cancer screening, everyone eligible for a lung check will be invited by 2029.

5.4 Cambridge Festival

We are once again holding an open day in the hospital atrium as part of the 2025 Cambridge Festival Friends and Family weekend.

We have taken part in the Cambridge Festival for many years, but last year decided to showcase even more teams in our first-ever family and friends open day. It was a very successful event which was not only positive for public engagement but for staff engagement too.

The open day this year is on Sunday 23 March. All 500 tickets were booked a little more than 12 hours after they became available to the public.

6 Reasons to be proud

6.1 Transplant team recognised

The transplant team was recently recognised by national colleagues at NHS Blood and Transplant for performing back-to-back retrievals for donation after circulatory (DCD) death transplants.

Our NORS (national organ retrieval service) team was out for 36 consecutive hours. One of the recipients was our patient while the other was a paediatric recipient at another hospital.

The team was praised for 'working tirelessly', 'demonstrating incredible skill, professionalism, and compassion under such challenging circumstances' and for their 'commitment to ensuring the best possible outcome'.

Earlier this year they also performed a month's worth of transplant activity in a week, with seven transplants (four hearts, three lung transplants) in seven days.

Thank you to everyone and all teams involved in this phenomenal work.