

Meeting of the Board of Directors
Royal Papworth Hospital NHS Foundation Trust
01 May 2025 at 9:00 am – 11:00 am
Heart & Lung Research Institute
and Microsoft Teams

UNCONFIRMED MINUTES – Part I

Present	Dr J Ahluwalia	(JA)	Chair
	Prof I Wilkinson	(IW)	Non-Executive Director
	Ms D Leacock	(DL)	Non-Executive Director
	Ms C Conquest	(CC)	Non-Executive Director/Senior Independent Director
	Mr G Robert	(GR)	Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director
	Mr D Jones	(DJ)	Non-Executive Director
	Dr C Paddison	(CP)	Non-Executive Director (Interim)
	Mrs E Midlane	(EM)	Chief Executive Officer
	Mr T Glenn	(TG)	Deputy Chief Executive Officer & Director of Commercial Development, Strategy and Innovation
	Dr I Smith	(IS)	Medical Director
	Mr H McEnroe	(HMc)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mrs M Screaton	(MS)	Chief Nurse
	Ms S Harrison	(SH)	Interim Chief Finance Officer
	Dr R Vaithamanithi	(RV)	Deputy Director of Digital (Attending for Mr Andy Raynes)
In Attendance	Ms E Pearce (item 1.i)	(EP)	Heart Valve Specialist Nurse
	Mr S Edwards	(SE)	Head of Communications
	Mr K Mensa-Bonsu	(KMB)	Associate Director of Corporate Governance
Apologies	Mr A Raynes	(AR)	Chief Information Officer & SIRO
Observers	Ms A Halstead (AH) - Lead Governor and Public Governor (from 09:06 hrs)		
	Ms M Hotchkiss (MH) - Public Governor		
	Mrs A Atkinson (AA) - Public Governor		
	Mr B Davidson (BD) - Public Governor		
	Mr T McLeese (TMc) - Public Governor		
	Mr T Collins (TC) - Public Governor		
	Dr C Glazebrook (CG) - Public Governor		
	Ms L Williams (LW) - Staff Governor		
	Ms J McClean (JMc) - Staff Governor		

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING ITEMS		
	JA welcomed everyone to the meeting. Apologies were noted as above.		
1.i	Patient Story		
	<p>EP presented the patient story, providing the Board with details of her background as a Staff Nurse, who progressed to Deputy Sister and then commenced the role of Heart Valve Specialist Nurse in August 2023. The position would follow the patient pathway from referrals, through follow-ups and ongoing care, with the utilisation of advanced clinical assessment skills to aid patients through their entire journey. EP also undertook the coordination of inpatient and outpatient bookings, offering clinical inputs to assess where patients were suitable for the procedure but also the levels of urgency for treatment to be received.</p> <p>The patient story related to a 76 year-old female who had lived an active lifestyle, but in 2023 had attended her GP surgery with symptoms of breathlessness on exertion, at which time a heart murmur was detected. She was referred to James Paget Hospital for further investigation where an echocardiogram (ECG) in January of 2024 confirmed severe aortic stenosis. In April 2024, a cardiologist confirmed the seriousness of her condition.</p> <p>There were no medications that could treat the aortic valve and if left untreated, this had a 50% mortality within two years. Her case was borderline for open heart surgery or Transcatheter Aortic Valve Implantation (TAVI), so she was referred to RPH for further investigations.</p> <p>The patient was seen by a TAVI consultant in June 2024, when she had already noticed a marked decline in her ability to manage daily life. She was placed on a TAVI pathway and this treatment was confirmed as the most appropriate option by a Multi-Disciplinary Team (MDT) in November 2024. During the 16 months between her diagnosis and the procedure, the patient's life changed dramatically. The patient described the wait as "nerve wracking", her life was "put on hold" and there was a marked decline in her abilities.</p> <p>In April of 2025, the patient was called into the hospital at short notice due to cancellation of another inpatient appointment. The patient expressed relief at not having had much time to dwell on the upcoming procedure. She was admitted on the day of her operation and met by the TAVI nurses and Day Ward nurses who prepared her for the procedure. She explained that the hardest part was sitting alongside patients who were eating and drinking while she was 'nil by mouth' and she suggested that patients in this position could be sat elsewhere to avoid the situation.</p> <p>The procedure went smoothly and was well tolerated. The patient expressed relief that this had been successful, but after the procedure, she experienced significant bruising and pain to the access site, along with the need for oxygen support. This prompted urgent imaging, including an ultrasound scan of the groin and a chest X-ray. During this time, the patient expressed frustration at the delay in receiving scan results and the lack of communication from the medical team due to the absence of a doctor on the day following her scans. She mentioned that she only knew the treatment plan through updates from the TAVI nurses and the ward staff. Despite these challenges, the patient praised the hospital environment, describing it as "restful", she felt "safe" and was treated with respect and dignity throughout her care. The patient helpline was also</p>		

