

Reporting to:	TRUST BOARD - 30 JANUARY 2014
Title	TRUST COMMITTEE MEETINGS UPDATE
Sponsoring Director	Julia Clarke, Director of Corporate Governance
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Previously considered by	
Executive Summary	<p>The Trust committee updates contain a summary of the key points of each meeting from the Committee Chair. Summaries from the following Trust Committee meetings have been included in Board Members' Information Pack and are on the Trust website:</p> <p>Audit Committee (12.12.13) Chair : Robin Hooper Finance Committee (28.1.14) Chair : Dennis Jones Hospital Executive Committee (28.1.14) Chair : Peter Herring Clinical Quality & Safety Committee (23.1.14) Chair : Simon Walford Workforce Committee (21.1.14) Chair : Victoria Maher</p>
Strategic Priorities <input type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input checked="" type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input checked="" type="checkbox"/> Financial Strength	Operational Objectives
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led

- | | |
|--|---|
| <input checked="" type="checkbox"/> Receive | <input checked="" type="checkbox"/> Review |
| <input type="checkbox"/> Note | <input type="checkbox"/> Approve |

Recommendation

The Board is asked to RECEIVE and REVIEW the key summaries.

Audit Committee

Key summary points from the meeting held on Thursday 12th December 2013:

1. Chief Executive attendance.

The Chief Executive attended the meeting to discuss progress on the risks identified in the Annual Governance Statement and the Board Assurance Framework. The Chief Executive advised that he was currently working on a diagnostic paper around the Trust's position which will summarise the position across a number of dimensions and identify the key strategic challenges and priorities, which would be shared with the Trust Development Authority (TDA) in early 2014.

2. Falls Management Report received by Audit Committee.

Internal Audit presented a limited assurance opinion on Falls Management. It was acknowledged that progress has been made and that there is a high level of awareness of the potential harm to patients with nurses feeling accountable at ward level. However, awareness of the wider consequences for the Trust was mainly limited to wards which had direct experience of severe harm through either Coroner's case, or Health and Safety Executive investigations. Lessons learnt are implemented through root cause analysis at ward level but there is a lack of wider sharing of experience between wards. The report made 4 high priority and 8 other recommendations which will be closely monitored by Quality and Safety Committee and progress tracked by Audit Committee.

3. Priority 1 recommendation to formalise and improve asset register.

Internal Audit had given a moderate assurance opinion on asset management. There was one high priority recommendation made about an identified risk that old medical devices may not be identified for routine maintenance and replacement if the item has not been logged on the asset database managed by Medical Engineering Services. The auditors recommended a data cleanse of the asset database with an inventory of all medical equipment to take place of wards and departments.

4. Forecast of an 'Except For' opinion from External Audit based on Trust performance in terms of A&E.

External Audit advised that they are likely to issue an 'except for' opinion as part of their statutory 'Value For Money' conclusion as the Trust has failed the A&E targets this year.

Name of Chair: Robin Hooper

Date report prepared: 12 December 2013

Quality and Safety Committee

Key summary points from the meeting held on 20th December 2013 and 23rd January 2014

1: Quality Metrics

Without any sense of complacency, we are developing growing confidence in the processes and achievements summarised in the Integrated Performance Report. A healthy internal peer review structure is developing and the committee is provided with timely information and thematic analysis of trends in key areas.

A quality improvement dashboard covering three elements – Patient Safety, Clinical Effectiveness and Patient Experience has been developed to the point where we are encouraging its wider rollout. It creates a reasonably level playing field of relevant metrics that are summarized in three “gauges” allowing internal comparison between wards and Care Groups.

2: Adult Safeguarding

There are encouraging signs of the development of greater understanding between commissioners and health and social care providers about the appropriate use of the adult safeguarding referral process, which has encouraged more meaningful dialogue. There is still a gap in the feedback arrangements with the local authorities social services departments and work continues.

3: Clinical Governance Executive

The Medical Director and Acting Director of Nursing have proposed a clear accountability structure under which the Clinical Governance Executive will report to the Q&S Committee. The CGE has direct oversight of a wide range of operational committees ranging from clinical audit to effective implementation of NICE guidance. It is proposed that the oversight work of CGE will be reported to Q&S as significant exceptions (positive and negative) and emerging patterns of activity and CGE will provide necessary assurance reports. There will be protected time for the CGE matters at each of our monthly Q&S meetings.

4: Trust Response to Francis Report

The Committee has reviewed the comprehensive action plan arising from recommendations following the Francis Inquiry and note the current initiative in relation to Trust values and the new recruitment strategies, which will underpin the success in delivering these actions. The Committee was reassured there are no major issues to bring to the Boards attention.

5: Facilities and Estates issues at ward level

Some issues in relation to cleanliness and minor repairs in clinical areas have led us to appreciate that Matrons are not directly accountable for the staff in the Facilities and Estates team who work with them. We are encouraging the development of clearer lines of communication and accountability and are asking for more transparent ways for Matrons to understand the prioritisation of minor repairs etc. We have had very constructive discussions with the Facilities and Estates team and will be monitoring the way these relationships develop. We are confident that this will reduce the risks and concerns raised by the TDA in some of their visits to the Trust.

Simon Walford, Chairman

24th January 2014

Workforce Committee

Key summary points from the meeting held on 21st January 2014

1. The Workforce Committee endorsed the People Strategy. The Committee felt this was a positive strategy and a better developed, engaged and empowered workforce will result in improved patient care. The committee requested that measures of success were added to the strategy document to ensure clarity.
2. The Workforce Committee received assurance that the Sickness Policy will be presented at Trust Board in January although noted that Staff Side colleagues were not in agreement with the policy.
3. The Committee held a robust discussion around performance for appraisals and statutory training and were not satisfied with the levels being achieved. A different approach is being considered to improve compliance in this area. The organisation will implement Agenda for Change terms and conditions in which pay progression is dependent upon satisfactory performance; this will include statutory and mandatory training. Coverage has a target of 75% compliance and SaTH is at 53%. Appraisal rates are at 73% across the Trust but improvements are still needed in this area.

Name of Chair Victoria Maher

Date report prepared 22nd January 2014