

Audit Committee

Key summary points from the meeting held on 18 April 2013

1. External Audit reported an issue relating to the Trust application of the Construction Industry Scheme (The Construction Industry Scheme (CIS) sets out the rules for how payments to subcontractors for construction work must be handled by contractors in the construction industry. The scheme applies mainly to contractors and subcontractors in mainstream construction work, however businesses or organisations whose core activity isn't construction but have a high annual spend on construction may also count as contractors and fall under the scheme). The investigation of non-compliance with CIS (which could have financial implications with HMRC) and additional training for staff have resulted in additional Audit fees of £10k which were reported to Audit Commission.
ACTION: Assurance required that this is now resolved – Finance Director
2. External Audit advised that engagements of more than six months duration should be by way of employment contract if over £220 per day and other NIC and tax issues to be reported. Sanctions for non-compliance of up to five times the payment in question.
ACTION: Paper for next Remuneration Committee – Workforce Director
3. Internal Audit advised that but for the work undertaken by the executive team after initial reviews, particularly in relation to cash & treasury management, they would have issued a Limited Opinion. There have been eight Priority 1 recommendations to date, with further audits to be concluded for the may Audit Committee meeting. The decision to issue a final Opinion of significant was on the basis of substantial assurance around the Board assurance framework and a range of individual opinions from risk-based audits, but the decision was borderline.
4. Concern was expressed around the BAF risks under the Learning and Growth domain. Due to the poor results of the staff and patient surveys it was felt that the risk 'if we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve' had deteriorated and remained red. The second risk in this domain 'if Board members are not appointed in a timely fashion then this may impact on the governance of the Trust' had also deteriorated due to the Chair and NED vacancy, plus a number of forthcoming end of terms of office for NEDs. The Audit Committee would ask
 - i) the Acting Chair to consider appointing a Vice-Chair pending appointment of permanent Chair.
 - ii) the Chief Executive to investigate appointing Associate (non-voting) NEDs to cover current vacancies, address diversity issues and succession planning
5. Committee was pleased to receive the Internal Audit report on Board Assurance Framework & Risk Management which noted 'significant amount of work undertaken by Trust during 2012/13 to develop the format of the BAF and overall risk management process and are confident this provides an adequately designed framework to facilitate robust risk management and assurance processes going forward' and there overall assessment was 'Substantial' Assurance could be derived.
6. Reminder that, as with all Committee meeting all Board members (bar the Chair for Audit Committee) are welcome to attend any meeting and just need to advise the secretary of the meeting.

Name of Chair: Dr Robin Hooper (NED)

Date report prepared: 18 April 2013

Quality and Safety Committee

Key summary points from the meeting held on 18th April 2013

Present:	Dr Peter Vernon (Chair) Vicky Morris Dr Simon Walford	Non Executive Director Director of Quality and Safety/Chief Nurse Non Executive Director
In attendance:	Sarah Bloomfield	Deputy Chief Nurse Associate Director of Patient Safety Chief Compliance Officer
Apologies:	Edwin Borman Chris Beacock	Medical Director Deputy medical Director

1. Francis report

The Committee received the report providing analysis and high level overview of the Francis report (2013) and the suggested next steps. The Committee agreed those next steps and agreed to sign up to the "Statement of Common Purpose" which had been adapted from the DH version. It was agreed that the Board needed to review this paper in May and the Committee agreed that the Board should be asked to consider adopting the "Statement of Common Purpose".

2. Concerns with Mental Health treatment

During the visit to ward 4 prior to the Committee commencing the formal committee business, specific inappropriate reference was made to a patient with mental health problems. The Chief Nurse will pick this up with the ward manager and follow up with the RAID team.

3. MRSA Screening Issue

Discussion with the underperformance of the elective and Non- elective MRSA screening was discussed and the Chief Nurse will pick up with the DIPC in relation to what actions have been agreed with the team to improve this ongoing problem.

