

Audit Committee

Key summary points from the meeting held on Thursday 10th December 2015:

1. Whistleblowing Policy & Procedure

- Will be an Annual declaration of Trust's compliance with Whistleblowing and Duty of Candour responsibilities.
- Need to recognise that a member of staff may 'raise a concern' but legally this could be covered by Provisions of the Public Interest Disclosure Act.
- Pleased to note that the Trust will be considering 'Speak Out Safety Guardians' across both sites who will need training and support to discharge their role.
- Audit Committee has asked that NEDs also sign up to the Code of Business and questions to ensure understanding.

2. Future Fit Internal Audit

- Audit Committee meeting noted that context has changed and work is being led by SaTH regarding short-term contingencies and developing OBC for medium-term.
- Recognised importance of engaging with all key stakeholders and political awareness of issues facing local health economy.

3. Delayed Transfers of Care Internal Audit

- Noted Length of Stay is shorter than national average but SaTH does not experience same seasonal variation as other Trusts. Key issues include:
- The importance of central IT systems was discussed.
 - (i) Reporting all delays to Board once medically fit for transfer.
 - (ii) Consistency of recording medically fit for discharge date.
 - (iii) Better monitoring of frail patients who may move back and forward between being medically fit for discharge and not, coupled with greater awareness of these patients on wards.
- Noted we will be discussing with patients along with recommendations for Liz Sargeant's ECIP review focusing on complex discharges.
- 7-day discharge planning meeting don't happen and this significantly delays discharges. Needs Las, CCG, Community Trust to ensure these discharge planning meetings 7 days a week and, if necessary, need to escalate this further.
- Also need to look at admission avoidance and support following discharge to advice readmissions.
- Recognised the pressure that staff are working under in very difficult circumstances and the opportunity that working with Virginia Mason presents.

[Note: To include update from Ian Donnelly before submitting to January Trust Board]

4. Appointment of External Auditors

- Following the abolition of the Audit Commission, responsibility for appointing External Auditors has been delegated to Health Bodies from 2017/18 through an 'auditor panel.' The appointment must be made before 31 December 2016 so the panel need to be in place early in 2016. (Summary of requirements attached) It is recommended to the Board that the Audit Committee acts as the Panel.

Name of Chair: Robin Hooper

Date report prepared: 10th December 2015

What the Regulations say – a summary

- Regulation 2: an auditor panel member may receive remuneration.
- Regulation 3: the quorum is two members or 50% of the membership of the panel (whichever is the greater). The proceedings of the meetings are valid if a majority of members present are independent.

This ensures proper representation on auditor panels and that the independence of the auditor panel from the health service body's governing board/ body and executive management is maintained.

- Regulation 4: the auditor panel should advise the health service body on the purchase of 'non-audit services' from the auditor.
- Many audit firms offer services to their clients over and above external audit, such as consultancy, advice or project management. There can be advantages to an organisation in procuring these services from the firm also providing the external audit (for example, their existing knowledge of the business) but it is essential that an impartial relationship between external auditor and health service body is maintained, in which the robustness and independence of external audit is not compromised, or seen to be compromised, by considerations of additional lucrative contracts.
- Regulation 5: an auditor panel must have at least three members, including a Chair who is an independent non-executive member of the health service body's governing board/ body. A majority of the panel's members must also be independent and non-executive members of the governing board/ body but the panel may include a minority of members who are not members of the governing board/ body or who are not considered independent.

This addresses the concerns of a number of health service bodies (particularly CCGs) whose governing bodies are small and for whom forming an auditor panel of three independent non-executive governing body members would not be possible without additional expense and where clinical input (often from General Practitioners from the CCG who are therefore not independent), is considered key.

Prospective members not already on the health service body's governing board/ body must be appointed in response to an advertised vacancy and after submitting an application to fill that vacancy; the body must adopt a set of rules for the removal or resignation of auditor panel members and its Chair.

