

Audit Committee

Key summary points from the meeting held on Thursday 9 May 2013:

- Payroll issues in that payments need to be dealt with urgently to avoid overpayments. Assurance is required that this issue is now resolved and systems are in place to deal with it from the Finance Director. Report to Audit Committee.
- One Priority 1 issue – Ensuring Equality Impact Assessments need to be carried out for all CIP programmes. Assurance required that system is now in place to deal with this i.e. Chief Nurse to evidence sign-off of QIA been completed at the Board meeting.
- Encourage part-payment of bills by CCG where it can be managed to help cash flow and payment of invoices.
- Large number of year-end Internal Audit reports.
- Eight Priority 1 recommendations – the Committee does not expect these to be on the Tracking system for a long time; they should be dealt with immediately. Should Exec Lead produce action plan showing plans in pace?

Name of Chair: Robin Hooper

Date report prepared: 9th May 2013

Charitable Funds Committee

Key summary points from the meeting held on 9th May 2013

Terms of Reference and Annual Governance Schedule

The Committee reviewed the Terms of Reference for the Charitable Funds Committee, and considered the Terms of Reference for the Corporate Trustees. An Annual Governance Schedule clarifying the process of delegation and assurance between the Trustees and the Committee was also presented to the Committee for approval.

Subject to minor changes, the Committee recommended approval of the Terms of Reference of the Corporate Trustees to Trust Board.

The Committee approved the Annual Governance Schedule for Corporate Trustees, Charitable Funds Committee and Charities Strategy Board.

Subject to minor changes the Committee recommended approval of the Terms of Reference for the Charitable Funds Committee to the Corporate Trustees and the Trust Board.

Update on Patient WiFi

The Committee received an update from Adrian Osborne, Communications Director on progress with the Patient WiFi programme and noted that the project was still on track to deliver a pilot patient WiFi service by the end of June 2013. Visits by Committee members to the pilot areas are to be arranged.

Investment and Funds Activity April 2012 – March 2013

The Committee received and noted the turnover of charitable funds and the performance of the Trust's charitable investments for the period 1st April 2012 to 31st March 2013. During the period the charity received donations and legacies of £491,133 whilst it had spent £1,108,575 on charitable activities, including £823,920 towards the new Cancer Centre at RSH.

The Committee asked for the names of the fund managers to be aligned with the refreshed Care Group operational management structure as soon as this is finalised.

Centre Expenditure Plans

The Committee received details of the Centre/Care Group's expenditure plans and agreed to ask Care Groups to submit a paper outlining further details of their plans to the Charitable Funds Committee. This arrangement would commence with the Women & Children Care Group submitting a paper to the next meeting in September 2013.

Name of Chair: Martin Beardwell

Date report prepared: 13th May 2013

Finance Committee

Key summary points from the meeting held on 28th May 2013

Historic Due Diligence Action Plan Update

Three medium priority actions had been closed off since the last report. The Committee asked for two high priority actions relating to rapid induction programme for NEDS and EDs and CIP programme be reinstated as open recommendations. Progress was being made with regard to the other actions in the plan. The timescales for the Foundation Trust related actions had been reviewed.

Finance Director Report Month 01

A paper reporting on the outcome of the contract negotiations with the Clinical Commissioning Groups will be presented to the Trust Board meeting on 30th May 2013.

A paper describing the Trust's financial performance at Month 01 was received which highlighted a deficit at the end of April amounting to £1.868 million; the Trust had planned to record a deficit at this stage in the financial year of £1.62 million. Allowing for seasonal variation in income, the higher than expected deficit was due to a significant increase in pay spending. The Committee discussed the reasons for this and noted the increase in the number of staff employed within the Trust, increased use of Agency staff and non delivery of pay related CIP savings. The Executive Directors were meeting to discuss rapid actions and control measures to bring pay expenditure back to budgeted levels and avoid any impact on the cash position later in the year.

Name of Chair: Dennis Jones

Date report prepared: 29th May 2013

HOSPITAL EXECUTIVE COMMITTEE

Key summary points from the meeting held on Tuesday 28th May 2013

- Revised HEC Terms of Reference reflecting the refreshed operational structure and Committee Membership were approved.
- A proposal for Patient and Public Involvement (PPI) in Clinical Audit at SaTH NHS Trust was met with Committee approval, on the proviso that the contract end date is detailed within the agreement.
- The Committee discussed the results of the 2012 National CQC Inpatients Survey, and explored causalities and possible solutions to the main contributory areas of the disappointing survey results; particularly the key areas of:
 - waiting time with A&E
 - access to the waiting list
 - patient experience on the ward
 - information given to patients
 - leaving the hospital and the discharge process.

It was also agreed to discuss further at a subsequent HEC how best to address the wider cultural issues of the Trust and optimising staff engagement in driving improvements.

- The Committee discussed the Month 1 finance position, with particular focus on the unacceptable and unsustainable Pay overspend. The group explored reasons for the hike in Pay spend and talked through a number of planned initiatives that will bring in enhanced control measures. Key message that Pay spend must be brought rapidly under control to be functioning within the given budget by 1st June 2013.
- The Committee reviewed the short, medium and long term patient flow action plan, discussing initial evident successes and improvements as well challenges encountered. Still much to do but with promising early signs of success and improvement. Work also underway to begin informing a robust Winter plan that will enable safe and effective management of surge demand.

Peter Herring

Tuesday 28th May 2013

Quality and Safety Committee

Key summary points from the meeting held on 23rd May 2013

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

1. Prior to the meeting the committee visited Ward 27R and note the bathroom facilities are very dated. The committee agreed the Medical Director would progress the issue with the Estates department as it is felt that improvements to the bathroom facilities would improve patient experience.
2. The committee note that the CQUINs plan for 2013/14 has provisionally been agreed with both CCG's.
3. The Committee held an in depth discussion following the recent risk summit and acknowledge it was a very difficult meeting for the Executives that attended. The committee note that all Non Executive Directors need to be committed to supporting the Executive Directors to deliver the improvements needed.
4. It was agreed to appoint patient representatives to the Quality and Safety Committee. The Chief Nurse and Medical Director have been requested to provide a Job Description and develop a recruitment process.

Name of Chair; Peter Vernon

Date report prepared; 18.4.13

Risk Committee

Key summary points from the meeting held on 23 May 2013

The Committee:

- reviewed the output of the CQC Essential Standards self assessments. The Committee asked for an analysis of areas in which there was a variation between the CQC's Quality and Risk Profile and the Trust's self assessment. The Corporate lead for the relevant CQC outcome will prepare this for the August Risk Committee meeting, with the Risk Committee having the final ratification of overall corporate position for each outcome.
- noted that the risk relating to resource for staffing obstetric theatres (CRR266) was still open and expressed concern at the delay in resolution. The Committee asked the Medical Director to seek assurance from the operational management team that the action plan to resolve this risk is being progressed satisfactorily and to report back to the next meeting.
- expressed concern about the risk of serious falls to patients and asked the Quality and Safety Committee look more rigorously into this risk and the progression of the associated action plan.
- Was pleased to note that Internal Audit had given an opinion of substantial assurance on the Board Assurance Framework and SaTH's risk management system

Chair: Peter Herring

23 May 2013