

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	24 April 2019		

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

Purpose

To update the Board of Directors on the activity of the Non-Clinical Governance Committee held on 25th March 2019.

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

Waste

The Committee were significantly assured with minor improvements in March 2018, in recognition of the requirement for the Waste Policy to be updated. The Head of Sustainability confirmed this had now been published.

The Committee noted the key projects for focus including the new theatres waste system and process to audit every clinical area on waste segregation, a target was already set for reducing food waste. It was noted that the Trust benchmarks well on the model hospital when looking at waste expenditure, although there was an ongoing issue with reporting due to interpretation of the waste definitions within the ERIC return. NHS Improvement had now issued definitions and this will result in more accurate reporting by June.

The Committee requested that the cost of sending waste to landfill was made more explicit to staff and the Head of Facilities will look at reintroducing stickers on bins as part of the audit.

The Commercial Director asked for waste costs measured by level of activity, this would be provided outside of the meeting and a level of assurance would then be agreed.

Commercial Decision Making Process

The Committee were significantly assured with minor improvements in September 2018 in recognition of the need for improved horizon scanning. The Head of Business Development advised that the Trust had been involved in a wide range of commercial activities since the last report with strong support from clinical teams in pursuing new opportunities, improved processes for intelligence gathering and sharing to support timely decision making and the development of a dedicated framework for managing

intellectual property. There was an improvement in the links with the regional and national networks for commercial directors which had identified opportunities as well as collating and sharing information across the Trust. A horizon scan was now prepared quarterly for the Strategic Assurance Committee, to support discussion and informed decision making on a wide range of issues, this captures news and views across the region to ensure consistency of understanding. A tender tracker was now in place which includes information on the status of current tenders and forthcoming tenders. This is shared monthly with Management Board and Contract Review Board.

An area for improvement includes the link between commercial activity and strategic priorities. The Executive Directors will discuss ownership of the business case review process and consider a timeframe for the Committee to review at a future meeting. The Committee agreed they were significantly assured with minor improvements.

Business Impact Analysis

The Chief Operating Officer presented the report on the progress of Business Continuity at the Trust in relation to the work required for the completion of Business Impact Analysis as part of the NHSE EPRR Core Standards assessment 2018 and wider EPRR activity within the Trust.

The Trust was rated as substantially compliant in the EPRR core standards, but were rated amber in business continuity management. In response to this a new approach had been set out to encourage services to engage with business continuity. The EU Exit and service disruption had provided a focus and a route to getting plans in place and had not indicated any problems.

The Committee agreed there was some progress still to make and the level of assurance remained at partial assurance although this was no reflection on the efforts being made. The Chair took assurance around Brexit planning and how much the Trust has planned for the impact.

The Committee had a discussion about including business continuity on the agenda for the Executive Performance Reviews and the Executives will have this discussion outside of the meeting.

Volunteer Checks

The Lead for Patient and Carer Experience attended the meeting to provide a verbal update and the Committee noted that an outline business case to establish the Trust's own volunteer team employed by the RUH had been sent to business planning.

The risk of not having robust systems in place for all volunteers was now on the risk register. An audit of volunteer files was underway to mitigate potential risks and identify gaps in the recruitment checks.

The Committee requested that the Lead for Patient and Carer Experience attend the meeting in July to provide an update.

Board Assurance Framework (BAF)

The Committee discussed BAF 3 where the residual risk rating was the same as the target risk rating, the desired outcome had been achieved, therefore a recommendation for closure will be made to the Board.

The Commercial Director referred to BAF5, the Committee had reviewed the Communications process at the last meeting giving significant assurance and requested that the assurances were updated to reflect that.

Audit Tracker

The Committee was pleased to see the progress made in reviewing the tracker and getting outstanding actions down to a more manageable number.

The Committee discussed whether agreeing that actions had been taken actually always addressed the recommendations made. It was noted that action plans were now much more robust but this required a fuller discussion by the Executive Team.

External Agency Visits

One visit was proposed for closure; the BaNES Public Protection Scheme Main Kitchen Inspection. Assurance had been received that the action plan had been fully implemented. It was agreed to close this visit.

The Committee reviewed the remaining visits on the tracker and the Interim Board of Directors Secretary will chase progress on some of the visits.

NCGC Annual Evaluation

The Committee reviewed the proposed questions in the self-assessment and requested some additional questions.

It had previously been agreed that rather having a Joint Committee with the Clinical Governance Committee, the Chairs would meet twice a year to ensure both Committees were sighted of the activities of the other and have the ability to input where appropriate. The Committee's will be sighted of each other's workplan at each meeting and the forthcoming agenda items will also be outlined in the Board report asking members to advise if they wish to have visibility of the papers associated with the items.

Key Risks and their impact on the Organisation

The Committee were aware of the risk of not having robust systems in place for the management of all volunteers but were given assurances that a solution was being actively pursued. They will receive an update at the next meeting in July 2019.

Key Decisions

The Non Clinical Governance Committee:

- Requested waste costs measured by level of activity in order to give a level of assurance on waste.
- Were significantly assured with minor improvements on the commercial decision making process.
- Were partially assured on business impact analysis and recommended that business continuity is discussed regularly at Executive Performance Reviews.

<ul style="list-style-type: none"> Requested that the Executive Directors discuss ownership of the business case review process and consider a timeframe for the Committee to review at a future meeting.
Exceptions and Challenges
None identified.
Governance and Other Business
The meeting was convened under its Terms of Reference.
Future Business
<p>The Committee conducted business in accordance with the 2019 work plan. The forthcoming agenda items within the workplan for NCGC are:</p> <ul style="list-style-type: none"> Legionella Managing Complaints Clinical Coding Telephony Resilience <p>Members of the NCGC/CGC to advise if they have wish to have visibility of the papers/presentation associated with any of these items.</p>
Recommendations
It is recommended that the Board of Directors note this report and determine the Committee's recommendation in relation to closing BAF 3.