

Meeting of the Board of Directors
Held on 04 December 2025 at 11:30 pm – 12:00 pm
Microsoft Teams
HRLI, Royal Papworth Hospital

UNCONFIRMED

MINUTES – Part I

Present	Dr J Ahluwalia	(JA)	Chair
	Ms C Conquest	(CC)	Senior Independent Director/ Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director (Teams)
	Ms D Leacock	(DL)	Non-Executive Director
	Dr C Paddison	(CP)	Non-Executive Director (Interim)
	Prof I Wilkinson	(IW)	Non-Executive Director
	Mr D Jones	(DJ)	Non-Executive Director
	Prof G Martin	(GMA)	Non-Executive Director
	Mrs E Midlane	(EM)	Chief Executive
	Mr T Glenn	(TG)	Deputy Chief Executive
	Ms L Sanford	(SH)	Chief Finance Officer (Interim)
	Mr H McEnroe	(HM)	Chief Operating Officer (Teams)
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mr A Raynes	(AR)	Chief Information Officer & SIRO (Teams)
	Mrs M Scream	(MS)	Chief Nurse
	Dr I Smith	(IS)	Medical Director
In Attendance	Mr G Matenga	(GM)	Corporate Governance Lead
	Mr S Edwards	(SE)	Head of Communications
	Mrs L Bush	(LB)	Office Manager & EA to CEO and Medical Director
Observers	Ms M Hotchkiss (MH) – Public Governor		
	Ms A Halstead (AH) – Lead Governor		
	Mr T Collins (TC) – Public Governor		
	Cllr K Young (KY) – Public Governor		
	Mrs A Atkinson (AA) – Public Governor		
Apologies			

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING ITEMS		
	JA welcomed everyone to the meeting and there were no apologies.		
1.i	Declarations of Interest		

Agenda Item		Action	Date by Whom
	There were no interests to declare.		
2	PEOPLE		
2.i	Workforce Committee Chairs's Report		
	<p>AF presented the Workforce Committee Chair's report that was taken as read.</p> <p>Report:</p> <ul style="list-style-type: none"> a. AF highlighted that at the recent Workforce Committee, there had been no changes to the risks recorded in the Board Assurance Framework (BAF) register. The Committee had also considered two new BAF risks for 2026. b. JA observed that the report reflected both positive developments and ongoing challenges. He noted concerns regarding recruitment difficulties and highlighted that diversity metrics had deteriorated, with significant work underway to address this. <p>Discussion:</p> <ul style="list-style-type: none"> c. The Board discussed emerging risks requiring potential escalation. d. DL queried what mitigations were in place given the significance of these risks. e. In respect of the industrial action risk, HMc advised that the mitigation approach would not involve cancellation or addition of activity. This approach would be informed by lessons learned from previous industrial action, during which balanced staffing levels for both inpatient and outpatient services ensured patient safety. f. Regarding persistent digital infrastructure issues impacting radiology and staff experience, EM confirmed that, with AR's support, an external review of the Trust's digital capability and capacity was being commissioned. This would include a comprehensive review, with resources and data being secured to enable commencement. The review would be reported through the Performance Committee. g. OM advised that delays in the ER hub and policy consultation were due to reprioritisation, and delivery remained dependent on resourcing for critical care attendees. <p>The Board noted the Workforce Committee Chair's report</p>		
3	QUALITY		
3.i	Surgical Site Infections – Improvement Actions Update		
	<p>Report:</p> <ul style="list-style-type: none"> a. EM reported that actions arising from initial discussions at the fortnightly Oversight Board meetings had focused on strengthening leadership within the local divisional team. An anaesthetist from the Trust, who had undertaken patient safety research in the United States, had agreed to assume leadership of the STA team and was developing an action plan to be presented in due course. b. EM advised that IS was progressing work to identify initial results to support a deeper analysis of existing data, which had highlighted themes including variation by day of week and across individual operators. Recognising that outcomes reflected the full patient pathway, 		

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	<p>further analysis was required, and responsibility was being identified. It was intended that the findings would be reviewed through Surgical Morbidity and Mortality (M&M) meetings to enable clinical scrutiny and challenge.</p> <p>Discussion:</p> <ul style="list-style-type: none"> c. CC welcomed the progress in respect of SSIs and queried when decisions would be made regarding the suitability of the proposed action plans. EM confirmed that firm timelines would need to be established for these plans in order to provide assurance. d. MS provided an update on current rates. The inpatient readmission rate stood at 5%, a reduction from 6.8% in the previous report. It was advised that data on patients readmitted elsewhere was also available within the Trust's records. e. It was noted that most surgical site infections were superficial; however, two cases of deep wound infection had been recorded. f. The meeting heard that all members of the executive team were part of the oversight planning group, and the Divisional Director provided input to the oversight team on a fortnightly basis. <p>The Board noted the Quality and Risk Committee Chair's report.</p>		
4	BOARD FORWARD PLAN		
4.i	Board Forward Plan		
	The Board noted the Board Forward Plan.		
5	ANY OTHER BUSINESS		
	There was no other business.		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors Part II
Meeting held on 04 December 2025