Item 00

Royal Papworth Hospital
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS
Wednesday 04 June 2025 from 10:30 am – 12:20 pm
Royal Papworth Hospital
Venue: HLRI & MS TEAMS

AGENDA

1	Welcome, apologies and opening remarks	Chair	Verbal	5 mins
2	Declarations of Interest	Chair	Verbal	
3	i. Minutes of previous meeting: 19 March 2025 ii. Action Checklist	Chair	Attached	
ASSURANCE				
4	Patient Story by: Paul Lincoln, Transplant Co-ordinator	Chief Nurse	Verbal	15 mins
5	Board Committees Chairs Report i. Performance Committee (Verbal) ii. Workforce Committee (Reporting schedule for 2025 attached)	Chairs (with optional feedback from Governor Observers)	Verbal/Attached	20 mins
GOVERNORS' UPDATE				
6	Lead Governor's Report	Lead Governor	Attached	30 mins
7	Reports/Observations from Chairs of Governor Committees i. Governors Assurance Committee (Verbal) ii. Forward Planning Committee iii. Patient and Public Involvement Committee (Verbal) iv. Access and Facilities Committee	Governor Chairs	Verbal/Attached	
8	Reports on other Governor Activities (Including from Appointed Governors)	Governors	Verbal	
9	Update on Actions (You Asked; The Plan/Progress Update)	Chair/Lead Governor	Attached	
GOVERNANCE				
10	**For Approval** Membership and Engagement Strategy	Ian Harvey	Attached	10 mins

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11	**For Information** SOP for the Annual RPH Council of Governors Elections Process • Investigations into concerns raised in relation to the 2024 Governor Elections – Recommendations	CEO	Attached	5 mins
12	**For Approval** Term of References – Council of Governor Committees i. Governors Assurance Committee ii. Patient and Public Involvement Committee	Chair	Attached	5 mins
REFERENCE PACK				
13	Governor Matters: • Appendix 1: Governor Committees Membership • Appendix 2: Minutes of Governor Committees	Lead Governor	Reference Pack	5 mins
14	Papworth Integrated Performance Report	*Circulated for Information to the CoG*		
15	Questions from Governors and the Public	Chair		5 mins
16	**Future Meeting Dates**: • 10 September 2025 • 12 November 2025			

Please Note: The Council of Governors meeting will be followed by a sandwich lunch.

Please Note: If you would like to attend this meeting/ask a question/seek further information, please contact the Associate Director of Corporate Governance. Email: kwame.mensa-bonsu1@nhs.net

Royal Papworth Hospital
NHS Foundation Trust

Minutes of the Meeting of the Council of Governors
Held on Wednesday 19 March 2025 10:30 am to 12:30
Venue: HLRI & MS TEAMS
Royal Papworth Hospital

Present	**Role**	**Initials**
Jag Ahluwalia	Chair (Trust Chair)	JA
Angela Atkinson	Public Governor	AA
Paul Berry	Public Governor	PB
Susan Bullivant	Public Governor	SAB
Vivienne Bush	Public Governor	VB
Trevor Collins	Public Governor	TC
Deborah Cooper	Public Governor	DC
Bill Davidson	Public Governor	BD
Caroline Edmonds	Appointed Governor	CE
Joe Pajak	Public Governor	JP
Harvey Perkins	Public Governor	HP
Martin Hardy-Shepherd	Public Governor	MHS
Marlene Hotchkiss	Public Governor	MH
Josevine McClean (left at 12.05)	Public Governor	JMc
Christopher McCorquodale	Staff Governor	CMc
Andrew Hadely-Brown	Staff Governor	AHB
Abi Halstead	Lead and Public Governor	AH
Rhys Hurst	Staff Governor	RH
Trevor McLeese	Public Governor	TMc
Ian Harvey	Public Governor	IH
Philippa Slatter	Appointed Governor	PS
Lynne Williams	Staff Governor	LW
In attendance		
Eilish Midlane	Chief Executive Officer	EM
Maura Screaton	Chief Nurse	MS
Tim Glenn	Deputy Chief Exec	TG
Susan Hall	ILD Patient	SH
Emma Harris	Lead ILD Nurse Practitioner	EH
Sophie Harrison	Interim Chief Finance Officer	SHa
Harvey McEnroe	Chief Operating Officer	HMc
Andrew Raynes	Chief Information Officer	AR
Kwame Mensa-Bonsu	Associate Director of Corporate Governance	KMB
Cynthia Conquest	Non-Executive Director	CC
Michael Blastland (left 11.25)	Non-Executive Director	MB
David Jones	NED (from April) observer	DJ
Oonagh Monkhouse	Director of Workforce	OM
Amanda Fadero	Non-Executive Director	AF
Diane Leacock	NED	DL

Laura Favell-Talbot	Membership and Engagement Officer	LFT
Charlotte Paddison	NED	CP
Julie Wall	PA to Chair (minute taker)	JW
Apologies		
Sarah Brooks	Staff Governor	SB
Justin Davies	Partner Appointed Governor CUH	JD
John Fitchew	Public Governor	JF
Clive Glazebrook	Public Governor	CG
Leslie Howe	Public Governor	LH
Rachel Mahony	Public Governor	RM
Gavin Robert	NED	GR
Ian Smith	Medical Director	IS
Ian Wilkinson	NED	IW

Discussion did not follow the order of the agenda, however, for ease of recording these have been noted in the order they appeared on the agenda.

Item (minute reference)	**WELCOME, APOLOGIES AND OPENING ITEMS**	**Action by whom**	**Date**
1.	**Welcome, apologies and opening remarks**		
	The Chair welcomed those present and those on MS Teams to the meeting. The Chair (JA) acknowledged that today's meeting would be the last CoG that Michael Blastland would be attending due to stepping down as NED at the end of March. He thanked MB on behalf of the Council of Governors for his huge contribution over the last 6 years. A round of applause was given in recognition. MB thanked the Chair and the Governors for their support and added that it had been a great pleasure to work with everyone.		
2.	**Declarations of Interest**		
	There were no new declarations of interest raised.		
3.i	**Minutes of the previous meeting – 13 November 2024**		
	The minutes of the Council of Governors (CoG) meeting were agreed to be a true and accurate record of the meeting.		

	I. Bill Davidson to be added to the attended list on previous minutes.		
3.ii	**Action Checklist**		
	The Chair referred to the Action Checklist which is included in the meeting pack and highlighted that all actions scheduled to be addressed as part of the meeting were either not yet due or had been completed. JA commented that EM had been commissioned to review an investigation into the Election Process of Governors last year and the report was shared with Governors following the November meeting. He reiterated that he is committed to the process this year, running smoothly and it being as transparent and open as possible. He asked EM for an update. EM explained that the Standards of Practice (SoP) are being written by herself and KMB which describes the election process in detail. There is an active dialogue while it is being written, and feedback has been received from Governors. CMcC asked if the SoP would be brought back to a Council of Governor meeting in the future. EM confirmed the SoP would be brought to a future meeting for ratification.		
ASSURANCE			
4.	**Patient Story – Emma Harris and Susan Hall (Patient and Chair of Royal Papworth Pulmonary Fibrosis Support Group)**		
	The Chair welcomed Emma and Susan to the meeting. **MS** commented that this amazing story highlights the importance of Support Groups for Long Term Conditions. She thanked Susan for bringing the story to the attention of the Council of Governors. **Emma Harris explained what Interstitial Lung Diseases are:** • They are a group of diseases that cause inflammation/scarring of the lungs. • The symptoms are progressive and can include, breathlessness, cough, fatigue, weight loss and loss of independence.		

	• Life limiting, most common ILD is called Idiopathic pulmonary fibrosis (IPF) This significantly reduces life expectancy to on average 3 years which is worse than some cancers • Significant psychological burden for patients and carers • Getting support is essential for patients and carers. **Susan Hall (Patient with ILD) gave detail of her diagnosis from referral:** • Referred from CUH following biopsy. • Under care of ILD Team at RPH since 2014 • Diagnosis of Idiopathic Pleuroparenchymal Fibroelastosis in 2015 at the age of 47. • Symptoms include cough, breathlessness and weight loss. • Now active on Lung Transplant List • Joined local ILD Support Group 3 years post diagnosis and has been Chair of the support group since 2022 **Emma Harris, Patient Support Groups – Papworth Pulmonary Fibrosis Support Group:** • The first Support Group meeting was in 2010 at the old site and was one of the first ILD support groups in the UK • It was initially managed by the ILD Team and then a committee was formed by patients and carers who took over the running of the support group. • They moved from Papworth to a hub in Cambourne and now meetings are held at the David Rayner Building in Cambridge • Mike Bray who was a patient and the original chairman of the support group went on to be instrumental in setting up the Action for Pulmonary Fibrosis National ILD Charity. • A Support Group has evolved to meet the needs of the group and have separate carer and patient groups. They meet face to face in local areas and meet via zoom. There are now many groups all around the country. **Susan Hall - RPH ILD Patient Support Group:** • Provides support to patients and families throughout Suffolk Essex, Cambs, Beds, Norfolk and Herts. • Patients can learn more about the disease and available treatments. Experiences are shared with others living with disease.		

- Country wide support for the group is provided by charities such as Action for Pulmonary Fibrosis and the Pulmonary Fibrosis Trust
- The group at RPH has over 200 active members
- This is a small committee, with a chair, secretary and treasurer. SH organises meetings, speaks to all patients who are referred to the group. Has a secretary who deals with all the admin. Approximately 5 patients per week referred. Mailing lists need to keep undated as patients die.
- The group is financially secure, they are given donations from patients.

What the Support Groups Do:

- Give one to one telephone support
- Face to face meetings with guest speakers, including:
    1. CPFT Psychological Wellbeing Service
    2. ILD Hospital Consultants
    3. Drug Companies
    4. ILD Research Teams
    5. 5 BOC oxygen supplier
    6. Occupational Therapists
    7. Physiotherapists
    8. Local Hospices, living well services, working closely with Sue Ryder, Arthur Rank, and St Nicholas.
- Many patients misunderstand palliative care and think it is end of life care, but it is understanding and controlling symptoms to give support with these conditions.
- Social media is used for monthly meetings. There is a Facebook page and a website.
- Every patient who is referred is given the opportunity to join the support group.

Social trips and events are organized:

1. Annual Summer Picnic
2. Riverboat Trips
3. Christmas Parties
4. Small informal groups meet up for coffee and chat.

Patient Support is vital when living with an ILD because:

- There are no other services that support these conditions.
- The diagnosis is scary, it is lonely, with so many unknowns.
- It is a serious condition and sometimes life limiting.
- Medications can have challenging side effects.

- Patients and families need time and understanding.

The Support Group can provide psychological support with empathy at the time when most needed:

- At diagnosis
- At Treatment onset
- At step down/progression
- Pre/post appointments
- Moving on to oxygen support
- Encouraging Hospice care
- Last days of life, given a lot of support at this time
- And life after, bereavement support.

What the Support Group needs to survive:

- Volunteers to give physical help. For example, help to set up meetings, move tables etc. At each meetingc50-55 RPH patients attend.
- Advice from the Council of Governors/Board regarding help.
- A suggestion was put forward regarding Medical Students that attend RPH could maybe come along to the support meetings so they can learn and understand what it is like to live with these conditions and the support needed.
- SH is doing a lot of the work herself and is finding it difficult due to the increase in numbers of patients and managing her own condition.

JA thanked Susan and Emma for the extraordinary story.

PB commented that RPH has an increased number of volunteers who have been recruited and suggested contacting PALS to put a message out to volunteers to see if anyone would like to support the group.

SH explained there are only six meetings per year so it would not be too onerous. The meetings are usually held at Scottdale's Garden Centre.

PS congratulated SH on the progress of the group and asked if her group had joined the Support in Cambridgeshire Organisation which enables people who want to volunteer to get in touch with groups that interest them. This is a good Network and suggested that SH contact her for more information following the meeting**.**

AR asked if the Digital Team could be of any help with digital support or setting up of an App.

