

<b>Report to:</b>	<b>Public Trust Board</b>	<b>Agenda item:</b>	<b>11</b>
<b>Date of Meeting:</b>	<b>27 February 2013</b>		

<b>Title of Report:</b>	<b>Non Clinical Governance Committee Update</b>
<b>Status:</b>	<b>For Information</b>
<b>Sponsor:</b>	<b>Joanna Hole, Non Executive Director/Chair of the Non Clinical Governance Committee</b>
<b>Author:</b>	<b>Lynn Vaughan, Director of Human Resources</b>
<b>Appendices:</b>	<b>None</b>

### **Purpose**

To update the Trust Board on the activity of the Non-Clinical Governance Committee held on 8 January 2013.

### **Background**

The Non-Clinical Governance Committee is one of three assurance committees supporting the Trust Board in fulfilling its objectives. The Committee is responsible for testing the robustness and effectiveness of the non-clinical systems and processes operating within the Trust to provide assurance to the Trust Board.

### **Business Undertaken**

The Non Clinical Governance Committee tested the robustness and effectiveness of the following systems and the outcome/level of assurance is described below:

#### **Service Line Management – Implementation and Operation**

The Foundation Trust Project Manager presented the report explaining that Service Line Management is a clinician led model recommended by Monitor to encourage organisations to improve productivity by moving responsibility and accountability to front line staff but is not a prerequisite for Foundation Trust status.

The structure to deliver the programme is led by the 'Service Line Oversight Group' (SLOG) with three workstreams. Each workstream is led by an Executive and Operational Lead, their objectives are to deliver the project and provide expert. The programme was launched in September 2011 and a work programme was established which the Chief Executive led. Four pilots and a programme of roll out based on capacity were identified. The Trust Board approved the strategy in July 2012 and that enabled SLOG members to discuss with specialties the detail of SLR within the strategic context of SLM.

Achievements so far were outlined and a discussion of the current strengths and weakness followed, the overall theme was a strong commitment from clinicians but a range in the depth of understanding by matrons, specialty managers and corporate staff. More organisational development in terms of cultural change was required by SLOG to support this and a communications plan is to be built around this to support the learning and development needed to implement the cultural change.

Weakness' discussed were Data Quality relating to coding which should be addressed with the roll out of PLICS, and the allocation of general medicine activity to specialties; this was a long-standing issue that is being addressed by BIU, finance and IM&T so that the specialty SLR reports were correct. The Committee also noted there were principles outlined in SLM regarding how specialties moved between the

tiers but currently there was no process to achieve this.

The Foundation Trust Project Manager outlined the content of the roadmap being submitted to Trust Board in January 2013, with the final road map being presented to Trust Board in April 2013. The Foundation Trust Project Manager also confirmed that targets for the SLOG were in the Integrated Business Plan. The main target for 2013 was to roll out tier 1 across all 28 specialties, although this is seen as ambitious.

### **Commercial Decision Making – Process Overview**

The Commercial Director gave an overview of the paper which outlined how to assess where new business ideas come from, the channels to assess them by and how they would fit into the five year work plan. Improvements had been made to get new ideas into a structured process and reviewing of benefits realisation is in place. There was a clear process on when issues were submitted to Management Board but perhaps more clarity could be defined to ensure consistency of triggers to escalate to Trust Board. The Commercial Director confirmed all business cases were now reviewed by the Commercial Development Group to ensure quality before submission to the Board.

### **Emergency Planning, Resilience and Response (EPRR)**

The Joint Resilience Manager attended the meeting to present the report and explained that the current key issue was the transition in moving to the new EPRR framework. The Department of Health and NHS Commissioning Board will seek assurance that the Trust had adequate plans in place to deal with a major incident and provide normal services at the same time. The NHS Commissioning Board have published a new set of EPRR Core Standards that the Trust will have to fulfil in addition to their duties under Civil Contingencies Act 2004 and the Health and Social Care Act 2012.

The RUH is expected to be part of Local Health Resilience Partnership which will set the strategy for resilience for the next 3 years. The newly appointed Chief Operating Officer will be invited to join the partnership.

