

<b>Report to:</b>	<b>Council of Governors</b>	<b>Agenda item:</b>	<b>18</b>
<b>Date of Meeting:</b>	<b>8 June 2017</b>		

<b>Title of Report:</b>	<b>Governors as Observers - Assurance Committee update</b>
<b>Status:</b>	<b>For Information</b>
<b>Sponsor:</b>	<b>Brian Stables, Chairman</b>
<b>Author:</b>	<b>Amanda Buss, Public Governor Nick Houlton, Public Governor Anne Martin, Public Governor</b>
<b>Appendices</b>	<b>None</b>

### Purpose

To provide the Council of Governors with an update following the Governor observation of the following meetings:

- Non Clinical Governance Committee held on 13 March 2017
- Joint Clinical/Non-Clinical Governance Committee meeting held on 27<sup>th</sup> March 2017
- Non-Clinical Governance Committee held on 8 May 17
- Clinical Governance Committee held on 15 May 2017
- Audit Committee 23 May 2017

### Attendance at NCGC and Joint CGC/NCGC – 13 March 2017

#### General Comments

A wide ranging agenda which followed up on a number of areas reviewed previously by the committee. Represented an opportunity for me to understand the IT Strategy and progress, the governance of the commercial process and hear directly from the trusts' Sustainability expert.

Both NED's present used their commercial experience to constructively challenge the presented information and assurance process.

### Non-Clinical Governance Committee 13 March 17 - Main Agenda Items

#### IT Strategy

The presentation updated the committee on the progress and ongoing IT strategy and developments. This included Clinical, Corporate and Infrastructure projects. Of particular interest were: Electronic Whiteboards, Patient Portal, E- Prescribing, ED

conversion to Millennium, Paperless out-patient project, Interoperability (links to GP, Social Services and Council) Discharge Summaries and the ability to back the system up in real time. It was agreed that a great deal of progress had been made during the last 2 years.

### **Commercial Decision Making Process**

A presentation outlining the changes in the evaluation and approval of commercial projects. The team has learnt from past projects, particularly Shepton Mallet. They now have a good level of Clinical Engagement with the process and have simplified the infrastructure for making decisions within the Trust - The Trust Investment Group will now be the key group to review projects. The committee agreed to encourage a greater level of financial analysis at the start of each project and noted that NED's could be viewed as a useful additional resource.

### **Sustainability**

Key personnel and the team achievements in terms of Water, Energy and Waste were presented. The team have identified that RUH is a National Leader in terms of sustainability initiatives, although the committee asked for more benchmarking info in relation to procurement of services. Of interest is that RUH uses its back up systems to contribute to the National Grid (@£80k per annum). It was noted that initiatives/successes need to be communicated better across the Trust so that these could be used, for example, when preparing commercial bids.

### **4 Hour ED Target**

This is now largely dealt with by the Fit for the Future Board. However, members of the Trust have recently attended a discharge summit and have an exec/exec meeting arranged with the CCG within the next few weeks. In the previous week DTOC's had reached record levels and the ED performance for Jan, Feb and March to date is below the improvement trajectory (<80%). A new ED performance dashboard is planned to monitor additional data such as staffing. A letter has been received from NHS Providers acknowledging the impact of DTOC's, pressure on Social Care and need to co-ordinate better between interested bodies (hospital, CCG, Social Services).

### **Audit Tracker**

Outstanding actions updated and additional items added as a result of internal audits.

### **CQC Registration and Statement of Purpose**

Both documents have now been updated and will be reviewed on a quarterly basis.

## **Joint Non-Clinical Governance Committee and Clinical Governance Committee - Main Agenda Items – 27<sup>th</sup> March 2017**

The Committee used the revised Clinical and Non-Clinical Governance Committees assurance ratings. 4 hour wait & NEPTS had been moved to be discussed at the BoD meeting as the Chief Operating Officer was not in attendance.

The Joint Non-Clinical Governance Committee and Clinical Governance Committee update report can be found with the May Board of Directors papers

**Attendance at Clinical Governance Committee – 27 March 2017**

**CGC meeting**

- Julie Scriven & Nick Houlton in attendance as observers.
- The meeting was chaired by Brian Stables.
- Brian Stables, Chairman, and Jeremy Boss, Non-Executive Director in attendance representing the NEDs.

Please see attached the CGC update report which was reported to the Board of Directors meeting in April and details business undertaken.

52 week breaches – Governors present were concerned that given the processes in place patients appeared to have been overlooked.

The Governors in attendance felt presenters were honest and that improvements were required. They also felt that the assurance questions were robust.

