

Agenda Item 3.vii

Report to:	Board of Directors	Date: 6 June 2019
Report of:	Trust Secretary	
Report Title:	Annual Board Self-Certifications	
Principal Objective/ Strategy:	GOVERNANCE	
Board Assurance Framework Entries:	Not Applicable	
Regulatory Requirement:	Licence requirements	
Equality Considerations:	None believed to apply	
Key Risks:	Failure to comply with Regulator, Licence and other governance requirements	
For:	<p>Consider and Approve each Statement and if unable to do so, agree what additional supporting commentary the Board wishes to add for the:</p> <ol style="list-style-type: none"> 1) Annual self-certification on the Corporate Governance Statement for publication by the 30 June 2019; 2) Annual self-certification on Governor training due for publication by the 30 June 2019. <p>Consider how the work of the Board Committees might better support assurances concerning these annual declarations for the future and ensure the agendas and work of the committees is driven accordingly.</p>	

1 Purpose

- 1.1 To provide the Trust Board with draft copies of the Corporate Governance Statement and other annual Board self-certification statements for consideration and approval.

2 Background

- 2.1 The Board has for a number of years been required to declare annual compliance with NHSI (previously Monitor) certifications as part of the annual planning process (separated with submission dates of either end of May or end of June); from 2016 these submissions became part of the financial year end process. The self-certifications for 2019 are similar in content to previous years.

3 Introduction

- 3.1 NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with other governance requirements.

- 3.2 The aim of self-certification is for providers to carry out assurance that they are in compliance with the conditions.
- 3.3 It is for providers to decide how they carry out this self-certification process. However, the process should ensure that the Trust Board understands clearly whether or not it can confirm compliance. As in 2018 NHS foundation trust Board's must sign off the self-certification for 2019 having regard to the view of Governors.

To aid the self-certification process, NHSI has provided templates which Boards can use. These have been used to document the Trust certifications for 2019 and are attached (Attachments 1-3).

4 What is the Board required to do

- 4.1 The Trust Board need to self-certify the following after the financial year end:

NHS provider licence condition

- That the Trust has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3)). This certification was approved at the Board meeting on the 23 May 2019 and is included for completeness as Attachment 1;
 - That the Trust has complied with required governance arrangements (Condition FT4(8));
 - As a provider of commissioner requested services, the Trust has a reasonable expectation that required resources will be available to deliver the designated service (Condition CoS7(3)).
- 4.2 From April 2016 commissioner requested services is only applicable if Commissioners have informed the foundation trust of this designation as from that date there is presumption of this designation. NHSE has confirmed that all Papworth specialised services are Commissioner Requested Services.
- 4.3 As in 2018 the self-certification for 2019 will not include a submission to NHSI but requires the self-certifications to be published by the 30 June 2019.
- 4.4 NHSI have advised that they retain the option of contacting a select number of NHS trusts and foundation trusts to ask for evidence that they have self-certified by providing the completed or relevant board minutes and papers recording sign-off

5 Summary on Self-certifications contained in Attachments 1-3

- 5.1 Compliance with Licence Conditions - Attachment 1
This certification was approved at the Board meeting on the 23 May 2019 and is included for completeness.
- 5.2 Corporate Governance Statement (CGS) – Attachment 2

Since 2015 the CGS has included a risk to staff recruitment and the draft self-certification proposes that this remains for 2019 with updated wording that reflects the key risks set out in the Annual Governance Statement and Annual Report (see section 6):

Risk Workforce Recruitment and Retention:

The national shortages of key professional groups such as nursing will have a continued

impact on staff at Royal Papworth Hospital (RPH) in 2019/20. Any inability to recruit and retain in key staff groups staff (including registered nurses and other professional staff) will result in adverse impacts on: delivery of clinical services, maintaining and building our capacity, increased pressure on existing staff and failure to meet NHSI agency ceiling and safer staffing levels.

Mitigating actions: The Trust has a Recruitment and Retention Strategy which includes overseas recruitment campaigns, proactive social media campaigns, engagement with HEIs across the country and regular recruitment events including promotion of return to practice options. The Recruitment and Retention (R&R) group supports the R&R focus at all directorate meetings and we have continued to support a Recruitment and Retention Nurse.

