

Committee Updates

Non Executive Directors

Council of Governors, 19th September 2023

Audit Committee
E-meeting: 11th July 2023
Presented by: Julian Farmer, Audit Committee Chair

What we looked at	What we found
Review of Corporate Governance Manual	Noted and agreed the suggested amendments which were deigned to bring the manual up to date.
Risk Management KPIs	Good compliance in all areas with a continued focus bringing down incidents open in excess of 28 days.
Delivery of the Clinical Audit Programme	Good progress in an ever more complex set of reporting requirements.
Losses and Special Payments	No losses or special payments made and debtors position being actively monitored and addressed.
Tender waivers	All waivers in accordance with the designated policy.
Baseline review of the new Provider Licence	Good work done to ensure the Trust complies with the Licence.
Cyber security update	Strong arrangements are in place which continue to be reviewed in the context of emerging threats.
Data Quality Assurance Report	Good governance is in place and positive assurance from feedback from external submissions.;

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Update on organisational learning	Noted the strong arrangements in place at the Trust.
Internal Audit plan delivery	Plan on track.
Implementation of Internal Audit recommendations	Good progress in implementing agreed recommendations.
Anti Fraud update	A strong anti fraud culture within the Trust.
Moderate assurance Internal Audit reports	Actions are in place to address the issues arising from the review of the Consultant Job Planning arrangements and the E Rostering system.
External Audit update	Nothing of significance to report on at this stage of the 2023/24 audit year,

People Committee
E-meeting: 5th September 2023
Presented by: Margaret Carney, People Committee Chair

Key Risk	Update
Strategic Oversight Framework (SOF)	In common with all assurance committees People Committee is developing its SOF. The Committee discussed the key risk areas that need to be included, the metrics that could be used to assess performance and give assurance and how the committee SOF fits in with the overall Board reporting. This will be developed in time for the December Committee meeting.
GMC Survey Progress	As part of the Trusts commitment to providing high quality medical education at all stages of training, People Committee has focussed on the trainees training experience following disappointing survey results in 2022. The Trust has been undertaking local surveys and the GMC undertake a national survey and detailed action plans have been implemented, . The results of the national survey for 2023 have been published. There has been some significant improvement in some speciality areas with some areas having much better results than the average. However there are still significant room for improvements around out of hours work, catering out of hours, culture and behaviours, We also need a focus on the experience of trainers year. People Committee will continue to seek assurance that the Trust is proving high quality medical education.
Equality, Diversity, Inclusion and Belonging	This area was a major focus of the committee in September. The committee received a report on the Trusts approach to NHS EDI Improvement Plan, Anti Racist Framework and our obligations to publish equality monitoring data on an annual as part of our Public Sector Duty under the Equality Act. There is a lot of work to be done in response to these initiatives and we are currently doing a baseline assessment and data requirement exercises. The development of a robust action plan for 23-24 will drive the agenda forward. The Committee will continue to seek assurance on the robustness of the action plans and delivery against them.
Current Performance Assurance	Positive assurance was received around key performance issues of turnover, sickness, and general mandatory training. Good divisional action plans arising from the staff survey were reviewed and the Committee received assurance about the review of key policies. Areas of further action include appraisals where significant improvement is needed to reach the target by the end of September, mandatory training for bank staff and long term sickness. The risks arising from industrial action are significant. The committee also received the annual Safer Staffing assurance report which gave the Committee good assurance about nurse staffing levels and quality outcomes.

Quality Committee
E-meeting: 11th July 2023
Presented by: Nick Brooks, Quality Committee Chair

What we looked at	What we found
Quality Dashboard: SOF	Most indicators performing well. Continuing issues: Documented responses to radiology alerts; referral of high-risk patients to dietician, complaints responded within 25 days; VTE risk assessments; call to balloon time for treatment of heart attacks
QSEC key assurances	Increasing referrals to the mental health liaison team; review of service requirements (consultant psychiatrist and mental health nurses) in progress
CIP – Quality Impact Assessments	Good assurance on process. 12/29 approved and implemented as of 11 th July
Dr Foster/Mortality Improvement Group (MIG)	Excellent performance: progressive fall in mortality and rolling average SMR and HSMR less than 100 since January 2023. No change in drivers of mortality – high risk heart attacks and deaths within 24 hours of admission. MIG to focus on deaths on waiting list
Surgical site infections	Important new initiative. System introduced for monitoring surgical site infections up to 30 days post cardiac surgery. Current incidence c. 8%; majority superficial. Plans for benchmarking with comparable unit (Royal Papworth Hospital). External review has identified areas in theatres for improvement and audit of prevention processes in progress.
Annual report/mortality	Unadjusted mortality rate lower than 2021/22 and slightly below target. No difference in mortality between week days and weekends. CUSUM curves for medicine and surgery within expected range; no issues with individual practitioners. Divisional mortality improvement plans Enhanced organisational learning process.

