

<b>Report to:</b>	<b>Council of Governors</b>	<b>Agenda item:</b>	<b>18</b>
<b>Date of Meeting:</b>	<b>7 June 2018</b>		

<b>Title of Report:</b>	<b>Governors as Observers - Assurance Committees update</b>
<b>Status:</b>	<b>For Information</b>
<b>Sponsor:</b>	<b>Brian Stables, Chairman</b>
<b>Author:</b>	<b>Amanda Buss, Public Governors Nick Houlton, Public Governors Chris Callow, Lead and Public Governors</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 14<sup>th</sup> May 2018
- Clinical Governance Committee held on 16<sup>th</sup> April 2018
- Audit Committee held on 22<sup>nd</sup> May 2018

### **Attendance at Non- Clinical Governance Committee -14<sup>th</sup> May 2018**

#### **Present:**

Joanna Hole, Non-Executive Director & Chair of NCGC  
Nigel Sullivan, Non-Executive Director & Vice Chair of NCGC (via telephone)  
Xavier Bell, Board of Directors Secretary  
Jocelyn Foster, Commercial Director  
Brian Gubb, Interim Director of Estates and Facilities  
Claire Radley, Director of People  
Francesca Thompson, Chief Operating Officer  
Peter Hollinshead, Interim Director of Finance

#### **Presenters:**

Sharon Manhi, Lead for Patient and Carer Experience  
Victoria Downing-Burn, Deputy Director of People  
David McClay, Interim Chief Information Officer

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

#### **Volunteer Checks**

Lead for Patient Experience updated the committee on how volunteers are recruited and checked. The trust has over 400 volunteers who come from different sources:

- Friends of RUH (majority)
- Bath Hospital Radio
- Various other sources (including chaplaincy)

Each organisation is responsible for it's own selection, induction and support of their volunteers in line with Trust policy.

The Trust follows the guidelines of the Lampard Working Group which was set up following the Jimmy Saville enquiry. An audit of the volunteer recruitment process was carried out by KPMG in September '17 using a relatively small sample the audit found that there was scope to improve in a number of areas:

- Inconsistent documentary evidence on file of checks
- Inconsistency of reference requests
- No Occupational Health Clearance performed
- Occasional lack of DBS check performed
- A few cases where Mandatory training not completed

This is seen as a serious risk to the trust as well as a potentially wasted resource that could be better co-ordinated and more efficiently employed.

Since the audit, the Friends have purchased a database (as have the Hospital Radio) and volunteers are managed on these and key reports can be produced to tabulate/address the above issues. A volunteer working group has also been set up and this has ensured that Volunteers and their documentation are now logged on relevant databases, that volunteers have a workbook in which to log their training, and is considering the idea of implementing further mandatory training.

In particular, the current volunteer services manager is not employed by the RUH, and it is felt that there is a strong argument to take the recruitment of the volunteers 'in house' and employ and support the manager appropriately which would also minimise some of the noted risks.

Committee gave Partial Assurance to the process.

### **Decontamination**

An incident in 2017 triggered a Root Cause Analysis: The final rinse water in the Endoscopy decontamination unit was found to have failed quality tests. The equipment was found to be over 10 years old. Note - there was no evidence of patient harm.

In December 2017, a separate Governance report identified significant risks with the service and as a result of both these investigations decontamination has now transferred from management by the Surgery Division to the Estates and Facilities team who are addressing the associated risks and improving governance. This risk will be discussed monitored by the joint CGC/NCGC

Committee gave Partial Assurance.

### **Acute Care Collaboration**

Areas being considered for collaboration across the STP include:

- Occupational Health
- Temporary Staffing

### **Occupational Health**

RUH benchmarks above average on a cost basis and there are seem to be significant financial gains for collaboration across the STP. A comparison of OH services provided by all 4 trusts has been completed and the potential operating models for a collaborative service have been identified, and relevant pros/cons detailed. The committee agreed that the RUH needs to design our OH service /vision before further constructive work can be undertaken in terms of providers and collaboration.

### **Temporary Staffing**

Across the STP, and against the national stats, RUH benchmarks well for spend on temporary staff. However, there are various areas where collaboration could benefit all trusts - recruitment, collaborative Banks, E-Rostering, workforce planning, flexible working/payment etc. Such a move would provide a degree of financial efficiency but may not impact on fill rates.