The Recruitment and Retention Strategy also addresses how we seek to retain staff by supporting and developing them. We have taken specific actions to mitigate the impact of the relocation of the hospital including: an excess daily travel allowance to support staff travelling to the new site; working with campus partners to commission a new bus routes; provision of a free bus service from the new staff accommodation in Waterbeach. We offer staff clinical supervision and are working to introduce career clinics to support staff retention. We have developed pathways to support staff professional and career development including the introduction of the ANPs role and more band 4 clinical roles including the Nursing Associate and apprentice roles. We only utilise agencies that are on the national Framework and have weekly monitoring and reporting of use outside framework and price caps.

Further evidence of assurance for the CGS certification is set out in Attachment 5.

5.2 Training of Governors – Attachment 3

No supplementary information is required to be published on Governor training if the response is 'confirmed'. For completeness Attachment 6 provides further information for the Board to support the 'confirmed' declaration.

6 **Recommendation**

Consider and Approve each Statement and if unable to do so, agree what additional supporting commentary the Board wishes to add for the:

- 1) Annual self-certification on the Corporate Governance Statement for publication by the 30 June 2019;
- 2) Annual self-certification on Governor training due for publication by the 30 June 2019.

Consider how the work of the Board Committees might better support assurances concerning these annual declarations for the future and ensure the agendas and work of the Committees is driven accordingly.

NHSI self-certification template for General Condition 6 and Continuity of Services Condition 7 of the NHS Provider licence

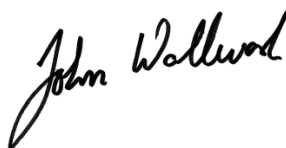
- Approved at the Trust Board on 23 May 2019

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 and 2	General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)	
	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed
3	Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)	
	Either	
3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Confirmed
	Or	
3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.	
	Or	
3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.	

	Statement of main factors taken into account in making the above declaration	
	<p>In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:</p> <p>The Operational Plan shows the Trust is planning to deliver a breakeven position of £nil on a Control Total basis and a bottom line surplus of £11.5m. This generates a planning risk rating of 2 under the Single Oversight Framework.</p> <p>To achieve the position highlighted above the Trust will be required to deliver CIP of £5.0m in 2019/20 and deliver its plan overall in order to secure the receipt of £15.5m of FRF and PSF central funding.</p>	

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors




Name Professor John Wallwork

Name Stephen Posey

Capacity Chairman

Capacity Chief Executive

Date 23 May 2019

Date 23 May 2019

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.
[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]
Additional words to be added depending on whether confirming 3a or 3b

Attachment 2

NHSI self-certification template for “Corporate Governance Statement” - due for Board approval by 30 June 2019

The Board is required to respond “Confirmed” or not “Confirmed” to the following statements, setting out any risks and mitigating actions planned for each one

4	Corporate Governance Statement	Response	Risks and mitigating actions (including where Board is able to respond “Confirmed”)
1	The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	
2	The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time	Confirmed	
3	The Board is satisfied that the Trust implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	
4	The Board is satisfied that the Trust effectively implements systems and/or processes: (a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee’s ability to continue as a going concern);	Confirmed	

	<p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>		
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	Confirmed	
6	<p>The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	Confirmed	<p>Risk: Workforce Recruitment and Retention</p> <p>The national shortages of key professional groups such as nursing will have a continued impact on staff at Royal Papworth Hospital (RPH) in 2019/20. Any inability to recruit and retain in key staff groups staff (including registered nurses and other professional staff) will result in adverse impacts on: delivery of clinical services, maintaining and</p>

		<p>building our capacity, increased pressure on existing staff and failure to meet NHSI agency ceiling and safer staffing levels.</p> <p>Mitigating actions: The Trust has a Recruitment and Retention Strategy which includes overseas recruitment campaigns, proactive social media campaigns, engagement with HEIs across the country and regular recruitment events including promotion of return to practice options. The Recruitment and Retention (R&R) group supports the R&R focus at all directorate meetings and we have continued to support a Recruitment and Retention Nurse.</p> <p>The Recruitment and Retention Strategy also addresses how we seek to retain staff by supporting and developing them. We have taken specific actions to mitigate the impact of the relocation of the hospital including: an excess daily travel allowance to support staff travelling to the new site; working with campus partners to commission a new bus routes; provision of a free bus service from the new staff accommodation in Waterbeach. We offer staff clinical supervision and are working to introduce career clinics to support staff retention. We have developed pathways to support staff professional and career development including the introduction of the ANPs role and more band 4 clinical roles including the Nursing Associate and apprentice roles. We only utilise agencies that are on the national Framework and have weekly monitoring and reporting of use outside framework and price caps.</p>
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MEMORANDUM FOR THE BOARD OF DIRECTORS
DATE: 11/11/2014

Signed on behalf of the board of directors, and having regard to the views of the governors

Name Professor John Wallwork

Capacity Chairman

Date

Name Stephen Posey

Capacity Chief Executive

Date

NHSI self-certification template for “Training of Governors” - due for Board approval by 30 June 2019

The Board is required to respond “Confirmed” or not “Confirmed” to the following statements. Explanatory information should be provided where required.

