

**Meeting of the Board of Directors
Held on 05 February 2026 at 1:00 pm – 1:30 pm
Microsoft Teams
Denis Bracey, Learning & Development, PCH**

UNCONFIRMED

M I N U T E S – Part I

Present	Dr J Ahluwalia	(JA)	Chair
	Ms C Conquest	(CC)	Senior Independent Director/ Non-Executive Director
	Ms D Leacock	(DL)	Non-Executive Director
	Mr D Jones	(DJ)	Non-Executive Director
	Dr C Paddison	(CP)	Non-Executive Director
	Prof I Wilkinson	(IW)	Non-Executive Director (Teams)
	Prof G Martin	(GMa)	Non-Executive Director
	Mrs E Midlane	(EM)	Chief Executive Officer
	Mr T Glenn	(TG)	Deputy Chief Executive Officer
	Ms L Sanford	(SH)	Chief Finance Officer (Interim)
	Mr H McEnroe	(HM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mrs M Screaton	(MS)	Chief Nurse
	Dr I Smith	(IS)	Medical Director
In Attendance	Mr J Elwood	(JE)	Associate Director of Corporate Governance
	Mr G Matenga	(GM)	Corporate Governance Lead
Apologies	Ms A Fadero	(AF)	Non-Executive Director
	Mr A Raynes	(AR)	Chief Information Officer & SIRO
Observers	Ms A Halstead (AH) – Lead Governor Mr J Dyer (JD) – Public Governor Ms A Atkinson – Public Governor Mr T Collins – Public Governor Ms R Mahony – Public Governor		

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING ITEMS		
	a. JA welcomed everyone to the meeting and noted apologies as above. b. A warm welcome was extended to Jonathan Elwood, attending his first		

Agenda Item		Action by Whom	Date
	Board meeting as Associate Director of Corporate Governance.		
1.i	Declarations of Interest		
	<p>a. There were no interests to declare.</p> <p>The Board noted the Declarations of Interest.</p>		
1.ii	Minutes of the previous meetings		
	<p>Board of Directors Part I:</p> <ul style="list-style-type: none"> • 04 December 2025 • 08 January 2026 <p>a. DL raised an accuracy correction on page 22, item 4.1 — “DL” should be amended to DJ in order to give an accurate reflection of who made the comments.</p> <p>The Board of Directors approved the Minutes of the Part I meeting held on 04 December 2025 and 08 January 2026, subject to the amendment requested at item 1.ii.a of this paper.</p>	JE/GM	03/26
1.iii	Matters arising and action checklist		
	<p>Actions were either closed, deferred to a future meeting or comments were made as below:</p> <p>a. Action 36/25 Papworth Integrated Performance Report – HMc to provide a detailed breakdown of statistics for onward care patients, including active clocks and monitored patients, in the next financial year HMc advised that the requested stats would be included in the PIPR from March onwards. EM stated that this item should be regularised in alignment with the PIPR.</p> <p>b. Action 03/26 Papworth Integrated Performance Report (PIPR) – Performance to draft PIPR would be developed and shared for Board consideration. EM advised that this is a larger piece of work aligned to operational planning and would be done in May, submitted draft format to the Board and that the action owner was the CFO.</p> <p>The Board noted the Matters Arising and Action Checklist.</p>		
2	QUALITY		
2.i	Organ Utilisation Strategy		
	<p>EM presented the Organ Utilisation Strategy (OUS) that was taken as read.</p> <p>Report:</p> <p>a. EM introduced the first iteration of the OUS, noting that it was a requirement by NHS Blood and Transplant (NHSBT) that transplant centres should submit a formal, updated OUS document every five years; the planned date for next strategy submission was 1 February 2027.</p> <p>b. It was advised that the utilisation strategy under development reflected the Trust’s long-standing principles which included, no refusal of clinically</p>		