**Attendance at NCGC – 8 May 2017**

**General Comments**

This is now the fourth meeting that I have attended, and certain items are now coming up for a second review/presentation. This means that I now feel more confident and familiar with the issue and process for obtaining Assurance.

There were two NED's and three Executive Directors present all of who contributed to in depth discussions of the issues.

**Non-Clinical Governance Committee 8 May 17 - Main Agenda Items**

**Impact of STP Collaboration**

The Head of Commercial projects gave an update on the collaboration between RUH, Salisbury and Great Western Hospitals in relation to back office services. The objective is to identify areas where quality can be improved and/or savings realised. Areas identified have been divided in to smaller (where duplication can be reduced, but significant autonomy will still be required - Communication, Corporate and Legal services) and larger (where there are significant advantages to close collaboration and/or centralisation).

The Head of Commercial Projects was asked to think about savings targets and update the Governance procedure.

**Clinical Coding System Review**

The Head of Business Intelligence updated the committee on team, accuracy and workload of the clinical coding team. This is important as coding is used as the basis for payment by results, commissioning with CCG's and to determine HMSR.

Recently, there has been a backlog due to a shortage of coders, who are difficult to recruit and retain but this is now largely resolved. Of concern is that currently, the accuracy of the secondary diagnosis is lower than that for the other entries, and it is felt that this may be affecting HMSR for the hospital.

The Head of BIU was asked to look at national accuracy levels and report back as to how RUH compares.

The committee also asked whether this might be an area for collaboration in the STP once the electronic Patient Record is introduced - to be taken forward in future.

Significant Assurance was given.

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

The Resilience Manager attended and confirmed that NHS England had now rated the Trust 'Substantially compliant'. The areas still to upgrade are:

- Incident Response Plan
- Fuel Disruption
- Evacuation
- Lockdown
- Continuing Activities during an Incident.

Of these, lockdown is now in hand and we should be compliant within 2 months. Other areas are due for completion in October 2017.

Two areas for concern are that the NHS England standards are somewhat vague and difficult to clarify, and that the Resilience Manager is about to go on Maternity leave. There will be ongoing support from the Resilience Manager at Musgrove Park.

During the next 12 months, Mass Casualty Planning will be a priority. Partial Assurance was given.

### **Board Assurance Framework**

This was discussed only briefly, and it was agreed that a wider discussion should be had at Board level as the current document is looking a little out of date.

Of note was that the Board should consider whether the impact of Brexit needs to be included.

### **Audit Tracker**

It was noted that this was now a much shorter document as many actions had been completed.

## **Attendance at Clinical Governance Committee – 15 May 2017**

### **CGC meeting**

- Nick Houlton in attendance as Governor observer.
- The meeting was chaired by Jane Scadding Non-Executive Director.
- Jane Scadding and Jeremy Boss, Non-Executive Directors in attendance

representing the NEDs.

The update report will be presented at the Board of Directors meeting in June and I would advise Governor to read this when in the public domain.

It was noted by the Chairman that there was no representative for Medicine (in addition Dr Craft), and it was good to note that the group were able to draw out topics for the work stream as a subset of the presentations.

The Chairman removed two items from the agenda – one as it was required to first be discussed at the Operational Governance Committee, and the second item to ensure it could be given the required amount of time to be discussed at the next meeting.

I felt that the meeting ran well and that the assurance questions asked were robust and thoughtful.

The Governors might pay particular interest to the presentation from Dr Bernie Marden regarding moving patient's notes to an electronic form. He made this presentation the day after the cyber-attack. Moving forward with IT is the direction of travel for this organisation and whilst it presents great opportunities for efficiencies and time saving costs etc. It carries with it risks which we may wish to consider as a group.

#### **Audit Committee meeting – 23<sup>rd</sup> May 2017**

- Anne Martin in attendance as Governor observer.
- The meeting was chaired by Moira Brennan, Non-Executive Director.
- Joanna Hole and Jeremy Boss, Non-Executive Directors in attendance representing the NEDs.

Amongst the items examined by the NEDs on the Committee were:

- A breakdown of the debtors balance for the Trust, and the work being done to recover monies and to get fewer delays in payments.
- Tracking is being done in preparation for the legislation on the Gender Pay Gap which comes in to force in April 2018
- Final Accounts Planning
- Capital Process Review
- Detailed analysis and challenge on the internal and external audit reports
- Counter Fraud Annual Report

I was very impressed at the way money is being saved in a manner which does not impact on patient care. For example: procurement have worked with consultants so that bulk buying is possible and substantially reduces previous costs. I felt that the Non-Executive Directors questions came from a real understanding of the Trust processes, and an appreciation of the work of all those involved in the financial governance of the Trust.