In addition, we are part of the Neutral vendor contract for agency staff wef November 2017. This ensures that agency staff are booked though one point of contact (DePoel :UK) who can access a wide bank of agencies whilst ensuring that agencies used are compliant. It also simplifies admin

For noting only

### **Workforce Planning**

Efforts to complete a Workforce strategy are being undertake at a local and STP level. The new Responsible Officer at the STP has stated that the direction of travel should be towards greater care in the community and smaller hospitals, and that this philosophy should underpin the strategy.

RUH is also contributing to National consultation and initiatives.

## IT Strategy

The committee received a presentation on the recent IT improvements, current projects and the future workplan. It was noted that, within the South West, the RUH is a digitally mature Trust.

In particular, it was noted that further emphasis needs to be placed on optimisation of IT upgrades/new systems as there is often a considerable cultural shift required after implementation.

For the future, the committee asked that a Front end Management system be considered, whereby data can be accessed and collated more efficiently. Other projects might include App development and equipping clinicians with Lap Tops to assist ward to desk flow of info and patient management.

It was also agreed that Telephony and the Bleep system needed to be added to the committee workplan.

## Board Assurance Framework

Recently updated to reflect the new strategy and recognise recommendations from KPMG internal audit. Each major risk is now rated to have :

- An inherent risk (risk without any controls being in place)
- A Residual Risk (actual risk with the current controls in place)
- A target Risk (where we aim to be)

Risks were individually reviewed and in some cases the responsible director has been asked to look at whether the target risk is realistic.

## Audit Tracker

To be updated

## External Agency Visits

Procedure for logging visits and actions now much more robust.

## Points of Concern or Interest for Governors:

- BAF - there are a number of risks where the Inherent and Residual risks are the same ie our current controls have not affected the risk.
- There does not seem to be a central medical equipment database or process for identifying old equipment and associated quality issues/risks.
- Current lack of checks/coordination of volunteers.

**Amanda Buss**  
**Public Governor, City of Bath**

**Attendance at Clinical Governance Committee – 16<sup>th</sup> April 2018**

**General Comments**

Governors may wish to note particularly the reports on our Lung Cancer service and the improvement required for William Budd ward. In both cases there are resources issues. Given our ambition is to build a new centre Governors may wish to seek further assurance that we will be able to improve and expand on our Oncology service. It is to be hoped that rescheduling the meetings will solve the problem of lack of attendance by Surgery.

**Nick Houlton**  
**Public Governor, North East Somerset**

**Governor Feedback on Audit Committee 22<sup>nd</sup> May 2018**

- Chris Callow in attendance as Governor Observer.
- The meeting was chaired by Jeremy Boss, Non-Executive Director.
- Joanna Hole and Jeremy Boss, Non-Executive Directors in attendance representing the NEDs.

**Overall**

The NEDS present at the meeting asked probing questions and are effective at questioning the agenda items presented at the meeting.

**Key points**

Quality/Performance Board Focus Areas: Internal Audit report highlighted 61 recommendations in 2017/2018 with three high priorities relating to Car Park contract, post implementation review and outpatients. This reported some red and yellow alerts which signify that the trust is focusing on the right areas.

Areas of Concern to Governors in attendance: Patient Property, there seems to be a problem where property is lost, as I see it when patients are moved around the hospital.

Finance Board Focus Areas: Finance reports signed off by my Chief Executive James Scott. As a result of the cyber-attack during the year, £660k was made available from central government; this was spent on needed configuration management and firewalls. There are a few computers in the RUH that are running XP, they have been identified and are isolated from the network. This does not give an immediate problem, but with the end of extended support for windows 7 finishing on 14 January 2020 the IT department will be busy for a few years.

A presentation on fraud detection was given to the Audit committee, it has been estimated that there is £4b lost to the NHS each year. There is no indication that the RUH is subject to large losses, but some cases are being investigated at this time

Recommendations: Liaise with the Fraud department to arrange for a presentation on fraud to CoG.

**Chris Callow**  
**Lead and Public Governor, North Wiltshire**