![NHS Royal United Hospitals Bath NHS Foundation Trust]

Report to:	Council of Governors	Agenda item:	20
Date of Meeting:	5 December 2017		

Title of Report:	Governors as Observers - Assurance Committee update
Status:	For Information
Sponsor:	Brian Stables, Chairman
Author:	Bill Aiken, Public Governor James Colquhoun, Public Governor Amanda Buss, Public Governor Nick Houlton, Public Governor Roxy Poultney, Membership & Governance Manager
Appendices	None

Purpose

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

- Audit Committee held on 7th September
- Non-Clinical Governance Committee held on 11 September 2017
- Joint Clinical and Non Clinical Governance Committees held on 11 September
- Non-Clinical Governance Committee - 15 November 2017
- Clinical Governance Committee held on 18th September & 6th November 2017

Governor Feedback on Audit Committee 7 September 2018

NEDs members in attendance were Moira Brennan (Chair) and Joanna Hole.

Overall
As always, the NEDs provided a robust level of challenge to the presentations and items on the Agenda.

Key points
Debtors and Creditors - a good level of challenge to both the findings and the processes employed

Audit Tracker - the discussion led to the generation of new actions to ensure procedures were being observed by including where action points were 'easy to say but hard to keep doing'

Financial risk management - the Committee received a brief on this which demonstrated an emerging rigour in this area. NEDs sought especial assurance on how the capital programme was being monitored

Internal and external audit reports were received covering maternity transition, quality and the new parking contract. Recommendations for improving the processes were noted, especially for the latter contract.

Conclusion

The Audit Committee was run most effectively. Governor attendance provides a very useful insight into an essential element of the RUH governance process and it is recommended as an interesting role for a future Governor to take on.

Bill Aiken
Public Governor, Rest of England & Wales

Attendance at Non-Clinical Governance Committee – 11 September 2017

Healthy, open exchange was observed between EDs, NEDs and others at both meetings attended. A selection of items are covered below:

1. Water

Water expenditure has seen an 18% reduction in 2016/17 compared to 2014/15 levels, not least due to the "leak busting" campaign resulting in RUH reaching its 2020 target but still somewhere between the upper and top quartile of the 220 acute trusts according to ERIC benchmarking data. There remains a waste of water equivalent to15 taps running non-stop per year compared to 40 taps per year at the start of the campaign. Further "engagement and education" programmes are planned alongside working on a 'bottom up' model of what water consumption should be in the various divisions.

2. General Data Protection Regulations

A whole new framework will come into operation in May 2018 replacing the Data Protection Act. There will be substantive change such as dramatically increased fines for non-compliance and the need for completion of higher numbers of 'privacy impact assessments'. An action plan has been drawn up and a GDPR 'Task and Finish' group has been set up – another complex change enabling clearer accountability to assure compliance with the new regulations.

3. Model Hospital

A new NHS data collection and analysis system is being introduced nationally with developments over the last 6 months looking particularly useful. The increasingly populated dashboard is providing benchmark data, with reference especially to peer Trusts, for the purpose of achieving greater efficiency savings. For example, in one division, it had been identified from the data that over £2M could be saved if RUH performed as well as the best in the peer group.

4. Workforce Planning

Attention continues to be paid to the operational (right staff right place – immediate) and tactical (right staff right skills right place – up to 2 years) rather than the strategic (right staff right skills right place right time – up to 5 years). More time needs to be invested in the latter using the NHS Skills for Health Methodology but there continue to be a variety of political interventions making stable, long-term planning

problematical. The potential of the STP adds a further twist to the complexity of workforce planning at RUH, as in all Trusts considering STP.

5. Risk & Audit
The Board Assurance Framework is the Trust's way of managing the principal risks facing its strategic objectives. Each risk is given a score of both the consequence (severity) of its potential and its likelihood of occurring. The 2 scores are then multiplied together to give the overall risk impact score.

For the 2017/18 BAF, the situation is as follows:

Strategic Theme	Risk Category
Engage with staff, patients and the public to improve the quality of care	Minor
Design and deliver more care outside our Hospital	Major
Strengthen communication & information flows	Moderate
Develop our Estate	Minor
Deliver on all quality, performance & finance Requirements	Major
Manage demand differently	Major

A great deal of thought and detail has been given to mitigating these risks.
The Audit Tracker is also a comprehensive document covering subjects such as Outpatient Processes Review, Estates Compliance, Capacity Planning, Business Resilience, Gender Pay Gap and Cyber Security – most of which remain open to further review and development.

6. External Agency Visits
It was agreed that the register of external agency visits should be one document covering clinical and non clinical areas with the recent catch up acknowledged and greater clarity of role for the 'nominated lead' in terms of the resulting action plan.

James Colquhoun
Public Governor, South Wiltshire

Joint Clinical and Non Clinical Governance Committees - 11 September

1 Medical Records Update
Plans are now in place for the relocation of Outpatients' paper records to Peasedown with the intention of including Inpatients' in due course. Meanwhile, the transition to paper light and paperless is proceeding via input onto the Millennium system that will have improved back-up to safeguard against cyber-attacks. Trials are taking place in certain specialties and a risk register has been subject to scrutiny by NEDs.

