

Audit Committee

Key summary points from the meeting held on Thursday 19th September 2013:

1. The Committee approved the Terms of Reference and referred to its obligation to review the adequacy and effectiveness of underlying assurance processes that indicate the degree of achievement of corporate objectives, with particular reference to our financial duties and current contract negotiation process. Concern was expressed at the potential impact that the outcome could have on our risk profile and the concomitant effect on the findings of our auditors. The Committee felt a more open and transparent approach to contract discussions would be a useful area for a future meeting of the Tri-partite Board meeting to examine in order to ensure that quality diligence was applied as well as financial diligence
2. The Committee was pleased to note that an Internal Audit Workshop 'What do I need to know about Internal Audit' held on 16 September was attended by over 30 middle/senior managers and had received very positive feedback.
3. The Committee received an update from the Head of Data Quality and was pleased to note the progress made in most areas of performance highlighted in the 2011 Finnamore report, although there were still some areas of concern. The Committee has asked for some benchmark data to be presented to its next meeting to identify whether SaTH is an outlier in any areas. The Committee was concerned that clinics are still not being cashed up with only 70% compliance against a target of 80% (although it was noted that this was at the upper end of average). Currently there are over 7,500 uncashed (ie unknown outcome for patient following clinic appointment) appointments from 2012 and without action this number would continue to grow. It was noted that an electronic solution was preferred by management and clinicians, but this would need to be accompanied by a significant cultural shift in terms of behaviours. There was also discussion around the current PAS system and the concerns in relation to its flexibility. The recommendation to the Committee was that either the existing system, which is clinician-friendly but too flexible, needs to have system parameters integrated to prevent inappropriate use, or the Trust needs to move to a new system as a matter of urgency
4. The Committee received a number of audit reports from Counter-Fraud and Internal Audit. These will be monitored through the appropriate Committee and progress tracked at Audit Committee through recommendation tracking
 - Potential non-declaration of use of trust consumables – Audit Committee
 - Trust on-call arrangements – Workforce Committee
 - Sickness management (substantial assurance) – Workforce Committee
 - Clinical Coding (Advisory) – Finance Committee (set of recommendations largely accepted, but some relating to clinical engagement to be kept under review by Medical Director)
 - Complaints (Limited) – Quality & Safety Committee (although the report gave limited assurance, the Committee was pleased to note that in the recommendation tracking report many of the recommendations had already been implemented by the new Complaints Manager and improvements were already evident)
5. The Committee was pleased to note the sustained improvement in the Recommendation Tracking update and commended all those involved for this progress.

Name of Chair: Robin Hooper

Date report prepared: 19 September 2013

Charitable Funds Committee

Key summary points from the meeting held on 5th September 2013

Update on Patient WiFi

The Committee received an update on progress with Patient WiFi. It was noted that the technical infrastructure was now in place and although the project was slightly behind the original schedule, a launch date was expected to be confirmed shortly.

Arrangements to be made for Committee members to visit the pilot areas in due course.

Potential Joint venture with the League of Friends

The Charitable Funds Committee gave their support to a potential joint venture with the Leagues of Friends to purchase Echocardio Machines and storage solution for the hospital. To be further discussed at the Capital Planning Group meeting on 13th September 2013.

Care Group/Centre Expenditure Plans

To encourage Care Groups/Centres to spend their charitable funds in a timely manner Care Groups/Centres have been asked to submit a paper outlining their expenditure plans to the Committee. On this occasion it was the turn of the Women & Children Care Group. The Committee was assured that the Women & Children Care Group was spending it's charitable donations appropriately.

Unscheduled Care was selected as the next Care Group to submit a paper to the Committee in December 2013.

Name of Chair: Martin Beardwell

Date report prepared: 11th September 2013

HOSPITAL EXECUTIVE COMMITTEE

Key summary points from the meeting held on Tuesday 24th September 2013.

- The month 5 and YTD finance position was discussed, outlining concerns around the current income & expenditure position and the forecast trajectory based on current performance; meaning a very serious year end position of negative equity. A number of contributory factors were discussed including diminished activity levels and reduced income opportunities and substantial pay overspends due mainly to nursing staff over establishment with sustained high levels of staffing and Bank and agency usage.

The various control measures being put in place to generate a rapid and robust recovery of the financial position were outlined, and the seriousness and importance of doing whatever is possible to pull back overspends and costs, optimise income, and manage staffed areas within establishment as a matter of urgency all whilst balancing those reductions with delivery of safe and high quality patient care was reinforced. The Chair emphasised the seriousness of the financial position with absolute necessity now on jointly achieving a recovered financial balance.

- The slightly updated and refined Trust Escalation Plan was noted and ratified for implementation.
- Each Care Group delivered a presentation outlining their high level objectives, both current and planned, from within their respective business plans.

