

<b>Report to:</b>	<b>Council of Governors</b>	<b>Agenda item:</b>	<b>21</b>
<b>Date of Meeting:</b>	<b>6 March 2018</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</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 22<sup>nd</sup> January 2018

### **Attendance at Non- Clinical Governance Committee -22 January 2018**

#### **Present:**

Joanna Hole, Non-Executive Director & Chair of NCGC  
Nigel Sullivan, Non-Executive Director & Vice Chair of NCGC  
Victoria Downing-Burn , Acting Director of HR  
Jocelyn Foster, Commercial Director  
Francesca Thompson, Chief Operating Officer  
Brian Gubb, Interim Director of Estates and Facilities  
Simon Wade, Deputy Director Finance  
Xavier Bell, Board of Directors Secretary

#### **Presenters:**

David McClay, Interim Chief Information Officer  
Emma Borowski, Business Development Manager

### **Non-Clinical Governance Committee - Main Agenda Items**

#### **Acute Collaboration across the STP**

Main areas of focus continue to be:

- Pensions and Payroll - It was hoped that Salisbury would lead on this item as they have the most cost-effective system. However, they will not be able to take on the RUH function for @18months. In the meantime we are looking at possible solutions with AWP.
- Ledger - It makes sense for RUH to lead on this item as we have particular

strengths in, for example, accounts payable. However, there are problems of ledger compatibility/systems to overcome and NHSI are assisting us to facilitate this.

- Procurement - We are building capacity and capability in this area to move towards a 'lead buyer' model. So far, @£400k of savings have been achieved across the STP, and RUH is hoping to realise @£350k next year. Some delays have been encountered as a result of the move towards a whole owned subsidiary (WOS).
- Occupational Health - NHSI have given us support for training so that we can have a better understanding of potential options.

### **Performance Management Framework**

The framework and procedures to manage performance for Trust, teams and individuals has been revised and strengthened (including the QIPP framework). There are now regular reviews at Speciality, divisional and Trust levels, and triggers for convening a Star Chamber have been agreed.

The new framework has identified various problems across the trust which have subsequently been addressed:

- Cardiology diagnostics
- Surgery division financial position.

A visit to another trust also demonstrated that it would be useful to be able to identify triggers which indicate when performance is about to deteriorate (but before it actually does) so that projective corrective action can be taken.

It is anticipated that the framework will change significantly in light of the upcoming focus on Organisational Development and will therefore be reviewed again in July 2018.

Significant Assurance with minor improvements.

### **General Data Protection Regulation (GDPR)**

The committee received an update in relation to the new legislation protecting the data of EU citizens, which its effective from May 2018. It includes an individual's right to have their data deleted (except their medical record) and to have electronic access to such data within 28 days. At the moment the trust can only provide data manually, but our average time to produce is @ 21days.

External updates have been slow to arrive, and we are therefore a little behind schedule, but the CIO is confident that we will make this up during Feb and March. Recruitment of a data Protection Officer is underway. Notably, the fines for a data breach can be up to 4% of turnover (£12.8m in our case).

At the moment it is difficult to assess what the demand from the public will be, but unless it is very high, we anticipate being able to meet the regulation from inception.

The vice chairman pointed out that this subject is much higher profile in the public sector and suggested that it needs to be discussed at Board level, in view of its implications for the Trust. A seminar will be arranged.

Further updates to be brought to the March meeting.

### **Business Planning and Strategic Planning**

The Strategic Plan will go to the Trustboard this month. Committees reviewed the planning process (which has been updated) and were particularly pleased by the level of engagement with stakeholders and the way in which this allows ownership of the strategy across the Trust at all levels.

Business planning is now underway across the divisions and plans will be aligned to the new Strategy.

Committees were Significantly Assured with minor improvements.

### **Board Assurance Framework**

Significant changes to Risks 4 (Care outside the hospital) and 12 (communication and Information flow).

Acknowledgement that Risk 1 (Engagement` with staff, patients and stakeholders) also needs strengthening.

BAF to be reviewed by Trustboard and the format will be changed and updated.

### **Audit Tracker**

14 more items closed

### **External Agency Visits**

Procedure for logging visits and actions now much more robust.

Off note: CQC are undertaking extraordinary visits to ED due to winter pressure.

### **Points of Concern or Interest for Governors:**

- Potential level of fines for data breaches under the GDPR - I suggest S & BWG receive an update on this.
- Are there any implications or feedback from the CQC visits to ED?
- Significant resources across all specialities, divisions and management are employed each month to the review and management of performance. In spite of this, internal flow markers remain static and there is no sustained improvement in Performance stats - a number of external factors beyond the control or management of RUH affects this.