

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	25 April 2018		

Title of Report:	Non-Clinical Governance Committee Update Report
Status:	For information
Sponsor:	Joanna Hole, Non-Executive Director / Chair of the Non-Clinical Governance Committee
Author:	Catherine Soan, Executive Assistant to the Director of People
Appendices	None

<p>Purpose</p> <p>To update the Board of Directors on the activity of the Non-Clinical Governance Committee held on 12th March 2018.</p>
<p>Background</p> <p>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 Board of Directors.</p>
<p>Business Undertaken</p> <p>New IT system in the Emergency Department (ED)</p> <p>The EPR Programme Manager and Consultant, Emergency Department provided an update following go live of FirstNet in the Emergency Department. FirstNet is an element of the Electronic Patient Record (EPR) Programme which was introduced in November 2017. The report was provided for information only, not for a level of assurance. The Committee noted:</p> <ul style="list-style-type: none"> • The implementation of FirstNet was introduced at the start of October, the RUH being one of first Trusts to go live. • A bespoke version of FirstNet was implemented to ensure flow of the software matched clinical patient flows within ED • ED went live on schedule with relevant staff trained and good community support. • There were sufficient devices to support the change in workflow • A command centre enabled a quick response to any issues and floor walkers and champions provided additional support. <p>The EPR Programme Manager explained the areas for improvement:</p> <ul style="list-style-type: none"> • Faster log in, which is being resolved and will be a trust wide improvement. • The quality of internal and external performance reporting, there was a focus on clinical flow of patients but there wasn't the same level of engagement and some key national reporting measures were not available. The format of some of the reports have changed and are not replicated in the new system.

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The IT team have made some changes to resolve this but there is still some work to do.

- The timing of the national change introducing the Emergency Care Data Set (ECDS) meant that changes in processes had to be implemented to support the data set at the last minute without a full understanding of the impact until after go live.

The Committee noted the lessons learnt and reviewed the improvement plan, in particular the issue that the new system is not allowing the Trust to capture assessment to treatment in real-time and therefore requires validation. The Business Intelligence Unit is using a separate reporting mechanism rather than the report from FirstNet. The EPR Programme Manager is discussing a resolution with Cerner.

Waste

The Interim Compliance and Sustainability Manager attended the meeting and highlighted the following:

- The Trust's expenditure on waste in 2016/17 was £433k.
- The key projects being undertaken
- ERIC benchmarking shows that the Trust is below average for the region for all waste types (with one exception). This is also evidenced within the model hospital. It was noted that this might change in the future due to current contracts expiring. The Head of Estates has requested an audit of the ERIC data the Trust submits; we have made some significant improvements and want to ensure that other Trusts are reporting like for like.
- Savings have been made over the past few years; one of the big improvements was the implementation of best practice across the whole waste system.
- A Waste Authorising Engineer had been recruited to provide assurance that we are complying with best practice and to deliver training to the waste porters.
- The Waste Policy is out of date and is being revised to capture best practice and clarification on how waste is categorised. The risk of the current Waste Policy being out of date has been captured on the Trust's risk register.

The Committee congratulated the team on some good achievements and agreed to award significant with minor improvements based on the risk from the policy being out of date. The Interim Compliance and Sustainability Manager will consider visiting exemplar sites in the future as recommended by the Committee.

Gender pay gap report

The Acting Director of People tabled a paper on the national reporting requirement on gender pay including the Trust's gender pay gap data which was noted by the Committee. A level of assurance was not required.

General Data Protection Regulation update

The Informatics Governance Manager attended the meeting and highlighted the following:

- A new Head of Information Governance had been recruited and will take on the role of data protection.
- The Informatics Governance Manager had met with all departments who are currently completing the work on the standardisation template to register their processing activities.
- The information asset register been updated.
- The revised Subject Access Request documentation and privacy notices comes to the end of consultation this week and communication to staff will be going out shortly.
- Four risks have been added to the risk register with the highest risk being the lack of retention dates for a significant amount of off-site medical records. Going forward these records have retention dates identified.
- Work on revising information governance policies, of which there are 19 policies, had begun. A specific NHS contracts team are rewording the policies and the Information Governance Managers in the South West have met to consider how to standardise documentation across the region.

