Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Board of Directors
Held on 04 September 2025 at 9:00am
Microsoft Teams
HRLI, Royal Papworth Hospital

UNCONFIRMED M I N U T E S – Part I

Present	Dr J Ahluwalia	(JA)	Chair
	Prof I Wilkinson	(IW)	Non-Executive Director
	Ms C Conquest	(CC)	Senior Independent Director/ Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director
	Ms D Leacock	(DL)	Non-Executive Director
	Dr C Paddison	(CP)	Non-Executive Director (Interim)
	Mrs E Midlane	(EM)	Chief Executive
	Mr T Glenn	(TG)	Deputy Chief Executive (Interim)
	Ms L Sanford	(SH)	Chief Finance Officer (Interim)
	Mr H McEnroe	(HM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mr A Raynes	(AR)	Chief Information Officer & SIRO
	Mrs M Screaton	(MS)	Chief Nurse
	Dr I Smith	(IS)	Medical Director
In Attendance	Mr P. Lincoln	(PL)	Lead Nurse for Transplant (For Item 1i – Patient Story)
	Mrs EJ Isbell	(EJI)	Patient (For Item 1i – Patient Story)
	Mr D Isbell	(DI)	Patient's Husband (For Item 1i – Patient Story)
	Mr K Mensa-Bonsu	(KMB)	Associate Director Corporate Governance
	Mr G Matenga	(GM)	Corporate Governance Lead
	Mr S Edwards	(SE)	Head of Communications
Apologies	Mr G Robert	(GR)	Non- Executive Director
Observers	Ms A Halstead (AH) – Lead Governor Dr C Glazebrook (CG) – Public Governor Mr B Davidson (BD) – Public Governor Ms M Hotchkiss (MH) – Public Governor Mr T Collins (TC) – Public Governor Mr S Hildrew (SH) – Member of the Public		

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1	**WELCOME, APOLOGIES AND OPENING ITEMS**		
	JA welcomed everyone to the meeting. LS was welcomed to her first Part 1 Trust Board meeting. Apologies were received from GR.		
1.i	**Patient Story**		
	JA welcomed the patient EJI and her husband DI. **Patient Story:** a. MS introduced EJI, her husband and PL to the meeting. b. EJI stated that her cardiomyopathy journey started before her diagnosis. She had grown up with no grandparents as her grandmother had passed away when her mother was 12 years old and her grandfather had passed when she, EJI, was five years old. c. EJI therefore had grown up with no extended family and growing in a small family was all she knew ever since childhood. EJI spent her childhood accompanying her mum for hospital appointments because of her mum's heart condition. EJI was, however, unaware of her mum's condition at the time. d. When EJI was 22 years old, her mother collapsed at home after having been unwell the previous day. Her father performed cardiopulmonary resuscitation, but she was confirmed to have passed way after being transported to hospital by emergency services. e. EJI stated that her father turned to drink and drugs due to not being able to come to terms with the loss of his wife. f. EJI stated that six years later her brother passed away with the same symptoms as their mum. Post-mortem results revealed that they both had enlarged hearts. g. After the passing of her mum, a local General Practitioner, after reviewing her family history, recommended that EJI attend the Cardiothoracic Centre (CTC) at Basildon in Essex in 2012 for a review. An MRI scan was ordered at the Royal Free Hospital where tests confirmed dilated cardiomyopathy in its early stages that did not need treatment except for an Implantable Cardioverter Defibrillator (ICD) as a preventative measure. h. EJI noted that her ICD misfired 30 days after it had been installed. This led to significant anxiety and required counselling in order for her to learn to trust her device and resumed work as usual as a driving instructor. i. EJI stated that she got pregnant in February 2015 and started regular medical appointments and was put on medication. As her heart started to fail, she was admitted to Guy's & St Thomas' Hospital in London in order to ascertain if the baby had developed the condition. At 38 weeks, she was induced and delivered of the baby. After giving birth, she continued to attend weekly appointments at the CTC in Basildon. j. EJI stated that in July 2018, without any warning symptoms, she had her first cardiac arrest. This led to her driving instructor role being postponed for six months. This was followed by another cardiac arrest in December 2019 and again her role was postponed for a further six months. k. In January 2020, her ICD was replaced with a Cardiac Resynchronisation Therapy with a Defibrillator (CRT-D) due to a drastic drop in her heart function. l. EJI reported that during the pandemic she was administered a Covid vaccine that resulted in fluid overload and found it strenuous to do basic physical activities such as climbing stairs. She also suffered from bad		