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	<p>regarded as useful.</p> <p>In view of the positive elements of the patient's feedback, the one area which had been noted as requiring improvement was medical communication, which was felt to be lacking. On discussing the case with one of the cardiology consultants in charge of the registrars, there had been acknowledgement that it was unusual for patients not to see any grade of doctors throughout their stay. It was confirmed during the discussion that as a standard, a patient should be reviewed by either a junior doctor or a registrar whilst on the ward. However, due to their staffing levels, it was not possible for registrars to review all of the patients.</p> <p>The 16-month wait from initial diagnosis was also flagged as a major source of concern for the patient, with notable deterioration in her symptoms during this period.</p> <p>The Board was updated that the patient was currently well and awaiting her three-week follow-up.</p> <p>Discussion:</p> <p>CC referred to the patient not having seen a doctor and queried, in situations where this was not necessary, whether workforce could be more fluid, and protocols amended so discharge could be facilitated. EP confirmed that patient expectation was to be reviewed by a doctor. Review by TAVI nurses might be undertaken on day one and day two but should there be a prolonged stay due to issues which were not related to TAVI, the nurses may not be in a position to review the patient up to the day of discharge.</p> <p>GR alluded to the demand for TAVI and questioned the extent of the pressure experienced by staff in this regard. EP described the difficulties in achieving the balance between managing the 'long-waiters' as well as the patients who were more urgent because of their clinical needs. These difficulties were compounded by pressure from the Operations Team with regards to the need to progress on the waiting list. Saturday lists were noted to have been helpful, but these were for non-complex cases only, requiring the selection of specific patients. Support from managers was noted to be helpful but was of limited assistance.</p> <p>CP wished to understand the proportion of patients waiting for TAVI who would experience worse treatment outcomes as a result of harm from waiting. Further, was it possible to identify those patients more likely to experience harm from waiting, in order to target resources? EP advised of a 'traffic-light' system to assess clinical urgency which was predictive of those who might experience harm by way of outcome due to a long wait.</p> <p>DJ highlighted the negative feedback from the patient and enquired if it would be possible to address issues around being 'nil-by-mouth' whilst other patients were eating. MS advised that the issue had arisen previously, and the Day Ward was considering how this could be resolved. MS noted that resolving this would not be straightforward due to the extent of the space involved and utilisation by patients with different circumstances.</p> <p>JA questioned the content of the conversation with patients when relaying life expectancy because of their conditions, and the subsequent effect on patient perceptions due to the extent of the waiting times. EP explained that patients were urged to attend the hospital if their condition became severe as there was a different referral process for inpatients. Alternatively, patients were signposted to their GP for the</p>		

