

Agenda Item 1.

Report to:	Board of Directors	Date: 10th September 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 bi-monthly update from the Chief Executive.

2 Introduction

Notwithstanding that demand for clinical services shows limited change, the period of the school summer holiday has traditionally been a quieter time for the publication of national guidance and external meetings. That is why over the last two summers I have used this time to spend material amounts of time, typically half a day, with individual teams so that I can understand better the opportunities, innovations and challenges that they are faced with. This year has been an exception with the publication of Fit for the Future: 10 year Health Plan on 3rd July 2025, which was quickly followed by an invitation to CEOs to engage with developing the next level of detail beneath the plan over the summer, and the publication of a series of frameworks and guidance in the same period.

I took up the opportunity to join the Innovation and Technology CEO Delivery Group and over a series of six workshops we have developed some principles which will guide much more wide spread adoption of proven innovations and the use of technology, including the NHS App and artificial intelligence, to enable transformational methods of delivering care closer to the patient and support

prevention and self-management where appropriate. The ambition here is that by 2030 a third of the population will use a digital channel to access health care and that the NHS App becomes a health companion which allows access to appointments and test results but also helps navigate patients to the appropriate services and offers tailored prevention advice to support health and well-being.

In August, the Operational Planning Framework for the year 2025-2026 was published. Although submission templates will not be available until the autumn, this has set out clearly that planning going forward will move from a 12 month cycle to a rolling planning horizon of 5 years. This is incredibly helpful as it will enable a more strategic approach to addressing some of the bigger challenges faced by the NHS.

This was followed by the publication in late August of the new Board Capability Framework (please see the Reference pack) which requires Boards to self-assess their capability against the six domains of the Insightful Board published earlier in the year. The domains are; Strategy, leadership and planning, Quality of care, People and culture, Access and delivery of services, Productivity and value for money, Financial performance and oversight. Assessments will need to be submitted by the 22nd October 2025 and will be used to support assessment by NHS England of providers against the NHS Oversight Framework.

Two other significant documents were received in August; Sexual safety Framework and Graduate guarantee guidance, and we are currently assessing our plans in both areas against the requirements of these documents.

3 Compassion: our people

3.1 Departmental Visits

Despite the range of publications and additional activities as described above, I managed to prioritise visits to departments and teams who invited me to join them. On 14th August I had the pleasure of joining critical care for the night shift. Recognising that hospitals are very different places over night and at weekend, I wasn't surprised to find that the feel of the unit was different. Standing in the corridor observing initially I was struck by the calm, purposeful, bustle of staff and the way the equipment alarms had been optimised so that the equipment beeps formed a soothing backdrop rather than an intrusive distraction. I had no doubt that this is the environment that I would want as a patient or visiting relative.

I was delighted to find staff so warm and welcoming considering the pace at which they were working at the start of the shift. They expressed pride in the work of their teams and in the way that they supported each other. There were also conversations about the impact of the cost of living, staffing numbers and access to progression beyond band 6, with most acknowledged that the Trust has limited opportunity to materially influence many of these, and there was a short list of things that leadership

could support with including access to drinking water for staff at the bedside, and comfortable chairs to recline in in the break room.

The night shift also gave be an opportunity to visit theatres, cath labs and the three ward floors. Where I found staff busy delivering high quality and compassionate care that those patient who were awake were keen to applaud.

In addition to spending time in critical care, I have also had the privilege to spend a day at Kingfisher House with the Clinical Admin teams and an afternoon with the Alert and Advanced Nurse Practitioner teams. Whether in a clinical setting observing nurses supporting staff on the ward with training, supporting patient care following an emergency admission or soothing the fears and tears of an elective patient being clerked for elective admission, or observing Booking Clerks talking patients through their admission dates and details, the compassion and care that I have observed has made me very proud of all of our teams.

3.2 Hospital Visit by the Chief Scientific Officer for Scotland

On 19th August 2025, Dr Karl Sylvester and I hosted a visit to the hospital by Catherine Ross, Chief Scientific Officer for Scotland. Catherine had heard of the innovative approach that some of our Healthcare Scientists were taking to address capacity challenges and was keen to hear of some these for herself. We toured the hospital but through the eyes of our scientific colleagues visiting cardiac physiology, respiratory physiology and the critical care scientists.

