

Audit Committee

Key summary points from the meeting held on 18th September 2014

The Committee:

- Were pleased to note the 'substantial assurance' opinion given by Internal Audit on the Board Assurance Framework. This is the third consecutive annual positive opinion.
- Received the draft report from Internal Audit on Workforce Budget Controls. It was noted that the Executive Team are working through the recommendations which reflect the impact on nursing of the recommended nurse staffing ratios and the difficulty in recruiting to substantive positions. The initial observations were that although pay controls could be improved, there was a wider strategic issue around nurse staffing levels that other organisations were also facing. It was also noted that medical overspend should be subject to similar scrutiny. There was specific discussion around CIPs being applied at budget holder level rather than generically by the Care Group and the Finance Director agreed to update the Board further on this matter.
- Received the updated Board Assurance Framework. The Committee recommended that the wording for the financial risk (risk 670) be reviewed to take account of the significant financial issues facing the trust and as the action owner the Finance Director agreed to undertake this.
- Recommended that a letter be submitted to the NTDA highlighting concerns about the cash flow pressures impacting on small suppliers, which the Finance Director agreed to compose on behalf of the Chair
- Noted the first report on declarations of interest and gifts and hospitality in line with the Trust's revised Standards of Business Conduct Policy (HR52). The Committee were pleased to note the good response rate but asked for confirmation that a failure to respond could result in further action.

Chair: Robin Hooper

18th September 2014

Quality and Safety Committee

Key summary points from the meeting held on 18th September 2014

1: Summary Clinical Risk Profile

Taking the integrated performance report, the Family and Friends Tests and the Safety Thermometer into consideration we can make several observations about our current clinical safety profile.

- The most common harm to patients is a grade 2-pressure ulcer but the chance of such a problem is significantly lower than in most hospitals. This is also true for rarer but more serious types of pressure sore.
- The risk of having a fall and of a fall which causes harm are both significantly lower than observed in most hospitals.
- Our use of Urinary catheters and our Venous Thrombo-embolism prevention screening are now comparable to other hospitals.
- Urinary catheter associated infection is a greater risk than in most hospitals and we have a joint nursing and infection control initiative looking to remediation. We also seem to record significantly more venous thrombo-embolic events than would be expected and are investigating this safety thermometer observation, which may be a data anomaly.
- Infection control vigilance is generally working well but we are now being alerted to the evolution of more resistant bacteria.
- Although survey-sampling rates are still low, the family and friends tests scores, in wards and in A&E, are at least as positive as the national benchmarks.

2: Cervical Screening and Colposcopy QA Review

We received the annual Cervical Screening and Colposcopy Quality Assurance report, which follows a visit by the national team. It provides some constructive recommendations but overall, is seen as a positive endorsement of the quality of the services we provide and is the first review since the cytology element of the service was consolidated to Stoke.

3: Adult safeguarding

It is disappointing to report that anticipated improvements in the working of the local adult safeguarding board in respect of investigation and reporting back of concerns we raise about care of vulnerable adults outside hospital have yet to occur. An independent chair has yet to be appointed.

4: TDA visit to RSH

We consider the deficiencies in ward cleanliness and in the routine management of patients' intravenous infusion sites (a standard infection control procedure) observed by the TDA on a recent announced routine visit, which took place at RSH, to be unacceptable.

Simon Walford
Chairman

24th July 2014

Risk Committee

Key summary points from the meeting held on 21st August 2014

The Committee:

- Noted that there is a phased plan being developed to upgrade the mortuary facilities at both sites.
- Were pleased to note the enhanced links between the risk process and capital planning resulting in more effective and targeted use of resources to mitigate high risks.
- Were pleased to note the third successive substantial assurance opinion on the Board Assurance Framework from Internal Audit with only minor recommendations for improvement being made.
- Noted the improvement in the Trust's management of patients with fractured neck of femur but recognised that there are still significant improvements to be made.

Chair: Peter Herring

21st August 2014