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	anxiety and episodes of depression that led to her losing friendships. m. From 2022 - 2023, EJI used to stay in bed all day and not socialise or go shopping or go for walks because of her suffering from fluid overload. In addition to the fluid overload, EJI stated that her kidneys and liver were in a bad condition, her periods stopped, and her skin deteriorated. n. EJI stated, during this period of intense illness, it was determined by her doctors that the only option was heart transplant at RPH. Two weeks prior to her attending RPH for assessment and the possible heart transplant, EJI went on a family holiday to Spain but returned to England after feeling well. EJI suffered a cardiac arrest in front of her children when they arrived back in England. o. EJI was taken to Southend Hospital where she was informed that she had a blood clot in one of her lungs and that her lungs were filled with fluid. Her lungs were drained and was discharged in order to attend her assessment at RPH. p. EJI explained that she was not allowed to leave the hospital because of her condition and would not be released until a heart was available for her. She noted that hospital staff and particularly her healthcare assistants were very supportive. q. EJI reported that at 3:40 the next day a transplant coordinator informed her that there was a potential heart for her and at 10:00 she was wheeled to theatre for transplantation after having been on the wating list for six days. r. EJI noted that she stayed in the ICU for three days and was in hospital for a total of 18 days. She had since had 12 biopsies, and there has been no occurrence of organ rejection. EJI stated that all her scans have been normal, and her skin, liver and kidneys have returned to their normal state within the first couple of months of transplant. s. EJI was very grateful to colleagues at RPH and saw them as family. She described how nurses used to braid her hair daily and buy takeaway food from downstairs for her. She was also grateful to her husband who helped calm her down whenever she was fearful and panicked. t. EJI was extremely grateful to the RPH public governor TC whom she had a strong bond with ever since they first met and they have remained friends. Among other things, EJI and TC have had quarterly meetings with previous patients and their family of RPH in order to raise money. u. In respect of her physical wellbeing, EJI goes to the gym with her daughter, goes on bike rides, walks her dog and undertakes many other exercise routines. EJI also provides home tuition to her daughter in preparation for her GCSEs v. EJI noted that she was at present a first responder for the ambulance service, specialising in cardiology. She also is an ambassador for CTC Basildon and RPH. w. EJI said that she was in regular contact with her donor's family exchanging letters and texting. x. JA was grateful to EJI and DI for sharing EJI's story. It was very moving to hear how transformative the heart transplant had been and how EJI had been able to get her life back. JA also expressed thanks for all that EJI was doing for RPH. The Board **noted** the patient story.		
1.ii	**Declarations of interest**		
	No specific conflicts were identified in relation to matters on the agenda.		

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1.iii	**Minutes of the previous meeting**		
	Board of Directors Part I: 03 July 2025 **Approved**: The Board of Directors approved the Minutes of the Part I meeting held on 03 July 2025 as a true record.		
1.iv	**Matters arising and action checklist**		
	a. ***13/25 - Review of Actions and Items Identified for Referral to Committee/Escalation:*** To submit the proposal around the categorisation of pathways for patients on waiting lists (as a risk management mechanism) to the Board after review by the Quality Committee. MS noted that the action would be picked up by the Quality and Risk as part of how decisions are made different about patient groups and how harm reviews would be undertaken on them. **Closed.** b. ***15/25 - Patient Story:*** To provide the Board with data on the how emergency presentations to the Transcatheter Aortic Valve Implantation (TAVI) service informed practice at the Trust. MS reported that the July 2025 Quality and Risk Committee received a comprehensive presentation on an operational improvement plan from the Lead for the TAVI service. The presentation showed the full process of how the TAVI service was effectively managing both their elective and emergency pathways during a period of growth. **Closed.** c. ***20/25 - Minutes of Previous Meeting on 05.06.2025:*** GM to include in the Freedom to Speak item, as a concluding paragraph, this line: 'GR highlighted his concern that the proportion of people who would speak up again is going down'. **Closed** d. ***21/25 - Board Assurance Framework (BAF)*****:** HMc to merge BAF risks 678 (Waiting List Management) and 3223 (Activity Recovery and Productivity) in the new draft BAF. **Closed.** e. ***23/25 - Annual Nursing Establishment Review 2024/25:*** MS to provide more clarity to CC on the fact relating to why RPH had received a new license for the new safer nursing care tool (SNCT) prior to the biannual SNCT data collection in May 2024. Meeting held between MS and CC on 17 July 2025. CC satisfied with the clarity MS provided. **Closed.** f. **25/25 Performance Committee Chair's Report**: In respect of CIP data relevant to patient experience, HMc to check with CC and provide the relevant data to her. **Closed.** The Board **noted** the Matters Arising and Action Checklist.		

