Report to:	Public Board of Directors	Agenda item:	18
Date of Meeting:	31 October 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	Appendix 1: Terms of Reference

Purpose
To update the Board of Directors on the activity of the Non-Clinical Governance Committee held on 10th September 2018.

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 Board of Directors.

Business Undertaken

Business Impact Analysis (BIA)

The Committee noted that the BIA and Business Continuity Plans (BCP) had not progressed as planned as the priority area of focus had been on major and mass casualty planning. NHS England assesses all Trust's on core standards of which business continuity was one. The Trust had been rated amber last year but the Chief Operating Officer was aware that this might remain as amber because of the slippage in BIA's this year.

The Committee noted the BIA programme and the Chief Operating Officer assured the Committee that the BIA's that had been started or completed had received a 'deep dive' to ensure the process was thorough. A task and finish group had been set up for the divisions to attend to provide BIA presentations and give support to one another but there was still more work to do. In recognition of this, the system was awarded partial assurance and the Committee will review again in 6 months.

Telephony and Bleeps

The Head of IT Infrastructure and Cyber Security attended the meeting. The Committee noted that the Trust Standard Operating Procedure had not been updated to reflect the new digital telephone system which had been introduced recently as the old system was outside warranted support. The new system brings various benefits but a governance structure was required as well as further training for staff in the IT department. A meeting was due to take place shortly to discuss business continuity as approximately 1000 extensions required battery backup to ensure service continuity if there was a power failure. A full audit was planned.

The Committee agreed they were partially assured, requesting that the system come

Author : Catherine Soan, Executive Assistant to the Director of People	Date:16 October 2018
Document Approved by: Joanna Hole, Non Executive Director & Chair of NCGC	Version: Final
Agenda Item: 18	Page 1 of 3

back to the Committee in 6 months.

ERIC return
The Estates Quality Manager presented the ERIC report which is an annual return the Trust is required to complete. The ERIC data is available on the Model Hospital and therefore there is more data sharing and benchmarking with other Trusts. The Trust is now auditing ERIC data for accuracy and there is more governance in place to ensure appropriate sign off of the data.

The Committee congratulated the team on their hard work to ensure the ERIC data was accurate and agreed that a flow chart would be helpful as well as consideration on how we get more value from the data. The Committee noted the report for information only.

Water Management
The Head of Sustainability presented the paper. Last year water consumption at the Trust was reduced by 2.8% through the leak busting campaign, achieving the target for 2020. The Committee noted that water consumption this year was similar to last year, next steps include the review of water contract arrangements; taking out the retail element of procurement so that we have a direct relationship with the wholesaler, this was estimated at a £8k saving per year.

The Committee agreed they were assured by the system but wanted more assurance on how we maximise efficiencies. The Committee were significantly assured with minor improvements.

Acute Collaboration update: Temporary Staffing and Occupational Health

Temporary staffing:
The Director of People reported that the BNSSG group are now starting to consider the neutral vendor model for medical and dental and agenda for change staff, this is in the early stages and there were no timescales yet.

Occupational Health:
There were some internal challenges with staffing within the department but this was being managed to keep the service running for the health and wellbeing of staff. A different Occupational Health model was being considered.

The Director of People will bring an update report to the next meeting on Occupational Health and Sickness as there was a clear link between them. The Committee noted the report for information only.

Board Assurance Framework (BAF)
The Board of Directors Secretary presented the BAF and the Committee reviewed the risks relevant to the NCGC and made some amendments which the Board of Directors Secretary will update.

Audit Tracker
Due to turnover within the finance team, the tracker had become outdated; a full

Author : Catherine Soan, Executive Assistant to the Director of People	Date:16 October 2018
Document Approved by: Joanna Hole, Non Executive Director & Chair of NCGC	Version: Final
Agenda Item: 18	Page 2 of 3

paper will come to the next meeting outlining a new approach to ensure actions are deliverable.

External Agency Visits

There were two items presented for closure (95 and 102) and this was agreed as neither identified any actions for the Trust.

Key Risks and their impact on the Organisation

None identified.

Key Decisions

The Non Clinical Governance Committee:

- Were partially assured on Business Impact Analysis and will review again in 6 months.
- Were partially assured on Telephony and Bleeps and will review again in 6 months.
- Were significantly assured with minor improvements on the water management system.
- Noted the update on the ERIC return, temporary staffing and occupational health acute collaboration.

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.

The November meeting had been cancelled due to the Director recruitment process, the Committee will meet again in January and the Chair is reviewing the workplan for 2019.

Recommendations

It is recommended that the Board of Directors note this report and approve the Terms of Reference (appendix 1) following their annual review by the Committee.