4. QIA on Nursing

The Committee received the first prospective comprehensive QIA for 2013/14 and agreed that the QIA picked up the range of multiple issues which need to be considered by both the Medical and Nursing Director prior to sign off. The next steps were for consideration between the Workforce Director, Chief Nurse and Chief Operating officer to review the potential impact on ward staffing. The Quality and Safety Committee will need to understand the outcome of that discussion in relation to any potential impact on patient care.

5. Ward 12

The Chief Nurse outlined a recent SI and safety concerns with regard to ward 12. Previous unannounced visits (Deputy Chief Nurse and Patient representative) and an announced visit by the Quality and Safety Committee had provided positive assurance and this had been fed back to CQC as requested. With the recent incidents, a clear plan of action was required over and above the formal RCA investigating the SI, with some immediate and urgent training required for the ward team(which has been provided). Additional quality checks and ward visits have been put in place with ongoing programme to monitor care delivery closely.

Workforce Committee

Key summary points from the meeting held on 12 April 2013

Statutory and Mandatory Training

The committee received an update on Statutory and Mandatory Training, whilst encouraging seeing some improvement in overall compliance, to 56% there remains a concern that training is not prioritised. It is noted that operational pressure has caused some difficulties in attendance however based on both the Inpatient and Staff Survey results the organisation needs to ensure a culture of learning and personal responsibility. This will be a focus for this year.

In addition the committee also discussed the need to consider the future of our services and ensure that staff are undertaking development that supports future strategic development. The future development needs will be identified through the workforce plan and clinical service strategy. The committee welcomed the update on falls training, and is keen to receive further updates to ensure progress.

Health and Wellbeing

The committee discussed the Health and Wellbeing Plan for this year, with a concentrated discussion on the employment of dedicated HR support to support managers, in addressing absence. This had proved successful recently when dedicated HR support on one ward area reduced absence from 10.39% to 2.24% in 5 months, reducing the monthly absence cost from £10,725 to £1,512. An individual has been appointed and will be focusing on the highest areas of absence.

Staff Survey

Staff Survey will be a standing agenda item for the committee, progress from last time is that individual centre reports have now been received. The Trusts Leadership Team will be meeting on 26 April to agree a response to the survey. The survey does not represent the employment experience that the Trust aspires to; improvement will need to include a transformation programme.

Partnership with the Princes Trust

As previously reported the Trust is working in partnership with the Princes Trust to support local young people with the opportunity to gain work experience in a hospital environment. Fifteen local young people have joined the programme, which will last four weeks. Feedback has been very positive, with work placements secured in Workforce, Phlebotomy, Ward areas and Domestic. It is hoped that the Trust will run a second programme later in the year.

Agenda for change developments

Following national consultation the following changes have been agreed for staff employed under Agenda for Change terms and conditions, from 1 April 2013

- progression through all incremental pay points in all pay bands to be conditional on individuals demonstrating that they meet locally agreed performance requirements in line with a proposed new Annex addition to the handbook
- for staff in bands 8C, 8D and 9, pay progression into the last two points in a band will become annually earned, and only retained where the appropriate local level of performance is reached in a given year
- the removal of accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants
- the scope to put in place alternative, non AfC, pay arrangements for Band 8C and above
- new guidance on the principles to be followed regarding workforce re-profiling, including the need to follow the processes set out in the NHS Job Evaluation Handbook. and the application of local organisational change policies to protect staff in cases of staff redeployment into lower grade posts.
- pay during sickness absence will be paid at basic salary level - not including any allowance or payments linked to working patterns or additional work commitments. This change will not apply to staff who are paid on spine points 1 - 8 of Agenda for Change, or to those whose absence is due to work-related injury or disease.

The organisation has implemented changes to enhanced pay whilst off sick and preceptorship pay from 1 April 2013. Changes relating to pay progression will be phased in, in tandem with a revised appraisal process.

Name of Chair Victoria Maher

Date report prepared 17 April 2013