

Quality and Safety Committee

Key summary points from the meeting held on 21st March 2013

Present:	Dr Peter Vernon (Chair)	Non Executive Director
	Vicky Morris	Director of Quality and Safety/Chief Nurse
	Dr Ashley Fraser	Medical Director
	Dr Simon Walford	Non Executive Director
In attendance:	Sarah Bloomfield	Deputy Chief Nurse
	Jo Banks	Associate Director of Patient Safety
	Clare Jowett (for agenda item 12)	Chief Compliance Officer

Apologies:

- Before the meeting the committee visited the A&E department and listened to staff concerns re the level of activity that the department is experiencing. The discussion highlighted a very sobering problem in the department with high attendance, not enough medical beds and several departments transferring their patients out of hours (AMU, SAU, Renal, DART, Paediatrics, etc.) exacerbating the problem. The committee wishes to bring to the attention of the whole board its deep concern about the significant impact of these flow issues on quality & safety and the ability to maintain professional standards in the ED department.
- The committee noted that other than the visit made before the Q&S meeting no Exec / NED Q&S safety reviews were made in February.
- The committee noted the trusts high SHMI (mortality index) score remains high. The medical director informed the committee that a great deal of work had been initiated to better understand what was driving the trust's score and what needed to be done to lower it.

Name of Chair; Peter Vernon

Date report prepared; 25.3.13

Finance Committee

Key summary points from the meeting held on 26th March 2013

- **Cash**

As a result of receiving cash from Shropshire PCT, Telford and Wrekin PCT and Staffordshire, the Trust expected there to be no creditor suppression by the end of the financial year.

The Committee sought an improved cash flow position between the CCGs and Trust next year.

- **Operating Plan 2013/14**

The Committee reviewed the Operating Plan for 2013/14 and noted the five key improvement priorities and development priorities for the Trust.

- **2013/14 Budget Proposal**

The Committee recommended approval of the expenditure budget and the basis of the construction of the income budget to the Trust Board, but recognised that this was still under discussion and subject to change.

- **Outline Capital Programme 2013/14 to 2017/18**

Following review, the Committee recommended approval of the Outline Capital Programme 2013/14 to 2017/18 to Trust Board. It was noted that the Capital Programme 2013/14 would focus on addressing ongoing backlog issues, but it would not reflect the IT or Estate Strategies.

Name of Chair: Barry Simms

Date report prepared: 27th March 2013

Hospital Executive Committee

Key summary points from the meeting held on 26 March 2013

- Meeting discussed Infection Control issues and was pleased to note that it was almost one year since the last MRSA Bacteraemia was recorded in the Trust. HEC repeated its support for the ICNet software for automated infection prevention and surveillance and was advised by the Finance Director that alternative methods of funding were being explored. The Director of Quality & Safety reminded the meeting of the need to ensure timely samples for CDiff identification and treatment.
- The Pathology Reconfiguration proposal was supported by the meeting. It was stressed that there were two elements to the paper
 - (i) Reconfiguration of microbiology services onto one site to provide a more efficient service and savings of around £4.4m.
 - (ii) SHA tender exercise to centralize pathology services

It was confirmed that the siting of Microbiology services would not impact on any future site reconfigurations. It was noted that discussions were underway with CCGs as the GP service may be significantly more costly and remote under the new tendered arrangements and that some GPS in the East of England were rejecting the proposal to centralise services.

The meeting supported the proposal to rationalize microbiology services onto one site and to continue discussions with the CCGs as to the financial and service benefits of the tendering process

- The meeting also received updates on TDA Annual Plan and Budget/CIP proposals. They supported the strategic priorities, which they had been involved in developing through TLT meetings and business planning and the reflection of the Francis reports recommendations in the Quality & Safety priorities. The Finance Director presented the budget and CIP programme for 13/14 and outlined the current uncertainty around funding changes from 1 April. The meeting discussed the need to ensure speedy replacement of vacancies to reduce substantial agency premia costs and to help improve staff sickness levels. The need for strong budget management was stressed by the Chief Executive. The Director of Quality & Safety reminded the Centres of the need to prepare QIAs for their CIPs. The need for strong programme management was also reinforced
- Discussions around bed capacity and configuration highlighted a number of schemes being discussed. Some were linked to more effective use of resources outside of hospital – discharge to place, community hospital utilisation and patient choice/navigation support. Other involved internal reconfiguration of clinical areas and improving discharge practices as well as establishing a Clinical Decision Unit on both sites. The meeting supported all the proposals

Peter Herring 26/3/13 (Chair)