This sets out minimum standards around the formation of the auditor panel, ensuring that vacancies for members are advertised to attract the broadest range of candidates possible and the vacancy is filled in an open and transparent process. It also ensures that health service bodies consider how auditor panel members can be removed or how their resignation will be handled to ensure this is fair and consistent.

- Regulation 6: the governing board/ body must assess a prospective auditor panel member's independence by considering whether his or her circumstances could affect his or her judgement and by a number of factors – for example, recent employment with the health service body, close family ties to its directors, members, advisors or senior employees or a material business relationship with the health service body.

This ensures that governing boards/ bodies consider prospective auditor panel members' circumstances to ensure that independence remains the overarching principle.

Quality & Safety Committee

Summary from meeting held on 19th January 2016

This summary draws attention to items not covered elsewhere in the Board Agenda

Operating Theatres RSH

The committee visited the operating theatres at RSH to see first-hand how the complexities of a patient's journey through the process of having an operation are managed. Every day, about 80 skilled nursing and operating department practitioners are working with 30 or 40 surgeons and anaesthetists. Emergency theatres work 7 days a week. There is a high level of awareness of safe practice with routine use of checklists before every operation and these are associated with signing patients in and out of the operating theatre. Standardisation of routine parts of care, for example the layout of anaesthetic rooms is evident. Clear lines of accountability are used and although the systems are still reliant on traditional rather than electronic record keeping, they are well organised and managed. When things do go wrong, there are clear procedures to sustain the safety of patients and an openness to learn and change to keep up with advances in care.

The Committee observed safety checks and swab counts taking place in line with Trust Policy. This was an area of particular interest following a recent Never Event and the Committee will continue to seek assurance on these issues at the next Committee Meeting.

Children at RSH

Committee has continued its review of the services providing care to the Critically Ill and Injured Child. Progress has been made to ensure that all Senior Medical and Nursing staff in RSH ED have current advanced paediatric life support skills. We expect to complete the process by end of June 2016 and then sustain skills more consistently because the Resuscitation Team have successfully gained accreditation to run Emergency Paediatric Life Support courses within the Trust.

Working relationships between ED and the Children's Assessment Unit are good with on call paediatric Consultant available to the ED outside of RSH CAU opening hours. We have encouraged the leaders of ED to keep abreast of how other communities where there is more than one hospital but only one paediatric service, a not uncommon arrangement, organise the safe care of children in an emergency.

Simon Walford
Chairman,
20th January 2016

Workforce Committee

Key summary points from the meeting held on 11th December 2015:

1. Staff Engagement Strategy

The Committee received an update on the Staff Engagement Strategy, engagement is a strategic aim of our People Strategy, and this document supports the delivery of this aim. The committee discussed the importance of engagement and the need to ensure we were progressing in this area, the committee are keen to keep staff engagement as an area of focus.

2. Being a Values Driven Organisation

The Committee received an update on our journey to be a values driven organisation, the values are now embedded in the recruitment process, appraisal and learning process. Last year's staff survey saw over 79% of staff saying they knew what the values were. Work is underway via the leadership programme, value based conversations, coaching, mentoring and reward and recognition to further implement our values. The Committee discussed our cultural challenges and further strategic discussions will be needed, however improvement can be seen.

4. Raising Concerns

The Committee received an update on Raising Concerns, the committee considered the outcomes from the Freedom to Speak up Review, which was commissioned following the Mid Staffordshire enquiry. A self-assessment was discussed, with the need to ensure feedback to those raising concerns and to ensure learning is shared across the organisation. A key feature of this work moving forward will be the introduction of "Raising Concern Champions" which will be implemented across the sites.

5. Deep Dive: Appraisals

The Committee received a presentation on Appraisals, the committee reviewed performance of a number of areas that have 100% appraisal compliance rate the majority of whom are operational areas who face a number of challenges. This provided confidence to the committee that the aspiration of 100% appraisals is achievable. The committee looked at areas that have low coverage of appraisals including a look back over the last 12 months; the committee discussed a need to understand why performance was so varied. The Executive Directors will be discussing how to manage and support the areas with the lowest compliance rate.