Author : Catherine Soan, Executive Assistant to the Director of People	Date:16 October 2018
Document Approved by: Joanna Hole, Non Executive Director & Chair of NCGC	Version: Final
Agenda Item: 18	Page 3 of 3

Non-Clinical Governance Committee
Terms of Reference

1   Constitution

The Board of Directors ("Board") hereby resolves to establish a Committee to the Board to be known as the Non Clinical Governance Committee ("the Committee"). The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

2   Terms of Reference

2.1   Purpose

To provide assurance to the Board that the Trust has a robust framework for the management of risks arising from or associated with estates and facilities, environment and equipment, health and safety, workforce, reputation management, information governance, business continuity and other non-clinical areas as may be identified.

2.2   Objectives

The primary objective of the Committee is to provide assurance to the Board that the key critical non-clinical systems and processes are effective and robust. These systems will include, but are not limited to:

- Performance Management;
- Business Planning;
- IM&T including Information Governance;
- Workforce;
    - Workforce planning (includes consultants job planning);
    - Recruitment;
    - Ensuring workforce competencies;
    - Performance/attendance management;
    - Pay and terms and conditions;
- Equality & Diversity;
- Health & Safety;
- Commercial Development;
- Relationship Management / Communications;
- Policy Management;
- Compliance with CQC Essential standards of quality and safety.
- Security

In addition the Committee will:

- Review the controls and assurances against relevant risks on the Board Assurance Framework, in order to assure the Board that priority risks to the organisation are being managed and to facilitate the completion of the Annual Governance Statement at year end.

- Consider external and internal assurance reports and monitor action plans, in relation to non-clinical risk, resulting from improvement reviews/notices from the Care Quality Commission, Health and Safety Executive and other external assessors.

- On occasion seek assurance from a Lead Director from another Committee.

3 Membership

The Committee shall be appointed by the Board to ensure representation by Non-Executive and Executive Directors as well as representation of the views of users, carers and Trust services

Members will include:

- Non-Executive Director (Chair)
- Non-Executive Director
- Director of People (Lead Executive)
- Director of Estates &Facilities
- Chief Operating Officer
- Commercial Director
- Board of Directors Secretary
- Director of Finance Representative or Director of Finance (where necessary)

Each member will have one vote with the Chair having the casting vote, if required. Should a vote be required a decision will be determined by a simple majority.

4 Quorum

Business will only be conducted if the meeting is quorate. The Committee will be quorate with four voting members present, one of whom must be a Non-Executive Director.

5 Attendance by Members

The members will be required to attend a minimum of 80% of all meetings and be allowed to send a Deputy to one meeting per annum.

6 Attendance by Officers

The Chief Executive and Trust Chairman may attend.

The Committee can co-opt as necessary the Heads of Department when the Committee is discussing areas of the operation that are the responsibility of that Head.

7 Accountability and Reporting Arrangements

The Committee will be accountable to the Board. The Chair of the Committee will, as soon as practicable, present a report to the Board of Directors on the activity of the Committee at its last meeting. The report shall draw to the attention of the Board issues that require disclosure to the full Board, or require executive action.

The Committee shall refer to the other Board Assurance Committee's (the Audit Committee and the Clinical Governance Committee) matters considered by the Committee deemed relevant for their attention. The Committee will consider matters referred to it by those two Assurance Committees.

Issues which are relevant to both the Non-Clinical and Clinical Governance Committees will be referred to the Joint Clinical and Non-Clinical Governance Committee for consideration.

The Committee will develop a work plan which will describe the key reports it will consider during the year. This work plan will be agreed by the Board of Directors.

8 Frequency

The Committee will meet at least four times a year.

Additional meetings may be arranged when required to support the effective functioning of the Trust.

9 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Board will retain responsibility for all aspects of internal control, supported by the work of the Committee, satisfying itself that appropriate processes are in place are in place to provide the required assurance.

The Committee has decision making powers with regard to the ratification of non-clinical policies and approval of non-clinical procedural documents. It is established to provide recommendations to the Board on risk management, governance and patient, staff and public safety issues.

The Committee is authorised to create sub-groups or working groups, as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate

executive powers (unless expressly authorised by the Board) and remains accountable for the work of any such group.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

10 Monitoring Effectiveness

The Committee will undertake an annual review of its performance against its Terms of Reference and work plan in order to evaluate the achievement of its duties.

11 Other Matters

The Committee shall be supported administratively by the Secretary, whose duties in this respect will include:

11.1 Agreement of the agenda with the Chair and attendees;
11.2 Collation of the papers;
> Taking the minutes and keeping a record of the matters arising and issues to be carried forward; and
11.3 Advising the Committee on pertinent areas.

12 Review

These terms of reference will be reviewed at least every three years as part of the monitoring effectiveness process.

Terms of Reference approved by the Non-Clinical Governance Committee on 9th July 2018.

Ratified by the Board of Directors October 2018.