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1.v	**Chair's report**		
	Report: a. JA noted that the target surgery outcomes mortality rate was impressive at 2.6% compared to the Trust's target score of 4.6% and ought to be celebrated. b. JA advised he had had a very productive visit to Kingfisher House. Colleagues at the House were enthusiastic about their work, were not afraid to raise concerns and also suggested solutions to operational issues. c. JA and MS had an evening visit of the hospital's wards. JA observed that colleagues were confident in raising their concerns, and one area of concern was access to bottled water for both staff and patients; this issue needed to be resolved. d. The invitation to tender (ITT) for the new EPR system went live in August 2025. JA thanked HMc and his team for their significant efforts to progress EPR replacement project. The Board **noted** the Chair's report.	**LS**	
1.vi	**Board Assurance Framework**		
	KMB presented the Board Assurance Framework for the month of August 2025. **Report:** a. KMB reported that scores remained the same for all the risks. b. The level of assurance for BAF Risk 678 had been revised from Inadequate to Adequate because of the mitigation measures that had been put in place. c. The level of assurance for BAF Risk 3433 on CT backlog remained inadequate because the gaps in assurance remained significant. The Board **noted** the Board Assurance Framework update.		
1.vii	**CEO's update**		
	EM presented the CEO update. **Report:** a. EM highlighted the publications of several new national guidance documents by NHS England since July 2025 including the 'Sexual Safety Charter', 'Graduate Guarantee for newly qualified nurses and midwives' and the '10 Point Plan to improve resident doctors' working lives. b. In respect of providing appropriate mess facilities for doctors, work had commenced on an eight-week construction project. c. Work in respect of ICS clustering had progressed with the appointment of a CEO and Chair for the newly merged ICB. The new ICB was being created from a merger of the Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB, and the Hertfordshire & West Essex ICB. d. The CEO had an overnight shift on Critical Care and noted that it was an absolute joy to witness the outstanding care being delivered to		