2	Training of Governors	
	The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed

Signed on behalf of the board of directors, and having regard to the views of the governors

Name

Name

Capacity

Capacity

Date

Date

Attachment 4

Structure of the licence

NHS Improvement's (NHSI) licence is the main tool with which providers are regulated and it sets out a number of obligations, these are summarised in the six sections below:

Section 1 General Conditions
G1: Provision of information – <i>Papworth supplies information/returns as requested.</i>
G2: Publication of information – <i>Information on Papworth services are on the website.</i>
G3: Payment of fees – <i>NHSI can charge a fee but have not done so to date.</i>
G4: Fit and proper persons test – <i>Ensuring that disqualified directors, undischarged bankrupts etc. do not become or continue as Directors or Governors. Papworth has requirements set out in the Constitution and an annual declaration is also required.</i>
G5: Monitor guidance – <i>Requirement to pay due regard to NHSI guidance – Papworth complies with all NHSI mandatory guidance.</i>
G6: Systems for compliance with licence conditions and related obligations – <i>Taking all reasonable precautions against the risk of failure to comply with the licence, NHS Acts and NHS Constitution, including the establishment and implementation of processes and systems to identify risks and guard against their occurrence – Risk management processes in place (DATIX). Board Committee and Executive Director review of BAF and risks.</i>
G7: Registration with the CQC – <i>Papworth is registered and received a rating of “Good” in the last inspection (2015). Internal mock CQC inspections.</i>
G8: Patient eligibility and selection criteria – <i>Eligibility and selection criteria for patients must be developed and applied in a transparent manner. Information on services and who can access these are on the Papworth website.</i>
G9: Continuity of Services – <i>This sets out the conditions under which a service is designated as commissioner requested service (CRS).</i>
Section 2 Pricing conditions
P1: Recording of information – <i>Required only if NHSI requests in writing.</i>
P2: Provision of information – <i>Submissions to NHSI as requested.</i>
P3: Assurance report on submissions to NHSI - <i>Specific assurances of accuracy of submissions as required by NHSI.</i>
P4: Compliance with national tariff – <i>Commissioners and providers required to provide services in line with the tariff.</i>
P5: Constructive engagement concerning local tariff modifications – <i>Providers to agree these with Commissioners.</i>
Section 3 Choice and competition conditions
CC 1: Patient choice – <i>where the system allows for patient choice of provider, then patients should be provided with information about that choice at the points in the system where choice is available.</i>
CC2: Competition oversight – <i>the licensee shall not enter into an agreement that distorts/restricts competition.</i>
Section 4 Integrated Care Condition
IC1: Provision of Integrated care - <i>This is a broadly defined prohibition: the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care. It also includes a patient interest test.</i>

Section 5 Continuity of Services conditions
CoS1: Continuing provision of Commissioner requested services – <i>This condition prevents licensees from ceasing to provide commissioner requested services.</i>
CoS2: Restriction on the disposal of assets – <i>A register of assets is required in the provision of commissioner requested services.</i>
CoS3: Standards of corporate governance and financial management – <i>Requires the licensee to have due regard to adequate standards of corporate governance and financial management, including risk rating methodology.</i>
CoS4: Undertaking from the ultimate controller – <i>This is used to prevent parent companies putting in place arrangement which would force a subsidiary to break its licence conditions</i>
CoS5: Risk pool levy – <i>This obliges licencees to contribute, if required, towards the funding of a risk pool.</i>
CoS6: Cooperation in the event of financial distress – <i>When NHSI has concerns about the ability of a licensee to carry on as a going concern then it is obliged to cooperate with NHSI.</i>
CoS7: Availability of resources – <i>Licencees must act in a way to secure resources to operate commissioner requested services.</i>
Section 6 NHS Foundation Trust conditions
FT1: Information to update the register of NHS FTs – <i>FTs must provide whatever is requested by NHSI, including a copy of the Constitution and latest Annual Report and Accounts. Papworth provides these documents.</i>
FT2: Payment to NHSI in respect of registration and related costs – <i>NHSI may move to cost recovery.</i>
FT3: Provision of information to advisory panel – <i>This external panel has been formed and will consider questions brought by Governors. As the Board and Council are aware these issues are only those that have not been resolved following exhausting all internal mechanisms.</i>
FT4: NHS foundation trust governance arrangements – <i>This requires NHSFTs to apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</i>
Under this condition of our licence the Board is required to submit a corporate governance confirming compliance with this condition at the date of the statement and anticipated for the next financial year.