Catherine was impressed by the strength of leadership and innovative approaches of all of those that she met and has taken a number of examples of our practice with her with the intent of replicating them in Scotland. It was a very proud afternoon for all of our scientists, a group of professionals that quietly get on with addressing issues with no expectation of being in the spotlight.

3.3 Divisional Structure Changes

Following successfully appointing to all three of the new Divisional Director roles we are now ready to transition to our new divisional structures from 1st September. Congratulations to Dr Alain Vuylsteke, Dr Chris Johnson and Dr Mike O'Sullivan for their appointment to the divisions of Surgery, Transplant and Anaesthetics, Thoracic and Ambulatory, and Cardiology respectively.

We have also had successful candidates for two key leadership roles in the Trust take up their posts in August. Welcome to Sarah Knight, Divisional Operational Director for Thoracic and Ambulatory, and Lee Adhihetty, Head of Private Patients.

3.4 Strategy Development

Work on the development of Royal Papworth Hospital's next five-year strategy has continued over the summer. We have now completed the divergence phase of the strategy development and I am delighted to report that as a consequence of all of the

activities undertaken, we have engaged over 1000 people. This has exceeded our expectations and Kaleidoscope report that it is unprecedented for an organisation of our size. A report is now being compiled to capture the rich input that we have received and we begin to move into the convergence phase of development from today.

The project is on-track to deliver the finalised strategy by October 2025.

3.5 Resident doctors Mess Project

I am delighted to report that construction has begun at the start of August on the Resident Doctors Mess on the 5th floor. Construction is scheduled to last for eight weeks and will see a suite of rooms developed off the main hospital street to include a kitchenette, office space and comfortable relaxing area.

My thanks to all involved in the project including our resident doctor representatives on the task and finish group and to all those displaced by the work; Transplant nursing team, Alert and ANP team, AHP team and the resident doctors themselves.

3.6 Nurse Career Pathways Programme

The Nurse Career Pathways Programme is delivering significant progress in aligning nursing roles with national profiles, ensuring accurate role descriptions and pay banding, and clear career development pathways.

To date, 90% of Band 4–7 nursing roles have been reviewed and validated, with updated profiles in place. The next phase will launch structured Career Pathway Conversations from July–September 2025, enabling staff and managers to validate role alignment, identify career aspirations, address development needs, and remedy cases of staff working above band, including financial reparation where required. A centralised role profile library will be established to ensure sustainability, and Band 8a+ nursing roles will be reviewed by September 2025.

There is increasing demand from other staff groups to extend this structured approach. A Trust-wide rollout would provide assurance on fairness and consistency, reduce risks of grade drift, and strengthen development and retention. However, it would be materially more complex, requiring 12–24 months dedicated resourcing and funding. The Executive has deferred a decision on this until later in 2025/26, pending the Trust's financial position and completion of the nursing phase.

The programme provides strong assurance to the Board, staff, and unions regarding fairness, transparency, and sustainability in role governance and career development.

3.7 Employee Relations Hub 2025

The Board will be aware that we are reframing our approach to workplace resolution, and this is being developed under a new *Managing Behaviour* framework. While our focus remains on resolving conflict early and informally where possible, we now recognise that informal methods are not always appropriate, particularly in cases involving bullying, harassment, discrimination, or dignity at work. Resolution continues to guide our work, but in future it will sit within a clearer structure that supports both informal resolution and, where necessary, formal processes.

To deliver this, we are launching a new Employee Relations Hub in Q3. The Hub will provide a single point of access to updated policies, guidance and resources, supported by a case management triage system, mediators and coaches.