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	<p>management of symptoms.</p> <p>IS confirmed that a proposal for an additional 15% capacity to be added to the Catheter Labs (Cath Labs) had been reviewed by the Executive Team. The Trust had recognised the need to increase capacity so this particularly vulnerable cohort of patients could be better supported with shorter waiting times.</p> <p>JA queried whether TAVI was offered to all, and if so, whether this required consideration. IS advised that this was a growing discussion and whilst there was evidence of good outcomes for those on the waiting list, this was less evident in those presenting as emergencies.</p> <p>CP referred to the deteriorating patient and their ability to “reach back” into the service to flag their condition and queried whether this raised an equalities issue in terms of an individual’s ability to articulate and whether this was being considered as an issue. EP relayed that patients were contacted at the point of Multi-Disciplinary Team (MDT) involvement to check on severity of symptoms but would not be telephoned again between that time and receipt of treatment. The ‘traffic light’ urgency criteria were noted to flag severity compared to peers at which time the consultant would be made aware. MS stated that in addition to the reaching out, there was a need to reduce the waiting list, increase tracking and ensure patients were treated in a timely manner.</p> <p>JA thanked EP for the quality of her presentation, which was echoed by those present.</p> <p>In respect of emergency presentations, JA queried any emerging data set to inform practice. IW advised of a national register, data from which could be scrutinised, which it was considered would be helpful, and would be brought back to the Board for review. MS highlighted that the TAVI nurses were very much linked with the national TAVI nurses.</p> <p>The Board noted the Patient Story.</p>	MS/IS	07/25
1.ii	Declarations of Interest		
	There were no declarations of interest.		
1.iii	Minutes of Previous Meetings		
	The Board of Directors (BoD) APPROVED the minutes of the Part I of the BoD meeting held on 06 March 2025 as a true and accurate record of the meeting.		
1.iv	Matters Arising from the Minutes/Action Checklist		
	<p>JA confirmed that there were no items arising on the Actions Checklist that were not on today’s agenda.</p> <p>The Board noted the Matters Arising and Action List.</p>		
1.v	<p>Board Assurance Framework (BAF) KMB presented the BAF.</p> <p>Attention was drawn to the following highlights:</p>		

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	<ul style="list-style-type: none"> BAF 1929: Low levels of staff engagement: The Workforce Committee in March 2025 had approved the reduction of the current risk rating from 16 (C4 x L4) to 12 (C4 x L3). This was due to improvements in staff engagement which was reflected in the relevant aspects of the 2024 Staff Survey. BAF 858: Optimisation and Development of Electronic Patient Record (EPR) System: The Performance Committee in April 2025 had approved the incremental increase of the current risk rating from 8 (C4 x L2) to 12 (C4 XL3). This was due to Dedalus (the current external EPR provider) giving notice on strategic partnership which would likely increase costs. <p>Additional highlights were featured in Appendix 2 of the report.</p> <p>Discussion: HMc wished to note that BAF 858 did not relate to any specific concerns raised and pertained to the fact that RPH was currently contracting existing services, while taking steps to procure another EPR system. This had created an element of complexity, but not an issue in the context of any specific items at the current time.</p> <p>The Board noted the Board Assurance Framework.</p>		
1.vi	Chair's report		
	<p>JA provided a verbal Chair's Report and highlighted the 10-year anniversary of the Donation After Circulatory Death (DCD) programme last month. Thanks were extended to Sam Edwards and the Communications Team for arranging the anniversary event, and to colleagues for their input.</p> <p>EM informed that Board, after 10 years, NHSE had agreed to commission and fund RPH's DCD service. The RPH Hospital Charity had funded the DCD heart transplant programme until 2020 when a Joint Innovation Fund, provided by NHS Blood and Transplant and NHS England, began providing financial support for the equipment utilised by the service.</p> <p>Separately, JA wished to pass gratitude to the Finance Team for submission of a breakeven position for the Trust.</p> <p>The Board noted The Chair's Report.</p>		
1.vii	CEO Update		
	<p>EM presented the CEO Update.</p> <p>Despite the current turbulence within the NHS, assurance was provided that focus remained on the three priorities of: a. 'Developing our Culture' in terms of inclusion and belonging, b. elective recovery and next level plans, and c. the 'development of the Trust's Corporate Strategy 2026 - 2031.</p> <p>The full 2024 NHS Staff Survey results were published in March, and it was pleasing to see positive improvement in the Trust's scores. Engagement sessions with staff around the survey results and had been positive. As part of the engagement activity, a leadership event had taken place on 01 April 2025 for which thanks were extended to those who contributed. The event had resonated with the organisation due to the extent</p>		