Corporate Governance Statement and other Board self-certifications 2019 – examples of further assurance

The NHSI guidance on self-certification states it is high level and recommends it is read alongside the following documents:

- a. the templates
- b. NHS provider licence (last updated May 2014)
- c. the designation framework: defining CRS and location specific services (last updated 28 March 2013)
- d. the well-led framework for governance reviews (last updated June 2017)
- e. the NHS foundation trust code of governance (July 2014)
- f. Single Oversight Framework (last updated November 2017).

Examples of further assurance

NHSI Templates	Attachments 1-3
NHS Provider Licence	Attachment 4
CRS designation	NHSE has confirmed that all Papworth specialised services are Commissioner Requested Services
Well Led	<p>Actions completed following 2018 self-assessment include: Board learning together programme established; NED buddy links put in place to improve whole Board visibility across the Trust; NED IPR process reviewed to include 360 feedback; process for refresh of Trust Strategy established with engagement of staff and system partners; FTSU role and BAME network launched; talent mapping undertaken with nominations to development programmes; BAF reporting developed with Committee and Board input.</p> <p>Supporting papers for the review: Well-led self-assessment undertaken in May 2018 S:\shared\Board of Directors Reports\Board of Directors papers Archive 2007 onwards -\Board of Directors Papers 2018\180607\Part 2\Item 5ii Well Led Self Assessment Update for the Board v2 01.06.18</p> <p>Internal Report 2016/17 S:\shared\Performance Management\INTERNAL AUDIT REPORTS\201617\DRAFT\Governance – Well Led Review 3.16.17 DRAFT PH (1).docx</p> <p>External Review 2015 S:\shared\Board of Directors Reports\Board of Directors papers Archive 2007 onwards -\Board of Directors Papers 2015\150226 Board Workshop</p>
Code of Governance	<p>Disclosures required under the NHS Foundation Trust Code of Governance section of Annual Report 2018/19 outlining Code of Governance compliance (and previous years).</p> <p>Report to 14 March 2019 Audit Committee</p>

	S:\shared\Board of Directors Reports\Audit\2019\190314\Item 8 AGS\Item 8b cover Code of Governance disclosures
Single Oversight Framework	Performance against the national operational metrics in Appendix 3 which are relevant to Papworth – 18 week RTT, 62 day cancer, 31 day cancer, 6 week diagnostic and C.difficile
Accounts - Annual	Performance is on plan and the Annual Accounts contain an unqualified audit opinion. Internal audit core financial controls reviews in place reporting through Audit Committee.
Accounts - Quality	Quality Accounts – External Audit opinion and stakeholder statements of support. Governor and Board engagement in priority setting External audit assurance re Quality Account indicators
Annual Governance Statement	Drafts reviewed annually by the Audit Committee and Quality and Risk Committee. Approved by Audit Committee and Board of Directors. Auditors' opinions.
Annual reports	Q&R Committee have reviewed: <ul style="list-style-type: none"> • Annual Safeguarding Summary Report 17-18 (November 18) • Annual Assessment Outcomes for 18/19 & Specialised Services Comprehensive Peer Reviews (January 2019) • Infection Prevention & Control Annual Report (April 2019) • Learning From Deaths 2018/19 Annual report (May 2019) • Q4 and Annual Quality And Risk Report 2018/19 - FINAL (May 2019) S:\shared\Board of Directors Reports\Quality & Risk Committee Board have also reviewed: <ul style="list-style-type: none"> • GMC Annual Survey (Aug 2018) • Annual Medical Revalidation Report (Oct 2018)
BAF/Risk	BAF in place and reviewed and Board and Board Committees Risks allocated to Board committees and have identified ED Leads. Board Workshop held on BAF BAF and committee reports developed with Board and Committee input. Copies available on Board and Committee folders: S:\shared\Board of Directors Reports\Performance Committee\2019\190530 , S:\shared\Board of Directors Reports\Quality & Risk Committee\2019 Meetings\190528 , S:\shared\Board of Directors Reports\Board of Directors Papers 2019\190502 . FRSA S:\shared\Board of Directors Reports\Performance Committee\2019\190425\Item 10i cover M12 1819 FSRA Perf Committee Report
Board Committees	Board approved Committee structure, Terms of Reference reviews, Committee Forward Planners, Committee Self-

