

Report to:	Council of Governors	Agenda item:	20
Date of Meeting:	5 December 2018		

Title of Report:	Governors as Observers - Assurance Committee update	
Status:	For Information	
Sponsor:	Brian Stables, Chairman	
Author:	Andrew Simkins, Nick Houlton and Chris Callow (Public Governors)	
Appendices	None	

## **Purpose**

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

- Joint Non Clinical Governance Committee (NCGC) and Clinical Governance Committee (CGC) held on 10<sup>th</sup> September 2018
- Non Clinical Governance Committee held 10<sup>th</sup> September 2018
- Audit Committee held on 6<sup>th</sup> September 2018

## Attendance at Joint NCGC & CGC- 10 September 2018

### **NCGC** meeting

- Andrew Simkins in attendance as observer.
- The meeting was chaired by Joanna Hole, Non-Executive Director

#### **General Comments**

## • Business Impact Analysis

Business Continuity Management is undertaken by the Emergency Preparedness Resilience and Response structure. Divisions have responsibility for completing the assessment and planning, with assistance from the Resilience Team. There was a general feeling that this should be open and honest, thereby giving confidence to all involved. There is every likelihood that the criteria will get harder.

#### Telephony and Bleeps

There was a detailed discussion about the resilience of the telephone network, highlighted by a recent – short – power outage. Currently around a half of the telephony network is not on Uninterruptable Power (UPS). Training and revised SOPs are required in the event of further outages.

#### Acute Collaborative Update

The main discussion was about Occupational Health and the impact of the departure of key personnel. Although of concern there is currently no major impact on the delivery of Service Levels.

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## • Estates Return Information Collection (ERIC).

The ERIC annual return, which measures the Trust against a "Model Hospital", is gaining focus and impetus. No two trusts are the same; however the return is public domain information. This is a major piece of work which crosses all departments.

## Legionella

Brian Gubb gave an update on recent Legionella incidents. Regular monitoring is proving beneficial in detecting the bacteria early, enabling remedial action to be undertaken.

## Joint NCGC/CGC meeting.

- Andrew Simkins in attendance as observer.
- The meeting was chaired by Joanna Hole, Non-Executive Director

#### **General Comments**

## Workforce Planning

The reality of the current employment situation, exacerbated by BREXIT, was debated. The Strategic Workforce Plan is in its early stages, including engagement with the trades unions.

## Medical Records and Paperless Outpatient Progress Report.

There are currently, 12 'paperless' (live or partially live) areas. A further 15 areas are planned to "Go Live" by the end of the year.

Overall there was positive feel about the roll out – including from the medical staff – while recognising that there are cultural changes necessary.

#### • Audit Tracker.

Xavier Bell briefed the meeting that a more robust mechanism is being rolled out.

## • Future Direction of Meetings.

There was a useful discussion about the direction of future meetings. Should they focus on key areas of interest (a top down approach) or with a broader remit (bottom up)?

Often there were crossovers between non-clinical and clinical services, such as:

- IT, where upgrades influence clinical work practices.
- Legionella, where estates monitoring has a direct impact on the frequency of cases.

Joanna Hole said that she would meet with the Joint NCGC/CGC Chair to establish principles. Therefore the dates of future meetings are in abeyance.

# Attendance at Clinical Governance Committee – 18<sup>th</sup> September 2018

## **CGC** meeting

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

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#### **General Comments**

At CGC there were 3 main presentations:

- Firstly on the Cardiology Improvement Plan, on which the Committee were unable to give any level of assurance;
- Secondly being Duty of Candour, which was given partial assurance, to be reviewed in 6 months;
- Thirdly was the William Budd Improvement Plan, which was given significant assurance, though, given the importance of the project it was to be reviewed in 12 months.

A discussion took place regarding future committee meetings, the purpose of the committee and the quality of reports being received. It was agreed by the committee that the guidance circulated to those compiling reports for the meeting was in need of refreshing, and that the work plan needed to be revised.

The Board of Directors' Secretary agreed to revise the work plan to make it clearer what the Committee expected in papers, and to provide further guidance on the terms of reference of the committee and its assurance role, including examples of "good" and "bad" papers. It was felt that the presenters should produce reports in a format where assurance can be found. Some topics are progressing well but sometimes the systems and processes are not clearly defined. It was felt important that topics are dealt with in an orderly manner.

Once again I felt that the NEDS questioning was pertinent and incisive.

## Attendance at the Audit Committee- 6 September 2018

- Chris Callow and Anne Martin in attendance as Governor Observers.
- 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. I was satisfied at the level of questioning and felt that they were engaged with what was happening with the Trust.

## **Key points**

<u>Action Points:</u> Some actions from the board have been updated, but no change to the level. There will be a recommending that the Board takes more of a driving seat to close actions rather than the Audit Committee. This is important while the extensive capital program and the requisite cash flow situation rather than pass actions to the audit committee that should be handled by the board.

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Areas of Concern to Governors in attendance: There is currently £126,653 owed by creditors. There is little every hope that this will be recovered. An action was passed to the attendees to report on QUIPP savings from WOS. This was not discussed in length, most QUIPP savings are reported directly to the Board rather than the Audit Committee, but it is hoped that configuration changes to the operating theatres will be able to bring in more revenue as more elective operations will be possible. This will also reduce some wait times for some operations. Cyber security. Automatic patch management, some clinical systems run 24/7, so the support teams are talking to departments to arrange a schedule for regular updates, so a regime of planned downtime for some systems will occur. Assurance that patches are being applied will be sought, maybe as a KPI?