

Agenda Item 1.v

Report to:	Board of Directors	Date: 3 July 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

Getting the basics right, improving the experience of our staff, and development of our next five-year strategy are the core principles that underpin this year's operational plan.

Reflecting on the first quarter of 2025/26, it is pleasing to see a reduction in our waiting list and early signs of improvement in performance against the referral to treatment standard. At the same time, there are exciting departmental and divisional initiatives in flight which are engaging staff and further supporting our transformation journey to build a culture of inclusion and belonging.

In the context of the wider NHS England and Integrated Care Board transformation and workforce uncertainty, this is a very privileged position to be in and we need to continue to capitalise on the opportunities that we have here to improve access to care across our services and embed the leadership behaviours which support all of our staff.

I am also pleased to share that since the last public meeting, the Board has met to receive and approve the annual accounts, annual report, and quality accounts for the year 2024/25. My thanks to all those involved in preparing these high-quality documents.

3 Compassion: our people

3.1 Strategy development and engagement

It has been an exciting couple of months for developing our new strategy for 2026-2031.

We have recruited a representative group of 12 staff who are going to be leading on engagement across three key areas: staff engagement; patients, public and communities; and inspiration from elsewhere. This group is called Team 2031 and were whittled down from 35 expressions of interest to a final group of 12.

They have now been coached and trained and are busy engaging across these three areas, gathering as many thoughts as they can about what we should be in our new strategy.

We have had atrium stalls, tea trolley tours, regular updates in internal communications and meeting takeovers, with lots more to come.

Ultimately, they will be bringing back a series of recommendation to the Board of Directors. I look forward to seeing more from them over the coming weeks.

Alongside this, we have pairs outreach work, where a member of the Board is being paired with a senior leader to go and visit traditional and exploratory stakeholders to hear their thoughts about how we at Royal Papworth can make sure we are doing the very best for the communities we treat.

Thank you to everyone involved in all of this work which will give us valuable insights to help shape our vision for 2031.

3.2 Consultant doctors' forum

We have recently re-launched the consultant doctors' forum which had not met for several years. Jointly convened by the chairman and I, the meeting was also attended by the medical director and the deputy chief executive.

The main focus of the meeting was engagement in the development of our new strategy but there was also time for a question and answer session on any topic that consultant colleagues wished to ask of us.

It took place in May and we had over 30 people attend. There was lots of interaction and thoughts gathered from our consultant body. I'm looking forward to the next one which is scheduled for July.

I hope these meetings will be valued by our consultants as we look to strengthen engagement with them, but also engagement from them.

3.3 Governor elections

The governor elections are soon approaching, and for the first time in as long as I can remember every seat is contested, which is great news.

Staff

- Nurses: 1 seat, 3 nominations
- Admin, clerical and managers: 1 seat, 2 nominations
- Estates, ancillary and others: 1 seat, 2 nominations

Public

- Cambridgeshire: 1 seat, 5 nominations
- Suffolk: 1 seat, 3 nominations
- Norfolk: 1 seat, 2 nominations
- Rest of England and Wales: 3 seats, 6 nominations

Voting opens on Monday 7 July and closes on Wednesday 30 July.

Good luck to everyone who is nominated.

3.4 Membership strategy

We have also recently signed off the strategy for foundation trust membership. This has been a long-running piece of work and it is great to now finally have a working strategy to increase and engage with our membership, while making sure it is representative of the people we treat.

Thank you to the governors and staff members involved in this.

4 Excellence: quality

4.1 Thoracic robotic surgery milestone

Our thoracic surgery team has now performed more than 250 robotic-assisted thoracic surgery operations.

We held a celebration event with partners CMR Surgical recently to celebrate the collaboration and the positive impact it is having on patient care.

4.2 Windows 11 computer upgrades

The Windows 11 upgrade is well under way across the Trust. So far, 60% of all laptops and desktops have successfully transitioned to Windows 11 through a mix of automated remote upgrades and manual installations. This is ahead of target and my thanks to the digital team for rolling this out, with Windows 10 becoming obsolete in October.

5 Collaboration: productivity

5.1 Elective care recovery

I want to thank everyone involved in our elective care recovery programme which was launched a few months ago, because this truly involves input from everyone across our trust.

The government has made improving waiting times their number one NHS priority. The challenge to all trusts who provide planned treatment is to improve on the November 2024 position by five percentage points or reach 60%, whichever is greater.

This is using referral to treatment (RTT) data, and the target for patients to be treated within 18 weeks of referral.

For us, this makes our 'starting position' at 64.5% and the minimum target set by government by March 2026 is 69.5%.

Having slipped to 61.8% in February, we had improved back up to 65.4% at the end of May 2025 following three consecutive months of improvement.

Our waiting list has also come down and is now below 7,000.

We have also launched our internal programme of work and have had fantastic engagement from staff. We have been asking people for their ideas about how we can change the way we work, all with the aim of improving waiting times for patients.

We have had 33 submissions representing about 50 ideas, and all of these are being followed up directly with the people who shared their thoughts to work through their ideas.

5.2 Patient Referral Information System (PRIS)

PRIS was successfully re-deployed at the end of April, enabling 11 referring NHS trusts to efficiently submit the minimum data set (MDS) across multiple clinical pathways,

including transcatheter aortic valve implantation (TAVI), electrophysiology (EP) and devices, acute coronary syndrome (ACS), and in-house urgent (IHU) cardiac surgery.

This upgraded system significantly enhances communication between referring centers across the east of England and wider UK.

6 Reasons to be proud

6.1 Nursing Times Awards

Congratulations to our critical care and enhanced recovery unit (ERU) teams who have been shortlisted as a finalist in the national Nursing Times Awards 2025.

They have been shortlisted as finalists in the category of 'critical care and emergency nursing'.

The winners will be announced at the Nursing Times Awards on Wednesday 22 October. Good luck to the team!

6.2 QUACS study

The Quality of life After Cardiac Surgery (QUACS) study has been running for several years now, with 29 NHS cardiac surgery centers participating.

Royal Papworth Hospital is the lead site for this study, which had just under 3,000 patients recruited to it.

QUACS has been investigating how surgery impacts the quality of life after cardiac surgery. Up until now, there has been limited understanding of this.

The publication process is currently underway, which is an exciting milestone for this trial. Thank you to all the researchers, coordinators, participants, and teams who helped to recruit patients to the study.