	SH thanked AR and explained that the patient groups seem to be quite elderly and are not advanced in using technology. Zoom has been manageable following some teaching sessions. AR commented that he had an open door if discussion for any help was needed. OM commented that the Executive Team will take the request away to discuss if there is any way they can be of help. CE suggested that she will take the request back to the Medical Student Body. She also suggested about 6th Form schools, such as the Perse and the Leys, where they do the Duke of Edinburgh Awards. Part of the award includes volunteering in the community for a reasonable period. SH commented that they had a good response from schools such as the Perse and from the Hills Road Sixth Form College Medical Students. The concern was that those students were being taken out of lessons to volunteer. This is something that they will look at again.		
5.	**Board Committees Chair's Report**		
5.1	**Audit Committee – Reported by Cynthia Conquest**		
	• CC highlighted the importance of Governors receiving assurance from the NEDs and the background of the Committee was outlined for new Governors. • The Audit Committee look for assurance of governance around the Board Assurance Framework, this includes committee chair reports and assurance received at those meetings around any risks or issues that are raised. • This has been debated, and the outcome is good and adequate for what is needed. • The BAF Assurance map is a toolkit that shows assurance is gained on how the risk is being managed and assessed. • The three lines of defence are: 1. Reports from management on the operation of controls. 2. Internal reporting such as quality assurance, performance reporting KPI's. 3. Independent assurance such as external assessments which include internal audit reports, regulators, and inspectors. • The BAF risks are assigned to committees for an in-depth review and are reported by the committee chairs to the Audit Committee and Board. • How as the Chair of the Audit Committee knows it is happening: This has been debated and even though CC		

	attends other committee meetings to assess how things are going she felt that there is need for this to be formalised to show how assurance can be gained. • A decision was made to do an in-depth study randomly on topics and MB did a sterling report on how Quality & Risk gain assurance around their issues. This pointed out the lines of defence using all the reports and how the Quality and Risk Committee ask the relative questions for them to gain assurance. • Each Audit Committee will feedback how they get their assurance which means that there is evidence, and it is written in the minutes. This evidence can be brought back to the Council of Governors. JA commented that he hoped that Governors gain assurance while sitting on their committees and added that the Board are trying to make reporting less ridged so there is consistency with assurance methodologies AA asked where the benchmarking is obtained from. CC replied that the benchmarking quality is what MB set following debate at NED discussions. JA added that although MB set benchmarking, RPH also seeks external triangulation from outside benchmarking. JA asked Governors to also challenge and ask questions. **Received: The Council of Governors is asked to note the contents of the report**		
5.2	**Quality and Risk Committee – Reported by Michael Blastland**		
	MB commented that the focus is on safety and productivity. • Quality and Risk is classed as good with no significant cause for concern. The trends are monitored closely. • SSI's are higher than target but the rates are coming down and are at half the rate than was seen at the peak. • At the last Q&R meeting a different safety concern was raised which is patients on the waiting list and it was questioned if controls are equal to the concern. The question raised was what assurances are there that the patients are not deteriorating whilst on the waiting list especially as most patients that come into RPH are high risk.		

	• Clinical staff phone patients periodically to check if they are deteriorating and at higher risk but there are thousands on the list and this takes time. Higher risk conditions could be selected, to minimise harm which will select a category of patients not an individual. • Recently an investigation into three patients who died whilst on the waiting list for TAVI concluded. TAVI is heart valve replacement via a blood vessel rather than open heart surgery. Sudden death in this category is likely but one factor was consistent with all three patients and this was that there was not the capacity for them to have treatment faster. • The demand for TAVI is going up and a lot of people could benefit but more hospital time would need to be devoted to TAVI which means that time would be taken from something else. TAVI does not give long term benefits where other procedures give patients longer term benefits. This means that there is juggling of priority unless overall activity can be increased. **MB stressed that productivity is patient safety**. • Increasing productivity can be seen as a threat, working everyone harder and staff are under more pressure. Productivity needs to be handled carefully and not a demand that everyone drives themselves into the ground. • Productivity is specifically about patient safety. • The single greatest quality and risk objective for RPH is to raise productivity. JA thanked MB for his wise counsel.		
5.3	**Strategic Projects Committee – Reported by Diane Leacock**		
	• The SPC look at projects that are running within the Trust • They meet two monthly, in Part II of the Board meeting, not in public due to the sensitive nature of some of the programmes. The last meeting was held in February 2025 • The agenda is set around strategic goals: sustainability, pathways with campus partnerships, research and innovation. • There are two BAF risks assigned to the Committee: 1. Electronic Patient Record – optimising its use and its future. The Trust is in the process of looking for a new EPR. 2. Working with campus partners including CUH, and the University.		

	• These risks are scrutinised at each meeting and the mitigations examined and challenged where appropriate. • Assurance Received: EPR – Comprehensive reports are received from HMcE and the Committee has received moderate assurance. There are many factors that are external to the Trust and are outside of the Trusts control. There is a close "watch and brief" and the project is being managed tightly. The governance is good, and the Committee is assured that things are progressing as planned. • Partners – there have been a few meetings with the neighbours and there is a lot of interest and enthusiasm for working closely together. Due to various priorities across the two Trusts, there have not been as many meetings as would have been liked so there has not been much progress. Our assurance in this area is limited. Improvement is expected. • Research & Development – A report is received on a quarterly basis on the various activities happening in the HLRI and beyond. • There has been work going on around diversity. There have been projects up and running. There is progress but assurance is moderate. • Work around the Trust 5-year strategy has recently been commenced by Tim Glenn Deputy CEO. Assurance is quite limited because it has just started. Greater levels of assurance for the next report are expected. JA commented that Governors will be asked to engage with the process along the way. TG commented that RPH will bring many people together to help design the 5-year strategy. Currently it is in the scoping phase, engagement from the community will take place and people will be invited to join the scoping phase. This will conclude at the end of March/beginning of April. At that point there will be a document that can be shared with governors explaining how engagement will happen over the following 3-4 months. There will be an opportunity to give views on what the future of the Trust will look like. This will include engagement from staff, patients, the wider community and partners across the region. JA commented that delivery had already started, and engagement is important. He asked if there is a governor observer on the Committee. DL confirmed that there is not at this time, but she will contact AH to discuss this outside of the meeting.	**DL/AH**	

	JA commented that the reporting schedule for future NED committee Chairs was sent out with the pack. JA informed the CoG that MB is stepping down at the end of March and Gavin Robert steps down in October. He thanked governors who had been involved with appointing the successors. David Jones who will be starting on 1 April 2025, will take over in due course as chair of the Performance Committee later in the year when Gavin Robert steps down. Ian Wilkinson will chair Q&R in the interim as Graham Martin will be starting in the Autumn. JA asked KMB if he could share the biographies of the new NEDs with the CoG. JA welcomed Dave Jones who was attending via Teams today as an observer and explained that DJ has strengths in digital and cyber security. DJ thanked everyone for their warm welcome and commented that he is looking forward to meeting as many people as he can. He mentioned if anyone would like to meet with him to please make contact. JP commented about a book written by Professor Calne titled Airborne which is about the history of the air we breathe through the ages and how it impacts on us all. He asked if RPH has any connections with people who are researching the impact of what is in the air we breathe. JA suggested pursuing this with R&D perhaps through Dr Ian Smith or Dr Paddy Calvert.	**KMB** **EM/JA**	
6.	**2024 NHS Staff Survey Results – Report – Oonagh Monkhouse**		
	OM gave an overview of the 2024 Staff Survey results. They have not yet been fully discussed at the Workforce Committee due to timing of meetings. • The NHS Staff Survey is carried out every year by all NHS organisations and takes place between October and December. The results are received which are benchmarked looking at the results from several years and looking at results from peer groups. RPH peer group are other Acute Specialist Trusts. • The results are organised into nine themes and within those themes there are a series of questions which are analysed. **Highlights from slides shown and results for RPH and its peer group**: • There has been a small improvement to the previous year across the nine themes. This is the second year where improvement has been seen and is the strongest result seen within the last 3 years.		

- RPH had a response rate of 58% from staff

There were significant improvements in the following areas:

- Recommended as a place to be treated.
- There is felt to be enough Staff.
- Satisfied with pay.
- There are realistic time pressures.
- Feel can approach immediate line manager to talk about flexible working, health and wellbeing.
- Nutritious and affordable food available at work

Significant deterioration:

- "Not experienced physical violence from manager". The result determined that there was a significance but there was no evidence to support this result that could be seen. Datix was looked at for triangulating data by the Freedom to Speak Up Guardian. It may be the case that staff are not reporting this. Continuing investigation for this is in progress.

Improvement and high scores:

- "I can eat affordable and nutritious food at work" The highest in the NHS for the score.
- This includes the support that has been given to staff with subsidies and the quality of the restaurant. The number of staff that are happy that they can access flexible working. Access to training and development opportunities and line management support.

Areas of continuing concern:

- "Unwanted behaviour" was a new question last year and whilst there is an improvement with a 10% reduction there was still 8.5% of respondents who reported at least one incident of unwanted behaviour of a sexual nature from patients or relatives. These are the highest reported levels in the peer group. This can include unwanted comments or inappropriate touching, particularly from patients to therapy groups of staff.
- RPH has signed up to the Sexual Violence Charter and RPH are trialling training for staff in this area, for women, for line managers, several sessions have taken place, and a review will be imminent. Work with the Women's Network is ongoing.
- The reporting of this is being investigated to try to improve the information coming through to the Freedom to Speak Up Guardian and to reporting. Anonymous reporting is to be rolled

	out from the 1st April 2025 because one thing learnt from other Trusts was that they found anonymous reporting of this type of issue did tend to improve people feeling confident to report a sensitive issue. • High levels of discrimination and bullying were also reported, particularly from staff from black, Asian, minority ethnic backgrounds but there has been a reduction and improvement steadily over the last 5 years seen. **Cambridgeshire and Peterborough System Benchmarking**: • RPH came second with most positive results so is benchmarking well against partners. • RPH are the most improved in the last 2 years within the peer group for being a place to work. Slow improvement seen. OM suggested that she share the slides following the meeting after the results have been taken to the Workforce Committee meeting. • The results are an item on the agenda for the Workforce Committee Meeting. • To be shared and discussed at Staff Networks. • They are shared with managers and departments across the organisation so that progress can be tracked. • The Chief Executive (EM) and Director of Workforce (OM) will be running sessions for staff and line managers to discuss the results in more detail. JA asked if AF (The Chair of the Workforce Committee) would like to comment. AF replied that this will be discussed at the Workforce meeting next week. She commented that it is showing some "green shoots" but there are some areas that need focus and attention and added that Board attention around those areas is welcome. AH asked if the behaviour from patients or relatives towards therapists was thought to be because of single rooms and people being in them alone. OM thought this was a good point but had not heard this. She will take the comment to the Network to discuss whether there is something about that. JA commented that this situation could be like GP colleagues consulting 1:1 in single consultation rooms and thanked AH for raising this point. JP commented that physical violence and sexual behaviour anonymous reporting is a good idea as staff could be feeling vulnerable and are	**OM**	

	using the staff survey as they don't know where else to report this or are worried about the impact on their career. OM commented that another factor that she is aware of is the power dynamic in organisations. It is known within the medical workforce; their training structure means that trainee doctors are very dependent on their senior doctor for signing off. There can be other factors which mean that it is high risk for an individual to raise a concern. JA commented that Tony Bottiglieri also asks colleagues about the effects of reporting and if they have experienced any effects on themselves consequently. This is an important point to keep an eye on. DC asked if violence and abuse is reported from a particular area within the Trust. OM commented that departments and staff groups are looked at and there are many areas where there are low levels but there are some areas that levels are much higher. There is a high prevalence reported in theatres, in critical care and some other surgical areas. There are some staff groups where there are higher reported levels. DC asked if in terms of theatres is there an issue in changing areas and asked if male and female areas for changing are separate. OM commented that there are single sex changing areas and there is no awareness of issues from that area, it is more working environment in day-to-day exchanges of comments. LW commented that anonymous reporting is vital as things are not reported through fear of retaliation, but caution is needed as people are able to work out by remarks and incidences given the identification of where and who had been involved. OM explained the anonymous reporting tool will be managed by Tony Bottiglieri the Freedom to Speak up Guardian and explained that he will be the only person who sees it. People can choose whether to be anonymous or not and can then engage in a conversation. They can choose at any point to be identified. Staff are encouraged to report whether anonymously or not but hopefully staff are able to trust in the reporting process. This will enable the Trust to look at themes and trends, including environments. AA asked if the same questions are asked in the staff survey every year. OM explained that essentially, they are, but some questions are added to the National Survey, which is owned by NHS England, now the Department of Health and explained that the core of the questions is the same. AA asked if the interpretation of questions can be inconsistent OM agreed that they can be but explained that all staff are asked the same questions.		

