

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	29 January 2020		

Title of Report:	Non-Clinical Governance Committee Update Report
Status:	For information
Sponsor:	Joanna Hole, Non-Executive Director/Chair of the Non-Clinical Governance Committee
Author:	George Roberts, Executive Assistant
Appendices	None

Purpose
To update the Board of Directors on the activity of the Non-Clinical Governance Committee held on 25 th November 2019.
Background
The Non-Clinical Governance Committee is one of three assurance committees supporting the Trust Board in fulfilling its objectives. The Committee is responsible for testing the robustness and effectiveness of the non-clinical systems and processes operating within the Trust to provide assurance to the Board of Directors.
Business Undertaken
<p>Acute Collaboration: Payroll and Pensions</p> <p>The Payroll Manager attended the meeting to present a report. The Payroll Manager had met individually with STP partners to enable harmonised operational changes. The Trust is engaged with the STP and committed to moving forward on collaboration with Payroll and Pensions. Also, the Trust was in a strong position in terms of payroll and so it was key to protect this position when discussing collaboration with potential partners. The national direction of travel was towards collaboration opportunities, and this process represented that exploration. There was some concern expressed by the acting Chair regarding the overall strategy behind this work.</p> <p>Telephony Resilience</p> <p>The Head of IT Infrastructure attended the meeting to present the paper. A key output from the discussion was the need for a clear view of the ultimate level of service that the RUH aspired to in this area and that this view was used as the starting point for service levels set out in any new procurement.</p> <p>Volunteer Management</p> <p>The Lead for Patient and Carer Experience attended the meeting to present the paper for assurance. The Chair noted that full assurance could not be provided until the completion of the Volunteer policy and the employment of a Volunteer coordinator. The Committee awarded partial assurance with some improvement required and would review again in 6 months.</p> <p>Fire</p> <p>The Director of Estates and Facilities presented the paper to obtain a level of assurance. Actions to be performed concerned a check on the CQC action regarding</p>

Author: George Roberts, Executive Assistant	Date: 25 November 2019
Document Approved by: Joanna Hole, Non-Executive Director & Chair of NCGC	Version: Final
Agenda Item: 15	Page 1 of 3

evacuation, and a request for the inclusion of a scorecard for fire safety to be included in the next update.

The Committee awarded significant assurance with some improvement required and requested a review of the Fire scorecard in May 2020.

Asbestos

The Director of Estates and Facilities presented the paper to obtain a level of assurance. The Committee noted that the management survey had been completed, and training in an electronic system had been provided to all staff members that needed it.

The Committee awarded significant assurance and agreed to review again in 2 years.

Energy

The Director of Estates and Facilities presented the paper to obtain a level of assurance. The Committee noted that progress had been made to improve the Trust's sustainability position. A paper would be presented to the Trust Board in December.

The Committee noted the update and awarded significant assurance.

Board Assurance Framework (BAF)

The Committee noted that some risks currently on the BAF may need to be moved over to the People Committee.

Audit Tracker

The Committee approved the audits presented for closure (308 and 336).

External Agency Visits

The Interim Board Secretary presented the report for the Committee's information.

Regulator Relationships

The Commercial Director reported that regulator relationships needed review.

Four relationships had been reviewed, and an audit of the relationship between the Trust and NHSE/I showed that the functions were a mix of support and regulation. The Trust had an active contact with a lead at the CQC. There was growing engagement with the HEE, and a comparative review of the relationship with HSE was underway.

Legionella Update

The Director of Estates and Facilities noted that there a location in Radiology that had received a positive result after testing. The escalation process was followed and a dirty utility space was identified. The area was immediately flushed through, and results declined to a significantly lower level with the final set of results awaited to confirm there were no other areas of concern.

NCGC 2020 Workplan

- The Committee reviewed the workplan and agreed that the Health and Safety Report would be migrated to the March 2020 Meeting from January 2020.
- The Project Assurance item for January would be presented by The Commercial Director.

Clinical Governance Committee Workplan

The Committee noted the Clinical Governance Workplan. There were no items to be referred to the NCGC and no NCGC items to be referred to the Clinical Governance Committee.

EPRR Assurance Letter

The Chief Operating noted the letter to the Trust EPRR Team, as an update and to highlight that the Trust had been assessed as substantially compliant.

Key Risks and their impact on the Organisation

- Telephony resilience capability. Technical issues such as crackling lines had been resolved, however in terms of resilience some areas were not yet backed up by alternative power sources. Technical and resilience issues were planned to be resolved by the reprocurement of the Trust telephony system.
- Volunteer recruitment. The Lead for Patient and Carer Experience noted that the Emergency Department in particular would benefit from an increase in volunteer numbers.
- Asbestos. Risk 1880 noted in the Asbestos paper related to a section of duct that was contaminated with asbestos. The section would be addressed in Spring 2020.

Key Decisions

The Non Clinical Governance Committee:

- Were partially assured with some improvement required on Volunteer management.
- Were significantly assured with some improvement required on Fire Safety.
- Were significantly assured on Asbestos management.
- Were significantly assured on Energy management.

Exceptions and Challenges

None identified.

Governance and Other Business

- The meeting was convened under its Terms of Reference.
- There were no items to be referred to the Clinical Governance Committee.
- The Committee adopted the levels of assurance descriptors used by the Trust's new internal auditors.

Recommendations

It is recommended that the Board of Directors note this report.