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	<p>of Board presence and ownership.</p> <p>A key personnel change was noted to be the appointment of Dr Michael O’Sullivan as Clinical Director for Cardiology, with gratitude passed to Dr David Begley who would be standing down after six years in the role.</p> <p>An improving trend in vacancy rates was noted, with latest data for March 2025 demonstrating a figure of 6%, being the lowest level in four years.</p> <p>Surgical site infections (SSIs) were on a positive trajectory. There had been an additional case of M.abscessus reported, which was undergoing full investigation.</p> <p>Thanks were extended to the Finance Team for their resilience and determination in maintaining a favourable financial position for the Trust, despite significant pressures.</p> <p>A successful Cambridge Festival was highlighted and gratitude passed to all involved, and in particular, the Comms team.</p> <p>The five-year anniversary of Covid-19 had been recognised, including a visit from a previous patient and her twin daughters which had been a pleasure to observe.</p> <p>Discussion:</p> <p>DL questioned how balance might be achieved in managing the ‘developing our culture’ element with the elective recovery and waiting list management priorities. Separately, levels of concern regarding the latest M.abscessus case were sought. EM considered that engagement with staff and stakeholders was key in balancing priorities. TG added that ‘developing our culture’ and the elective recovery programme were not an “either/or” in terms of delivery and the only way necessary achievements could be made would be to continue to scrutinise how people behaved and treated each other, with a view to collective delivery of the goals.</p> <p>MS advised that the M.abscessus Steering Group continued to meet, and as many mitigations as possible remained in place. It was not clear how the patient in question had contracted the infection though the bacteria were known to be present in the drains and in the water. All measures possible were being taken in this regard. It was felt that the occasional incident was likely to emerge, but a robust safety plan was being reviewed constantly. The importance of being transparent with patients was considered to be key and at a recent Executive Oversight brief with NHSE and the UK HSA, the Trust had been tasked with considering what might trigger an increase in prevention, which was the subject of current discussion.</p> <p>JA queried whether any interventions or defences had been stood down. MS confirmed that all measures remained in place, except for some of the ‘point of use’ filters which had been reduced to the level when first introduced.</p> <p>In respect of SSIs, CC requested that a paper by way of comprehensive update on the status of SSIs in the Trust be brought to Board.</p> <p>The Board noted the CEO’s report.</p>	MS	09/25
1.viii	NED Update		
	No issues were raised.		

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2	PEOPLE		
2.i	Workforce Committee Chair's Report		
	<p>AF presented the Workforce Committee Chair's Report.</p> <p>Highlights were noted to relate to the following:</p> <ul style="list-style-type: none"> a. The equality, diversity and inclusion (EDI) work; b. The high quality of the staff stories being presented; and c. While progress was being made in Education and Training, two areas of concern relating to safeguarding training and advanced life support training for cardiac surgery had been raised. <p>The Board noted the Workforce Committee Chair's Report.</p>		
2.ii	Director of Workforce and Organisational Development Report		
	<p>OM presented the Director of Workforce and Organisational Development Report.</p> <p>The Board noted the Director of Workforce and Organisational Development Report.</p>		
2.iii	<p>Equality Diversity and Inclusion:</p> <ul style="list-style-type: none"> a. Workforce Race Equality Standard (WRES) Results: Report and Action Plan b. Workforce Disability Equality Standard (WDES) Results: Report and Action Plan c. Equality Delivery System (EDS) 2 Report and Action Plan d. Gender Pay Gap Audit and Action Plan 		
	<p>OM introduced the four papers for ratification.</p> <p>In relation to the Gender Pay Gap Audit and Action Plan, JA wished to understand confidence levels that plans for this year were going to make a greater impact on some of the challenges compared to last year. JA also inquired if there was sufficient capacity to accommodate the volume of work.</p> <p>OM responded that little change would be evident with the gender pay gap. Though the Trust adhered to national terms and conditions in terms of salaries, the bonus scheme for doctors was an external and national scheme which helped create the gender pay gap between female male doctors. OM added that the Women's Network had also identified that flexible working and maternity leave could hamper career progression for female doctors. OM stated that no other discriminatory factors had been identified.</p> <p>AF advised that the issue of resource had been raised previously and was of the view that capacity would be stretched. OM noted the ambition to progress at pace, however, patience and ingenuity was required in allocation of resources as well as an acceptance as to what may not be achievable. It was considered that good progress could be made, but not all would be achieved due to being long-term strategic actions and ongoing activities. Support from the RPH Hospital Charity would be needed to reach some of the objectives.</p> <p>JA queried whether, if sickness absence were better managed, there may be a swift return on investment for the Trust which might pay for the additional resource required</p>		