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	patients and the sense of staff supporting each other. e. The Trust had welcomed the Chief Scientific Officer for Scotland who was impressed with the leadership in Trust's scientific teams, their innovation and how they tackled capacity issues. f. The Trust's Divisional restructure had progressed, and appointments had been made to the Divisional Directors roles. g. Engagement with stakeholders on the development of the Trust's 2026 – 2031 Strategy had been overwhelming h. With respect to Surgical Site Infections (SSI), there needed to be more traction in order to improve on the current performance. The Surgery, Transplant and Anaesthetic (STA) Division attended the August 2025 Quality and Risk Committee meeting to provide an update on its mitigation measures in relation to the management of SSIs. The CEO noted that she was assured with the actions and commitments of the team to reduce SSIs. i. There had been a request by Jess Brown-Fuller, the Liberal Democrat Spokesperson (Hospitals and Primary Care) for a review on water safety regulation in relation to NHS providers. This was due to the recent Mycobacterium Abscessus (M.Abscessus) media coverage following an out of court settlement of a compensation against RPH. The successful compensation claim related to the outbreak of M.Abscessus in 2019 at RPH, which was linked to the water supply. The legal claim for compensation was launched by a group of patients and families. j. EM stated that the solicitors involved in this case had acknowledged that RPH was found to have acted appropriately and complied with all the relevant regulations. Lessons were learnt at a local and national level with regulations since revised to seek to avoid a similar occurrence in the UK. RPH's clinicians were at the forefront of research into the M.Abscessus and the Trust was happy to collaborate with any other organisation that may benefit from its findings and lessons learnt. k. The improvement actions in relation to elective recovery has progressed significantly, and this had resulted in the overall patient waiting list declining to being below 6,500 from over 7,000 in April 2025. The Trust's performance around the referral to treatment (RTT) standard continued to improve and had maintained its position for July 2025 with 67.58% of patients waiting less than 18 weeks for treatment. **Discussion:** a. CP requested clarity around the work on Digital Project Portfolio Review and Reprioritisation which was recently completed. EM noted that this was a programme of work that the Digital Team had signed off through the Digital Strategy Board. Resourcing for Digital Project activity had been approved under the Trust's annual planning that was approved at the beginning of 2025/26. New projects had however emerged, and the Digital Team's capacity had been reviewed by AR as a result. This review was used to identify how to reshape the annual plan in order for it to fit in with the resourcing envelope. Conversations had happened with broader agreement with the Management Executive group in order to land on a position where projects selected were those that: • supported delivery of high-quality care; • supported continued operation of the Trust; and • made sure the organisation was safe. The portfolio of work on digital projects was ever increasing and needed to be aligned with the new strategy. There needed to be contingencies for resourcing. b. JA questioned how the Trust was keeping up to date with AI		

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	opportunities and also asked how bigger, more resource consuming projects and small projects were being prioritised. AR noted that the Digital Team had identified which projects needed to be prioritised in line with the Trust's strategic goals and had assigned the appropriate level of resources to bring them to fruition. The Board **noted** the CEO's Update.		
1.viii	**NEDs update**		
	No issues requiring an update.		
2	**PEOPLE**		
2.i	**Workforce Committee Chair's Report**		
	AF presented the Workforce Committee Chair's Report. **Report:** a. AF reported that at the Workforce Committee (WC) meeting, in respect of matters arising, there was a discussion around the Computed Tomography (CT) reporting backlog and how the Trust was taking steps to establish a sustainably improved position. AF advised the Radiology workforce plan for CT reporting would be submitted to the Workforce Committee at the next meeting in October 2025. b. It was noted that the STA Division had provided an update to the August 2025 Committee meeting. The Committee remained concerned with the sickness absence rates in the STA Division. c. The Committee was partially assured by the Workforce Director's report on: (i) the improvements in relation to staff appraisals in the Trust. Though there were improvements in the completion of the supporting documentation, the improvement in the compliance rates were considerably below the KPI. Further improvement actions in relation to the compliance rates were being considered by the Trust's Executive team; (ii) A plan in development to support a return to an average sickness rate of 3.5% with an initial focus first on Critical Care/ERU; iii) The Pulse Survey report, which though inconclusive because of its small sample size, noted emerging themes of micromanagement and perceived inequalities in recruitment practices. These concerns were noted by the Committee and would be further investigated. d. JA questioned if there was a broader issue in respect of the statistics around consultant vacancies. JA also queried If any steps were being taken to target potential consultant colleagues. IS advised that the market for consultant staff was very competitive, but the Trust's offer was improving. There had been three appointments recently and there was a rolling programme in place to facilitate consultant staff recruitment. e. In response to CP's query around focus of the digital prioritisation process, AR advised that work was being undertaken by IS and Dr Raj Vaithamanithi. Deputy Director of Digital on improving user experience and other technical aspects. CT reporting scans were a high priority issue, and the following measures had been implemented: • a 10-gig line across health and social care went live the previous week. This had improved traffic across the Cambridge Biomedical Campus as well as the Trust's traffic; • Consultant radiologists' personal computers had been replaced with high-power and high specification versions;		