	CMcC Commented that anonymous reporting is better than no reporting at all but in pharmacy he is concerned that this will be very hard because it is a small department. A report could be received, you don't know who is concerned, what it is about, and you can't do anything about it so it can leave you being quite powerless. OM agreed the whole area of reporting is a fraught and a difficult situation. A balance of fairness is needed to look at one person's perceptions to another. Anonymous reporting will be one of many tools of reporting being used. SAB asked if it is known who the highest scoring hospital is OM replied it is always Liverpool who scores highest SAB asked if anything is coming out from the results that relates to productivity OM commented that the only connection was with the question about staff having enough resources to do their job and enough staff in departments. The vacancy rates have now stabilised and reduced so gives confidence that improvement has been made which is showing in the staff engagement scores. Staff are willing to do their best and pride for patient care is strong in the organisation. AF added the work which has been done on employer relations and managing that relationship with a new team of people has been impressive and links to the productivity issue. JA suggested a visit to Liverpool with OM and EM	**EM/JA/ OM**	
7.	**Quality Accounts – Maura Screaton**		
	The proposals for priorities were presented to Q&R in January for 2025//26 **The top 3 priorities recommended for 2025/26:** 1. Waiting list reduction and reducing harm for those waiting. 2. Health Inequalities and Equality and Diversity of patients, families and carers 3. Discharge Assurance. A Safety aspect, patients being correctly prepared and a timely discharge. MS explained that the priorities feed into productivity, safety, and treating more patients and compliment what is being done across the organization. PS announced that she is no longer in post as the nominated County Councillor and drew attention to there being a new County Councillor starting in May. She would like to share the priorities in her handover to		

	her successor. She explained that the priorities identified are largely shared with councillors because health inequalities are something that local government as part of the ICS are involved with, concerned with, and always referring to. PS asked people to be mindful of the County Council timetables. The election period shuts down operations and the new appointed council governor will not be in post until the end of May. MS thanked PS for her points and explained that frameworks are being developed at the Trust for priorities. In terms of Annual Quality accounts and the review and sign off, the timetable is acknowledged.		
GOVERNORS' UPDATE			
8.	**Lead Governor's Report – Abi Halstead**		
	Received: A Written Report from AH was received. **Governor Elections 2025** AH notified the Council of Governors that there are several governors who are coming to the end of their term this year. She asked all governors who are coming to the end of their term and who would like to stand for re-election to please note. The Governors are Angie Atkinson, Lesley Howe, Susan Bullivant, Marlene Hotchkiss, Paul Berry, Andrew Hadley-Brown and Sarah Brooks. **Training for Governors** AH would like to bring to the attention of the Chair that there have not been any governor training sessions arranged for the new cohort of governors that started in September 2024 or for the previous cohort who started in September 2023 JA commented that this is being pursued. NHS providers had been contacted. JA to report back to AH on outcome. JA asked if it is known what other hospitals use for Governor training. AH commented that in the past the Trust Secretary had a Govern Well Booklet and talked the Governors through it. This was done over 4 monthly sessions which were each an hour and half long. This included explaining what the governor's roles are and was personal to RPH. IH asked if AH had a governor observer for the Charity in mind. AH replied that she was going to ask JF but if he is unable to attend then she will put this out to other Governors.	**JA**	

	IH commented that he would be interested as he had already started discussions with the Charity about evening quizzes and quizzes for patients. CMcC raised that he was mindful about there being staff governor vacancies and the Estates vacancy had been there for some time. He asked if there had been any steps taken to fill this role. JA would like to encourage existing staff governors to put the word out to other members of staff regarding the vacancies. CMcC commented that he struggles to know which members of staff sit in which staff constituency. JA asked KMB if he could forward the information to CMcC KMB confirmed that IT and Estates staff groups have vacancies. CMcC commented that there is another vacancy for an appointed governor from South Cambs Council and this has been vacant for quite some time. AH commented that this is PS last COG meeting and thanked her for all her input. PS commented that the Trust should make the most of appointed councillors as they link with networking around the Cambridgeshire district. JA agreed the need to take this away to look at existing vacancies and processes to fill the gaps so that by September as many as the vacancies are filled as possible.	**KMB**	
9. **9.1**	**Reports/Observations from Chairs of Governor Committees** **Governors Assurance Committee: Bill Davidson reported:**		
	• The committee have met and dates for subsequent meetings are in the diary. • The TOR is to be reviewed • Discussion was had around the reorganisation of the NHS and the changes within the ICB • Discussion is to be had about Governor Roles and the Membership Strategy		

	• The next meeting is next week		
9.2	**Forward Planning Committee**: **Susan Bullivant reported:**		
	• Diane Leacock NED attended the last meeting. • Professor Charlotte Summers Director of the HLRI gave and overview of its achievements and liaison with the Trust. Followed by informative question and answer and discussion session. SAB commended the detail of the minutes which highlight papers and securing individuals with mid-career fellowships. • The HLRI does not have its own charity but does have a part tine fundraiser. • It was felt that it would be beneficial to ask Professor Charlotte Summers to attend a future Council of Governor meeting. • Development of the 5-year strategy was discussed, and Tim Glenn is to attend a meeting to discuss in the future. • A workshop has been planned for Governor involvement in March, but information is to follow. • Late referrals, some referring organisations were raised and retention of staff issues. • It has been agreed that EPR will be a standing item on future agendas. • The Committee has a vacancy for a staff governor. It may be that once the vacancy for IT is filled it would be beneficial for that governor to attend. • SB has informed the Committee that she intends to stand down as chair as her term of office as a Governor comes to an end in September 2025. SB feels that it would be beneficial for another governor to be involved before that time. She is happy to chair in April but if there is an interested governor before that meeting, she is happy to stand down before.		
9.3.	**Patient and Public Involvement Committee: Marlene Hotchkiss**		

	MH sent her report to KMB for Information. The Chair read out the content of the report on behalf of MH: • Discussion was had about the day rooms on wards being more utilised to reduce social isolation for patients. • Ian Harvey volunteered to run quizzes in day rooms, and this is under discussion with the Charity. • Discussion was had about chairs in the outpatient waiting areas being accessible to all patients with different abilities by having differing heights. • A patient story was heard. Part of the discussion outlined some patient inequalities. This included patients with ill health having to choose between treatment and being able to afford to take time out of work when they are self-employed. This patient needed a heart bypass so could not work for some time which put him into financial difficulty. • During a 15 Steps Visibility round a comment was made by a patient about pre procedure and post procedure patients on the day ward being in the same area. The patient commented that it was quite off putting when you are NBM to be sat watching other patients eating. Discussion was had about the patients perhaps being separate to each other. This will be raised with the matron on day ward. • A discussion took place regarding parking fees for patients when they are unexpectedly admitted following driving themselves to the hospital for an outpatient appointment. This has resulted in heavy parking fees. Patients have also experienced a variation of costs depending on who is working for SABA on the day. It was highlighted that different information is being given to patients by different areas within the hospital. **Discussion:** TMcL asked if the day ward is used seven days per week HMcE explained that it is being used five days per week now, but this is being looked at as a resource to improve productivity and could be used seven days per week in the future. SH reported that when she received feedback from the PPI Committee meeting, she immediately put more information out on patient boards in the atrium regarding parking, accessibility, discounts, and the various tiers.		

	Conversations have been had with SABA to make sure there are consistent fees being applied. MS commented that it has been noted that different departments are giving different information regarding parking. The information is being looked at by the PALS team to improve information that is given out to patients. The Council of Governors **noted** the Reports/Observations from Chairs of Governor Committees.		
10.	**Reports on other Governor Activities (including from Appointed Governors)**		
	There were no reports on other Governor Activities.		
11.	**Update on Actions (You Asked; The Plan/Progress Update)**		
	Governor Support: • The handbook and Membership and Engagement Strategy are progressing • Governor Training as raised earlier in the meeting. JA thanked Governors for their feedback through the Lead Governor for the recent NED appraisals. The Council of Governors **noted** the Update on Actions (You Asked; The Plan/Progress Update)		
GOVERNANCE			
12.	**For Approval: Membership and Engagement Strategy** • **This item was withdrawn from the agenda at the beginning of the meeting. To be taken to the Governor Assurance Committee.**		
13.	**For Approval: External Audit Contract Extension – Sophie Harrison CFO**		

	Received: A paper was received from the CFO regarding the External Audit Contract explaining the purpose, background and proposals of recommendations. **Recommendation:** Following approval by the Audit Committee, the Council of Governors is asked to approve the extension to the existing External Audit Contract with KPMG LLP to cover the 2025/26 year end. **Recommendation:** The Council of Governors is asked to approve commencement of a procurement process for the 2026/27-year end onwards **Approved: Formal Approval was given by the Council of Governors to extend the contract for the external auditors KPMG 2025/26 and to go out to tender for a new external auditor contract for 2026/27**		
14.	**Governor Matters**		
	Appendix 1: Governor Committees Membership **Appendix 2: Minutes of Governor Committees** **Appendix 3: Trust Board Minutes** The Council of Governors **noted** the Governor Committee Membership and Minutes of the Governor Committees.		
15.	**Papworth Integrated Performance Report (PIPR)**		
	Received by the Council of Governors for information.		
16.	**Questions from Governors and the Public/AOB**		
	There were no questions raised from governors or the public. There was no other business raised. **The meeting finished at 12:25pm**		
	Future Meeting Dates:		
	• 04 June 2025 • 10 September 2025 • 12 November 2025		

Chair …… Date ……

Royal Papworth Hospital
NHS Foundation Trust

Agenda item

Council of Governors

Action Checklist
Following: 19 March 2025 Meeting
Reporting to: 4 June 2025 Meeting

Ref	CoG mtg	Agenda No.	Issue	Responsible Director	Action Taken	To Agenda/ Action Date
01/25	**11 Nov 24**		**Performance Committee (Chair's Report)** To arrange a 'private patients' debrief at one of the Council of Governors pre-meeting sessions.	**AH/KMB**	The 'private patients' debrief has been arranged for the September 2025 Council of Governors pre-meeting session. **Completed.**	06/25
02/25	**11 Nov 24**		**Charitable Funds Committee (Chair's Report)** Training for patients – Megan Sandford to check if funds could be made available for patients to undertake a course, to enhance their experience whilst they were inpatients.	**Megan Sandford**	The Charity will revisit the suggestion once the Trust Strategy and its subsidiary Charity Strategy have been completed. The strategy refresh for both the Hospital and Charity over the next few months will enable the Charity to gather insight into patient requirements and allow them to focus our funding into the areas of most need and positive impact.	~~03/25~~ ~~06/25~~ 09/25
03/25	**11 Nov 24**		**Governors' Assurance Committee (GAC) of the Council of Governors - Terms of Reference (ToR)** To further revise the GAC's ToR so that it's responsibility to oversee the accuracy and completeness of the proposed Governors' handbook was more evident and clearer.	**KMB**	The revision was undertaken. The GAC at its first meeting in January 2025, however, requested further revisions to be undertaken. The revised Terms of Reference is attached to the Agenda for approval. **Completed**	~~03/25~~ 06/25

