

Agenda Item 1.vii

Report to:	Board of Directors	Date: 1 May 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

As I write this report, it feels like we are at a very important junction for our hospital and the NHS as a whole.

Important for our success today as we begin to make progress on elective recovery; important for our success in the future as we embark on the engagement phase of developing our new strategy for 2026-2031. The golden thread running through both is the importance of our work to engage our people and embed a culture of inclusion and belonging consistently across all of our teams.

Planning our strategy for the future is crucial, but first we must address the challenges we face right now - to reduce our waiting lists and improve waiting times for our patients over the next 12 months.

Elective recovery is the biggest current safety risk for our patients, because we know that positive health outcomes are closely linked to the amount of time someone has spent waiting for treatment.

We are now seeing detailed plans and actions from each clinical division to improve efficiency and unblock issues to make better use of our existing capacity and also add extra capacity through additional paid work.

I am very grateful to all of our teams and people who are involved in the creating these plans and also my fellow executive colleagues who are overseeing this important work through our newly formed access board.

And yet, at the same time, lots of work is also taking place to begin our engagement work on our new strategy. Following the initial scoping phase throughout March and April during which 170 colleagues shared their helpful insights, we are now ready to begin the engagement phase over the next few months.

These two aspects of tackling today's challenges while planning tomorrow's vision are intertwined and must be integrated. For both, how we have this conversation with our staff and other stakeholders is as important as the conversation itself.

I look forward to reporting back on our progress at the next public Board meeting in July.

3 Compassion: our people

3.1 National NHS Staff Survey

The full 2024 NHS Staff Survey results were published in mid-March and it was pleasing to see positive improvement in our scores.

The survey is framed around nine key elements: the seven themes of the NHS People Promise, plus staff engagement and morale. In all nine, our results are slightly better for 2024 when compared with 2023, continuing a steady upward trend over the past two years.

Although some of the improvements were small and not statistically significant, I am cautiously optimistic about the overall trend of improvement we have seen since 2022.

We also increased our scores in the two 'recommender' scores as a place to work and a place to be treated which at 90.8% is one of the highest in the country.

There were positive results too for staff having access to nutritious and affordable food and flexible working opportunities.

However, there remain continuing areas of concern about bullying and harassment, discrimination, and sexual safety.

The results also showed that many staff did not feel that they received respect, appreciation and kindness from their colleagues. Changing this is something within all of our control.

These results and that message is something we are now sharing through staff survey feedback sessions in April and May first with managers, and then with all staff.

3.2 Leadership event

The results of the staff survey formed the basis of our most recent leadership event at the start of April, which follows on from the first event we held with 100 leaders back in September where we launched our vision for inclusive leadership.

It also built on how teams are progressing with embedding that vision and the corresponding leadership behaviour framework. It was good to see progress made so far but there is still more to do to ensure inclusion and belonging is felt by every staff member, no matter their background or race, and that this becomes an organisation where everyone contributes, everyone matters and everyone deserves and receives respect.

Having reviewed the feedback from the session, there is a clear appetite among people to hold regular leadership gatherings in the future.

3.3 New clinical director for cardiology

My congratulations to Dr Mike O'Sullivan who has been appointed as our new clinical director for cardiology.

Dr O'Sullivan is one of our consultant interventional cardiologists who first joined Royal Papworth in 1997 before becoming a consultant in 2005. I am very much looking forward to working more closely with him in his new role and it was particularly pleasing to hear him already talk about both elective recovery and improving team cohesion and culture.

Thank you to Dr David Begley for the past six years as clinical director, a time during which he navigated the team through a hospital move, the Covid-19 pandemic and growth of the service.

3.4 Continued vacancy improvement

We have continued to see an improving trend with our vacancy rate so far in 2025. The latest data – for March - shows our vacancy rate has now dropped to 6%, our lowest level in four years. We were also ahead of our target for the end of 2024/25 which was set at 8% (as referenced in the workforce strategy).

Our registered nurse vacancy rate is also just 1.77%. Again, this is the lowest it has been since the middle of 2021.

Thank you to all of our people involved in recruiting and retaining high-calibre staff.

4 Excellence: quality

4.1 Surgical site infections

Our rate of surgical site infections (SSI) for coronary artery bypass grafts has continued to show sustained improvement. Our rate of infection for March was 3.9%, though we continue to recognise we still have work to do to reduce this even further.

Improvements in infection prevention control standards as well as the use of specialised dressings and techniques for patients at highest risk of developing an infection have all contributed.

4.2 Mycobacterium abscessus

We reported one case of M. abscessus (linked to the outbreak strain) in March. A full root cause analysis was completed to identify any areas for further investigation and improvement.

The M abscessus steering group continues to meet bimonthly and maintains full oversight of M abscessus.

4.3 Financial position and operational planning

The trust has delivered a surplus of c£0.3m for 2024/25. This is on the adjusted basis used by NHS England to monitor performance against breakeven standards.

Work over the past few months has been focused on operational planning for 2025/26 and navigating the proposed changes in the financial framework.

There are well-described financial challenges across the NHS and the NHS England leadership team has continued to share updates through national webinars where they have described the environment and asks for the year ahead. These briefings have set out clear principles: increased activity levels to improve waiting lists and access standards will need to be managed through clinical productivity gains, alongside a reduction of cost base, with no additional funding flowing to the NHS.

This is challenging but we continue to work with system partners and across our own teams to deliver on the plans we submitted for 2025/26. These plans balance quality and safe care, workforce experience and financial affordability with the need to accelerate progress on improving waiting times for our patients.

5 Collaboration: working with partners

5.1 Cambridge Festival success

At the end of March we held our second open day in our hospital atrium as part of the 2025 Cambridge Festival.

About 400 people attended to learn more about the people, roles, skills and equipment needed to run a specialist heart and lung hospital.

The day was a huge success with lots of positive feedback from those who attended. The event is a wonderful opportunity to engage with the public, inspire young minds about a career in the NHS, and also boost staff pride in their work.

Thank you to everyone who was involved in planning and the 50 members of staff who came in on a Sunday to showcase so brilliantly what we do at Royal Papworth Hospital.

6 Reasons to be proud

6.1 Covid-19 five-year anniversary

March marked five years since the start of the Covid-19 pandemic. During the pandemic our teams cared for the sickest patients in the country, many of whom required the most advanced form of respiratory support, with some of the best outcomes.

To mark the anniversary, we were delighted to welcome back one of our patients who spent time in our critical care unit. Sultana was admitted to our hospital and shortly afterwards supported on ECMO (extra corporeal membrane oxygenation), having contracted the virus during the latter stages of pregnancy with her twins.

Sultana, her husband and their twin daughters came back to Royal Papworth to meet some of the team who cared for her. It was wonderful to see the family smiling, happy and healthy. I know it meant a lot to our staff on what was a difficult anniversary when we also remembered those who very sadly died.

6.2 DCD heart transplants 10th anniversary

On 11 April we celebrated 10 years since our first DCD (donation after circulatory death) heart transplant operation.

Twenty patients and members of their family came together to learn more about the innovation with presentations from doctors, surgeons and nurses.

Among the guests were some of our very first DCD recipients who had their transplants in 2015 and have since gone on to achieve many more things in their life that they otherwise would not have done, such as returning to work, travelling and

watching grandkids grow up. It was a wonderful celebration of NHS innovation, transplantation and the gift of organ donation.