The Committee congratulated the Informatics Governance Manager on progress made since the last meeting.

Data Accuracy

The Committee last reviewed data quality management in January 2017 and it was awarded significant assurance with minor improvements. The Head of Business Intelligence presented the report and highlighted the following:

- The Data Quality Steering Group provide the governance of data quality at the Trust.
- The Trust has an Internal Audit plan which includes a specific data audit each year as well as external audits, the audits usually focus on RTT and 4 hour data which are high profile.
- RTT and 4 hours data is validated every day using a thorough process as any data sets submitted show how the Trust compares regionally and nationally.
- The Trust completes the Information Governance Toolkit each year covering data quality, the data quality checks validate that coding is accurate.
- The Clinical Outcomes Group highlights any clinical concerns arising from coding to clinicians to delve into, such as where length of stay or mortality is high.
- One area the Trust is below average for recording is ethnicity and the Trust is developing an admin handbook about guidance on collating ethnicity.

The Committee noted achievements since the last report to the Committee as follows:

- The Trust has successfully implemented Electronic Prescribing, Order Communications and the Millennium FirstNet system in A&E. The data quality issues discussed earlier were described by the Head of Business Intelligence as well as modifications put in place.
- The Trust data warehouse requires updating and a business case was being developed to progress this. IT have established additional data collection in the meantime.
- The Data Quality Steering Group has continued to meet and progress the data quality agenda through the year.
- The Data Assurance Framework has been used to successfully audit several key data areas. This is underway and it is likely that cancer indicators will be a key area for audit.
- The Trust Data Quality Policy is due for review, it is not anticipated to change significantly.

The Committee requested that maternity and sexual health were included in the framework as new services and that when the policy is reviewed a connection with what is put on the framework is made explicit.

The Committee discussed where the usefulness of data is addressed for example user satisfaction i.e. did you receive the data you wanted. The Head of Business Intelligence will consider this conversation and make a suggestion back to the Commercial Director about how this might develop.

The Committee were significantly assured with minor improvements because the policy is about to expire.

Board Assurance Framework (BAF)

The Committee noted the BAF. The Acting Director of People and Board of Directors Secretary will discuss whether there is enough around recruitment in the BAF.

Audit Tracker

The Committee noted progress. The Chair requested that Executive Leads encourage their areas to update the tracker and the Board of Directors Secretary will be presenting the audit tracker to the Executive Team for review.

External Agency Visits

The Board of Directors Secretary presented the register of visits, the Committee noted the open visits on the register and the details of one visit proposed for closure (ID 86 B&NES Public Protection Team (Environmental Health Officer) – RNHRD Site) which was agreed.

Annual Evaluation

The Board of Directors Secretary presented the results of the self-assessment

committee evaluation exercise. The results of the evaluation were generally positive and the themes were similar to that of previous years including that it is not clear that the list of systems and processes reviewed by the Committee is comprehensive. The Board of Directors Secretary will take the work plan to the Executive Team meeting for discussion.

The format and content of papers has improved but there is still some room for improvement, the Board of Directors Secretary will consider how presenters could be better briefed beforehand.

It is evident from feedback that the Joint Committee is not considered as effective as the individual Committees. The Chair will discuss how this can be improved with the Chair of Clinical Governance Committee.

Key Risks and their impact on the Organisation

None identified.

Key Decisions

The Non Clinical Governance Committee:

- Noted progress on the new IT system in ED and will review again in 6 months.
- Agreed significant assurance with minor improvements on waste and will review again in 12 months.
- Noted the gender pay gap report.
- Noted the impact of the new GDPR. The Board will be discussing GDPR at the Board Away Day later this month and the Chair will seek the Board's guidance on when to bring a report back to the Committee.
- Agreed significant assurance with minor improvements on data accuracy and will review again in 2 years.

Exceptions and Challenges

None identified

Governance and Other Business

The meeting was convened under its Terms of Reference.

Future Business

The Committee conducted business in accordance with the 2018 work plan. Systems for review at the next meeting on 14th May include decontamination, volunteer checks, Occupational Health and temporary staffing acute collaboration, IT Strategy and workforce planning system.

Recommendations

It is recommended that the Board of Directors note this report.