

Report to:	Public Council of Governors	Agenda item:	10
Date of Meeting:	14 March 2024		

Title of Report:	Log of NED assurance questions	
Status:	For noting	
Board Sponsor:	Alison Ryan, Chair	
Author:	Roxy Milbourne, Deputy Head of Corporate Governance	
Appendices	Appendix 1: Log of NED Assurance Questions	
	Appendix 2: Log of ED Assurance Questions	

1. | Executive Summary of the Report

The Council of Governors has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

The role of governors in 'holding to account' is one of assurance of the performance of the board.

At the RUH, Governors hold the NEDs to account for the performance of the Board by combining the following activities:

- Reading Board papers
- Observing Board meetings
- Observing sub-committees
- Holding discussions with committee chairs when they attend working group meetings
- Engaging with NEDs at joint away days.

As part of the working group meetings, Governors are able to raise questions for NEDs and all questions are stored in a central log. This log is presented to each Council of Governors meeting for the NEDs to answer and Governors to ask any follow-up question.

There are three questions presented this month, one NED assurance question (FEB24), and two Executive Director assurance questions (MAR24.1 / MAR24.2).

FEB24 was agreed at the Membership and Outreach Working Group on 20 February 2024 and has been answered by Nigel Stevens, Non-Executive Director.

MAR24.1 was submitted to the Membership Inbox on 4 March 2024 and has been submitted to the Chief Nursing Officer and Deputy Chief Nursing Officer for response.

MAR24.2 was submitted to the Membership Inbox on 5 March 2024 following a presentation on health inequalities at the Strategy and Business Planning Working Group on 8 February 2024, and has been submitted to the Chief Medical Officer, Deputy Chief Medical Officers and Physician Associate Leads for response.

The Membership Team are working to provide the Council of Governors with a response by the meeting on 14 March 2024. The questions are detailed in appendices 1 and 2.

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Governors may wish to take advantage of NED attendance at the meeting on 14 March 2024 and ask other NEDs to comment.

2. Recommendations (Note, Approve, Discuss)

The Council of Governors is asked to:

- Note assurance questions "MAR24.1" and "MAR24.2".
- Close assurance question "FEB24".

3. Legal / Regulatory Implications

The Council of Governors has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

None.

5. Resources Implications (Financial / staffing)

None.

6. **Equality and Diversity**

All Governors can raise questions of NEDs at any time.

7. References to previous reports/Next steps

This paper is presented to every Public Council of Govenors meeting.

8. Freedom of Information

Public.

9. Sustainability

The log of assurance questions is held online.

10. Digital

The log of assurance questions is held online.



Appendix 1: Governor Log of Non-Executive Assurance Questions

Date:	20 February 2024	
Source Channel	Email Sent to the Membership Inbox / Membership and Outreach Working Group	
Date Sent & Responder	Sent to NEDs on 27 February 2024	
Question and ID	FEB 24- Have the NEDs received assurance and reassurance that the Trust is working closely with the ICS, and in particular BaNES Council, to address the discharge of patients from hospital to more appropriate community settings?	
Process / Action	Sent to NEDs on 27 February 2024. Response provided by Nigel Stevens, Non-Executive Director on 5 March 2024.	
Answer	The NEDs through both Board meetings and assurance committees have continually reviewed actions in hand to improve discharge options and consequently reduce the numbers of patients who fall into the Non-criteria to Reside category. The NEDs have been provided with evidence of significant work that has taken place with all key stakeholders, most notably BaNES to manage the complex pressures, both operational and financial, facing all agencies. NEDs have also noted that significant improvements in the relationships between key stakeholders has lead to advances in discharge management, but recognise the significant challenges still faced. NEDs will continue to focus on these very important issues including some of the changes happening in local care provision.	
Closed?	Open. To be closed at the Council of Governors meeting on 14 March 2024.	



Appendix 2: Governor Log of Executive Assurance Questions

Date:	4 March 2024
Source Channel	Email Sent to the Membership Inbox on 4 March 2024
Date Sent & Responder	Sent to Toni Lynch, Chief Nursing Officer and Jason Lugg, Deputy Chief Nursing Officer on 4 March.
Question and ID	MAR24.1 - Can the Governors receive clarification regarding the reported days without pressure ulcers on Peirce Ward, given the conflicting figures provided by various sources including Quality Governance Committee, social media and the Governor Quality Working Group. The discrepancies in the reported data undermine confidence in the accuracy and integrity of the information provided.
Process / Action	Sent to Toni Lynch, Chief Nursing Officer and Jason Lugg, Deputy Chief Nursing Officer on 4 March. Response to be provided prior to the Council of Governors meeting on 14 March.
Answer	
Closed?	Open

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MAR24.2 - 1. How does the Trust address the significant pay disparity between Physician Associates, Anaesthetic Associates and Junior Doctors, ensuring alignment with the triple aim duty? 2. What provisions has the Trust made to address potential unfair pay claims related to the employment of Physician Associates and Anaesthetic Associates and Anaesthetic Associates and Anaesthetic Associates and Incentives and the triple aim duty? 4. How does the Trust ensure patients are adequately informed about Physician Associate and Anaesthetic Associate roles to facilitate informed decision-making, aligning with the triple aim duty? 5. How will the Trust monitor and address Never Events associated with Physician Associates and Anaesthetic Associates to ensure patient safety and quality of care, in line with the triple aim duty? 6. What measures are in place to ensure that Physician Associates and Anaesthetic Associates work within their defined scope, considering the triple aim duty? 7. How are PAs deployed and supervised at RUH, ensuring alignment with the trust's objectives and the triple aim duty? 8. How is it viable for doctors to supervise Physician Associates and Anaesthetic Associates considering the triple aim duty? 9. What measures are in place to ensure equitable access to training and development opportunities for all staff members, considering the long-term implications for the development of our future senior medical staff and alignment with the triple aim duty?	Source Channel	Email Sent to the Membership Inbox following Strategy and Business Planning Working Group on 8 February 2024		
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Answer	Answer			
Closed? Open		Open		