

Agenda Item 1.vii

Report to:	Board of Directors	Date: 8 January 2026
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

The last period has been one with many uplifting achievements and events, many of which will be described in detail in this report. I would like to take the opportunity in my introduction, though, to celebrate the significant development of the Royal Papworth Charity under its new leadership over the past year which has culminated in the recruitment of a number of high value donations, new initiatives such as the ‘brighter spaces, brighter futures’ campaign, and the spectacular Ely Carol concert which raised a sizeable sum of money.

Our charity has had a long history of supporting patients, staff and innovative developments but it has also moved into a collaborative space working in partnership with other charities which opens up new opportunities and supports the Trust’s overall five-year strategy. I am sure that the Board will join me in offering my thanks for the team and all that they do.

In sadder news, we heard of the death of Sir Terence English at the age of 93 at the end of November.

Sir Terence was the pioneer not just of our heart transplant programme at Royal Papworth Hospital, but of the entire UK programme, having carried out the first successful transplant in 1979 following a 10-year moratorium due to poor survival rates.

His legacy is clear. Today, there have been more than 8,500 heart transplants in the UK of which about 1,800 have been performed at Royal Papworth.

Sir Terence has visited our new hospital a few times in recent years: ahead of our opening in 2019 and again in 2022 just a month after his 90th birthday to reunite with a patient who was celebrating the 40th anniversary of her first heart transplant.

We are grateful to his family for choosing Royal Papworth Charity as one of the charities to raise money for in his memory and send them our love and best wishes.

3 Compassion: our people

3.1 New strategy for 2026 – 2031

A few weeks ago, we launched our new strategy for 2026-2031 – at the centre of heart and lung care.

This follows one of the most extensive engagement processes in our trust's history, during which we gathered 1,400 views between January and November.

I am grateful to Tim Glenn, deputy CEO, for his leadership on the new strategy alongside our 12 representatives on Team 2031.

We are launching in stages and intentionally began with our staff before Christmas. We are now already transitioning into implementation throughout all of our teams.

We will also be launching the strategy to our external stakeholders later in January.

3.2 Staff awards

On Thursday 18 December we held our annual staff awards, at Queens' College in Cambridge. We had 45 finalists in 15 award categories, from a (very) longlist of 646 nominations.

It was a fabulous evening full of celebration, togetherness and support.

I would like to thank Skanska, Cyferd, Procea, Royal Papworth Charity, CMR Surgical and Softcat for their generous sponsorship which made the event possible.

3.3 Resident doctor 10-point plan

In the follow-up for the self-assessment on the 10-point plan for improving the working lives of resident doctors, our score has increased from 78% to 86%. This was partially endorsed by our resident doctor representative who accepted that changes had been introduced but was keen to see them embedded.

3.4 Radiology research

Prof Marc Dewey was appointed to the department of radiology in the University earlier this year and has had a major impact on collaboration with Royal Papworth Hospital.

He is leading on a major study (INCHARGE) into less invasive investigation methods for coronary disease through our collaborative trials unit and is now funded to more than £4m by the British Heart Foundation.

4 Excellence: quality

4.1 Surgical site infections (wound infections)

In our Q2 data for 2025/26 (July – Sep), our inpatient readmission rate was 5.5%. This is slightly reduced from 6.1% in Q1.

For Q3 so far, October is 2.9% and November 1.4%. Whilst this is a continuing improving position, the data still needs to be validated, and our rates remain above the UKHSA benchmark.

A consultant with vast quality improvement expertise is now leading the SSI stakeholder group, providing a review and examination of the entire surgical pathway to investigate where we could implement further improvements. Initial outputs from this, including proposed actions, will be presented to the Quality and Risk Committee in January.

5 Collaboration: productivity

5.1 NHS league tables

The latest edition of the NHS England league tables (National Oversight Framework) was released in December, in relation to quarter 2 of 2025/26.