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	<p>to actually address the issues. OM referred to conversations on the point and noted that if absence could be reduced to pre-Covid levels at 3.5%, this would make a significant difference.</p> <p>The Board ratified and approved:</p> <ul style="list-style-type: none"> a. Workforce Race Equality Standard (WRES) Results: Report and Action Plan b. Workforce Disability Equality Standard (WDES) Results: Report and Action Plan c. Equality Delivery System (EDS) 2 Report and Action Plan d. Gender Pay Gap Audit and Action Plan 		
2.iv	Staff Survey Results		
	<p>OM presented the Staff Survey Results.</p> <p>A mixed review had been evident in relation to Workforce Race Equality Standard (WRES) results, and whilst progress had been made, pace had been lacking. Workforce Disability Equality Standard (WDES) results had demonstrated significant improvement. Free text analysis had revealed many positive responses and areas of concerns raised were as had been evident in previous surveys, such as staffing levels and not feeling listened to. The Q4 24/25 Pulse Survey results had been less positive in this quarter than in previous quarters.</p> <p>Discussion:</p> <p>DL referred to the comparison of “recommender as a place to work” results and questioned whether other Trusts had been approached where success was being achieved in this area. OM advised of the intention to visit Liverpool Heart and Chest Hospital which had scored consistently high in each category for some time. OM noted the possibility of the workforce all being from the Liverpool area provided a sense of stability, which would be a key factor in results they consistently achieved.</p> <p>CC raised the area of concern of unwanted sexual behaviour, querying if this was a relatively new problem. OM explained that the Women’s Network had identified the issue a couple of years ago, particularly in relation to therapy staff and their interactions with patients.</p> <p>While there was a reduction in the number of staff experiencing unwanted behaviour of a sexual nature, 8.5% of respondents reported that they had experienced at least one incident of unwanted sexual behaviour from patients or relatives. Meanwhile, 4.3% of staff said they experienced unwanted sexual behaviour from colleagues. These were the highest reported levels in RPH’s peer group, which was thought to be due to increased recording and reporting. The implications of single patient rooms were being considered.</p> <p>OM noted that comments from respondent ranged from subtle phrases to the use of more sexually aggressive language, but not serious sexual assault. This had been a focused area of discussion at the Workforce Committee. OM advised that the Violence Prevention and Reduction (VPR) standard was now in place to guide and support the actions which needed to be undertaken to ensure all staff felt safe. The standard considered all types of abuse, violence and aggression, of which sexual harassment was one form. RPH would be conducting an exercise to look at the overall approach across different types of abuse using the VPR assessment tool, with an associated workshop planned for next Wednesday (07 May 2025).</p>		

