

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>17</b>
<b>Date of Meeting:</b>	<b>25 September 2019</b>		

<b>Title of Report:</b>	<b>Non-Clinical Governance Committee Update Report</b>
<b>Status:</b>	<b>For information</b>
<b>Sponsor:</b>	<b>Joanna Hole, Non-Executive Director/Chair of the Non-Clinical Governance Committee</b>
<b>Author:</b>	<b>Catherine Soan, Executive Assistant to the Director for People</b>
<b>Appendices</b>	<b>Appendix 1: Committee Self-Evaluation summary report</b>

<p><b>Purpose</b></p> <p>To update the Board of Directors on the activity of the Non-Clinical Governance Committee held on 29<sup>th</sup> July 2019.</p>
<p><b>Background</b></p> <p>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.</p>
<p><b>Business Undertaken</b></p> <p><b>Clinical Coding</b></p> <p>The Head of Clinical Coding and Head of Business Intelligence presented a report and the Committee noted:</p> <ul style="list-style-type: none"> <li>• The improved position in terms of staffing, particularly senior and qualified clinical coders.</li> <li>• That the backlog of work remained an area of risk. Cases were monitored through Business Objects and have a recovery trajectory.</li> <li>• The introduction of the Electronic Patient Record (EPR) may bring some efficiency, for example the possibility of coding being undertaken at source and a change in coding for Ambulatory Care and A&amp;E which would enable clinicians to code.</li> <li>• The 2019/20 internal audit begins in the Autumn and will be reviewed by the Audit Committee in December.</li> </ul> <p>The Committee agreed a level of significant assurance with some improvements required.</p> <p><b>Volunteer Checks</b></p> <p>The Lead for Patient and Carer Experience presented an update and highlighted the key points as follows:</p> <ul style="list-style-type: none"> <li>• A further internal audit of the Friends of the RUH had been undertaken with much improved results.</li> <li>• The internal audit of the Bath Hospital Radio volunteers identified more gaps which were being addressed.</li> <li>• A Memorandum of Understanding for all volunteer services was under</li> </ul>

negotiation.

- The Business Case for additional resource to manage the volunteer service had been submitted to the Trust Investment Group and received positive feedback. It will be presented to Management Board in October.

The Committee gave partial assurance notwithstanding all of the improvements made. The Chair thanked the Lead for Patient and Carer Experience for her continued effort to ensure the Trust reaches a satisfactory conclusion on volunteer management. The Committee agreed to review again in November.

**Review: Learning lessons to improve our people practices**

The Director for People described that NHSI/E have asked all Trusts to undertake a review of their local procedures and processes in line with the recommendations and additional guidance made by an independent inquiry where an NHS employee took his own life as consequence of the way he was treated during an investigation and disciplinary procedure. The Terms of Reference for the review had been drafted and were included in the paper, the governance route being the NCGC. The report includes the recommendations and in addition to learn from the just learning programme, in line with improving together. The Chair of Staff Side was very supportive of the review.

The Committee noted the consequences of the review undertaken by other Trust’s including the significant reduction in the number of formal investigations undertaken, an increase in Freedom to Speak Up contact and the improvement in the relationship with staff side.

The Committee gave their support in taking forward the review, approved the Terms of Reference and requested an update in November.

**Committee Self Evaluation**

See Appendix 1.

**Board Assurance Framework (BAF)**

The Committee reviewed the risks which fall within the scope of the NCGC and noted:

- The residual risk rating of BAF 7 was being reduced.
- The Director for People will review the primary controls in BAF 6 to include the roll out of the Improving Together training and the Coach House

The Chair informed the Committee of an observation made by the Clinical Governance Committee relating to the target risk rating being over ambitious in some cases. Some may feel that it is an aspiration, others that it is not realistic. The Committee discussed which was the right approach and agreed that this should be a wider discussion for the Board.

**Audit Tracker**

The Committee approved the audits presented for closure (261, 324, 325 and 326).

<p><b>External Agency Visits</b> No visits to report.</p> <p><b>Clinical Governance Committee Workplan</b> The Committee noted the Clinical Governance Workplan.</p>
<p><b>Key Risks and their impact on the Organisation</b> The Committee were aware of the continued risk of not having robust systems in place for the management of the totality of volunteers but accepted assurances that a solution was being actively pursued.</p>
<p><b>Key Decisions</b> The Non Clinical Governance Committee:</p> <ul style="list-style-type: none"> <li>• Were significantly assured with minor improvements on the clinical coding process.</li> <li>• Supported the review of people practices.</li> </ul>
<p><b>Exceptions and Challenges</b> None identified.</p>
<p><b>Governance and Other Business</b></p> <ul style="list-style-type: none"> <li>• The meeting was convened under its Terms of Reference.</li> <li>• There were no items to be referred to the Clinical Governance Committee.</li> <li>• The Committee adopted the levels of assurance descriptors used by the Trust's new internal auditors.</li> </ul>
<p><b>Future Business</b> The Committee conducted business in accordance with the 2019 work plan. The forthcoming agenda items within the workplan for NCGC are:</p> <ul style="list-style-type: none"> <li>• Performance Management Framework</li> <li>• Acute Collaboration: Temporary Staffing, Procurement, Payroll and Pensions</li> <li>• Process behind QIPP Delivery</li> <li>• Business Impact Analysis</li> <li>• Recruitment and ITR</li> </ul> <p>Members of the CGC to advise if they have wish to have visibility of the papers/presentation associated with any of these items.</p>
<p><b>Recommendations</b> It is recommended that the Board of Directors note this report.</p>

**Appendix 1 – NCGC Self-Assessment**

The Non-Clinical Governance Self-Assessment presented the results of the self-assessment committee evaluation exercise which took place in April. The survey was sent to all members of the Non-Clinical and Clinical Governance Committees.

The Director of Estates and Facilities did not complete the survey as he had only attended one meeting at the time of the survey being distributed. All other members completed the survey.

The self-assessment by the Non-Clinical Committee identified that the Committee is working well, but there were some areas for review.

At its meeting in July, the Committee reviewed the outcome of the self-assessment and identified changes that were required to improve the Committee's effectiveness.

The following actions were agreed for the new Head of Corporate Governance:

- Look at how Internal Audit Action Plan monitoring can be made more effective
- To ask the presenters what their experience of attending the Committee was to ensure the Committee's request of them is articulated effectively.
- To refresh the guidance being sent to authors/presenters of papers, incorporating any lessons from the bullet above.
- To examine the possibility of making use of ad hoc invitations to other colleagues at Board level should the agenda warrant this.
- To examine how best to audit the standard of work by the Committee