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	• An order for home devices had been placed in order to improve consultant radiologists' digital experience when working from home; and • There was a project focused on delivering Soliton Plus by March 2026. This would enable the Trust to work in collaboration with the Eastern Diagnostic Imaging Network and allow image sharing across East of England region. The Board **noted** the Workforce Committee Chair's report.		
2.ii	**Update on the Job Evaluation Programme**		
	OM presented the update on the Job Evaluation (JE) Programme. **Report:** a. OM stated that its job evaluation process was aligned with the national requirement that colleagues, particularly nursing colleagues, should be paid appropriately and that there were up to date job descriptions. b. OM advised that the Secretary of State had approved that there would be a greater assurance process around job evaluation implementation in NHS organisations. NHSE had been given the responsibility for this work and have developed a three-stage audit process. c. OM stated that, the Trust, to prepare for the NHSE's assurance process, had commissioned an internal audit of its JE processes. This commenced in August 2025, and the findings would be presented to the Workforce Committee on completion. OM advised that there was confidence that the Trust would be able to demonstrate a favourable position against both the internal audit and the NHSE's audit tool. d. The Trust, in partnership with the local trade unions, would complete the audit against NHSE's audit tool in September 2025. The outcome from the national audit would be reported to the Workforce Committee and the Trust Board. The Board: a. **Noted** the NHSE job evaluation monitoring requirements. b. **Approved** a positive response to the Board assurance statements. c. **Noted** progress with the implementation of the Career Pathways Programme and the next steps planned.		
2.iii	**GMC 2025 National Trainee Survey**		
	IS presented the GMC 2025 National Training Survey Report. **Report:** a. IS advised that the GMC survey was an annual survey of Deaney Trainees and did not cover the Trust's locally employed doctors. b. IS noted that because the Trust had smaller medical teams, significant improvements in certain areas were easily traded off in other areas. The small team sizes were noted to have a negative impact on the ability of team members to form interpersonal relationships as there were usually too busy. This led to a feeling of a poor working environment. c. There had been excellent improvement in Cardiology with five outstanding areas of experience for trainees. Respiratory Medicine continued to be good with three outstanding areas. Surgery was average. d. In order to improve trainees' experience, it was explained that correct interventions needed to be put in place. This was exemplified by how in		

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	Anaesthesia, improvement was attained by reducing the number of trainees. e. The focus over the next 12-weeks would be to complete the self-assessment and reply to the new (10-point plan) criteria for improving the lives of resident doctors. **Discussion:** a. DL requested assurance that whilst focus was on a particular type of care, other areas would continue to be monitored and not suffer decline. IS noted that a Critical Care Action Plan was being developed by Dr Nicola Jones. Dr Jones was a Consultant in Cardiothoracic Anaesthesia and Intensive Care, and who served as Clinical Lead for the Intensive Care Unit from 2014 till 2024. Dr Jones's achievements as the Clinical Lead resulted in the Trust having new infrastructure for education. Additionally, a large number of locally employed resident doctors had been recruited that had led to improved delivery of training. b. IW expressed concern about the Trust's capacity to support the induction and training needs of the trainees and locally trained doctors as their number had increased by 30% in three years. IS, in response, stated that the issue of induction and training would be reviewed at the Workforce Committee. c. DJ noted that the KPIs in the GMC 2025 National Survey were low and asked if there was an underlying risk to the Trust and if this needed to be tracked. OM noted that this risk might be linked to staff engagement and suggested to triangulate outside the meeting. The Board **noted** the GMC 2025 National Trainee Survey Report.		
3	**QUALITY**		
3.i	**Quality and Risk Committee Chair's Report**		
	AF presented the Quality and Risk Committee Chair's report. **Report:** a. AF advised that the report combined the updates from the July 2025 and August 2025 Committee meetings. The Committee had noted with concerns the high SSI rates in the Trust. b. There was a deep dive by the Committee in respect of patient falls, to assess how the Trust was proactively managing patients. Work on steps to reduce the number of patient falls had commenced; the findings would be shared when the steps being implemented were completed. **Discussion:** a. DL, with reference to the management of SSIs, asked how the Committee could assure itself that the appropriate improvements actions had been sustainably implemented. AF stated that, as the STA division had been unable to assure the Committee that their approach was the right one, the Executive Team had been delegated to provide oversight and report back on the Committee. It was suggested that this Executive oversight needed to be applied to infection control as well. b. In respect of data driven approach, CC queried whether the Trust had the right business analytic support to help in the collation of data relating to management of SSIs and infection control in general. Good data collection could help establish the cause of the problem and help inform Trust strategy. AR suggested that he would bring back to the Board	**AR**	**01/26**

