

Appendix 1: Governor Log of Assurance Questions August - October 2022

Date:	October 2022
Source Channel	Governor Quality Working Group
Date Sent & Responder	Sent to Ian Orpen on the 20th October 2022, response requested 31st October
Question	<p>Since Covid measures were introduced, the Trust has been able to cease using corridors in the Emergency Department to queue patients in and out of the department. Corridors were deemed a risk at the time due to the inability to socially distance, however there are further risks such as no oxygen, suction, patient call bells or emergency bells in corridors.</p> <p>During times of increased pressure on the hospital, such as recently with the internal critical incident, an "out corridor" has been reintroduced, consisting of patients awaiting beds on wards within the hospital.</p> <p>What assurance do the NEDs have that the Trust's winter plan will increase flow out of the ED so that patients don't have to be nursed in an "out corridor".</p>
Process / Action	NEDs in the process of gaining assurance and producing a response.
Answer	
Closed?	Open

Date:	September 2022
Source Channel	Governor Strategy and Business Planning Working Group
Date Sent & Responder	Sent to Antony Durbacz on 3rd October 2022, Response was requested by end October 2022
Question	With the IT training demonstrating that breaches of data by NHS staff re - people that they have no clinical responsibility for can be repeated up to 300 times with no clinical need, or consequence, can the NED's be assured that systems will be built into the software; and managed so that such breaches can be identified and the person breaching confidentiality will be identified and then subject to appropriate disciplinary procedure.
Process / Action	Response Cirulated to the Governors on the 25th October 2022
Answer	<p>Access to patients records is controlled by Nationally defined Position/Role based access controls. This attempts to restrict access to the Electronic patient record (EPR) based on role/position.</p> <p>When a user opens a record in the clinical view of the EPR solution this creates a relationship with the patients data, and it records who accessed which record, what they looked at, what they updated, what device they used, dates and times etc.</p> <p>Part of the suite of EPR tools include a solution which allows suitably trained and identified staff to run reports that can see this information. These reports can be scheduled to run daily/weekly/monthly and cover topics such as:</p> <ul style="list-style-type: none"> • Access by User – everything an identified user has looked at or changed within a given timeframe • Access by Patient (name or Medical record number) – everyone who has looked at or changed anything in the patients record within a given timeframe • Same name as patient – identifies staff looking at their own records • Same family name – identifies staff looking at relatives • Excessive user log ons – Where a user has logged on much more than the average <p>Any of these reports can be run monthly or in an ADHOC manner by the identified staff and have been used as supporting evidence in a number of cases where staff had breached Trust Information Governance policies</p>
Closed?	Open

Date:	August 2022
Source Channel	Staff Governors
Date Sent & Responder	Sent to NEDs on 30th August 2022, response requested by 9th September 2022.
Question	<p>Despite all efforts taken by the Trust to date, there is relevant evidence that our WRES data demonstrates increasing levels of racial hate/abuse towards our staff and patients who have protected characteristics.</p> <p>Our Transgender/Transitioning and or Non Binary staff and patients have also seen a significant hike in hate/abuse towards them both via staff to staff, patient to staff, staff to patient and we and they have been attacked via our social media platforms. This has taken place/escalated over the past 6-12 months. Examples of such abuse are available to view.</p> <p>What assurance do the NEDs have that our staff and patients will be protected and supported by their employer, and that the trust will push more energy into training, education, promoting a zero tolerance to hate of any kind?</p>
Process / Action	NEDs in the process of gaining assurance and producing a response.
Answer	<p>Agreed, whilst we have made progress with our ED&I agenda, our stats do show that our staff with protected characteristics face unacceptable levels of bullying harassment within the workplace. Our Workforce Race Equality data shows this to be at 30.5 % against a 23.9% for white colleagues, which is a consistent trend. This is also mirrored in part by our Workforce Disability Data.</p> <ul style="list-style-type: none"> We have increased representation within FTSU, which has encouraged more staff to speak up. Recognising a lack of black and ethnic minority staff speaking up in September 2020 led to increasing the diversity in the FTSU team which has increased cases from Black and ethnic minority staff over the last 18 months from 1% to 19%. Currently our data shows that 17% of FTSU cases are raised by black and ethnic minority staff. FTSU has had an increase in white ally staff speaking up against racism in the organisation In January 2022 Cara, our Chief Executive Officer released a statement in January 2022 saying "Here at the RUH, we have a zero-tolerance approach to discrimination, victimisation or harassment based on a person's sexual orientation, gender identity and other protected characteristics....I am calling on all of us to work together as an organisation to share the opportunities we have to stand by our commitment and speak up against discrimination so that we can make a difference to our LGBTQ+ colleagues, patients and wider community and create a sense of belonging here at the RUH." We have four networks in place and these are being refreshed and relaunched. <p>As part of this commitment to addressing the above we signed up to take part in the second phase pilot of the NHS rainbow badge accreditation, designed initially at Guy's and St Thomas'.</p> <p>LGBT+ people experience a range of health inequalities throughout their life course which mean they are more likely to need to access healthcare services. These health inequalities are often exacerbated by the barriers that people face when accessing services to treat or support them. This includes things such as a lack of understanding and training on how to properly treat or care for the person, or discrimination or a perception of potential discrimination based on sexual orientation or trans status.</p> <p>We have also received feedback that whilst some actions taken recently show support of the LGBTQ+ community, there is a risk of tokenism in our intentions, due to the lack of co-ordinated meaningful action and staff feeling unsupported in the area. The Rainbow Badge Accreditation gives us a well-established, evidence based framework to aspire to and results in a clear set of actions to improve the experience of both our colleagues and our community when accessing services at the RUH.</p> <p>The recent review into ED&I, and the rainbow badge accreditation process have given us a clear platform for action to improve the experience for colleagues at the RUH.</p> <p>The documents outlined a number of necessary Strategic actions that require Executive and Board level commitment and action, in order to be successful. One key note was the need to increase capacity and skills of the team who currently support the ED&I agenda, if we are to move at pace. A new Head of ED&I has recently been appointed. Another recommendation was the embedding of a zero tolerance approach to acts of clear discrimination, this will supported by clear education and training.</p> <p>As an organisation, we are focused on supporting all colleagues with protected characteristics, this is reflected in the KPI's set out in RUH People Plan which is regularly reviewed by Non-Executive Director.</p>
Closed?	