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	<p>viable organs and prioritisation of transplant activity.</p> <p>c. Future developments within the Trust including Ex Vivo Lung Perfusion (EVLN) and Mechanical Circulatory Support (MSC) would be included in the strategy as well; business cases for these would be developed.</p> <p>Discussion:</p> <p>d. Regarding the reason why the Trust’s super-urgent heart transplantation waiting times were an outlier at 15–59 days, compared to the UK national average of 29-45 days, EM explained that the Trust managed a higher proportion of patients on Mechanical Circulatory Support (MCS). This increased the overall average waiting time, whereas peer organisations with fewer MCS-dependent patients could avoid such extended waits, resulting in shorter reported waiting times. It was also noted that achieving an appropriate organ match, particularly in terms of donor organ size and blood type, had an adverse impact on individual waiting times as well.</p> <p>e. OM raised a concern that the OUS identified significant workforce challenges, particularly medical workforce planning, but these had not been reflected in the action plan. EM confirmed that the intention was to undertake a long-term workforce plan rather than seek more funding. She highlighted a rapid growth in lung transplants and EVLN, and the need for support to work out a workforce plan.</p> <p>Transplant team to develop a Lung Transplant and EVLN Workforce Plan in order to meet projected activity growth.</p> <p>f. JA noted that local data used when developing the OUS referenced (EQ-5D-5L), mortality signal; he suggested adding heart and lung transplant, and EVLN survival rates in the next iteration of the OUS in order to provide an important outcome measure.</p> <p>Transplant team to add transplant survival metrics to utilisation strategy.</p> <p>The Board approved the Organ Utilisation Strategy subject to the following amendments:</p> <ul style="list-style-type: none"> • Develop a Lung Transplant and EVLN Workforce Plan; • Add transplant survival metrics; and • Clarifying decline rates at page 36 of the OUS paper. 	EM	
3	GOVERNANCE & ASSURANCE		
3.i	Review of Terms of Reference		
	<p>CC presented the updated Terms of Reference (ToR), which were taken as read.</p> <p>Audit Committee Terms of Reference</p> <p>a. CC advised that the only significant change from the most recently approved version was the statement that one of its Purposes/Objectives was to gain assurance from of the Charitable Funds Committee for Financial Governance and reporting, including the preparation of the Charity’s annual report and accounts.</p> <p>b. It was confirmed that approval of the Terms of Reference did not need to wait for completion of the committee self-assessments that were being progressed.</p> <p>The Board approved the Audit Committee Terms of Reference.</p>		

Agenda Item		Action by Whom	Date
3.ii	Board Committee approved Part 1 Minutes		
	<ul style="list-style-type: none"> a. Performance Committee – 18.12.25 b. Quality & Risk Committee 18.12.25 c. Audit Committee: 16.10.25 & 20.11.25 <p>The Board noted the Board Committee Part I Approved Minutes.</p>		
3.iii	Audit Committee Chair's report		
	<p>CC presented the Audit Committee Chair's report that was taken as read.</p> <p>Report:</p> <ul style="list-style-type: none"> a. CC highlighted that Local Counter Fraud (LCFS) had presented a report that evidenced that the Trust had reasonable procedures in place in respect of the Economic Crime and Corporate Transparency Act 2023 (ECCTA) – Failure to Prevent Fraud Offence. b. It was reported that Internal Audit (IA) had provided an update on the status of follow-ups on previously issued audit recommendations. The update confirmed substantial improvement, indicating that most recommendations had been addressed effectively. Although two recommendations remained rated “red”, these were considered fair in context. c. The Committee had reviewed Standing Orders, Standing Financial Instructions and Scheme of Delegation and it was agreed that they would be revised and presented again at the Audit Committee's March 2026 meeting. <p>Discussion:</p> <ul style="list-style-type: none"> d. Concerns were raised that there had been limited progress in reducing the number of overpayments, noting that late notification of changes to Agreed Payment Arrangements (APAs) remained high at 35%. It was asked how improved escalation processes or additional checks could be implemented to address this. e. OM advised that many overpayments arose from late job plan sign-off; colleagues were aware of this, and repayments did not usually cause hardship. Nevertheless, focus was on low-paid colleagues' errors where unintentional overpayments at times caused issues. f. Concerns were raised about overpayments made to staff who had exited the organisation, noting that in such cases, recovery of these payments was significantly more challenging. OM explained that although ex-staff retained ESR access for up to three months after leaving, the overpayments generally arose before departure due to delays in submitting termination forms. These late notifications remained a recurring issue contributing to avoidable overpayments. g. There was a discussion around job planning and how it impacted overpayment of colleagues. OM advised that there was a plan to expand Clinical Directors' roles in order to monitor statutory training and job-planning engagement, this was aimed at enabling in-year correction improvements; such expansion was expected to improve oversight over job planning h. JA emphasised the need to distinguish between agreed job planning delays and individuals not engaging with required processes. <p>The Board noted the Audit Committee Chair's report.</p>		

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3.iv	Performance Committee Chair's report		
	<p>DJ presented the Performance Committee Chair's report that was taken as read.</p> <p>Report:</p> <p>a. DJ advised that a new Performance Committee assurance format had been implemented, and the Committee was satisfied that the Trust's performance across all areas for Month – 10 was appropriately assured.</p> <p>b. Financially, the Trust remained on track to achieve a breakeven position, with continued progress against the CIP; however, it was noted that reliance on non-recurrent measures continued to pose a risk to meeting the overall target.</p> <p>c. It was advised that the Trust also continued to experience resourcing and capacity challenges, which were recognised as structural in nature.</p> <p>The Board noted the Performance Committee Chair's report.</p>		
4	BOARD FORWARD AGENDA (Part I)		
4.i	Board Annual Plan		
	<p>a. JA acknowledged the plan and suggested a stronger focus on forward planning in future cycles.</p> <p>The Board noted the Board Annual Plan.</p>	JE	04/26
4.ii	Future Agenda Items		
	The Board noted the Future Agenda Items.		
4.iii	Review of Board Agenda/Objectives		
	The Board noted the Review of Board Agenda/Objectives		
5	ANY OTHER BUSINESS		
	There was no other business to discuss.		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors Part I
Meeting held on 05 February 2026