

Audit Committee

Key summary points from the meeting held on 11 December 2014

The Committee:

- Discussed the External Audit's annual year end audit reporting process. They will take highlight key audit risks and emerging risks which may affect their 2014/15 year end audit, taking into account the VFM conclusion guidance recently issued by the Audit Committee. It was suggested that it would be helpful to comment on the likely effect on performance and finance if activity in 2014/15 had been within plan.
- Discussed the junior doctor's sickness management audit and were concerned that SaTH's Return to Work interview compliance was the worst performance in the 10 Trusts audited by Deloitte. The Committee expressed concern that as well as the impact this had on locum costs, there was also a very important issue around the welfare of the doctor if we were not managing this robustly, as often sickness absence can be a signal of concerns around other aspects of performance and wellbeing. It was noted that Workforce Committee will be providing assurance to the Board on progress and that Medical Staffing will be developing closer links with the HR Department to ensure consistency of approach across all professional groups.
- Discussed the data Quality Audit. The importance of accurate data in terms of both ensuring that care was delivered efficiently and that finances were safeguarded was noted. The importance of health-related IT solutions across the whole of Shropshire were also discussed and the importance of linkages between the different elements. It was noted that the Finance Committee had been tasked to provide assurance to the Board, through Internal Audit, that all appropriate measures were in place.
- The Committee also discussed the Trust's recognised financial consequences of duplication of clinical services and welcomed the early Board-level discussions with partners in the Local Health Economy to minimise these.
- The Workforce Pay Controls Audit, requested by the Board, was brought back to Audit Committee. There was discussion around the current nursing template and the plan to externally benchmark SaTH's position with peers, whilst recognizing that this issue and that of Nurse Agency was a national issue. It was noted that Workforce Committee will be providing assurance to the Board on progress and that any recommendations that needed to be revised would be agreed in this forum

Chair: Robin Hooper

11 December 2014

Business Development and Engagement Committee

Key Summary Points from the Meeting of the Committee held on Friday 5th December 2014:

Following the December meeting an invite was sent out for clinical representatives to join and contribute to the committee business. Additional members attending the group this month included 2 consultants: 1 from Cardiology and 1 from Radiology, and a clinical scientist. The Chair welcomed the new members and outlined the strategic remit of the Group and the need to work as a 'think tank' to identify ideas for the Trust to consider.

The membership of the Group previously included an Associate Non-Executive Director however this representative has now 'stood down'. The Chair of the Group agreed to discuss future Board representation with the Trust Board Chair.

The Committee:

1. Received details of the 'Opportunities' currently included in the Trust's 5 Year Strategic Plan which was submitted to the Trust Development Authority in June 2014. The Chair advised that a key role for the Group was to identify and consider the impact of external factors that would inform future Trust Wide SWOT and PESTLE analyses.
2. Reviewed the existing 'Opportunities' in detail and discussed future areas to explore that could inform future strategic development plans. The Chair reiterated the need to consider innovative solutions and the wider impact of these innovations. The Group discussed key elements that will drive future developments including:
 - a. Meeting future demand for services and the changing needs of local communities
 - b. Alternative ways of delivering healthcare
 - c. The long term aspirations of the local health economy programme
 - d. Repatriation of services currently provided out of county
 - e. Consultation and / or engagement requirements associated with future service change
 - f. The need for capital investment and the subsequent 'payback / benefits realisation
 - g. Leading the development of community based services including diagnostics and ambulatory care
 - h. Identifying technological solutions to support future service development
3. Discussed how the Trust could 'promote itself' better i.e. positive publicity to enhance the reputation of the Trust overall and that of individual service lines. The Group discussed options including encouraging teams to put themselves forward for awards and also to actively promote outcome data. The Group agreed that this would strengthen the Trust's position when competing for services as well as having a positive impact on staff morale.
4. Discussed opportunities to engage more with the local health economy with particular focus on our local GPs. The Head of Planning described to the group the existing work on a GP Engagement Strategy. It was agreed that robust engagement between Trust clinicians and primary care clinicians would support the development of future services and joint working would help the Trust to build stronger cases for change. The Chair will invite the GP Engagement Manager to the next meeting and the Head of Planning will circulate the draft strategy to all clinical leads for comments.