These performance league tables provide a snapshot of how well each trust is delivering against key national priorities.

We've been ranked top nationally among all acute NHS trusts. In the first-ever performance league tables published in September we were fifth.

It's fantastic to be in the top segment again and it is a real testament to our teams' hard work, dedication and compassion, especially on elective recovery (see below).

5.2 Elective Recovery

In December, our teams were recognised nationally for their hard work on cutting waiting times for planned care. Between April and September, we were named as the second-best hospital trust in England for reducing our waiting times.

As a result, we were one of eight trusts to be awarded £2 million pounds as part of the elective recovery capital incentive scheme to support further improvement in patient care and clinical services.

We welcomed BBC Look East into the hospital to cover this story, speaking to our sleep and CPAP teams, as well as a CPAP patient from Norfolk and a cardiology (TAVI) patient from Cambridgeshire.

During those six months, our people collectively achieved a 9.1 percentage point improvement in our 18-week referral-to-treatment (RTT) performance.

In April, just 63% of our patients were being treated in 18 weeks, compared to the NHS target of 92%.

By September, this had risen to 72.1%. It has improved even more since then, to 74.3% by the end of November.

Our waiting list has also reduced by 23%. In February, 7,394 people were waiting for treatment with us and the list was growing. It has now dropped to 5,702 patients – a reduction of 1,692.

I am so proud of everyone – this has been a determined focus throughout 2025, and our teams have worked phenomenally hard to bring down our waiting times.

5.3 52-week waiters

Back in August we committed to making sure no one was waiting more than a year for treatment. At the time we had dozens of patients in this position.

This target could always be influenced by late referrals, given our role as a tertiary trust.

By the end of November, we had seven patients waiting more than a year, despite receiving 20 late referrals since August.

These are the lowest waiting times we have recorded in more than three years.

5.4 Cancer

The number of patients on the cancer tracking list has been reducing since targeted efforts commenced at the start of September, replicating the governance and oversight from the elective care recovery work. The number is now at its lowest number (53), and almost halved, since we began monitoring.

Those patients waiting longest are the priority which is immediately having an impact on the number waiting over 62 days.

The number of patients currently on the cancer tracking list waiting over 62 days is improving as a result, and is now at its lowest number (11), fewer than half the number when focused efforts began.

5.5 Financial position and operational planning

At the end of month 8, the Trust was on plan for 2025/26 and we continue to forecast delivery of a breakeven position.

However, we have continued the trend of doing this by non-recurrent means. This is primarily as a result of our pay spend being in excess of our budget and being behind in our CIP (cost improvement programme) delivery.

To deliver the in-year plan we need to keep focused on ensuring that the controls we have in place around our spending are rigorous and effective, whilst also identifying new ways of working that will support us to be financially sustainable over the medium to long-term.

This has been a key focus during our work on developing our first submission of the Trust's operational plan for the year ahead. From a financial planning perspective, there is more to do before the final submission in February 2026 to agree a breakeven plan. However, good progress has been made: we have got an outline CIP which targets those areas that will support our sustainability and increase our productivity, for instance, schemes to support reductions in length of stay and increases in theatre and cath lab utilisation. Focus is on developing these schemes through to implementation with oversight provided by the Financial Improvement and Productivity Board.

Externally, our focus is on agreeing contract values with commissioners to ensure that we receive the funding required to support us to deliver care to the levels that our patients require.

6 Reasons to be proud

6.1 NIHR internships

Three of our people have been successfully awarded a place on the prestigious National Institute for Health and Care Professional Internship East of England Programme (NIHR HCP EoE) 2025/2026.

Congratulations to:

- Tina Bryan, Medicines Governance and Safety Pharmacist
- Allaina Eden, Physiotherapy Service Lead
- Ellen O'Brien, Critical Care Scientist

This award gives health and care professionals the opportunity to develop research knowledge and skills that can enhance practice, build research delivery expertise or begin a practitioner academic career.