

Business Development and Engagement Committee

Key Summary Points from the Meeting held on Tuesday 17th February 2015

The Committee:

1. Discussed membership and confirmed that there is now a balance from Care Groups, clinical champions and corporate representatives in order to fulfil its function and agreed terms of reference. The non executive role was addressed in the short term through agreement of the attendance of the Trust Chairman.
2. Received the Trusts first Horizon Scanning Report. This is an approach under development to regularly monitor and gather business intelligence on the external environment for sharing with the organisation. It is intended to identify both potential opportunities and threats for further discussion and challenge and to support the development of future business and operational plans. This has since been circulated to Trust Board members and to the senior leadership team and will be a monthly distribution. Feedback is welcomed on content.
3. Considered a number of specific new opportunities under each of the following themes and a series of actions identified to follow up with Care Groups:
 - a. configuration of services
 - b. ensuring that capacity meets demand
 - c. developing integrated pathways and delivering care closer to home
 - d. responding to local needs and developing existing services where opportunity exists
 - e. maximising opportunities associated with technology
 - f. strengthening Trust reputation and increasing market share
 - g. developing local partnerships to support delivery of future models of care

A number of current developments in Medicine were discussed and the Care Group are to be invited to the next meeting to provide an update to the committee on progressing specific business cases and plans.

The link between the work of the committee and the outputs and actions from the deep dive process was noted. A specific example referenced was the actions around marketing and promotion of some services and growth or repatriation of market share in Obstetrics and ophthalmology. The Committee requested more detail on the deep dive outputs and an update at the next meeting.

The proposed new approach to GP engagement and particularly around identifying business opportunities was acknowledged. A GP/Consultant Reference Group has been recently established with the GP Federation with a specific focus on clinical pathway development.

GP Engagement Clinical Leads for each Care Group was suggested as a way forward and requires some consideration by the operational team.

Chair: D Vogler, Director of Business & Enterprise

Workforce Committee

Key summary points from the meeting held on 13th March 2015

1. Staff Survey

The Committee received an update on the 2014 Staff Survey. With a focus on staff engagement scores, which are generated from the responses to 3 key indicators, motivation, involvement and advocacy which include 9 key questions. Our engagement score has increased slightly this year although we remain in the bottom 20% of the country. This year we have used the raw data and the formula used nationally to highlight the engagement score by directorate/care group and staff group. This has enabled us to see where our areas for improvement need to be focused in a much more robust way. In general the engagement scores demonstrate that our staff score higher on motivation, variable on involvement and poorer on advocacy.

2. Recruitment

The Committee received a presentation on recruitment which included an update on weekly nurse recruitment, HCA recruitment events along with the commissioning of a creative marketing company who have been asked to create a brand and campaign for the Trust. Recent outcomes include:

- 72 conditional offers from Philippine Recruitment trip
- 2 conditional offers to Danish nurses.
- 51 HCA conditional offers
- 20 bank HCA posts conditional offers

3. Employee Engagement – our commitment

The Committee received a presentation on Employee Engagement which is being led by the Chief Executive. The presentation focused on 'Our Commitments' which aim to make the Trust an even better place to work following the Staff Survey. Every member of staff is being invited to share their commitments and these will be collated and a final three commitments will be agreed for the Trust as a whole.

Finance Committee

Key summary points from the meeting held on 24th March 2015:

Finance Report

The Committee reviewed the Finance Report as also reported to, and summarised for, the Board.

The position and outturn forecast remains unchanged from that of the January report and the outturn forecast of a deficit of £12.2m is maintained. At this late stage in the financial year this forecast is seen as sound and expected to be achieved.

Equipment related capital provision is on course to be completed by the year end.

Cash awaits the full payment of the recent settlement drawn down in early March.

Financial Strategy 2015/16

Contract discussions are ongoing despite the imminence of the start of the financial year. The Committee reviewed in full the paper in front of the Board.

The basis for the projected [substantial] deficit of £18.2m is grounded in the trends and experience of the 2014/15 financial year, adjusted by the effects in 2015/16 of known decisions. This provides a reliable basis for the initial projections. The forecast deficit is after taking into account a CIP reduction of £15.2m in the year.

The CIP included £5.6m of red rated proposals at this stage, primarily related to nursing staff. The Committee are concerned that these proposals are more fully developed as a matter of urgency so as to maximise in-year benefits, including the early completion of Quality Impact Assessments to enable the measures to take effect.

Establishing acceptable final income levels with CCGs and a sound basis for sharing risks across the health economy remain critical issues. It remains important that these are secured at a satisfactory level.

Key risks remain, including the effects of assumed QIPP schemes and the continued impact of issues carried forward from 2014/15, particularly capacity issues, emergency demand levels and premium nursing costs. It is essential that these issues are progressed or resolved in the coming year.

Other Business:

- The timing of the FCHS post project evaluation is subject to change from that established at the last Board and is expected to be available one month later,
- The policy and practice issues in respect of safeguarding patient private possessions was reviewed and the Committee emphasise the need to ensure consistent application of processes in the light of recent [and one substantial] losses. This carries a risk to the Trust in terms of patient experience and reputation. The emotional effects of lost valuables are high.

Name of Chair: Dennis Jones

Date report prepared: 25th March 2015

Quality & Safety Committee Summary

Meeting of March 19th 2015

Duty of Candour

The committee reviewed the arrangements in place to ensure that the Trust complies with the statutory requirements of the Duty of Candour. The draft Being Open Policy was considered to be robust and very detailed, however the committee recommended that a summary was made available to ensure the key issues relating to transparency when harm occurs, are accessible to staff.

Vancomycin Resistant Enterococci (VRE)

The committee heard from the Director of Infection and Prevention Control (DIPC) in relation to a number of cases of VRE occurring on wards 25 & 26 and ITU at the Royal Shrewsbury Hospital site. Further investigation revealed environmental contamination on the wards and a number of patients affected. Most patients have been shown to be carriers rather than infected; those infected have not been seriously unwell and may have been admitted already carrying bacteria. Whilst it is expected that a number of the population will be colonised (evidence available would suggest normal carriage rates amongst the population of between 2 – 20%), it was felt appropriate to conduct a deep clean of both wards to ensure a reduced environmental load.

A number of actions have been taken including the deep clean and further longer term options are being explored. A further meeting will be held when all typing is available to identify if there are any cross infection issues. National advice has been sought regarding VRE prevalence across all provider organisations as it is known to occur widely in health settings.

Quality Account

Provisional improvement priorities, for inclusion within the Quality Account were presented to the committee following stakeholder discussions held across the local health economy. These priorities are in line with the areas identified in the Sign up to Safety Campaign that will be discussed by the board and also with the strategic objectives of the organisation, and were therefore supported by the committee. A draft account will be reviewed by the committee in April.