Report to:	Public Board of Directors	Agenda item:	18
Date of Meeting:	6 November 2024		
Title of Report:	Alert, Advise and Assure Report – Non-Clinical Governance Committee		
Status:	For information		
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Key Discussion Points and Matters to be escalated from the meeting held on 19 September 2024
ALERT: Alert to matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy
No items to report.
ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance
Due to the absence of some colleagues, we were not able to take the Emergency Preparedness, Resilience and Response (EPRR) paper and Sustainability item in full. An extended NCGC is taking place next month to consider these.
The Committee received a paper on cyber security and the Trusts' supply chain. Whilst there is an audit process for procurement, there is an inherent risk with cyber and supply chain which can never be fully mitigated.
The Committee received a Health and Safety report for note. The format of this report will change in future committees to give greater assurance.
The Committee were advised that Estates Return Information Collection (ERIC) data will be submitted in December 2024, which will enable the RUH to benchmark against its peers.
ASSURE: Inform the board where positive assurance has been achieved
Of the eight risks the NCGC holds, seven relate to digital. The Committee was assured that several of these risks would be downgraded, thus not being included in the risk register due to controls/ mitigation or a change in the way the risk is scored.
RISK: Advise the board which risks where discussed and if any new risks were identified.
No items to report.
CELEBRATING OUTSTANDING: Share any practice, innovation or action that the committee considers to be outstanding
The implementation of the paperless inpatient records was successful, and the team took the opportunity to learn from this to support better Electronic Patient Record (EPR) implementation. The factors contributing to success were: The Champion Network, the planning process and rehearsals, improved Wi-Fi and a 24/7 digital floor

marker. Points for learning are to ensure that clinicians have training time and acknowledge the scale of this and EPR implementation and prioritise to ensure implementation has sufficient time and resource.
APPROVALS: Decisions and Approvals made by the Committee
No items to report.

The Board is asked to NOTE the content of the report.