2. The 'Big 3'
Plans are in place for the "transformational set of upgrades to clinical functionality in Millennium, the Trust's Electronic Patient Record system":
- Introduction of the Emergency Department into Millennium.

- Change from ICE to Millennium for the ordering of all Radiology and Pathology tests.
- Introduction of electronic prescribing and medication administration for adults (paediatrics to follow next year).

A clear strategy is in place with priority given to this major initiative – weekend working, displacement of non-critical meetings, off-site commitments and leave minimised etc. Given the precedent of malfunction in the NHS over new IT systems, it was palpable to note that EDs and NEDs were unanimous in seeing this coming period as highly significant and critical for the safety of patients and the reputation of the Trust.

James Colquhoun
Public Governor, South Wiltshire

Attendance at Clinical Governance Committee held on 18th September & 6th November 2017

Following the CGC meeting on 17th July, the Medical Director advised that he, and the Chief Operating Officer, had recognised that governance arrangements for Major Trauma could be strengthened and that they were currently reviewing the most appropriate reporting route. The Committee resolved to provide the Board of Directors with partial assurance in relation to Major Trauma outcomes and asked to review again once the governance reporting route had been determined. Governors may wish to read the full CGC update report from the July meeting which was presented to the Board of Directors on 27th September.

I would like to draw all Governors attention to the Clinical Governance Committee update reports which were presented at the Board of Directors meeting on 29th November. These update reports cover both meetings and include a summary of everything discussed.

I am generally satisfied with the representation at these meetings, and am content that the Non-Executive Directors continue to challenge effectively. It is worth noting however that the meeting has been infrequently attended by representation from the Surgical Division and the Non-Executive Directors have noted this.

Nick Houlton
Public Governor, North East Somerset

Non-Clinical Governance Committee - 15 November 2017

Present:
- 2 NED's
- Acting Director of HR
- Director of Finance
- Commercial Director
- Chief Operating Officer

Presenters:
- Sharon Manhi/Jenny Evans - Complaints
- Angela Hayday - Recruitment

Main Agenda Items:
Acute Collaboration
This item looks at work across the STP area, and is focusing on Recruitment, Temporary Staff and Occupational Health.

Temporary Staff: We are currently part of a pilot scheme for junior doctor streaming (to facilitate easy change of role/specialty across the region) and are also part of a "regional neutral vendor contract for agency nurses" - it should reduce some agency spend but is not fully operational yet.

Occupational Health - RUH current service is benchmarking high in terms of cost after the loss of a number of contracts - several options are being considered including joint purchasing/out-sourcing/improving current department. GWH want to outsource all OH function and this may be an opportunity for RUH. RUH will lead on OH within the STP.

Managing Sickness Absence
The new Electronic Staff record (ESR) is not fully operational yet as implementation has been deferred in view of the Big3. This means that sickness is still not recorded in real time and this will be improved next year.

KPMG audit recommendations have been implemented.

Recruitment
Recruitment is currently a slow and inefficient process due to high staff turnover, heavy and inconsistent administration and internal controls. Some posts are advertised through NHS choices and others use agencies. There is some evidence that we have lost candidates as a result of the laborious process.

We have now formed a non-clinical collaboration with Wiltshire Council for a programme called "Systems Thinking" which enables staff to obtain training in problem solving methodology at a much keener rate. As a result of this programme, some improvements have been made on the timescales for recruitment, but there are still major changes needed to make the department/process efficient and timely. It could take 6 months before we see a marked improvement.

Learning from Complaints
The trust has received a slightly reduced number of formal complaints this year, and the percentages needing to be reopened and/or referred to PHSO are also lower. The target of 35 days for resolution is challenging with only @70% meeting this target. - It was felt that thorough investigation and resolution are more important than meeting time deadlines. Despite our best efforts, only 50% of patients seem to be confident that their treatment will not be affected by complaining.

There is also a difficulty in defining a complaint - there are many patients who want to

comment and witness some investigation/improvements but do not want to formally complain. The processes do not really facilitate this.

The trust has robust processes in place to investigate patient concerns but it was stated that learning from complaints is "Challenging". This was recently discussed at a governance meeting but the Trust is not good at "evidencing change" after a complaint. Additionally the DATIX system requires further changes to make it fit for purpose.

The trust is also about to pilot a study that will study real time behaviour/attitudes of staff and patients.

Business Planning and Strategic Planning
The Strategic Plan engagement process has been completed. The plan will be discussed at various meetings including the Governor Away day in December

Emergency Preparedness and Resilience
We remain substantially compliant with further progress being made. Current areas for focus are Lockdown, Evacuation, Fuel Disruption, and Incident Response Plan.

Board Assurance Framework
No changes

Audit Tracker
Making good progress

AOB
Legionella - the NCGC agreed to keep this item on its radar.

Points of Concern for Governors:

- Recruitment process may be losing us some candidates at a time when staffing is very challenging. This will be slow to improve.
- Learning from complaints and evidencing change is difficult and it could be assumed therefore that we do not always drive all the necessary improvements through. Should Governors consider this as a priority for the Quality Accounts?

Amanda Buss
Public Governor, City of Bath