	<p>Assessments. Board Committee meeting focus – Quality, performance, control and risk Escalation from Committees to the Board New Strategic Projects Committee</p>
Board of Director	Board of Director meeting minutes, evidencing debate and decisions regarding declarations and self-assessments
Care Quality Commission (CQC)	“Good” in last audit 2015. Internal mock inspections undertaken and action plans in place following mock inspections.
Commissioners	Performance meetings
Complaints etc	Complaints, Claims and incidents reports together with lessons learned and changes implemented https://royalpaworth.nhs.uk/our-hospital/information-we-publish/clinical-governance
Constitution	Updated to comply with legislation
CQUIN performance	See Quality Accounts
External Audit Opinion	External Audit Opinion – annual report, annual accounts and quality accounts
Finance Reports	Monthly Finance reports – Performance Committee S:\shared\Board of Directors Reports\Performance Committee\2019
Freedom to speak up guardian	Freedom to speak up guardian appointed
Friends and Family	Friends and Family, surveys results, patient feedback
Going Concern	Trust’s Going Concern status Review of going concern assumption by Board March 2019 S:\shared\Board of Directors Reports\Board of Directors Papers 2019\190328\Part II\Item 4ii Consideration of Going Concern Basis Trust Board paper
Governor involvement	Governor involvement through focussed committees, Patient and Public Involvement Committee, Fundraising Group, Access and Facilities Committee
Head of Internal Audit Opinion	“The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective”
Human Resources practices	Induction programme Pre-employment checks; contractual conditions regarding other employment Mandatory training approved programme, implementation and

	<p>monitoring Whistleblowing policy Application of Fit and Proper Persons Test for all relevant appointments.</p>
IG/Data Security and Protection	Data Security and Protection Toolkit 2019/20 self-certification submitted to NHSD. Annual internal audit results reviewed.
Induction Programme	Monthly staff induction programme
Internal Audit Plan	<p>Internal Audit plan and reports reviewed by audit committee. Scope of reviews in year.</p> <p>Substantial Assurance: Financial Forecasting, CIPs and Budgetary Control - Financial Governance; Risk Management and Assurance Framework Key Financial Controls;</p> <p>Reasonable Assurance: CQC Governance and Mock Inspection Arrangements Financial Forecasting, CIPs and Budgetary Control - CIP Project Management Business Continuity – Performance Escalation Processes, CAD</p> <p>Partial Assurance: Business Continuity – Performance Escalation Processes, Cardiology, Surgery and Transplant</p> <p>Action plans are in place to address all recommendations.</p>
Medical Revalidation	<p>Annual Report to Board: S:\shared\Board of Directors Reports\Board of Directors papers Archive 2007 onwards -\Board of Directors Papers 2018\181004\Part I\Item 3iii Revalidation Annual Report 2018</p>
NHSI	Performance review meetings with NHSI
Nursing Revalidation	Nurse revalidation policy approved by Q&R Committee May 2018. Reporting by exception through Nursing Advisory Committee and Executive Directors
Operational Plan (OP)	Operational plan and business planning process.
Patient Story	Patient Story at Board standing and Committees
Patient Survey	http://www.cqc.org.uk/provider/RGM/survey/3
PLACE Inspections	PLACE Audits – patient and governor involvement
PIPR	Integrated Performance Reporting to Board and sub Committees.
Quality Strategy	Quality Strategy implemented
Managing Conflicts of Interest	<p>Register of Interests, Sponsorship & Hospitality Register Annual declarations from Directors and Governors Annual declarations from decision making staff published to Trust</p>

	<p>website. https://royalpapworth.nhs.uk/our-hospital/information-we-publish/register-interests-decision-making-staff</p>
Staff engagement	Staff engagement and communication, enhanced through QI work stream.
Staff Survey	http://www.nhsstaffsurveyresults.com/local-benchmarking-organisation-overview/
Structure	Clear organisational structures and reporting lines in place. Executive Director Portfolios reviewed and Director of Digital and Chief Information Officer joined the Board in April 2018.
Serious Incidents (SIs)	SI reporting, to Quality and Risk Management Group, Quality and Risk Committee and Board.
SIP/CIP	Quality Impact Assessments for SIP/CIP plans
Standing Orders, Scheme of Delegation and Standing Financial Instructions	Annual review and approval by Audit Committee and Board of Directors
Use of Resources	External Audit opinion.