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	<p>GR expressed concern at the results relating to the significant deterioration in “not having experienced physical violence from a manager” and requested context. OM contended that this was the result of staff misunderstanding the question as this would equate to 30-40 cases of physical violence of which there was no evidence of reporting through any of the Trust’s systems. JA suggested alternative wording or expansion of the question, stressing the need for confidence that the problem did not exist. It was not sufficient assurance to rely on this being a double negative question misinterpreted by staff.</p> <p>OM agreed to give the issue of “physical violence” further consideration, noting the people’s perception and interpretation of the term “violence” were also pertinent to the conversation, as were cultural differences.</p> <p>The Board noted the Staff Survey Results.</p>	OM	07/25
3	QUALITY		
3.i	<p>Quality and Risk Committee (Q&R) Chair’s Report IW presented the Q&R Chair’s report.</p> <p>In March 2025, the Committee had received the Patient Safety Incident Response Framework (PSIRF) Plan for 2025/26. The Committee felt the chosen areas of focused work, medication safety, unintended outcomes of treatments or procedures and patient pathway issues were broadly appropriate areas to concentrate on. The Committee received an evaluation of the Year 1 PSIRF plan at the April 2025 meeting. IW praised Louise Palmer, Deputy Director of Quality for the quality of the plan, as it had been both informative and comprehensive.</p> <p>In April 2025, the Committee had heard from Jacqui Renwick (JR), Head for Quality Improvement and Transformation on a medicines quality improvement project undertaken to review medicines incidents. The project had also explored the key themes of reporting culture, controlled drugs management, intravenous medication and dopamine infusions.</p> <p>A reduction in SSI rates across quarters 1-3 was positive. Although SSIs were still occurring, there had been a sustained reduction in rates, which was promising.</p> <p>There had been two escalations from the Performance Committee. The first related to impact of long waits on patient morbidity and mortality and understanding trigger points for escalation of care. The Committee agreed to address this action through the harm review process currently underway to ensure all points of the escalation of care process were addressed.</p> <p>The second escalation related to clinical safety of patients experiencing long delays in CT scan reporting. The Committee was assured by David Meek, Associate Director of Clinical Governance that the Radiology Clinical Safety Group, which was set up in response to the CT backlog 12 months ago, had clear oversight of this issue. The concerns over the long delays had been referred to the Safety Incident Executive Review Panels (SIERP) as required.</p> <p>Discussion: CP highlighted the usefulness of a conversation around informed consent and thanked IW, DM and MS for the robust assurance provided to the Board around communication</p>		

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	<p>with patients on the subject.</p> <p>JA noted that the issue of CT backlog had arisen in a number of the Committees and sought a status update. HMc advised that preferred provider of a stop-gap solution before a long-term solution provider had been secured to fill the gap left by the previous provider's insufficient capacity.</p> <p>DL sought clarity on how the above affected patients, their wait times and the backlog. IS explained that concern had been raised because whilst the level of absolute harm may be very low, once a significant backlog arose, the multipliers would affect the outcomes. It was confirmed that in the new insourcing stopgap contract, the quantity of insourcing would allow for catch-up on additional delays within approximately the first nine weeks of provision of the service.</p> <p>JA suggested that it would be useful, going forward, to receive a complete review of the CT backlog issue, with lessons learned and elements that still needed to be put in place to avoid a recurrence of the situation. EM advised a deep dive into these issues was planned</p> <p>DJ referred to insourcing and outsourcing, noting the latter to require technological investment in digital. DJ questioned the confidence levels in the capacity to be able to deliver the medium-to-long-term solution with all the other demands on the Trust's technological resources. EM explained that work was being undertaken with the Digital Team to consider the projects currently committed to and a reprioritisation to ensure the CT backlog issue was of the highest priority. RV echoed these comments and advised of the approach being taken in Digital, with engagement of all business and clinical leads.</p> <p>CP highlighted the need for a realistic timeline to ensure no delays were encountered.</p> <p>IW sought to know the latest position in respect of recruitment of consultant radiologists. IS noted a significant number of vacancies and issues of inflexibility of current staff and consultants not being able to report from home, which would be addressed by the outsourcing solution. Five vacancies were noted, together with one staff member on paternity leave, who had now returned. Interviews were upcoming and a new consultant appointed through Cambridge University Hospitals (CUH) would be undertaking sessions.</p> <p>EM advised of a national shortage of radiologists. Changes in the way radiologists were able to work was also having an impact on this professional group.</p> <p>The Board noted the PSIRF Annual Plan and the Quality and Risk Committee Chair's Report.</p>	EM/ HMc	10/ 25
3.ii	Combined Quality Report		
	<p>MS introduced the Combined Quality Report.</p> <p>JA referenced patients who required mechanical ventilation and questioned whether there were any means of remote monitoring of such devices to enable intervention, should a failure arise. IS advised that this was not routine but there were systems available without ventilators, which were the subject of consideration and were being used with Continuous Positive Airway Pressure (CPAP) patients. Issues were noted to</p>		