5. Received details of a proposed Horizon Scanning Framework presented by the Head of Planning describing how the Trust would monitor the external environment to identify both opportunities and threats. The Chair also provided details of the External Drivers for Change document that had been discussed by the Board in November. The Group also received a supporting Business Intelligence Report which summarised the most recent business intelligence. Information presented to the Group included:
 - a. Updates on existing commercial tenders
 - b. Service developments in neighbouring Trusts including the transfer of services from Mid Staffs to Wolverhampton and Stoke and the impact that this could have on each Trust's competitive position
 - c. Examples of the growing strength of private providers within the NHS landscape and their ability to win commercial tenders.

This report will be a regular item for future meetings.

Name of Chair: Debbie Vogler; Director of Business and Enterprise

Quality & Safety Committee

Key Summary points from the meeting held on 19th December 2014:

Accident and Emergency Patient Experience Survey

Committee was pleased to welcome Alison Trumper, Senior Nurse for the Unscheduled Care Group, to present the results from the national survey of patient experience in Accident and Emergency Departments. The last survey was in 2012. The Trust is considered by patients to be significantly better than expected in 3 of the 41 responses and well within the normal range for all others, giving an overall assessment towards the top of the normal range. In other words, patients consider their experience in our Emergency Departments, to be better than the average across the country! Given the intense pressure on our Emergency Department teams, this is an outstanding endorsement of the care and attention they give to patients.

Developing a Ward Accreditation Programme

Committee encouraged the work to develop an integrated Ward Accreditation programme. Based on a scheme in use in Salford over the last two years, data collected across a wide range of safety, patient experience and outcomes, hygiene, HR and financial indicators will be used to put each ward into one of four categories. It is envisaged that this system may replace several of the indicators reported at presented at board level, particularly the ward to board summaries. The integrated performance report would not change substantially. Pilot assessments may be anticipated with a review of progress at Q&S scheduled for April 2015.

Nurse Staffing Templates

Committee discussed the up-coming quarterly review of nurse staffing templates. The tools and methodologies being used were discussed and the committee recognises that it may give the Board greater confidence to have some external oversight of the methodology and outcomes of the review in January. How this might be achieved in a professionally acceptable manner was discussed. Generally, staffing ratios are well within the norms for comparable trusts and recent external review has led to a recommendation for increases rather than reductions in ward nurse staffing.

Simon Walford, Chairman
19 December 2014

Quality & Safety Committee

Key Summary points from the meeting held on 22nd January 2015.

Annual Review of Breast Screening Service

The Committee received the 2014 review of the Shropshire Breast Screening Service from its director, Dr Marie Metelko. The service is delivered from fixed bases in RSH and PRH and two mobile units constantly touring the County. Take-up of screening is high at 85% when compared to national benchmarks but approximately 3,000 women still do not respond to the invitation and reminders. Investment in equipment has ensured fully digital imaging and quality assurance of the system is high. Timescales for access to care, reporting and on-going treatment of those screened positive are all met.

Quality Assurance Framework: progress of review

Committee has been reviewing our compliance with the requirements of Monitor's framework for quality governance and the associated local assurance framework following our decision that more than just a simple update of our existing arrangements is now necessary.

Whilst there is a degree of confidence that the high-level governance framework is fit for purpose, a detailed survey reveals significant work to be done in respect of assurance. There are many examples of good practice and whilst the Women & Children's Care Group clearly has the most mature and effective systems in place, others need help to achieve the same standards. In addition, this survey has revealed significant gaps in our ability to communicate directly with clinical staff who may need to be made aware of changes to clinical policy or other quality matters. Broadly, in this field as in others, there is work to do to improve visibility, transparency and consistent accountability in corporate communication with clinical teams.

Understanding Clinical Commissioning Group policy regarding site visits

The committee notes a number of CCG inspection visits to our hospitals around the time of the CQC inspection and through our very busy recent weeks. It is not entirely apparent to us that these visits serve any clear purpose and they consume clinical resources, sometimes leaving staff weary and wary of the visitors. We wonder if there should be further discussions with the CCGs to clarify policy for future visits and to take steps to ensure that they do not undermine the commitment, hard work and morale of our clinical teams.

Simon Walford, Chairman
23 January 2015