Attachment 6

Governor Training 2017/18– evidence to support Board of Directors annual self-certification due by 30 June 2019

Council of Governors	Royal Papworth Integrated Performance Report (PIPR) presentation at every meeting.
	<p>Presentation on the New Papworth – NPH Project Delivery reports presented at each meeting.</p> <p>National Staff Survey Results 2017 presented by the Director of Workforce and OD (March 2018)</p> <p>Inpatient Survey results presented by Director of Nursing and Medical Director (June 2018)</p> <p>Presentation on Lorenzo Electronic Patient Record: optimisation, interoperability and Clinical Leadership by Dr Chris Johnson, Clinical Lead</p> <p>Presentation on role of FTSU Guardian By Tony Bottiglieri.</p> <p>Clinical Presentations on:</p> <p>Imaging the Heart Beat in the 21st Century - Dr Andrew Grace.</p> <p>Pulmonary Endarterectomy Surgery - Dr D Jenkins.</p> <p>Research and Development – Dr Ian Smith</p> <p>Presentations delivered supports learning and understanding of the work and performance of the Trust.</p>
	Outcome of the Governor survey reported to the March 2019 meeting. Further training requested on quality/clinical safety and on finance. Agreed that where relevant the Board Learning Together Programmes would be extended to include Governors.
Annual Members' Meeting – Insight event	Attended by Governors. Supports learning/update on Trust activities and includes Clinical Presentations. Supports meeting members, Executive Directors and Non-executive Directors.
Audit Committee	2 Governors attend meetings and contribute to discussions. Supports appointment and review of External Auditors.
Quality & Risk (Q&R) Committee	2 Governors attend meetings. A Staff Governor (Head of Nursing) and the Lead Governor attend the Committee. Supports learning on Trust quality agenda and outcomes during the year as Q&R review Quality Accounts in detail.
Appointments Committee	Considered survey output from Governors survey on Training at their March 2019 meeting. Approved the IPR process for NEDs and this includes Governor input to the 360 review process.
Patient and Public Involvement Committee	<p>Review of Quality Accounts – supports learning on Trust quality agenda and outcomes during the year and Governor statement for inclusion in the Quality Accounts.</p> <p>Patient experience reports and feedback, including PLACE inspection.</p> <p>Committee with responsibility for annual Staff Awards – process and voting. Supports understanding of staff contribution to performance of Hospital.</p> <p>Presentation and updates on research and development.</p>
Forward Planning Committee	Consideration of New Papworth Hospital, Operational Plan and System Transformation Programme.
Fundraising Group	Governor Committee – Supports understanding of charity income and expenditure. Link with community fundraising and membership.
Governors' Assurance Committee [Task and Finish Group]	Developed Governance Handbook which is circulated to all new Governors as part of their induction.

Access and Facilities Group	Governor Group. Reviews public transport arrangements, staff accommodation and compliance with the Equality Delivery System. 2016 visit to new Hospital site.
Joint Staff Side and Staff Governors	Meetings in place and held on a monthly basis.
Patient Experience Panel	Governors involved. Supports knowledge of Hospital and patient matters.
Other Groups	End of Life Care. Arts Group.
Hospital Events	Royal Papworth Hospital work was showcased at a number of Cambridge Science Festival events - March 2019. Royal Papworth Staff Awards – March 2019
PLACE Inspections	Governors involved each year, along with staff and other patient representatives. Supports knowledge of Hospital environment (including cleanliness, maintenance, privacy and dignity) and quality of food.
Governor area on web site	Reference documents.
Induction	No new public Governors in 2018/19. New appointed Governors have induction meetings with Lead Governor or Chair. Induction process to be reviewed for 2019/20 appointments.
NHS Providers	Papworth a member. Governors able to attend free national Governors events.
Board of Directors	Governors regularly attend Board of Director meetings. Supports knowledge of Trust issues and re-appointment of Non-executive Directors. Lead Governor also able to attend at Part 2 meetings.

The Board is reminded that Governor training is a standing item in the Governor Matters paper for the Council of Governors.