Ref	CoG mtg	Agenda No.	Issue	Responsible Director	Action Taken	To Agenda/ Action Date
04/25	**19 Mar 25**		**Governor Elections Standard Operating Procedure (SOP)** Process to be written in detail	**KMB/EM/ JA**	The SOP for the Annual RPH Council of Governors Elections Process is attached to the agenda for information. **Completed**	06/25
05/25	**19 Mar 25**	**5.3**	**Strategic Projects Committee Report:** It was agreed that there should be a Governor Observer attending SPC. DL to discuss with AH	**DL/AH**	Abigail Halstead, Lead Governor.is the Governor Observer. **Completed**	06/25
06/25	**19 Mar 25**	**5.3**	**NED Committee Chairs:** Following the step down of Michael Blastland at the end of March and Gavin Roberts in the Autumn replacement chairs will be allocated. **Newly Appointed NEDs:** David Jones – Starting date – 01/04/25 Graham Martin – Starting in the Autumn KMB to send out biographies to the CoG for information.	**KMB**	To send out following the meeting. Circulated with the meeting pack. **Completed**	
07/25	**19 Mar 25**	**5**	**Governor Question: Raised by Joe Pajak Public Governor.** A suggestion was raised about the importance of research in this subject for RPH patients following a book written by Professor Calne – Airborne. The Air We Breathe EM to raise with R&D perhaps through Ian Smith or Paddy Calvert	**EM**	Verbal Update	06/25
08/25	**19 Mar 25**	**6**	**2024 Staff Survey Results** A Suggestion was made to visit Liverpool Hospital as they are usually the hospital who score highest.	**EM/JA/OM**		11/25

Ref	CoG mtg	Agenda No.	Issue	Responsible Director	Action Taken	To Agenda/ Action Date
09/25	**19 Mar 25**	**12**	**Approval:** **The Membership and Engagement Strategy** To be taken to the Governor Assurance Committee before bringing back to CoG	**EM/KMB/ JA**	Attached to agenda for approval **Completed**	06/25
10/25	**19 Mar 25**	**5**	**Invitation to Charlotte Summers to attend the next CoG meeting**	**KMB/JA**	Verbal Update – Invitation accepted for the November 2025 meeting.	06/25
11/25	**19 Mar 25**	**4**	**Patient Story:** **Volunteer Support for Patient Pulmonary Fibrosis Support Group Meetings:** A request was made during the patient story by Emma Harris and Susan Hall for volunteers to help with the Pulmonary Fibrosis Support Group meeting set up.	**OM/PALS**	Verbal Update	06/25
12/25	**19 Mar 25**	**9**	**Report from Chair of Governor Committee:** **Replacement Committee Chair for Forward Planning Committee.** Susan Bullivant is stepping down as chair when her governor term comes to an end in September. If a replacement is found before, she will be happy to step down earlier.	**AH/KMB**	Bill Davidson has agreed to Chair the Forward Planning Committee **Completed**	06/25
13/25	**19 Mar 25**	**8**	**Lead Governor Report.** **Governor Training Sessions.** Training sessions to be arranged for Governors who started in Sept 2023 and Sept 2024	**KMB**	Verbal Update – Training sessions are being arranged	06/25

Ref	CoG mtg	Agenda No.	Issue	Responsible Director	Action Taken	To Agenda/ Action Date
14/25	**19 Mar 25**	**9**	**Staff Governor Constituencies: Vacancies and Process:** There are vacancies in IT and Estates as governors have stepped down midterm**.** Governors are unsure which groups of staff are in which constituency; Kwame to confirm so that other staff governors can speak to other members of staff to raise interest before elections.	**KMB/AH**	Four promotional events have been arranged in the hospital's atrium to promote the Governor role and the upcoming Governor elections to patients and, staff. The issue of staffing groups and their constituencies have been clarified and will be formally codified in the next Trust Constitution. **Completed**	06/25

Workforce Committee - Chair's Report to the Council of Governors

Executive Summary:

This document summarizes the key discussions, decisions, and action items from the Workforce Committee meetings in January, March and May 2025. The committee has focused on critical areas including the workforce strategy, staff well-being, equality & diversity, safe staffing, and training & development. Key discussions included the review of BAF risks, a presentation on the Professional Nurse Advocate program, updates on career progression projects, and the approval of action plans related to equality, diversity, and inclusion.

1. Strategic Workforce Planning:

- **Workforce Strategy & Action Planning:**
  - The committee continues to monitor and review the Trust's three-year Workforce Strategy, focusing on Culture, EDI, Workforce Development, Workforce Growth, Efficient Processes, and Partnerships.
  - **2025/26 Draft Workforce Action Plan:** The committee received the draft workforce action plan for 2526 which was the list of continued programmes from 24/25, priorities for 25/ 26 and a few new areas of focus. The report was well received and supported, however committee members suggested that it was ambitious but necessarily so.

2. Risk Management

- **BAF:** The committee reviewed the assigned risks from the BAF.
  - Risk 1853: No change to this rating. It was noted that the turnover rate improvement had been sustained over a period of time, and a recommendation will be brought back to the May committee about whether or not the risk could be reduced.
  - Risk 1854: The risk remained at 12 with no change.
  - Risk 1929: The risk has been reduced to 12 to reflect the improvements in the recommender scores in the 2024 staff survey.
  - Risk 3261: The risk remains at 20 but will be reviewed in June after the work on nurse role evaluation and the national review concludes in June.
  -

3. Staff Well-being and Positive Work Environment:

- **Compassionate and Collective Culture:** Ongoing focus on cultivating a compassionate and collective culture through the Compassionate and Collective Leadership Programme. The second Inclusive Leadership event took place on 1 April 2025.
- **Professional Nurse Advocates (PNAs) and Professional Advocates (PAs):** Emphasis on the roles of PNAs and PAs in providing restorative supervision and support for staff well-being.

- **Staff Stories:** The committee continues to receive staff stories as a means of understanding the areas of focus and from hearing from staff of their experiences
- **Staff Survey Results:** Across the nine themes of the survey, our results are slightly better for 2024 when compared with 2023, continuing a trend of steady improvement over the past few two years. Our improvement contrasts with the overall national results, which shows a slight deterioration in most scores.
- **Some key areas of staff Survey Feedback that require continued focus include** unwanted sexual behaviour, bullying, discrimination, and workload challenges.
- **Some key areas of Significant improvement include** Recommender as a place to be treated, enough staff, satisfied with pay, have realistic time pressures, can approach immediate manager to talk openly about flexible working, immediate manager takes a positive interest in my health and wellbeing, I can eat nutritious and affordable food at work
- **Significant deterioration** recorded in - Not experienced physical violence from manager. However, this is an area that needs further review.
- The survey results are being shared with staff and with managers, staff and staff side colleagues through the normal communication channels and in specific briefings. They will also be shared and discussed with Staff Networks. The Chief Executive and Director of Workforce are conducting several online sessions to present and discuss the results with staff in online sessions, which will be rolled out this year.

3. Equality, Diversity & Inclusion (EDI):

- **EDI Initiatives:** A strong focus on EDI initiatives, including action plans to address racism.
- **Monitoring EDI Progress:** Monitoring progress on WRES, WDES, and the Gender Pay Gap, with actions taken to close gaps and improve EDI data access for managers.
- **Staff Network Support:** Support of various Staff Networks (Women's, LGBTQ+, Disability & Difference, Race Equality).
- **The committee approved** the WRES and WDES action plans for 25/26 and recommended them to the board for final approval. The committee also reviewed the EDS 2 report and the review of last year's progress and recommended the action plan for 25/26 to the board for approval. It was noted that more consideration and thought needed to be given to the priorities and the governance for health inequalities and that the seminar scheduled in June should help to address the outstanding actions highlighted in the EDS 2 report.
- **The committee also reviewed** the gender pay gap audit and supported the focus for 25/26 and recognised the progress in 24/25, the report was recommended to the board for approval.

4. Safe Staffing & Effective Resource Management:

- **Safe Nursing Levels:** Ensuring safe nursing staffing levels through the Annual Nursing Inpatient Establishment Review, utilising the Safer Nursing Care Tool (SNCT) and professional judgment.
- **Resource Management:** Managing and controlling agency expenditure, overtime and balancing this with the use of bank staff.
- **Rostering Efficiencies:** Implementing rostering efficiencies, tracking and addressing roster compliance, and exploring medical staff rostering options.

5. Training & Development:

- **Training Opportunities:** Offering a range of education and training opportunities for staff, including apprenticeships, skills development, and mandatory training.
- **Training Compliance:** Monitoring training compliance and addressing areas of vulnerability (e.g., Level 3 safeguarding, Cardiac Advanced Life support course).
- **CPD & Apprenticeship Levy:** Addressing any implications for 2025/26 CPD funds and apprenticeship levy and covering if there are any shortfalls.
- **Education and training:** The committee received the quarter 3 education report, the report brought to the attention of the committee the significant work that has been undertaken and the positive impact across a broad range of areas.
- **Key highlights of the Education and Training report** include: Very high interest in education posts with high calibre applicants, fit for purpose clinical training space remains through ward 3NW – continued positive impact for education staff and learners, continued improvement in mandatory training compliance with focus on L3 resuscitation, OSCE training developed 10 new overseas staff with 100% pass rate (national average 57%)
- There were 2 areas of concern within the mandatory training fields, namely CALS training was experiencing some vulnerabilities, due to capacity, and Level 3 safeguarding while some improvements had been seen over the year there remains concern about Level 3 training for doctors. Work was underway and a plan will be brought back to committee via the quarter four report.

6. Other Business

- **Workforce committee terms of reference**. The workforce committee reviewed the terms of reference and endorsed the current format

Lead Governor's Report for CoG June 2025

Since our March 2025 meeting governors have taken part in the following.

On 16th April Trevor McCleese, Trevor Collins and Abi Halstead met on Teams with Felicity Parker-Seale from the Nexus Team. We heard about the different scenarios that had been developed for testing possible EPRs and put forward the patient perspective for these test scenarios.

The membership strategy has been written and is on the agenda today for final approval.

Governors had a stand in the hospital atrium on 22nd to raise awareness of membership and the governor elections. Governors also had a stand at the hospital open day on Sunday 23rd March. Thank you to those who helped with these events. It is important to advertise the work of the Governors, and we have increased the membership as a result. We will have a stand in the atrium on 27th May, 5th June and 10th June. If you are able, please come along to support. Thank you to Laura for booking the atrium and providing banners etc.

Governor elections are taking place next month. All emails for elections will go to personal email inboxes. The deadline for nominations is Friday 13th June.

Abi Halstead

FPC report April 25 meeting

CEO presented the national/local updates

1. The abolition of NHSE within 2 years
2. The reduction of staffing capacity of ICS by circa 50% and the implications including possible mergers
3. The delivery of a breakeven position for RPH without the need redundancies or vacancy freezes
4. Elective recovery programme and cancer care activity recovery
   The use of robotics and harnassing other technological tools were raised by governors

Tim Glenn gave a high level overview of the development of RPH's next 5 year strategy (26-31) A more up to date version of this will be presented at this CoG. Further to the FPC meeting concern has been expressed about whether there was still commitment for the involvement of governors at strategy workshops.

A progress report on the Workforce Strategy Plan was presented by Oonagh Monkhouse and the Operational Plan by Sophie Harrison and the Nexus EPR Replacement Project by Harvey McEnroe. Questions on whether RPH and CUH would have a connected EPR product. A Joint Strategy Board has been established to govern and oversee the Joint Strategy Group whose remit includes reviewing the campus wide EPR version being sought. The issue of NHSE's abolition was discussed w.r.t. the development of the project. See minutes for more details on all above.

Some concerns were raised on PIPR and BAF.

Chairmanship of the FPC, subject to Governors approval, would be taken over by Bill Davidson who would relinquish his chairmanship of GAC and this would be taken over by Chris McCorquodale. Susan Bullivant will continue as a member of FPC until September when she stands down as a governor.

