

**Agenda item 4.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 5 March 2026</b>
<b>Report from:</b>	<b>Chair of the Performance Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE: To update the Board of Directors on discussions at the Part 1 Performance Committee 26.02.26</b>	
<b>Board Assurance Framework Entries</b>	678, 1021, 2829, 2904, 2985, 3009, 3074, 3223, 3261	
<b>Regulatory Requirement</b>	Well Led/Code of Governance:	
<b>Equality Considerations</b>	None believed to apply	
<b>Key Risks</b>	To have clear and effective processes for assurance of Committee risks	
<b>For:</b>	Information	

**1. Significant issues of interest to the Board**

**BAF**

The Committee has been made aware that the BAF will continue to be improved for legibility, completeness and accuracy. The Committee also raised that there are gaps in reporting that are lowering confidence in adequate assurance. The Executive team are working to close any gaps in future reports.

**Divisional Presentation - Cardiology**

The Cardiology Division delivered a very well presented and thought provoking overview of some of the operational aspect of Cardiology. The Committee noted several areas where risk is apparent, either through single person dependancies, under resourced areas, cultural and operating misalignment or equipment and facility utilisation. The Committee noted that currently 60 new TAVI cases are added to the list each week, with only a capacity to deliver services to 40 patients. The Executive team were asked to consider the 26-27 Operational Plan and whether all the points raised in the presentation have been carefully considered. There will be a follow up in a future meeting.

**Temporary Staffing**

The Committee noted a continued overspend on staffing due to the use of temporary staffing arrangements, mostly bank. This area has been actively managed, but absenteeism remains high and drives the requirement for temporary staff, however Papworth outperforms the NHS national average. The Committee asked if, given the sustained trend, whether planning should be adjusted to accommodate temporary staff as a matter of normal operation.

**Finance**

The Committee noted that we continue to forecast a breakeven position for 2025/26 and that finances are being actively managed to achieve this. The operating plan was submitted 12<sup>th</sup> February 2026, and feedback is not expected prior to 31<sup>st</sup> March 2026. Given a breakeven position was submitted, there should be no need for any further resubmission.

### **CIP**

The Committee noted that there is still a gap in CIP and the target will likely be missed in the current financial year however all divisions remain committed to delivering as much as possible in the time remaining.

### **Elective Care Recovery**

The Committee notes that the position for elective care recovery is still very strong with overall waitlist down almost 30% from this time last year. The Committee expressed its ongoing thanks and support to all staff who are investing in improving patient care through this initiative.

### **Committee Self Assessment**

The Committee noted the overall good feedback about performance in the written feedback and the topical scoring, however some of the overall scores were low. The Chair encouraged the Committee to be open with feedback and pass it on either to himself or through the Exec team / CEO. The Committee has scope to be able to adjust to become more effective and feedback is always welcome.

### **2. Key decisions or actions taken by the Performance Committee**

The Committee approved the ToR and Self Assessment

### **3. Matters referred to other committees or individual Executives**

None

### **4. Other items of note**

None

### **5. Recommendation**

The Board to note the contents of this report.

Dave Jones  
Chair of Performance Committee  
Non-Executive Director

27 February 2026