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	<p>be few, with machines being generally very reliable. IS stated that the vast majority of patients, however, were not ventilator-dependent.</p> <p>The Board noted the Combined Quality Report.</p>		
4	PERFORMANCE		
4.i	Performance Committee Chair's Report		
	<p>GR presented the Performance Committee Chair's Report.</p> <p>The PIPR had received significant discussion, with the need for more detailed reporting on 52-week breaches highlighted, to include both time taken to treatment once referred to RPH, and time at which treatment ultimately took place or was scheduled to take place.</p> <p>In respect of the CT backlog, the Committee expressed its disappointment with the current position and had escalated it to the Quality and Risk Committee to review if this was causing any patient harm. While a "lessons learned" review would be welcomed by the Committee, it was agreed that this should be delayed until after a sustainable solution had been delivered effectively.</p> <p>Further information on the details of trajectories, targets and dashboards were awaited in respect of Elective Care Priorities to enable the monitoring of progress. The assurance level of "inadequate" was not a reflection of lack of progress, but rather, current stage of the improvement work being undertaken.</p> <p>Cost Improvement Programmes (CIPs) had been achieved for 24/25 and discussion had focused on the pipeline for 2025/26.</p> <p>The Board noted the Performance Committee Chair's Report.</p>		
4.ii	Papworth Integrated Performance Report (PIPR) Month 12 – March 2025		
	<p>SH presented the PIPR for March 2025, noting an overall Trust performance rate of amber for the month. There were two domains rated green, which related to 'caring' and 'finance', two which were amber pertaining to 'safe' and 'people management and culture' and two domains that continued to be rated red. These represented trends discussed at today's meeting and were reflected in national and regional contexts, particularly around long-wait positions.</p> <p>Discussion:</p> <p>JA referred to Healthcare Support Worker fill rates and gaps in day shifts and questioned the drivers of the situation. MS confirmed that there was increased uptake for night shifts due to the uplift in pay, and gaps tended to be more evident in the day. This was confirmed to be a national issue.</p> <p>DL referred to the action plan in respect of patients on the waiting list and new capacity within the Interstitial Lung Disease (ILD) service being available from May 2025 to meet the demand. DL questioned how this capacity was being created and whether it was sustainable. IS replied that a new consultant had been appointed three months ago and as a result, capacity would be sustainable.</p>		