Report by Susan Bullivant

Chair’s Report – Access and Facilities Committee

Estates advised me at start of May 2025 that the works to ensure the automatic doors that have been fitted on site are all working well in place. These have been fitted to the First Floor Hot Floor on the lift lobbies and the corridor and have been a huge improvement for staff moving some of our most poorly patients with a large volume of equipment between Theatres and Critical Care, and the teams have provided feedback that they’re feeling the benefit of having them in place.

The other area fitted is the Reception door into Day Ward, and again this is providing independent access to that area which has been met with a positive response.

Estates have also reviewed where would be done next in order to have the most impact in relation to footfall, as you mention funding isn’t easy, and so the next sets are proposed to be fitted onto the Outpatient Clinics, although there is no timeline for these currently. When more funding becomes available, Estates will of course present the options for discussion and agreement.

Through the Disability and Difference and Working Carers Network which I Co chair staff had also expressed the difficulty and challenges of using the admin door when using wheelchairs and walking aids. I asked Estates if this could be a priority given access to work and that we hope to become disability compliant level 3 in due course.

Royal Papworth Hospital
NHS Foundation Trust

Item 9

Report to:	Council of Governors	**Date:** 04 June 2025
Report from:	Chairman/Lead Governor	
Principal Objective/ Strategy and Title:	Update on Actions (You Asked; The Plan)	
Board Assurance Framework Entries:	N/A	
Regulatory Requirement:	Well Led	
Equality Considerations:	Equality has been considered but none believed to apply	
Key Risks:	Governors are not able to effectively discharge their responsibilities. Inadequate governance processes and oversight.	
For:	Review and comment.	

1. Purpose

1.1 This paper provides the progress achieved against the overview of the outputs of discussions between the Chairman and the Lead Governor, following a meeting between some of the governors and Non-Executive Directors, on how the Council of Governor (CoG) meetings, the nature and range of interaction between governors and Non-Executive Directors (NEDs) and the general support to governors can be developed further.

1.2 The areas of improvement set out below are intended to enable governors to discharge more readily their obligations whilst also continuing to respect the complementary but discretely different obligations expected of NEDs. It is hoped that by addressing the key issues described in this paper we are able to make greater use still of the wealth and breadth of experience governors bring to the Trust.

2. Areas for Improvement

2.1 Training and development for governors.

There is an induction programme for new Governors, and this will be reviewed to ensure it is meeting the needs of new appointees. A programme of refresher/ongoing development will be developed. It was also agreed that the governor handbook would be refreshed.

Update: Draft Governors Handbook is ready for review at the 28 March 2025 Governors Assurance Committee meeting.

2.2 Membership.

It was acknowledged that in order for Governors to be actively engaging with members to represent their views at the CoG we need to both increase the membership, which has been falling for some time, and to put in place channels of communication between Governors and members. There has not been the capacity over the last couple of years to support this but in the 24/25 planning round an additional post was approved which will provide capacity for this.

Update: Draft Membership Strategy is attached to the agenda for approval.

The Council is requested to:

- Review and comment on the contents of the paper

NHS
Royal Papworth Hospital
NHS Foundation Trust

Membership and engagement strategy 2025-2028

Members make a difference

Compassion
Excellence
Collaboration

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Notes

This document should be read in conjunction with the trust's annual report and accounts - particularly the sections entitled Foundation Trust Membership and Council of Governors which includes information on the following:

- Definition of the membership constituencies
- Annual membership analysis
- Membership activity during the year
- Involving governors and members

Access the annual reports at:
royalpapworth.nhs.uk/our-hospital/information-we-publish/annual-reports

Names of the members of the Council of Governors can be found at:
royalpapworth.nhs.uk/our-governors

Prospective members can join by completing a short form on the public website:
royalpapworth.nhs.uk/membership

Further details of the hospital can be found at:
royalpapworth.nhs.uk

Foreword from the Chair

It is a great pleasure to welcome and endorse this new membership strategy for Royal Papworth Hospital.

Our members are a vital part of the community that is Royal Papworth. We need a strong, engaged, inclusive, representative, informed and thriving membership to be a part of the on-going work of the trust. We look to a genuine two-way dialogue with members.

Through direct engagement and through our Council of Governors, we look forward to members providing feedback, comment, challenge, and ideas that will help the trust to develop and improve our services further. In doing this our ambition is to ensure that the needs of the populations we serve continue to be met with the highest quality care possible.

We hope too that members will want to engage and hear from the trust about the trust's successes, our innovations, the latest treatments and indeed also the very real challenges we must all face together.

This newly developed strategy sets out really clear aims and ambitions for the membership of Royal Papworth. Delivery of these will ultimately be of benefit to all of us with a connection to the trust, be that as a patient, a family member or a member of staff.

I would like to acknowledge here the enormous work that has gone into developing this strategy by many governor colleagues and also recognise the input by trust staff. The result of your hard work is evident in the clarity and quality of the strategy.

I have every confidence that this strategy provides us all with a clear path to developing a really successful and effective membership. My grateful thanks to all of you.

Dr Jag Ahluwalia
Chair of Royal Papworth Hospital
and Chair of the Council
of Governors

Foreword from the lead governor

I am delighted to introduce this new membership strategy for Royal Papworth Hospital.

The members of Royal Papworth are deeply important to the trust. Membership offers patients, carers, relatives, public and staff the opportunity to share thoughts and experiences to help shape the future of the hospital.

2025 marks six years since Royal Papworth moved to the Cambridge Biomedical Campus. Although the years since the move have been successful for the hospital, it is fair to say it has been overshadowed by the Covid-19 pandemic and subsequent recovery.

The trust has begun to develop its new 2026-2031 strategy, aiming to build on successes and improve the hospital for both patients and staff for the future.

This membership strategy has been designed to give new and existing members more opportunities to engage with the trust. The Council of Governors forms an important link between the hospital and its members, and the Council looks forward to working together with members to hear feedback and be a voice for members in the hospital.

Abigail Halstead
Lead Governor

Introduction

Royal Papworth Hospital NHS Foundation Trust is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre.

While Royal Papworth is a regional centre for the diagnosis and treatment of cardiothoracic disease in Cambridgeshire and Peterborough, it is also a national centre for a range of specialist services, including heart and lung transplantation, pulmonary endarterectomy (PEA) and extracorporeal membrane oxygenation (ECMO). Additionally, the Trust has the largest respiratory support and sleep centre (RSSC) in the UK.

Founded in the village of Papworth, Cambridgeshire as a tuberculosis (TB) colony in 1918, Royal Papworth has established an international reputation for excellence in research and innovation. The hospital carried out the UK's first successful heart transplant in 1979 and world's first heart-lung and liver transplant in 1986. Royal Papworth was rated outstanding across all areas by the Care Quality Commission (CQC) in 2020, a first for a NHS hospital Trust.

A foundation Trust operates independently of central government controls, giving Royal Papworth the ability to make its own decisions. This means it can respond directly to local and national needs, designing services to meet them and, if necessary, borrowing and raising money to fund them.

Trust vision

"to bring tomorrow's treatments to today's patients"

Trust mission

"to provide excellent, specialist care to patients suffering from heart and lung disease"

Royal Papworth's values

At the heart of any organisation are its values; belief systems or 'ways of doing things' that set standards in behaviours and the culture for all staff to follow.

When values are successfully integrated the result is a shared strength, from which great patient care and staff experience can happen.

Royal Papworth's values were developed by its staff for its staff.

Compassion

Recognising and responding to the needs of patients and colleagues.

Excellence

Making a difference with each small improvement and by being open to new ways of working.

Collaboration

Achieving more together.

What is membership?

As a foundation trust, Royal Papworth is accountable to its patients, members and community. The Council of Governors represents the members and public, whilst holding the non-executive directors to account for the performance of the board. The Council has 25 elected governors and three appointed governors.

Members elect governors from their constituency to represent them in the hospital at Council of Governor meetings. To stand in an election a person must be a member of the trust. Members must be aged 16 and over.

The trust's public constituencies are:

Cambridgeshire

Norfolk

Suffolk

Rest of England and Wales

To understand the communities the trust serves, the below shows that in the financial year 2024/2025, Royal Papworth received 26,039 referrals. There were:

- 12,220 from Cambridgeshire
- 3,922 from Norfolk
- 3,316 from Suffolk
- 6,581 from the rest of England and Wales

The Trust's staff constituencies, which reflect different professional groupings are:

Doctors

Nurses

Allied health professionals

Administrative, clerical and managers

Scientific and technical

Ancillary, estates and others

Royal Papworth has staff governors who represent the different staff groups within the hospital. Upon commencement of employment, staff are automatically members of the trust and therefore may stand in elections.

Membership strategy

Objectives

The membership and engagement strategy has been developed on behalf of the Council of Governors with the below overall objectives:

- To attract new foundation trust members and the public to enhance the reputation of Royal Papworth by showcasing the work of the hospital and its staff.
- To increase membership numbers.
- To attract members who may wish to stand as a governor in the future.
- To encourage staff members to engage with their staff governor.
- To improve upon the diversity of the membership, to ensure the membership is representative of the communities the trust serves.
- To continuously demonstrate that we are inclusive to all.
- To keep members informed of developments in the trust.
- To offer members and the public an opportunity to engage with staff and governors to shape the future of Royal Papworth and the work it does.
- To support the improvement of population health by building awareness of key health topics and advocating for the importance of both members and the general public knowing how to take care of their own health.
- To provide governors with an effective mechanism for representing and engaging with their electorates (members) and the public.
- To collaborate with trust partners and Cambridge Biomedical Campus neighbours through membership events.
- Enable members to provide comments, thoughts and feedback to governors.

Key drivers for membership and public engagement activity

To deliver excellent specialist care to the communities it serves, Royal Papworth recognises that it must engage with members. Successful membership engagement will be two-way; it will allow Royal Papworth to listen to member's feedback and share information on innovations and successful treatments as well as general updates. Through this engagement with local and national members the hospital will boost its strong reputation further. It is a desire of the trust for members to feel a part of the Royal Papworth family and to be able to contribute to its future.

In addition, there is also a statutory requirement for governors and the trust to engage with members, patients and the public.

The 'Addendum to Your statutory duties - reference guide for NHS foundation trust governors – System working and collaboration: role of foundation trust councils of governors' was published in October 2022. It provides guidance for how Councils of Governors should operate in support of the NHS' 'co-design and collaboration' agenda after the establishment of Integrated Care Systems (ICS).

Councils of Governors are required to support their organisations in their collaborative efforts, and to form a rounded view of the interests of the 'public at large'. The 'public at large' includes the population which live within the boundaries of the ICS of which the relevant NHS foundation trust is a part, and not just the members of the trust.

The Code of Governance for NHS Provider Trusts, published in October 2022, also requires Councils of Governors 'to take account of the interests of the public at large'.

Benefits of being a member

The benefits of being a member have been grouped into three categories and are in continual development.

Members can be involved as much or as little as they like. There is no minimum commitment.

Have your say

- Share views on a range of issues effecting the services at Royal Papworth.
- Vote for representatives on the Council of Governors.
- Talk to Council of Governor representatives.
- Stand as a Governor.
- Get involved with initiatives and feedback sessions.

Regular updates

- Receive regular information from Royal Papworth Hospital including:
  - News.
  - Opportunities to get involved.
  - Staff and patient stories.

Exclusive events

- Annual Members Meeting.
- Talks from a variety of speakers on different topics.

Delivering the strategy

Key priorities

To achieve the strategy's objectives, three key priority areas have been identified together with actions to be implemented.

