Royal Papworth Hospital
NHS Foundation Trust

Agenda item 5.i

Report to:	**Board of Directors**	**Date: 06 November 2025**
Report from:	**Chair of the Performance Committee**	
Principal Objective/ Strategy and Title	**GOVERNANCE: To update the Board of Directors on discussions at the Part 1 Performance Committee on 30 October 2025**	
Board Assurance Framework Entries	678, 1021, 2829, 2904, 2985, 3009, 3074, 3223, 3261	
Regulatory Requirement	Well Led/Code of Governance:	
Equality Considerations	None believed to apply	
Key Risks	To have clear and effective processes for assurance of Committee risks	
For:	Information	

1. Significant issues of interest to the Board

BAF

The Committee is still keen to see the new BAF format / reports which look to close out gaps in reporting that are still apparent in the current approach. Having the new format will hopefully allow the Committee to be confident that risks are being tracked and managed appropriately.

Finance

The Committee noted that the current financial performance is being actively managed across all the relevant initiatives. Whilst agency spend remains relatively low, Bank spend remains an issue, mainly caused by short notice absenteeism.

The Committee continues to note there is still a large potential risk with EPR in terms of the capital expenditure alongside capital forecasts in general. The Committee sought assurance that any underspend in Capital, if reallocated, would be done in a way that provides the best value for the taxpayer and best outcome for the healthcare system.

The Committee also noted the approach and latest update on Financial Recovery and looks forward to receiving more details on when the presented actions will be assessed and sized so they can be executed. The Committee raised concerns that we are already halfway through the year, and care needs to be taken to not get delayed through governance in order to achieve the required results.

CIP
The Committee again noted its concern that we have not met our NHS delivery target. Whilst there is confidence in continued improvement, there is still risk that we may not meet the CIP target for the year. The Committee has asked for more details on when the remaining pipeline items will be reviewed, approved and executed.

Elective recovery
The Committee noted that elective recovery continues to improve with the 52-week breach list being at the lowest level in 18 months. Whilst there is still a lot of work to do, the improvement demonstrates that the various actions taken are having the desired effect.

Points were raised that investment in 52-week breaches will have an impact elsewhere as focus and resource is shifted and there must always been a view on any impact especially regarding patient care and safety.

The Committee noted that improvement in cardiology is proving more challenging due to competing clinical priorities where patient care must come first however this does impact time-based performance metrics.

Corporate Risk Register
The Committee noted the 12 new risks accepted into the Corporate Risk Register and was made aware that 50% of all risks are now overdue. Actions are being taken across the Hospital to update risks where required.

2026/27 Annual Planning

The Committee received a paper outlining its proposed approach for 2026/27 operational planning. It was noted that focus needs to be on ensuring that the efficiency requirement has been fully identified ahead of 1 April and that there are appropriate checkpoints in place to provide assurance of delivery of the Plan as per the timetable. The Committee approved the approach.

2. **Key decisions or actions taken by the Performance Committee**
   The Committee Approved the approach to Operating Planning. The Committee also approved the EPRR Core Standards presented.

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.