The Resilience Manager updated the committee on the gap analysis review carried out on where the Trust's resilience capability stands. The key points were a stronger focus is required on engagement with our local health community partners and the Major Incident plan requires updating and lessons learnt from previous incidents to be built in. The Business Continuity plan does not comply with British Standards but the NHS CB have now issued new guidance under their EPRR Core Standards that Trusts should be compliant with the new ISO accreditation and the PAS 2015-Framework for Health Services Resilience.

The Resilience Manager is now working with the BaNES CCG on their response level (Cat 2) but they should have a 24 hour response capability. The Local Area Team (LAT) is a Cat 1 as they would co-ordinate any responses to incidents replacing the SHA. The Resilience Manager confirmed that the RUH has the capability and responsibility of self declaration in the event of a Major Incident that is deemed to affect the Trust.

### **Investigation Report – Fundraising Mailing**

The Chief Information Officer updated the Committee on the Information Governance Manager's investigation into the issue of use of a mailing list which failed to adequately exclude the names of all deceased patients. The investigation found that improvements in training and processes to verify and check the quality of mailing lists were required. Lessons learnt have been formulated into an action plan. The CIO informed the committee that as a precautionary measure, ad hoc mailings directly from departmental systems had also now been ceased and an information audit of departments and systems was being undertaken. All future mailings would be from the data warehouse and managed by BIU with new processes and full training in place and all data requests for ad-hoc use would be passed to the CIO via the BIU manager to evaluate.

### **NHSLA**

The Trust Board Secretary and the NHS LA Project Manager updated the Committee on the work undertaken within the Trust in readiness for an assessment on 12 / 13<sup>th</sup> February 2013 by the NHS LA on the Trust's compliance with NHSLA risk management standards. It is anticipated that an update will be available on the outcome of the assessment at the Trust Board meeting on 27 February 2013.

### **External Agency Visits**

The Trust Board Secretary confirmed there had been no new visits to the Trust to report. It was agreed that the lead for external visits was to be invited to the committee to report back.

### **Inter Assurance Committee and Audit tracker**

The Trust Board Secretary confirmed work was being undertaken on how best to track the actions we receive from internal and external visits

### **NCGC 2013/14 Workplan**

The Committee discussed an easing to the number of papers to be reviewed at each meeting.

### **Key Risks and their impact on the Organisation**

The Committee identified a risk related to emergency planning, resilience and response, specifically around business continuity. The Trust Board Secretary was tasked with working with the Resilience Manager to describe the risk and enter it onto the Trust-wide risk register.

### **Key Decisions**

The Non Clinical Governance Committee:

- a) Recommend that the Trust Board note that the Service Line Management paper provided the basis of a good discussion and recommended a limited level of assurance due to a lack of clear systems to progress between tiers and the data quality issue.
- b) Recommend that the Trust Board note the Committee agreed to recommend a moderate level of assurance to the Trust Board for the Commercial Decision Making paper.
- c) Recommend that the Trust Board note the Committee agreed to recommend a limited level of assurance for the Emergency Planning, resilience and response paper due to the work required on policies and lack of compliance

<p>with the British Standards.</p> <p>d) Recommend that the Trust Board note the Committee agreed to recommend a limited level of assurance with a review in 6 months on the Fundraising Mailing action plan.</p> <p>e) Recommend that the Trust Board note the Committee agreed to recommend a high level of assurance on the compliance update on NHSLA level 1.</p>
<b>Exceptions and Challenges</b>
None identified.
<b>Governance and Other Business</b>
The meeting was convened under its revised Terms of Reference.
<b>Future Business</b>
<p>The Committee conducted business in accordance with the 2012/13 work plan. The next meeting of the Non Clinical Governance Committee, to be held in March 2013 will review the following systems:</p> <p>Bed/Capacity Management</p> <p>Health and Safety – Fire</p> <p>Review of Clinical Coding</p> <p>Board Assurance Framework review progress against actions</p>
<b>Recommendations</b>
It is recommended that the Trust Board note this report.