

Report to:	Council of Governors	Agenda item:	18
Date of Meeting:	5 September 2018		

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

Purpose

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

- Clinical Governance Committee held on 19th June 2018
- Non Clinical Governance Committee held on 9th July 2018
- Clinical Governance Committee held on 23rd July 2018

Attendance at Clinical Governance Committee – 19 June 2018

CGC meeting

- Nick Houlton in attendance as observer.
- The meeting was chaired by Jane Scadding, Non-Executive Director

General Comments

Governors may wish to pay particular attention to the topic on prescribing anticoagulants. This has become significantly more complicated since the day when warfarin was the lead prescription. The committee asks for reformation of the thrombosis committee and further consultation with the CCG. Specialised staffing input may also be required. No assurance was provided on this topic. There will be a further presentation in September.

Attendance at Non-Clinical Governance Committee – 9 July 2018

Present:

Joanna Hole & Nigel Sullivan, Non-Executive Director's
Xavier Bell, Board of Directors' Secretary
Jocelyn Foster, Commercial Director
Brian Gubb, Interim Director of Estates and Facilities
Claire Radley, Director of People
Libby Walters, Director of Finance

Presenters:

Simon Wade, Deputy Director of Finance
Sharon Manhi, Lead for Patient and Carer Experience

Non-Clinical Governance Committee- 9 July 2018 - Main Agenda Items

Volunteer Checks

Sharon Manhi updated the committee on her discussions with the Friends of RUH - they now have a functioning database but are not yet ready to implement a formal SLA. The committee agreed that this leaves the Trust vulnerable and felt that a basic SLA setting out minimum standards was necessary for all the organisations supplying volunteers. This will be addressed during the next 3-6 months by the Board of Directors' Secretary.

Equality Delivery System 2

Under current legislation, NHS organisations are required to assess equality performance against the following goals :

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

At this year's annual Diversity event, the trust projects were graded against the above goals as follows:

- | | | |
|----|--------------------------------|---------------------------------|
| 1. | Frailty Flying Squad intro | Excellent |
| 2. | Maternity Services Review | Developing - project is ongoing |
| 3. | Managing Challenging Behaviour | Achieving |
| 4. | Apprenticeship | Achieving |

It is also assessed by the internal DISCo committee.

For 2018/19 the first 3 projects will be continued but Inclusive Leadership will be focused on a Mentoring scheme for BAME staff.

It was agreed that the work focused largely on BAME staff and that there are some other protected groups where there is more work to do.

It was also noted that, whilst an Equality Impact Assessment is widely completed for projects in the Trust, this tends to be done without much thought or active change and there is work to do on this.

Partial Assurance given

Recruitment

A review of systems and processes to ensure good governance of the recruitment, and compliance with national guidelines.

Since last year, the recruitment process has been streamlined, and delays in approving references have been shortened, and electronic personal files introduced for candidates. The estimated first year saving is £17,000

The HR Director feels that there are still significant efficiencies to be made in the recruitment process, but that this will take 6 months. The Director of Estates also

highlighted that the recruitment process needs to include a provision for space for any new recruits so that overcrowding of employees does not generate a H & S implication.

Health and Safety System

Operational pressures resulted in a failure of the processes of reporting in relation to H & S by Estates, and this system has therefore been referred to NCGC, and processes now seem to be working well.

Committee reviewed the management structure and reporting process for all areas of H & S

Of note: Legionella - following the last court case, it was identified that an Improvement Notice had been served in 2011 and that not all recommended actions had been implemented/completed - an investigation is underway as to how this could have happened and NCGC will look at the investigation report in due course.

For noting only

Strategic Planning and Business update

Update given by the Commercial Director. Trust is awaiting approval from NHSI for the investment in the Organisational development programme which will be used to develop a framework for delivery of the strategy (anticipated imminently).

Annual business planning: Feedback from NHSI this year:

- Generally positive
- Need for a bed capacity plan
- Need to align A and E plan with bed capacity and stranded patient plans
- RTT - need more seasonal stats and planning
- QIPP gap reduction

Need for co-ordination with People Strategy, QIPP strategy and Clinical Services Strategy

Stakeholders have commented that they would like even more Engagement - it is hoped that as the STP and Integrated Care System develop, this will happen as a matter of course.

Significant Assurance

QIPP Management

Acute Collaboration for Payroll and Procurement

- STP receiving support from NHSI productivity team.
- Considerable progress has been made in relation to Procurement across the STP (although the WOS negotiations have slightly delayed this). Payroll progress still slow due to existing contract/capacity problems at Salisbury,

which are likely to continue for @12 months.

Future areas for consideration

- Financial systems and Ledger
- Income data function
- Audit - internal and external

General progress is being made and there is an increase in the momentum of joint working.

Audit Tracker

Process in place to ensure that it is updated more regularly.

Board Assurance Framework

Has been updated

External Agency Visits

Policy has now been updated

ToR

IT and Cybersecurity will now be dealt with by the Audit Committee. Security to be added to the NCGC workplan

Points of Concern or Interest for Governors:

- Legionella - failure to action the Improvement notice. I suggest that Governors seek assurance from the NEDs once the investigation is complete that procedures are in place to prevent this happening again.
- Shortcomings of the Equality Impact Assessment.

Attendance at Clinical Governance Committee – 23 July 2018

CGC meeting

- Nick Houlton in attendance as observer.
- The meeting was chaired by Jane Scadding, Non-Executive Director

General Comment

I was pleased to note that the problem of non-attendance by the surgical division has now been addressed. Part of the quorum is to have somebody from medicine, women and children's and surgery attending the meeting. The timing has been re-organised and the surgical division have said they will now be sending someone regularly. This should provide a more rounded and incisive engagement on agenda topics. Evidence of this is suggested by the long and robust discussion on never events (wrong site surgery) and even at compliance of 99.8% there was concern shown. World Health Organisation surgery procedures have been adopted here for some years with absolute success. The last never event was a wrong sized lens fitted during cataract surgery. The 0.2% was felt to be cause by a non-compliance with local safety standards in signing out procedure. As before I am impressed by the vigour of engagement and the quality of questioning.