Key priority 1

Membership recruitment

Aim: to increase numbers and to ensure that they are representative of the communities the trust serves

Actions to achieve this:

- Cleanse the membership database and contact all current members to obtain:
    - Email addresses - to support aim of moving all communication to digital where possible.
    - Equality, diversity and inclusion information - to ensure the membership is diverse and reflective of the communities the trust serves.
- Develop a regular digital newsletter to keep members informed about the work of Royal Papworth, opportunities for member engagement and events.
- Improve the membership portal on the website and create an automated response to membership sign-up.
- Investigate and utilise more forms of existing communications to engage with the public and staff, which might include:
    - Appointment letters.
    - Patient information leaflets.
    - Digital signage within the hospital.
    - Trust's social media - LinkedIn, Facebook, Instagram.
- Investigate and implement new forms of communications to engage with the public and staff.
- Develop and strengthen relationships within and outside of the trust to facilitate the 'avenues' through which members can be recruited. For example:
    - Research and development team.
    - Medical charities.
    - County and borough councils.
    - GP practices.
    - Medical and nursing leaders.
    - Royal Papworth Hospital Charity.
    - Campus neighbours and Trust partners.
- Develop a supplementary contact plan, which would focus on the frequency of newsletters to the members, which events to target and attend, and the materials event attendees will distribute.
- Create regular membership recruitment days, supported by governors.

Key priority 2

Enhance engagement

Aim: to improve engagement and retention of members

Actions to achieve this:

- Publicise meetings and events of the governors, board or the trust for awareness
- Organise events with themes which will attract audiences based on feedback from the public and members or from other avenues
- Utilise existing audio visual equipment which will ensure public attendees of events and meetings have a good experience.

The communication and involvement activities listed in the key priorities should be supported by governors and the communications and membership engagement co-ordinator.

Key priority 3

Support for engagement

Aim: to improve and provide suitable training and tools to support engagement

Actions to achieve this:

- Use the trust's digital mailing platform to hold the membership database and communicate with relevant stakeholders.
- Develop, through engagement with internal and external stakeholders, a communities events calendar which governors can utilise and know what events to attend. Staff can also attend to support or provide material for the attending governor(s) to distribute or speak to.
- Create a dedicated email address or named contact for governors which trust members and members of the public can either email or write a letter to.
- Support public governors to hold events in their constituencies. Staff governors should also be supported to raise their profile using internal communications tools and media including articles on the staff intranet, staff newsletter and stands in the atrium.
- To allow for better engagement with members, Royal Papworth will provide governors with the relevant training, support and resources so they can be credible trust ambassadors.

Membership engagement

Governance, resources and evaluation

The responsibility for the engagement and management of membership lies with the Council of Governors, supported by the communications and membership engagement co-ordinator.

The trust will ensure that the implementation of the aims and objectives of the membership strategy are appropriately supported in line with our responsibilities as set out in the Constitution.

The Governors must implement the membership strategy in their constituencies as is their statutory duty and Royal Papworth must support Governors in this.

The Governor's Assurance Committee has responsibility for reviewing and evaluating the strategy and its implementation, supported by the associate director of corporate governance.

An annual progress report will be submitted to the Council of Governors.

A 'key stats' report on key membership numbers will be created each month by the communications and membership engagement co-ordinator to monitor progress.

These stats will include totals and /or percentages of:

- Members
- Email addresses held
- Members by constituency
- Members by county
- Equality, diversity and inclusion data
- Members lost - including withdrawal and members who sadly pass away

Starting point

It is important to monitor the membership closely to gain insight on what has worked well and where improvement is needed.

In March 2025, the total membership number stood at 4,175. This is prior to the database cleanse mentioned on page 9. Therefore whilst this figure will be monitored and reported on, targets should not be set until the cleanse is complete.

This strategy will be updated within the next year to reflect cleanse completion and new data sets to place targets against. In the meantime, the qualitative success measures are as follows:

- To see a growth of **new** members
- To see an increase in existing members providing email addresses
- To see an increase in existing members updating their equality, diversity and inclusion information
- To increase engagement through a variety of avenues
- To increase governor interactions with public and staff

Conclusion

Royal Papworth Hospital NHS Foundation Trust values the importance of its members in Cambridgeshire, Norfolk, Suffolk, the rest of England and Wales, and staff groups. Its aim is to engage membership, offer reasons for and benefits of being a member, to create a Royal Papworth community and to share the remarkable work of everything that the hospital does.

Through events and regular communications, the trust aims to keep its membership engaged and informed, and listen to the ideas and thoughts of its members to shape the future of Royal Papworth.

Document Number	**TBC**
Document Title	**SOP for the Annual RPH Council of Governors Elections Process**
Version number	**01**
Document Type	**Standard Operating Procedure**
Directorate	Chief Executives Office
Departments	Corporate Governance
Document Owner	Associate Director of Corporate Governance
Staff involved in Development (Job Titles)	N/A
Approving Committee	Executive Director Committee
Approval Date	20/05/2025
Approval Board (or committee of the board)	N/A
Approval Date	Click or tap to enter a date.
Next Review Date	01/05/2028
Equality Impact Assessment completed	N/A
This Document Supports: *standards and legislation – include exact details of any CQC*	N/A
Key Associated Documents:	RPH Council of Governor Handbook, Trust Constitution
Keywords	Governors Elections, Public Members, Staff Members, Foundation Trust, Voting

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Version Control table

Date Ratified	Version Number	Status
20/05/2025	01	Approved

1. Introduction

This Standard Operating Procedure (SOP) sets out the tasks associated with the provision of support for the RPH annual Council of Governors (CoG) elections process, and the stakeholders who are responsible for progressing those tasks. RPH's annual CoG elections are independently organised and run by an external company, Civica Election Services (CES), with support from stakeholders in the Trust.

2. Objectives

The SOP sets out the requirements and responsibilities for each stage of the annual CoG elections process, including what timelines should be met. The aim is to ensure that the annual CoG elections process is run efficiently and effectively.

3. Annual CoG Elections Process

3.1 The annual elections process commences at the beginning of March with a confirmation of the elections timetable from Civica setting out a timeline of events which concludes with the declaration of elections results by the end of July.

3.2 As there is no formal contract, the practice is for the Associate Director of Corporate Governance to contact Civica to formally commence the annual Governors elections process. Civica will respond with their proposal and charges, along with the elections timetable which should conclude at the end of July.

3.3 The elections timetable from Civica should be submitted to the Executive Committee and then the Council of Governors meeting in March for review and approval.

3.4The process includes reminders to Governors at various fora and on the platforms relevant to them about the seats which are due for elections in the year in question. Should any Governor be no longer eligible to stand for another election, they should also be informed during this period of reminders.

3.5 Through the months of May, June and July, elections promotional activity will be undertaken through the newsletters sent to public members, and other promotional events held both in the hospital and in the areas where seats will be due for elections.

3.6 Through the months of June and July, the Communications and Membership Engagement Co-ordinator with the Associate Director of Corporate Governance will provide electoral data from the membership database held by the Communications Team to Civica, publish the Elections Notice and hold elections promotion events in the hospital.

3.7 At the end of July, Civica will inform Governor candidates of the elections results.

3.8 At the beginning of August, the Associate Director of Corporate Governance, Lead Governor and Chair of the Council of Governors will separately contact by email and telephone the following stakeholders:

- Successful Governor candidates to congratulate them on their re-elections;
- Unsuccessful Governor candidates to thank them for the services;
- Governors who did not run in the election to thank them for their services;
- New Governors to welcome them to the Trust

4. Public and staff engagement during election timetable

4.1 Engagement activities will be created and carried out prior and during and post the election phase to allow informed decisions by current and prospective Governors as well as providing Foundation Trust Members with appropriate communications to make informed voting decisions.

Engagement events will be organised and supported by the Communications and Membership Engagement Co-ordinator.

4.2 Examples of trust-led engagement activities include:

- Atrium stands hosted by standing governors to engage with current Foundation Trust Members to encourage voting.
- Atrium stands hosted by standing governors to engage with prospective Foundation Trust Members to encourage sign ups to membership and subsequent opportunity to vote.
- Email newsletter sent to all Foundation Trust Members who we hold email addresses for.
- Social media posts about Foundation Trust Membership and election.
- Governors to host other ad-hoc engagement meetings with their constituents.
- Digital and analogue signage within the hospital advertising Foundation Trust Membership and election.

5. Timeline for Actions – Annual CoG Elections Process

To support existing, outgoing and prospective Governors before, during and after an election period, a series of actions will be followed as shown in the table below:

Timeline (all with reference to the election timetable)	Task	Lead
First week of March – before the March Council of Governors meeting	Confirm actual dates of the fixed timetable with Civica, the election services provider. All other activities to be undertaken in accordance with the Civica-supplied election timetable.	Associate Director of Corporate Governance
March – three months (12 weeks) prior to the election	Reminders to governors whose seats are due for elections or who cannot run again due to term limits: • Email • Update report on the elections (including the election timetable) at the March Council of Governors meeting • In person during the March Council of Governors meeting • Phone call • Messages on governors WhatsApp group	Associate Director of Corporate Governance with the Lead Governor
End of April	Provide nomination material and data to Civica.	Associate Director of Corporate Governance
May (Four weeks before governor candidate nominations deadline)	Further reminders to governors whose seats are due for elections • Email • Phone call • Messages on Governors WhatsApp group	Lead Governor with the Associate Director of Corporate Governance
End of June	Share electoral data with Civica	Communications and Membership Engagement Co-

Timeline (all with reference to the election timetable)	Task	Lead
		ordinator with the Associate Director of Corporate Governance
First week of July	Publication of Elections Notice	Communications and Membership Engagement Co-ordinator with the Associate Director of Corporate Governance
Month of July	Election promotion sessions/events in the atrium with a table and promotion sheets. See section 4.2 for full engagement activities.	Communications and Membership Engagement Co-ordinator with the Lead Governor and the Associate Director of Corporate Governance
End of July – election results	Civica to inform governor candidates of the elections results	Civica

Timeline (all with reference to the election timetable)	Task	Lead
First week of August	Contact by email and phone: • **Successful governor candidates -** to congratulate them on their re-elections • **Unsuccessful governor candidates -** to thank them for the services • **Current governors who did not run in the election** - to thank them for their services • **New governors** - to welcome them to the trust	Associate Director of Corporate Governance; Lead Governor; Chair of the Council of Governors/Trust Board of Directors

6. Outline of Standard Elections Timetable

NB: Working days only – future dates will be confirmed with Civica.

ELECTION STAGE	
Trust to send nomination material and data to CES (Civica)	30 April xxxx
Notice of Election / nomination open	15 May xxxx
Nominations deadline	13 June xxxx
Summary of valid nominated candidates published	16 June xxxx
Final date for candidate withdrawal	18 June xxxx
Electoral data to be provided by Trust	23 June xxxx
Notice of Poll published	4 July xxxx
Voting packs despatched	7 July xxxx
Close of election	30 July xxxx
Declaration of results	31 July xxxx

7. Risks and Mitigations

The main risks to a successful Governors elections process include:

a. The continuing of engagement of both public and staff members of the Trust with the annual elections process, resulting in low turnouts.
b. The Governors being unaware that their seats were due for elections;
c. Governor candidates, continuing Governors, and public members of the Trust not receiving the ballot papers due to changes to their email and or home addresses.

The mitigations include:

d. Maintaining the Communications and Membership Engagement Co-ordinator resource or role
e. Implementing the actions on the SOP and ensuring the Trust remains compliant with its provisions.