By March next year, the Hub will be fully developed, with stronger links to Occupational Health, a line manager development programme, and clear performance measures in place. This represents a step change in how we manage behaviour, embedding fairness, consistency, and compassion, while making sure harmful behaviours are addressed decisively

3.8 Mandatory Training

Mandatory training compliance is improving across the Trust and we remain aligned to national reforms that will reduce duplication and strengthen efficiency. This gives confidence that we have the right structures in place to sustain compliance in the longer term. For Resuscitation (Level 3) and Safeguarding (Level 3), compliance has risen to around 74–75%, supported by strong training capacity and revised delivery models. However, levels remain below target and there is variation among medical staff and in the Surgical, Transplant & Anaesthetics directorates. Targeted actions, closer divisional accountability, and stronger engagement with medical staff are in place to address these gaps, and further improvement is expected.

The Oliver McGowan Mandatory Training programme presents the most significant challenge. Part A digital learning has reached 81% completion, but Part B delivery is constrained by regional capacity and future funding pressures. This creates statutory and reputational risk, but mitigations are being actively pursued, including prioritising key staff groups, integrating relevant content into safeguarding training, and exploring alternative delivery options. Progress is being closely monitored through governance structures, ensuring both risks and improvements remain visible to the Board.

4 Excellence: quality

4.1 Surgical site infections (wound infections)

Surgical site infection rates remain above the UKHSA benchmark for coronary artery bypass inpatients and readmissions at 5.7% for Q1(UKHSA benchmark is 2.7%). Work continues on addressing key areas of practice in respect to infection prevention and control.

4.2 Patient falls

We have seen an increase in harm incidents relating to patient falls. Following a thematic review a comprehensive improvement plan is focusing on key learning points identified. Surgical site infection rates remain above the UKHSA benchmark for coronary artery bypass inpatients and readmissions at 5.7% for Q1(UKHSA benchmark is 2.7%). Work continues on addressing key areas of practice in respect to infection prevention and control.

4.3 Mycobacterium Abscessus media coverage

Following an out of court settlement of a compensation against Royal Papworth related to mycobacterium abscessus, the Trust appeared in the media in August. This relates to the outbreak in 2019 at our hospital of this bacterial infection, which was linked to our water supply, and a subsequent legal case by a group of patients and families.

As acknowledged by the solicitors involved in this case, Royal Papworth was found to have acted appropriately and complied with all the relevant regulations. Lessons were learnt at a local and national level with regulations since revised to seek to avoid a similar occurrence in the UK. Our clinicians are now at the forefront of research into the disease and we are happy to collaborate with any other organisation that may benefit from our findings and learnings.

Our intranet holds information on best practice and frequently asked questions, so that our service users have full access to what we have learnt about this novel bacterial mutation.

4.4 Data Security and Protection Toolkit – Compliance

The trust has now published 95.8% achievement in our training compliance. The result followed a push in July to meet the 95% target against the NHSE annual DSPT toolkit requirements.

5 Collaboration: productivity

5.1 Elective Recovery

Our continued focus on elective recovery has meant our waiting list continues to reduce and is now below 6,500. Reducing from over 7,000 in April 2025. This is down to all the hard collaborative efforts of all individuals across the trust and results in patients being seen quicker for treatment. Our referral to treatment (RTT) continues to improve and has maintained its position for July 2025 with 67.58% of our patients waiting less than 18 weeks for treatment.

Our internal programme of work has now seen over 140 ideas from staff to change the way we work, improving processes and productivity as well as waiting times and experience for patients.

Our focus has pivoted to include cancer access and performance in the elective recovery programme. Although performance is partially explained by the delays in referrals to the Trust, we feel that the grip and discipline which is the hallmark of our elective recovery programme will benefit patients and help offset these delays.

5.2 Financial position and operational planning

The Trust continues to deliver to its financial plan with a laser like focus on delivering the cost improvement programme gap.

In light of the publication of the Operational planning framework earlier this month, 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.

5.3 Project Portfolio Review and Reprioritisation

The digital project reprioritisation aligned with evolving national healthcare directives, including the shift from hospital to community care, digital transformation, and productivity improvement has concluded. The revision now aims to deliver 24 projects for delivery in 2025/26, ensuring a more focused, responsive, and deliverable digital portfolio that supports national policy, operational goals, and financial sustainability.