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	feedback from the digital strategy that helps inform the Trust's strategy. c. DJ queried what the tangible actions Q&R had in respect of management of SSIs and infection control. MS would bring back to the Board the action plans for mitigating the SSI risk. The Board **noted** the Quality and Risk Committee Chair's report.	**MS**	**11/25**
3.ii	**Combined Quality Report**		
	MS presented the Combined Quality Report. The Board **noted** the Combined Quality Report.		
3.iii	**The Infection Prevention Control Annual Report**		
	MS presented the Infection Prevention Control (IPC) Annual Report. **Report:** a. It was noted that there had been significant scrutiny through the Quality and Risk Committee, and the main areas of vulnerability were around the management of SSIs and occurrences of M.Abscessus. b. There had been significant progress in the development of infection control measures which had been implemented mainly in the areas of water safety, ventilation and the decontamination of clinical areas. c. In the main, the IPC Team would in 2025/26, (i) continue to work closely with the Decontamination Lead to develop a robust decontamination governance framework; (b) To review, implement and embed the new 2025 version of the national cleaning standards entirely at RPH; (c) Continue working with the SSI stakeholder group to improve the surgical site infections rates; (d) Increase the IPC environment rounds on the surgical wards with clinical engagement; (e) Work with the theatre team to reduce footfall in the theatres. The Board **approved** the Infection Prevention Control Annual report		
3.iv	**Annual Safeguarding Report**		
	MS presented the Annual Safeguarding Report which had been through committee scrutiny, **Report:** a. MS stated that there continued to be incoming safeguarding information that needed to be addressed by the Trust. She added that because of capacity issues, it was a challenge to keep the knowledge base up amongst the Safeguarding team and colleagues in general. b. MS advised that there had been a lot of work in respect of transition from child to adult services activity reporting. The Board **approved** the Annual Safeguarding report.		
4	**PERFORMANCE**		
4.i	**Performance Committee Chair's report**		
	DJ presented the Performance Committee (PC) Chair's report.		

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	Report: a. DJ reported that the Committee remained concerned about the trajectory of the Trust's CIP, as it was unlikely to achieve the NHS delivery target.at year end. The Committee would continue to closely monitor and seek further assurance. b. There was a deep dive at the Committee meeting in September 2025 around the performance against the 52-week RTT standard. The Committee was informed that a significant portion of the 52-week breaches in the Trust were due to limited structural cardiology capacity. Steps had been taken to overcome that limited capacity, and 55 of the 56 patients who had breached the 52-week RTT standard have had appointments scheduled for treatment to begin. DJ advised that the Committee was assured that none of the patients who had breached the 52-week RTT standard would be harmed. **Discussion:** a. CC was thankful of the efforts around resolving the 52-week breaches but noted that she continued to have reservations in respect of the delivery of the CIP. b. LS explained that a detailed update on the overall delivery of the Trust against the 2025/26 Financial Plan was being prepared. This update would outline how the CIP gap could be closed. LS added that monthly reporting was available which reflected the progress against steps to close the CIP gap. c. HMc advised that his team continued to have scrutiny in respect of closing the CIP gap and he was working with LS to produce a forecast. d. EM explained that there would continue to be a risk to the CIP plan until the delivery gap was closed. LS added that as the plan was being delivered through the Trust's governance and pipeline processes, the risk would reduce with time, and this would be reflected in the Trust's monthly reporting. A financial forecast was being finalised and would be the basis upon which a final plan would be developed. Having no forecast was a risk that needed to be added to the BAF risk register. e. CC questioned whether the mitigation for this risk was sustainable. It was explained that the CIP plan contained non-recurrent elements which the Board had approved as part of the planning process. f. CP was concerned with the limited assurance for long-term financial planning. LS advised that there was a medium-term financial plan review being undertaken within the next six months as part of the operational planning round for FY 2026-2027. The outlook of this plan would be understood once the new 2026-2031 RPH strategy had been formulated. The overall financial position, mindful of the planning, would be assessed and its overall implications on efficiency requirements would inform assurance for the Trust's financial position. g. In respect of cancer target breaches, JA questioned what was being done in order to accelerate delivery of care to late admissions and how it was being personalised. HMc explained that actions taken included individually 'man-marking' each patient by working through each respective referral to understand when they were referred and what NHS partners could be doing to send diagnostic referrals sooner. Partnerships were being built with several organisations that were referring late and there was engagement on how patients could be referred to the Trust sooner. h. IW advised that the Board needed to know the number of referrals that the Trust had failed to treat speedily and had become inoperable, and if		