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	<p>GR noted the report to be the most positive received for some time in terms of ratings. IS added that the Sleep Laboratory, which had previously had a waiting list similar to the CT backlog, had managed to clear its backlog and was wait-free. This had been achieved via a new leader in the laboratory, a change to the team dynamic and changes to the polysomnogram kit to enable reporting on five studies a day, rather than two.</p> <p>The Board noted the Papworth Integrated Performance Report (PIPR) Month 12 – March 2025.</p>		
5	AUDIT		
5.i	Audit Committee Chair's Report		
	<p>CC presented the Audit Committee Chair's Report.</p> <p>BDO Local Counter Fraud Service (LCFS) - discussion had been held with LCFS about the Trust's low level of reporting on fraud issues as this could be seen by the Counter Fraud Authority (CFA) as an area of concern.</p> <p>CC and SH had met with the LCFS. The LCFS agreed at the meeting that, though the Trust had good procedures and working practices in place, they would re-establish working links with the Trust's Freedom To Speak Up Gurdian and Workforce Directorate. These relationships would help ensure that that LCFS learnt about all issues whether they were low-level or not. These would then be captured to demonstrate that positive activity was happening.</p> <p>The Trust's potential rating against NHS Counter Fraud Authority standards was overall green, but with two amber elements for: '8: Report identified loss' due to low levels of reporting and '11: Access to and completion of training' due to not making counter fraud training mandatory, which it was not felt was the correct course of action. The issue would be brought back to Board when an update was available.</p> <p>The Data Security and Protection Toolkit (DSPT) enabled NHS organisations and partners to assess compliance with information governance standards. In line with the Audit Committee's expanded oversight role, the Committee reviewed and approved the DSPT Committee Terms of Reference (ToR).</p> <p>The Board noted the Audit Committee Chair's Report.</p>		
6	GOVERNANCE AND ASSURANCE		
6.i	<p>Corporate Governance Documents – Board Committees Terms of Reference</p> <ul style="list-style-type: none"> • TOR001 Audit Committee • TOR002 Quality and Risk Committee • TOR007 Performance Committee • TOR051 Workforce Committee • TOR018 Strategic Projects Committee 		
	<p>JA introduced the Terms of Reference.</p> <p>Discussion: JA referred to TOR051 - Workforce Committee, section 4.3 and queried whether</p>		

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	<p>Revalidation as well as Equality and Diversity System 2022 (EDS2) were reporting obligations, which was confirmed to be correct and would be added to the ToR.</p> <p>In respect of TOR018 - Strategic Projects Committee, JA queried whether Strategy, Private Patients and Innovation should be added, which was agreed.</p> <p>Subject to the above edits, the Board ratified and approved the Corporate Governance Documents – Board Committees Terms of Reference (ToR):</p> <ul style="list-style-type: none"> • TOR001 Audit Committee • TOR002 Quality and Risk Committee • TOR007 Performance Committee • TOR051 Workforce Committee • TOR018 Strategic Projects Committee 	<p>KMB</p> <p>KMB</p>	<p>07/25</p> <p>07/25</p>
6.ii	<p>Board Committee Approved Part 1 Minutes:</p> <p>a) Audit Committee: 23.01.25</p> <p>b) Quality & Risk: 27.02.25; 27.03.25</p> <p>c) Performance: 27.02.25; 27.03.25</p> <p>d) Workforce: 30.01.25</p>		
	<p>The Board Committee Approved Part 1 Minutes were taken as read.</p> <p>The Board noted Board Committee Approved Part 1 Minutes:</p> <p>a) Audit Committee: 23.01.25</p> <p>b) Quality & Risk: 27.02.25; 27.03.25</p> <p>c) Performance: 27.02.25; 27.03.25</p> <p>d) Workforce: 30.01.25</p>		
7	BOARD FORWARD PLAN		
7.i	Board Forward Plan		
	<p>JA introduced the Board Forward Plan. KMB highlighted that updates had been made as requested.</p> <p>JA sought the Board's contentment to Part 1 Board Meetings in June, August, October and December being meetings with a duration of 30 minutes, which was agreed by all.</p> <p>The Board noted the Board Forward Plan.</p>		
7.ii	Review of Actions and Items Identified for Referral to Committee/Escalation		
	<p>There were no actions identified for committee escalation, but timescale was sought on the report in respect of CT backlog and lessons learned. HMc advised that results of a deep dive would be heard at Performance Committee, after which presentation to the Board would be scheduled. Due to the extent of the agenda for the September's Board meeting, it was requested that if this were the planned session, it be moved to October, if not heard sooner. A holding date for October would be added to the planner.</p>	KMB	05/25
8	ANY OTHER BUSINESS		
	There were no questions from the public.		

Agenda Item		Action by Whom	Date
	There was no other business and the meeting closed at 10:56 hrs.		

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust
Board of Directors**

Meeting held on 01 May 2025