The Chair recognised and commended all teams for their hard work and the commitment that has gone into driving through the many plans, programmes and initiatives outlined in the high level objective presentations. He encouraged members to remain positive – in attempting to now address long-standing historic problems and years of inefficiency and poor process and infrastructure, the road to recovery would inevitably be a rocky one, however, the substantial progress, improvement and development demonstrated in the Care Group plans was both assuring and encouraging.

Peter Herring

Tuesday 24th September 2013

Quality and Safety Committee

Key summary points from the meeting held on 19th September 2013

1. The Committee undertook detailed review of the Q&S elements of the monthly performance report. In particular, the circumstances of the MRSA infection were explored and the increase in cases of Clostridium difficile noted. The considerable further reduction in Risk Adjusted Mortality Ratio (RAMI) and the first time the more stringent VTE screening standards have been met were welcome.
2. The updated falls action plan was reviewed in detail, noting that benchmark data from the NPSA suggests that our frequency of falls per 1000 bed-days is approximately average. The committee is aware of the considerable cost of enhanced patient support which the falls prevention programme is influencing and remains concerned about the number of RIDDOR reportable falls and notes that internal audit are currently initiating a review of the programme. It remains a focus of oversight.
3. The Committee welcomed Jackie Harrison, Trust Complaints Manager who has been in post two months. In that time, she has revitalised her team, introduced enhanced standard operating procedures and new ways of working which have eliminated the substantial backlog of outstanding complaints. Within the current timescale of 45 working days over 90% (i.e. all but a very few, more complex complaints) received in July have been resolved. In line with the recommendations of the internal audit report, further improvements to the quality of responses and progressive reductions in the response timescales are planned. The committee commends this early evidence of leadership and teamwork to the board. Further review of progress is scheduled for February 2014.
4. Committee spent some time discussing nurse staffing, early experience using the 'Safer Nursing Care Tool' to inform the discussion around staffing levels to meet the complexity of patient caseload and the possible timescale for new national guidance. It is too early to make any informed assessment of likely resource implications.
5. Next month the committee will welcome both a new NED member (Mrs Donna Leeding) and a patient representative member, (Mrs Muriel Fellows) and arrangements have been made for their induction. The new chairman and the Acting Director of Nursing and Quality are taking the opportunity to review the work plan for the committee.

Simon Walford, Chairman

19 September 2013

Workforce Committee

Key summary points from the meeting held on 16th August 2013

Workforce Assurance Report

Absence fell to 3.47% in June which is the lowest in five years although this has increased in July. Dedicated resources from the Workforce Directorate are providing support to managers of areas with high sickness figures. Positive results are already being seen with a 50% reduction in catering sickness at PRH.

The Trust will be running a second Leadership Conference on the 4th October with an excellent range of speakers. A good response has been received and most of the sessions are fully booked.

HCA Recruitment

The Committee received a report on the recent Value Based Recruitment exercise for Health Care Assistant roles which received 287 enquiries, 210 bookings and 141 attendees. Interviews are scheduled shortly for the 38 applicants shortlisted for interview.

Values Development Update

The Executive Team have been running value sessions at all sites to invite staff input into the organisations values. Around 120 people have booked to attend these sessions and a final focus group will be arranged in mid September to agree the final set of values.

Appraisals

A plan to improve appraisal coverage is being developed and a commitment to achieve 80% of non medical appraisals by October with 85% by December 2013 is being led by the Chief Operating Officer. The Medical Director is committing to 100% medical appraisals completed by April 2014. It is planned to link appraisals to pay progression and the Trusts values and appraisals will measure performance against these as part of the process.

Name of Chair Victoria Maher

Date report prepared 2nd September 2013

Risk Committee

Key summary points from the meeting held on 14th August 2013

The Committee:

- Reviewed and approved the Terms for Reference for the Risk Committee
- Ratified the risk score for the Falls related risk (CRR 96) which was escalated from a risk score of 20 to 25 at the August Operational Risk Group. There have been a number of RIDDOR reportable falls and it is therefore clearly a high risk.
- Updated the Board Assurance Framework including adding the falls risk as a separate risk (it was previously part of the overall 'delivering safe care' risk). The falls risk was rated as a red risk. The risk related to delivering safe care (CRR 415) was reduced from a red to an amber risk in recognition of improvements in a number of areas. The risk relating to staff engagement (423) was also reduced from a red to an amber risk. Staff sickness has decreased and there have been a high number of nominations for the annual staff awards.
- Highlighted that a number of risks on the risk register seem to be centered around staffing issues such as recruitment, engagement and management; the Chair reported that value should be given to all tiers of management throughout the organisation for the positive approach to managing risk relating to staff engagement.

Chair: Peter Herring

14 August 2013