

President's Report to the Executive Committee

February – June 2026

Introduction

Since February there has been substantial activity across the Society. The highlight was the very successful annual meeting in Belfast.

Clinical Programmes

The Society's principal purpose remains the advancement of cardiothoracic surgery and the improvement of care for patients, 'making Heart, Chest & Lung Surgery better'.

The re-established Transplant Committee has made considerable progress. Through a structured consensus process we are developing a consultant surgeon view of the desirable characteristics of a modern cardiothoracic transplant unit and national service. This work is providing an opportunity to identify common priorities and establish a stronger professional voice in future discussions with national healthcare administration.

Our congenital colleagues have completed a consensus document, *A Framework for Good Practice in Congenital Heart Surgery in the UK and Ireland*, which represents a significant contribution from the specialty.

The Cardiac Surgery Transformation programme focussing on MIS & ERACS continues.

Thoracic surgery continues to make progress across several initiatives.

The Society has also continued to work closely with commissioners, NICOR, industry partners and other professional organisations to support improvement across the specialty.

In response to growing geopolitical uncertainty, SCTS has joined discussions regarding preparedness for the potential reception of military casualties in the UK and to consider how to maintain services during such a period.. This work, known as *RAMP (Reception Arrangements for Military Personnel)*.

Annual Meeting

The Annual Meeting in Belfast, led by Sunil Bhudia and his team, was a considerable success. The quality of the scientific programme reflected the breadth of innovation taking place across cardiothoracic surgery and provided an opportunity to strengthen relationships with colleagues with each other and overseas.

A particular highlight was the presentation of the Lifetime Achievement Award to Sir Bruce Keogh in recognition of his contribution to both our specialty and the NHS. The oration was given by Past president Simon Kendall.

Organisation and Leadership

Several important changes have taken place within the Society's leadership team.

I would like to thank Mark Jones for his service as Treasurer and congratulate him on his move to Chair of the SAC. Karen Redmond has taken over as Treasurer and Carol Tan has joined as Meetings Secretary.

Sri Rathinam has made a substantial contribution as Communications Secretary and in many other roles and will shortly hand over to Indu Deglurkar.

Within the Secretariat, new members of staff have settled well into their roles, and John Cowx has made a valuable contribution as voluntary Business Coach.

I remain grateful to President-elect Enoch Akowuah and Secretary Doug West. The three of us are in contact on an almost daily basis and are supported by a Senior Leadership Team that meets weekly.

Considerable attention has also been given to strengthening the Society's administrative and operational functions. As expectations of SCTS continue to increase, we must ensure that our structures remain fit for purpose and capable of supporting future growth. We are in the process of appointing a Voluntary interim COO.

Professional Culture

As a community of committed professionals, unfortunately we continue to encounter situations where difficulties in professional relationships affect team function and, potentially, patient care.

Following publication of our guidance on *Retraining and Reskilling* and *Managing Risk*, we have received requests from other specialties and organisations seeking advice and support. Elements of this work are also being used to inform policy development by the FSSA (Federation of Surgical Specialty Associations).

Financial Sustainability and External Engagement

Strengthening the Society's financial position remains a priority.

Recent financial reviews have been encouraging, and further detail will be provided by the Treasurer. However, if we are to support the ambitions of the Society, we must continue to develop new sources of income and including active fundraising.

One aspect of this is the development of *Friends of SCTS*, which will provide opportunities for patients, supporters, charities and partner organisations to engage more closely with the Society.

Following the success of last year's event, SCTS will again participate in the London to Brighton Cycle Ride on 13 September 2026. Beyond fundraising, this initiative increases the visibility of our specialty and reflects a wider commitment to health.

Next priorities

Three areas will require particular attention over the coming months.

Clinical Delivery

The first is continued progress of the transformation programmes across cardiac, thoracic, congenital and transplant surgery. These initiatives represent some of the most important work currently being undertaken by the Society and will require your continued support.

Financial Resilience

The second is strengthening the Society's financial base. We need to ensure that our income is sufficient not only to maintain current activities but also to support future ambitions. Fundraising, sponsorship and careful stewardship of resources will therefore remain important priorities.

SCTS 100

The third is developing ideas for the Society's forthcoming centenary. This provides an opportunity to celebrate the achievements of those who built the Society, engage our members and partners, and consider what role SCTS should play over the next decade and beyond. It can also be an opportunity for fundraising & visibility.

Strengthening the Presidential Office

Over the last year there has been considerable discussion regarding continuity of leadership and how best to support future Presidents.

Following consultation with Trustees, the Executive Committee and members, a constitutional amendment has been developed that would create a three-year progression through the offices of Junior President-Elect, Senior President-Elect and President.

The first year would allow an individual to develop further familiarity of the Society leadership. The first and second would provide an opportunity to develop priorities and policy. The third would focus on delivery and the visible leadership of being President. .

The proposal recognises both the increasing demands placed upon the presidency and the need for greater continuity between administrations. It also provides a clearer pathway for leadership development whilst also allowing more individuals the opportunity to serve at the highest level of the Society.

Although there is no formal role for former Presidents, their experience remains invaluable. I was therefore pleased that so many attended the Presidents' Dinner at the Annual Meeting and continue to contribute their advice and support.

Aman S. Coonar

President

Society for Cardiothoracic Surgery in Great Britain & Ireland