Quality Committee
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What we looked at	What we found
Annual report/medicines safety	Introduction of closed loop system has reduced administration errors. On-going issues: second independent check, delayed or omitted doses and poor attendance at Safe Medication Practice Committee.
Annual report/Resuscitation	National Cardiac Arrest Audit – proportion of patients surviving to discharge above average for comparable specialist hospitals. Expanding cadre of trainers to address mandatory training shortfall Focus on improved documentation of Do Not Resuscitate (DNR) and ceilings of care orders
Review of BAF1	Quality and safety risks all within target (RAG rating 6).
Patient Safety Incident Reporting Framework	Assurance on progress with implementation

Charitable Funds Committee
E-meeting: 11th July 2023
Presented by: Bob Burgoyne, Charitable Funds Committee Chair

What we looked at	What we found
Annual review of Investment Reserve	Following presentation from the CCLA Investment Manager it was agreed that the investment position within the Charities Ethical Investment Fund was sound and would be continued. Current market value was £1.145M.
Charity activity and performance	<p>Donations are showing a decrease of 23% against this point last year due to a delay in donation receipting. Events income remains relatively steady with a 1% increase on the same point in 2022/23. Merchandise sales are 50% up on the same time last year but the amounts are relatively small.</p> <p>Substantial increase in social media activity and engagement and an update of charity web pages is in progress.</p> <p>Interviews held and appointment made for the new post of Fundraising and Volunteer Officer (Gemma Moore).</p>
Capital Campaign	The Committee approved the commencement of an ambitious campaign to raise £5.5 million for the Adult Congenital Heart Disease/Cath Lab 7 project that had been proposed by the Consultant Fundraising Group.
Financial report	Financial position of cash in hand agreed to be healthy with significant reserves remaining for future bids after all liabilities are met (£776K).
Assessment of bids for charity support	<p>CFC agreed to support two new bids.</p> <p>Cath Labs AV equipment</p> <p>NHS 75th Birthday celebrations</p>

Integrated Performance Committee

E-meeting: 19th June 2023

Presented by: Louise Robson, Integrated Performance Committee Chair

What we looked at	What we found
Finance Report including CIP	The financial performance for the first two months of the financial year is a surplus of £1,283k. This represents a £355k adverse variance to plan. The key risks to achieving the plan are undelivered CIP, achieving the activity plans in elective care and the risk of inflation. FPG will continue to monitor financial performance of Divisions and track CIP delivery.
Patient Level Costing & Reference Costs	Assurance provided on the outputs of the National Cost Collection (NCC) exercise, and how the Trust is using the data.
Performance – Overview month 1 – 2 position	Areas of concern have been identified and plans for recovery in plan. Continues focus on long waiters, cancer and admin
Surgery Long Waiter Management	Risks to the delivery of the plan include; industrial action, theatre ventilation, scrub nursing vacancies and anaesthetic capacity. Weekly Performance and FPG will continue to monitor delivery against the trajectory.

Integrated Performance Committee
E-meeting: 19th June 2023
Presented by: Louise Robson, Integrated Performance Committee
Chair

What we looked at	What we found
Patient Pathway and admin group	Approval given for the Terms of Reference of newly convened 'Safer Waiting List Management' Group (SWLMG). Admin capacity and digital systems may delay progress. SWLMG will feed in to Ops Board and monitor progress.
Cancer Action Plan	Overview provided on the Cancer Action Plan. Faster diagnosis specifically CT guided biopsy and EBUS capacity. Areas of concern to be monitored at Trust Cancer Board
IPC requirements beyond the SOF	Further extraordinary meeting convened to review requirement of IPC – Meeting took place on 15th August, with full attendance.
Model Hospital & Operational Benchmarking	Benchmarking update provided. Assurance provided that there is a process in place to review and act upon benchmarking to reduce unwarranted variation. Trust leads to continue to investigate and understand variation, and to develop improvement plans.