Report to:	Public Board of Directors	Agenda item:	16
Date of Meeting:	31 May 2017		

Title of Report:	Joint Non Clinical and Clinical Governance Committee Update
Status:	For Information
Sponsor:	Joanna Hole, Non-Executive Director/Chair of the Non Clinical Governance Committee
Author:	Catherine Soan, Executive Assistant to Director of Human Resources
Appendices:	None

Purpose

To update the Board of Directors on the activity of the Joint Non Clinical and Clinical Governance Committee held on 27th March 2017.

Background

The Non-Clinical Governance Committee and Clinical Governance Committee are assurance committees supporting the Board of Directors in fulfilling its objectives.

The Committees meet separately throughout the year but meet jointly, biannually. Where systems and processes operating within the Trust cover both clinical and non-clinical interests, the Committee is responsible for testing their robustness and effectiveness and for providing assurance to the Board of Directors.

Business Undertaken

QIPP whole system

The Assistant Director of Finance and Deputy Chief Operating Officer gave a verbal update following the last review by the Committee in September 2016. There had been a discussion then about the management of Key Performance Indicators (KPI's) and sign off of Quality Impact Assessments (QIA's). Since then, there had been an internal audit on QIPP plans with some recommendations including the introduction of new paperwork, which is being implemented. In order to reduce the level of paperwork only a summary project report is completed for projects with minimal impact. For bigger schemes, a project plan and QIA should be completed and schemes should be grouped together.

This approach has limited what would warrant a QIA therefore reducing the amount of cases going to Quality Board, with the intention of giving the divisions more oversight and responsibility.

The Medical Director and Director of Nursing and Midwifery have a statutory responsibility in terms of signing off the QIA's and both were keen to be involved; they requested sight of the new paperwork and internal audit report.

The Committee agreed that the QIPP system was not yet at a level of assurance and will review the system again in six months when roles and responsibilities have been finalised.

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Medical Records Update

The Chief Information Officer and Medical Records Manager attended the meeting.

The Committee noted how the electronic patient record (EPR) programme is moving forward and paper light clinics have either started or are about to start which will reduce the amount of records being requested.

The provision of on-site storage for medical records was discussed with the plan being to clear the medical records library so it can be used for housekeeping and storage. Although the option of back scanning records was explored the Medical Records Department had not pursued back scanning as it is not cost effective. The decision was made to fully utilise Millennium as an integrated EPR instead. This will mean that onsite storage will still be required until the point is reached when the Trust is paper light.

The Trust plans to be fully digital by March 2018 and there has been an appetite by clinicians to get all records stored electronically. However, individual clinic mapping needs to take place before the process of scanning can begin. The team are engaging with clinicians to discuss what they need in terms of the notes and this can take time. Secretaries are now scanning patient correspondence into Millennium.

Business continuity was discussed as this had been identified as a weakness in the internal audit and became more apparent during the recent downtime. The Chief Information Officer said that laptops are being dispensed in key locations around the Trust to back up information.

The Committee requested that the Chief Clinical Information Officer (CCIO) provide some assurance on the clinical risks of moving over to EPR to the Clinical Governance Committee.

The Committee agreed that the electronic patient record system is making progress but it is not yet at the point where a level of assurance can be given. The Committee will review again at the next meeting.

Audit Tracker

The Board of Directors Secretary presented the audit tracker and all items proposed for closure were closed.

The Chair was concerned that the progress on updating actions and closing items was slow and suggested that at the next meeting Lead Directors should give verbal updates on progress of any outstanding actions. This was agreed.

Key Risks and their impact on the Organisation

No key risks were raised at the Committee.

Key Decisions

The Committee recommends that the Board of Directors note:

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a) the update report on the QIPP system b) the update report on the Electronic Patient Records programme, requesting that the Chief Clinical Information Officer (CCIO) provide some assurance on the clinical risks of moving over to EPR to the Clinical Governance Committee. c) Lead Directors for actions on the audit tracker should give a verbal update on progress in future so that actions can be progressed quicker. d) in future the Committee would only accept written reports. If only a verbal update can be provided then a post meeting note should be circulated after the meeting as an audit trail. e)	
Exceptions and Challenges	
None identified.	
Governance and Other Business	
The meeting was convened under its revised Terms of Reference.	
Future Business	
The next meeting of the Joint Non Clinical and Clinical Governance Committee to be held on 11th September 2017 would review the following: • QIPP Whole System • Medical Records User Group	
Recommendations	
It is recommended that the Board of Directors note this report.	