Monitoring Table

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Full compliance against procedure	Associate Director of Corporate Governance	Annual Report	Annually	Council of Governors	Associate Director of Corporate Governance and Communications and Membership Engagement Co-ordinator	Required changes to practice will be identified and actioned ahead of next election process. Lessons will be shared with Council of Governors

Recommendations	Commentary	Action Undertaken	Lead	Timeline for Completion
Development of a Standard Operating Procedure (SOP) to lay out the electoral process and responsibilities for lead roles	SOP be developed outlining the election process in its entirety and the respective responsibilities of the Members, Public Governor's, the Lead Governor, the Charity, Communications Team, Digital Department and the Associate Director of Corporate Governance to manage expectations.	Approved at the 20 May 2025 Executive Directors Committee meeting	Kwame Mensa-Bonsu (KMB)	Completed
Strengthening communication with Governors from Trust staff (ADCG)	Improved communication with Governors around the election time through the Associate Director of Corporate Governance (ADCG) - consisting of the following:			
	a) Reminder email/and in person/or phone call to current governor's when their term is due to end, at least 3 months before the end.	Completed - Email	KMB	Completed
	b) Election timetable to be provided to current Governors via email prior to upcoming elections.	Completed - Email	KMB	Completed
	c) A further reminder email/and in person/or phone call to current governor's whose seat is up for election, at the time of nominations, to put themselves forward by the deadline for nomination if they wish to run again.	Completed - Email	KMB	Completed
	d) After the nominations have closed, if this identifies that any current governors whose seats are up for re-election have not put themselves forward on the nominations list, they should be contacted to ensure this was their intention prior to proceeding to the voting stage of the election. This will add in a robust safety netting in case electoral information has not been received.		KMB	30.06.2025

Recommendations	Commentary	Action Undertaken	Lead	Timeline for Completion
Strengthening communication with Governors from Trust staff (ADCG)	e) Authorise Civica to inform all candidates, successful and unsuccessful, of the outcome of the election, to be followed up by:		KMB	31.07.2025
	f) Email or telephone communication post-election to all Governor's whose seats were up for re-election, regardless of outcome, to include:		KMB	04.08.2025
	i) For governor's who opted not to run for re-election, they should be thanked for their service.		KMB	04.08.2025
	ii) For governor's who opted to run for re-election and were successful, they should be offered congratulations.		KMB	04.08.2025
	iii) For governor's who opted to run for re-election and were unsuccessful, they should be thanked for their service.		KMB	04.08.2025
Strengthening communication with Governors from Lead Governor	a) Remind individual Governors that their seats are coming up for re-election, to ensure they are aware of the years completed so far and have time to decide if they would like to put themselves forward again for re-election. Thank them for their support during their term.	Verbal reminder communicated at the March 2025 Council of Governors meeting.	Abigail Halstead (AH)	Completed
	b) Remind all Governors that the elections will be due to commence and advising of date of election window and if there are any concerns such as a lack of information or communication received, these should be raised as early as possible.	Reminder communicated via email	AH	Completed

Recommendations	Commentary	Action Undertaken	Lead	Timeline for Completion
Strengthening written communication from the Trust with Members	New members currently do not receive any information or confirmation of their membership on signing up. The recommendations are:			
	a) That all new members receive an automatic email confirming their membership and informing them how to amend their details if required.	Ongoing: IGSG approved migration of database from charity to comms. Only once this is complete can and automation system be set up	Laura Favell-Talbot (LFT)/KMB	End of June 2025
	b) Current members should be communicated with regularly to ensure they receive regular updates in relation to the Trust and to support positive ongoing interactions. This will promote engagement with elections and decrease the chances that members will not vote because they feel they have received a lack of information, or that they are only contacted for the purposes of an election which may cause election fatigue.	Ongoing: following upcoming data cleanse we will be able to identify number of email addresses and recipients. Intention is to publish digital quarterly newsletters but the timeline needs to match appropriately with elections etc. will then assess number of those who do not have emails.	LFT/KMB	Ongoing
	c) There should be regular communication (verbal and written) that includes details of how members can update their details to ensure these requests are received by the correct team and processed accordingly, ensuring accurate ongoing communication with our members.	Verbal reminders at atrium stands held in months of May and June. All requests now go to FTM inbox which is controlled by LFT. A separate form has been created on the public website for members to amend their details. There will be reminders in the newsletter that will go out as well	LFT/KMB	Ongoing

Recommendations	Commentary	Action Undertaken	Lead	Timeline for Completion
Enhanced promotion of Public Governor's Elections	a) Promotion days to be held prior to the election in the atrium with a table and promotion sheets, with involvement from current Governor's.	Events in the atrium with Governors in support - to increase awareness of the 2025 Governor Elections process and to encourage staff members to stand as a govenor. Opportunities to sign up as an FTM member and stand next year.	LFT/KMB	Ongoing
	b) Promotion banners to be present within the atrium for a few weeks prior to elections.	Dates for promotion events have arranged in May and June 2025. FTM joining banners up semi-permenantly in the atrium	LFT/KMB	Ongoing
	c) Consider promoting internally on RPH television screens.	FTM membership info joining info has been published on atrium screen. Not yet available to publish in patient rooms or in outpatients - but this is in progress. Gov elections advert on atrium screens.	LFT/KMB	Completed
	d) Internal and external online/social media advertisemen	Posts on LinkedIn and Facebook to promote the upcoming elections including staff and public vacancies. News story on public website including prominence on homepage. Slider on staff intranet as well as features in NewsBites and also a main news story on the intranet. Videos with Abi and Ellish in creation to promote standing as public or staff governor. Mentions in weekly briefing as well as upcoming all staff breifing.	LFT	Ongoing

Recommendations	Commentary	Action Undertaken	Lead	Timeline for Completion
Central Public Membership List and Cleansing Process	a) Governor's contact list held by ADCG to be amalgamated into the overall public membership list, to ensure in future only one list is held for contact details for continued accuracy of contact information.	The contact list is no longer in use.	KMB	Completed
	b) If the membership is to stay with charity oversight, they should provide the agreed contact method available for undeliverable email or postal correspondence, to check if they would still like to be a member, and if no response is received within a certain timeframe then the member can be removed.	As part of the implementation of the Membership Strategy, the hosting of the membership database will be moved from the Charity to Communications (this transfer was approved that the 13 May 2025 Information Governance Steering Group meeting).	LFT	TBD
	c) Requesting an email bounce-back report from Civica alongside the mail undelivered service (currently used) to become a standard step after the election process, to identify any members that would not have received their electoral information.		KMB	04.08.2025
Creation of an NHS mail user guide	With the support of the Digital team, create a how-to guide that can be provided to governor's on how to access and manage their nhs.net accounts, including how to link their account to other available email systems (e.g. Microsoft Outlook) for easier access on phone and other devices.	RPH guidance on 'how-to-access nhs.net accounts' circulated to members of the Council of Governors - 16/05/2024	KMB	Completed
Clarification of attendees for Governor's Meetings	The ADCG is responsible for the set-up and management of governor's meetings. The CoG pre-meet immediately following an election should be an opportunity for current governors to discuss any information or concerns prior to welcoming new governors at the official CoG meeting, and new governors should therefore not receive the invitation to this pre-meet.	Noted - Completed	KMB	Completed

Royal Papworth Hospital
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Agenda Item 12

Report to:	**Council of Governors**	**Date: 04 June 2025**
Report from:	**Associate Director of Corporate Governance**	
Principal Objective/Strategy:	**GOVERNANCE**	
Title:	**Review of the Terms of Reference for the Governors Assurance Committee**	
Board Assurance Framework Entries:	**-**	
Regulatory Requirement:	**CQC Regulation 17: Good governance**	
Equality Considerations:	**Equality has been considered but none believed to apply**	
Key Risks:	**None compliance with regulatory requirements**	
For:	The Council is asked to:- 1. **Approve** the updated Terms of Reference for the Governors Assurance Committee	

1 Purpose

1.1 For the Council to review and approve the updated Terms of Reference (ToR) for the Governors Assurance Committee (GAC).

2 Action

2.1 At the September 2024 Council of Governors meeting, concerns had been raised that a membership of only the Chairs of Council of Governors Committees was not appropriate for the GAC.

2.2 The GAC, at meetings in January and March 2025, completed a review of the makeup of its membership as stated in the ToR. The updated ToR can be found attached with amendments shown as tracked changes.

3 Recommendation

The Council is asked to:-

3.1 **Approve** the updated Terms of Reference as recommended by the Governors Assurance Committee.

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Document Number	**TOR009**
Document Title	**Governors' Assurance Committee of the Council of Governors: Terms of Reference**
Version number	**5**
Document Type	**Terms of Reference**
Directorate	Execs
Departments	Chief Executive Office
Document Owner	Chief Executive Officer
Staff involved in Development (Job Titles)	Associate Director of Corporate Governance Director of Workforce and Organisational Development
Approving Committee	Governors Assurance Committee
Approval Date	28/11/2025
Approval Board (or committee of the board)	Council of Governors
Approval Date	04/06/2025
Next Review Date	01/06/2026
Equality Impact Assessment completed	Yes
This Document Supports: standards and legislation – include exact details of any CQC	NHSE Code of Governance for NHS Providers 'Your statutory duties: A reference guide for NHS foundation trust governors' Health and Social Care Act 2022
Key Associated Documents:	Appointments Committee of the Council of Governors Terms of Reference Forward Planning Committee of the Council of Governors Terms of Reference Patient and Public Involvement Committee of the Council of Governors Terms of Reference
Keywords	Governor Statutory Duties, Engagement, Induction, Trust Constitution

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Key points of this document

- Terms of Reference for a Committee of the Council of Governors.

Version Control table

Date Ratified	Version Number	Status
04/06/2025	05	

1 Constitutional Authority

1.1 The Governors' Assurance Committee is a Committee of the Council of Governors. The Committee has no powers other than those delegated in these terms of reference or assigned to it by the Council. The Committee is an advisory Committee to the Council of Governors.

2 Purpose/Objectives

2.1 Provide assurance, overview and monitoring for the Council on:

- Compliance with Governor statutory duties as set out in the 2013 Reference Guide for NHS FT Governors and the 2022 NHSE Addendum to the Statutory Duties;
- Ensuring that any applicable changes or updates relevant to the Council of Governors in the NHSE Code of Governance for Providers Trusts are reviewed and recommendations for change made to the Council of Governors;
- Governor engagement with the FT membership and the public;
- Governor training and induction;
- Governor support for ICS functions;
- Constitutional changes relating to the above;
- The support for Staff Governors to fulfill the remit of their role;
- The attendance of Council of Governor meetings by Governors in compliance with Section11.18 of the Trust Constitution (Section 11:18 stipulates that where there is a failure to attend two consecutive meetings in any financial year and to ensure that the absences were due to reasonable causes and that the Governor will be able to start attending meetings again within a reasonable period)
- To ensure that there is proportionate call on governor time, recognizing the voluntary nature of the role

3 Delegated Authority

3.1 The Governors' Assurance Committee is authorized by the Council of Governors to consider items relevant to the discharge of its duties and to seek information it requires from the Board and the Executive Team.

3.2 The Committee has no further delegated authority.

4 Duties

4.1 Governor/membership engagement

To oversee the discharge of Governor duties in relation to representing the interests of Trust members and the public.

To receive the reports and recommendations of the Membership Working Group

4.2 Governor training/induction

To review and advise on whether appropriate systems are in place for Governors to discharge their duties in relation to latest NHSE guidance and local arrangements.

4.3 Governor statutory duties/FT good practice

To keep under review and make recommendations to the Council of Governors regarding the various policy and procedure documents relating to the Council of Governors, in particular those relating to statutory duties, and specifically those articulated in the latest version of NHSE Code of Governance for Provider Trusts.

To review the terms of reference of the Committee every three years.

To carry out any other task as required by the Council of Governors.

4.4 Constitution

Where required to consider changes to the Constitution and make recommendations to the Council of Governors.

5 Membership/Attendance:

Voting Membership

5.1 ~~The Lead Governor (Chair)~~ Chair – a governor who is not a governor subcommittee chair as selected by the CoG

5.2 The Chairs of Governors' Committees. In addition, at least one public and one staff member if not already represented by any committee chairs.

5.3 ~~The Chair of the Audit Committee/Senior Independent Director~~ Deputy Chair to be selected by the Committee.

Quorum

5.4 The Committee shall be deemed quorate if there is representation of a minimum of three Governors, one of whom must be the chair or deputy chair

5.5 The following will be invited to attend as non-voting members

- Senior Independent Director
- Associate Director of Corporate Governance

5.6 The following will be invited to attend as needed

- Trust Board Chairman
- Director of Workforce and Organizational Development (Executive Lead)
- Other colleagues, including members of the Trust Board

Lengths of Term of Committee Chair and Members

5.7 The length of term, which should be aligned to the election cycle for Governors, should be agreed between the relevant Committee Chair/Member and other Members of the Committee, at the date of the first meeting. Where possible, lengths of terms should be staggered to allow a modest turnover of members.

5.8 Terms will be eligible for renewal, for one further term only, with the exception of the lead governor who remains eligible for a maximum of 9 years or 3 consecutive terms.