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	this made a material difference to patients' outcomes. IW suggested that this information could be extracted from CT scans. i. IS explained that this was being monitored. However, it was not clear if treating patients speedily had an effect on their outcomes because of the order of magnitude of the delays. It was added that data, including that relating to patients' outcomes, were being collected as part of the harm review process and nothing had been escalated. j. CP added that she had detailed conversations with Dr Meek and had concluded that the measurable outcome was too far from the harm in order to track. She was assured that the Trust had harm reviews in place in the right areas but there was limited data analytics capacity to support some of this work. This could be raised at the next Quality and Risk Committee. k. DJ requested that HMc to produce data for the 31 and 62-day pathways in a way similar to that for the 52-week breaches for the cancer waiting list. The Board **noted** the Performance Committee Chair's report.	**HMc**	**11/25**
4.ii	**Papworth Integrated Performance Report (PIPR)**		
	MS presented the PIPR report for Month 04 – July 2025. **Discussion:** a. JA queried that compliance with some key checklists was less than 100%. MS acknowledged that in comparison to previous reports, there had not been progress particularly in theatres. Further investigations around what actions have been put in place would be conducted and the issue would be reviewed at the next Quality and Risk Committee meeting. The Board **noted** the Papworth Integrated Performance Report Month 04 – 2025		
5	**AUDIT**		
5.i	**Audit Committee Chair's Report**		
	CC presented the Audit Committee Chair's Report. **Report:** a. CC advised that as part of the governance assurance review, there had been a total of three presentations made by Non-Executive Directors at the Audit Committee. CC noted that it was reassuring to understand how they got assurance from committees. b. CC advised the Board of a presentation from the Trust's Counter Fraud provider, on the new legislation, 'The Economic Crime and Corporate Transparency Act (ECCTA) 2023' which introduced a new corporate offence: Failure to Prevent Fraud. This new legislation, which came into force on 01 September 2025, made large organisations liable when specified fraud was committed by an employee and the organisation had not put adequate fraud prevention procedures in place. c. In respect of the internal audit recommendations, CC advised that the Audit Committee were concerned with their speed of completion. The Executives provided a commitment to the Committee that all recommendations would be reviewed between August and September		

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	2025. The Board **noted** the Audit Committee Chair's report.		
6	**RESEARCH**		
6.i	**Research & Development Update – Q1 April to June 2025/26**		
	IS presented the Research & Development Update – Q1 April to June 2025/26. **Report:** a. IS reported that there had been a Human Tissue Authority inspection and their feedback had been positive. b. The mean number of days to studies getting Trust approval Capacity & Capability in Q1 2025/26 was 39 days, which was down from a maximum of 202 days at the beginning of 2022/23. c. IS explained that in the 2024/25 there had been concerns that the growth in the Trust's grant application had been declining. There has been a lot of focus to remedy this issue, and the result had been an increase in the number of grant approvals 2025/26. The Board **noted** the Research & Development Update – Q1 April to June 2025/26.		
7	**GOVERNANCE & ASSURANCE**		
7.i	**Board Committee approved Part 1 Minutes**		
	a. Audit Committee – 28.05.25 b. Quality and Risk Committee – 29.05.25 c. Performance Committee – 29.05.25 d. Strategic Projects Committee 24.04.25 The Board **noted** the Board Committee Part I Approved Minutes.		
8	**BOARD FORWARD AGENDA**		
8.i	**Board Forward Planner**		
	The Board **noted** the Board Forward Planner.		
9	**ANY OTHER BUSINESS**		
	JA emphasised that it was good to see the additional oversight that deep dives at Board Committee meetings was providing. The meeting ended at 11:00am.		

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Signed

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Date