6 Meetings:

6.1 In the event of the Chair of the Committee being unable to attend, the Committee will be chaired by the Deputy Chair.

6.2 The Associate Director of Corporate Governance will act as Secretary to the Committee and will have the responsibility for ensuring that the Committee's meeting minutes are prepared in an accurate and timely manner.

6.3 Agendas and briefing papers should be prepared and circulated in sufficient time for Committee Members to give them due consideration.

6.4 The Committee shall be scheduled to meet 2 times (on a six-monthly basis) per financial year, unless an extraordinary meeting is required to consider a matter.

7 Conduct of Business:

7.1 The conduct of business will conform to guidance agreed by the Council of Governors, unless alternative arrangements are defined in these terms of reference.

8 Equality, Diversity and Inclusion Statement:

The Committee will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Chair will also ensure that all members and attendees are equally able to express their views on the Committee's agenda items and discussion points.

9 Monitoring/Reporting:

9.1 Minutes of Committee meetings should be formally recorded and distributed to Committee Members and Attendees within 10 working days of the meetings. Subject to the approval of the Chair of the Committee, the minutes will be submitted to the Council of Governors at its next meeting and may be presented by the Committee Chair.

9.2 The Chair of the Committee shall, through the Lead Governor and Chair of the Trust Board, draw to the attention of the Board of Directors any issues that require disclosure to the full Board of Directors.

9.3 When new guidance or regulations relevant to the Committee are formulated and published by the NHSE, the Associate Director of Corporate Governance will, as appropriate, recommend revisions to these terms of reference.

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Monitoring Table

What key element(s) need(s) monitoring as per local approved policy/ procedure or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of the multidisciplinary team or others.	What tool will be used to monitor/check/ observe/assess/ inspect/ authenticate that everything is working according to this key element from the approved policy/ procedure?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	Who or what committee will the completed report goes to. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented the lessons learned and how will these be shared?
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements**	**Acting on recommendations and Lead(s)**	**Change in practice and lessons to be shared**
All	Associate Director of Corporate Governance Director of Workforce and Organisational Development	N/A	Annually	Governors' Assurance Committee	Governors' Assurance Committee	Any changes in practice and lessons shall be shared with the relevant internal stakeholders

Royal Papworth Hospital
NHS Foundation Trust

Rapid Equality Impact Assessment Tool

When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010:
In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

EQUALITY IMPACT ASSESSMENT – WHAT IS THE IMPACT TO DIFFERENT GROUPS IN SOCIETY?		
If you believe there has been No impact or a Positive impact, please choose Yes for Negative impact please choose No. Please provide supporting comments, both on positive and negative impacts. You may be asked to complete a FULL EQUALITY IMPACT ASSESSMENT to understand the impact further.		**COMMENTS**
Age: Consider and detail across age ranges on old and younger people. This can include safeguarding, consent and child welfare.	Yes	N/A
Disability: Consider and detail on attitudinal, physical and social barriers.	Yes.	N/A
Race: Consider and detail on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.	Yes	N/A
Sex: Consider and detail on men and women	Yes	N/A
Gender reassignment: (including transgender) Consider and detail on transgender and transsexual people. This can include issues such as privacy of data and harassment	Yes	N/A
Sexual orientation: Consider and detail on heterosexual people as well as lesbian, gay and bi-sexual people.	Yes	N/A
Religion or belief: Consider and detail on people with different religions, beliefs or no belief.	Yes	N/A
Pregnancy and maternity: Consider and detail on working arrangements, part-time working, and infant caring responsibilities.	Yes	N/A
Marriage and civil partnership status	Yes	N/A
Environment: Consider impact on transport, energy and waste	Yes	N/A
Other identified groups: Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.	Yes	N/A
Were any NEGATIVE impacts identified?	No	
If YES, you will need to complete a full Equality Impact Assessment. Please contact the Equality, Diversity and Inclusion team papworth.edi@nhs.net for the full assessment template.		N/A

Royal Papworth Hospital
NHS Foundation Trust

Agenda Item 12.2

Report to:	**Council of Governors**	**Date: 04 June 2025**
Report from:	**Associate Director of Corporate Governance**	
Principal Objective/Strategy:	**GOVERNANCE**	
Title:	**Review of the Terms of Reference for the Patient and Public Involvement Committee**	
Board Assurance Framework Entries:	**-**	
Regulatory Requirement:	**CQC Regulation 17: Good governance**	
Equality Considerations:	**Equality has been considered but none believed to apply**	
Key Risks:	**None compliance with regulatory requirements**	
For:	The Board is asked to:- **Approve** the terms of reference, as recommended by the Patient and Public Involvement Committee.	

1 Purpose

1.1 For the Council to undertake an annual review of its Committees terms of reference.

2 Terms of Reference

2.1 The following changes were undertaken on the Terms of Reference:

- Revisions to the version control and review dates

3 Recommendation

The Council is asked to:-

3.1 **Approve** the revised terms of reference, as recommended by the Patient and Public Involvement Committee.

Document Number	**TOR008**
Document Title	**Patient and Public Involvement (PPI) Committee of the Council of Governors: Terms of Reference**
Version number	**7**
Document Type	**Terms of Reference**
Directorate	Execs
Departments	Chief Executive Office
Document Owner	Chief Executive Officer
Staff involved in Development (Job Titles)	Associate Director of Corporate Governance PPI Committee Members
Approving Committee	PPI Committee
Approval Date	12/05/2025
Approval Board (or committee of the board)	Council of Governors
Approval Date	04/06/2025
Next Review Date	01/05/2026
Equality Impact Assessment completed	Yes
This Document Supports: *standards and legislation – include exact details of any CQC*	
Key Associated Documents:	Governors' Assurance Committee Terms of Reference Access and Facilities Committee Terms of Reference
Keywords	Patient, Public involvement, Audit Exercises, PALS, Surveys, Care
Counter Fraud in creating/revising this document, the contributors have considered and minimised any risks which might arise from it of fraud, theft, bribery or other illegal acts, and ensured that the document is robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist (LCFS).	
Legislation A reference to any legislation or legislative provision in this document is a reference to it as amended, extended or re-enacted from time to time and includes all subordinate legislation made from time to time under that legislation or legislative provision.	

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Key points of this document

- Terms of Reference for a Committee of the Council of Governors.

Version Control table

Date Ratified	Version Number	Status
04/06/2025	7	Approved

Royal Papworth Hospital NHS Foundation Trust

Patient and Public Involvement (PPI) Committee

Terms of Reference

1 Authority for Committee:

1.1 The Patient and Public Involvement Committee is a Committee of the Council of Governors.

2 Purpose:

2.1 To provide oversight and assurance to the Council of Governors on patient and public involvement.

3 Delegated Authority:

3.1 The Patient and Public Involvement Committee of the Council of Governors is authorised by the Council of Governors to undertake any activity within its terms of reference, and to seek any information it requires from Trust staff, who are requested to co-operate with the Committee in the conduct of its inquiries.

3.2 The Patient Carer Experience Group (PCEG) reports into this Committee.

4 Duties:

4.1 To oversee the process by which the Trust discharges its duties under Section 242(1B) of the National Health Service Act 2006 as amended by the Local Government & Public Involvement in Health Act 2007 namely to make arrangements to involve and consult patients and the public in decisions regarding planning services and developing proposals for changes in the way services are provided.

4.2 To be cognisant of the work of other groups operating in this area, e.g. Patient Carer Experience Group and other Patient Fora.

4.3 To oversee the process by which the Patient and Carer Experience Strategy is reviewed and updated annually, with agreed action plans for the forthcoming year.

4.4 To oversee the process by which the Trust achieves the effective implementation of a Patient Advice and Liaison Service (PALS).

4.5 To educate all relevant parties about the Trust's approach to the Patient and Public Involvement agenda and communications issues.

4.6 To oversee the results of Patient Surveys and ensure the implementation of any action plans as a result.

4.7 To review annually the organisational arrangements and membership of the

Committee, subject to the rules on Lengths of Term defined below.

4.8 To oversee the process by which all policies within the purview of PPI committee are reviewed in accordance with the timescales defined in the Trust's Document Control Policy, and ensure new policies are approved and distributed to relevant staff.

4.9 To oversee the process by which the Trust ensures all leaflets designed by Royal Papworth Hospital NHS Foundation Trust for patients and carers adhere to Trust protocols.

4.10 To be provided with assurance on the quality of patient experience, reports will be received from the following groups:

- the Patient Carer Experience Group (PCEG)
- Healthwatch, and others on request

4.11 Be the Governor Committee be responsible for ensuring appropriate actions are taken against reports from 'Visibility Rounds', '15 Steps Challenge', 'PLACE Assessments' or other similar quality audit exercises.

4.12 Act as the Governor Committee providing support for internal self-assessments against the Care Quality Commission (CQC) standards and ensuring that identified actions are implemented as required.

4.13 The Committee will, on request, provide input into communications to the public and patients.

4.16 Provide Governor review/input into the Quality Report/Accounts.

4.17 Receive assurance reports on the actions to improve patient access and address health inequalities

5 Membership/Quorum:

Voting Membership

5.1 Chair: Public Governor

Chief Nurse – Executive Lead
One nominated Non-Executive Director
Medical Director or their nominated representative
At least seven Governors of the Trust, at least one of whom should be a staff Governor
Deputy Director of Quality and Risk
PALS Manager
Associate Director of Corporate Governance
Patient Representative
Royal Papworth Charity representative
Healthwatch representative
Other members of the clinical staff whose invitation will be determined by the items on a meeting agenda

Quorum

5.2 The Committee shall be deemed quorate if there is representation of a minimum of two representatives from the Council of Governors and two other Members, at least one of whom must be an executive member.

In Attendance

5.3 The Chair of the Trust Board shall attend Committee meetings as required.

Lengths of Term of Committee Chair and Members (excluding posts filled by Trust staff)

5.4 The length of term, which should be aligned to the election cycle for Governors, should be agreed between the relevant Committee Chair/Member and other Members of the Committee, at the date of the first meeting. Where possible, lengths of terms should be staggered to allow a modest turnover of members.

5.5 Terms will be eligible for renewal, for one further term only.

6 Meetings

6.1 A member of the Trust's staff will act as Secretary to the Committee.

6.2 The Committee shall meet as required, but at least three times per annum.

6.3 Agendas and briefing papers should be prepared and circulated in sufficient time for Committee Members to give them due consideration.

7 Conduct of Business

7.1 The conduct of business will conform to guidance set out in the DN 142 Standing Orders of the Board of Directors, unless alternative arrangements are defined in these Terms of Reference.

8 Equality, Diversity and Inclusion Statement

The Committee will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Chair will also ensure that all members and attendees are equally able to express their views on the Committee's agenda items and discussion points.

9 Monitoring

9.1 Minutes of Committee meetings should be formally recorded and distributed to Committee Members and Attendees within 10 working days of the meetings. Subject to the approval of the Chair of the Committee, the minutes will be submitted to the Council of Governors at its next meeting and may be presented by the

Committee Chair.

The Chair of the Committee shall, through the Lead Governor and Chair of the Trust Board, draw to the attention of the Board of Directors any issues that require disclosure to the full Board of Directors.

Monitoring Table

What key element(s) need(s) monitoring as per local approved policy/ procedure or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of the multidisciplinary team or others.	What tool will be used to monitor/check/ observe/assess/ inspect/ authenticate that everything is working according to this key element from the approved policy/ procedure?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	Who or what committee will the completed report goes to. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented the lessons learned and how will these be shared?
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements**	**Acting on recommendations and Lead(s)**	**Change in practice and lessons to be shared**
All	Chief Finance Officer (CFO) Associate Director of Corporate Governance	N/A	Annually	Audit Committee	Audit Committee	Any changes in practice and lessons shall be shared with the relevant internal stakeholders

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If YES, you will need to complete a full Equality Impact Assessment. Please contact the Equality, Diversity and Inclusion team papworth.edi@nhs.net for the full assessment template.		N/A