

Business Development and Engagement Committee

Key Summary Points from the Meeting held on Wednesday 18th November 2015

The Committee:

1. Received an update on the Cancer Survivorship initiative from Andy Elves, Consultant Urologist, Dr Sheena Khanduri, Oncologist, Rachel Redgrave, Operational Manager Haematology and Oncology and Rob Gough, Patient Representative. The Team presented details of digital solutions that would support patients to have more control over their interface with the Trust, to monitor their own health and to identify early warning signs that might require clinical intervention. The app programmes are interactive and would reduce the need for patients to attend hospital. The Team also described the extensive engagement programme to date which was endorsed by the patient representative in the group.

Funding opportunities were discussed for the specialist nurses. Capacity within the IT team to support the development was noted as a concern.

2. Received a good example of an Acute Trusts Community Services Directory. To describe the Trust in a more explicit way as a provider of community-based services at a significant number of locations would add value. The Groups supported the development of a similar one for GPs and other users that will include details of clinic and other services by specialty and named consultant leads.
3. Received a report on the Deep Dive Programme and a list of 'themes' that had been identified through the programme. Members of the Committee agreed that the '4 legged stool' approach needs to be embedded within day to day business management. The BDEC in its assurance role noted the need to put in place mechanisms for tracking progress of all actions within the Care Groups, the need to incorporate the skills training within the Trusts management and leadership development programmes and the reporting and tracking progress of any strategic decisions to the Trust Board
4. Received an update on the development and appointments to the Business Development Team. Two of the team have been recruited from outside of the NHS to bring a commercial focus to the Trust. The Chair described her ambitions associated with the new Team and the Committee agreed the need to focus this new resource. Themes identified within the Deep Dive Programme should be considered when setting those priorities.
5. Discussed the work of the group so far. All members agreed that this Committee is continuing to evolve and that clinical representation is extremely valuable. A review of the Terms and Reference will be discussed at the next meeting in January.

Chair: D Vogler, Director of Business & Enterprise

Finance Committee

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

Charitable Funds

- The Committee reviewed the latest Investment and Funds activity for the period April 2015 – October 2015, noting income amounting to £608,481 and expenditure of £217,476.
- The Draft Charitable Funds Annual Report and Accounts 2014/15 was received in advance of review by the Auditors in December 2015. Final version to be submitted to Corporate Trustee in January 2016 for approval.

Finance Director Report Month 7

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

Key points for the Board are:

- The Trust assumed that it would overspend in the month by £10,966 million. The actual overspend amounted to £11,611 million; a variance of £567,000.
- Income year to date is £397,000 above planned levels. Income levels for the remaining months of the year are expected on average to be £324,000 higher.
- Pay costs increased further to £19,085 million. £860,000 more per month than the same period last year.
- Agency spend in October was the highest recorded at £1.6 million. The reduced number of substantive medical staff and increased levels of agency was contributing to this.

Trust plans assume a reduction in Agency Nurse spending in accordance with the NTDA nursing agency ceiling. However, key performance indicators established to monitor this, do not suggest that changes have been effected; agency nursing spend at month 7 was 11.58%, 3.68% and £208,000 per month away from the required 8% ceiling.

- The Trust is presently forecasting a deficit of £18.19 million. The Committee discussed the restrictions on expenditure growth needed to deliver the existing outturn of £18.2 million, the planned position of £17.2 million and the Stretch Target of £15.2 million.

Picture Archiving and Communicating System (PACS)

The Committee considered a proposal from the Radiology Department to upgrade its PACS to a more improved and efficient system. The committee recognised the clinical efficiencies and cost savings to be gained and gave their provisional support, subject to a legal review by the Trust's solicitors.

Other Business

The Committee also reviewed reports in respect of:

- The progression of the Sustainable Services Programme – currently in research phase.
- Third Party Contracts which provided assurance around the management of these by the Procurement Department.
- progress against internal audit recommended actions,
- the latest summary of losses and special payments.

Name of Chair: Harmesh Darbhanga

Date report prepared: 25th November 2015

HOSPITAL EXECUTIVE COMMITTEE

Key summary points from the meeting held on Tuesday 24th November 2015.

The Committee **NOTED** both financial and operational performance of Month 7 and year to date, with particular discussion around the work and plans in place that underpin a whole health economy overhaul of urgent care pathways, and concerns in relation to continued overspends in Pay, mainly attributable to ongoing excessive use of medical and nursing agency staff.

The Committee also **NOTED** the forecast outturn modeling of the remainder of the financial year ahead, highlighting the gravity of the financial position and the importance attached making the required savings that will enable us to end the year within the given control total.

The Committee **RECEIVED** a progress update on the work done to date in partnership with Virginia Mason, some of the initial learnings and observations that can and will be embedded within the Trust, and detail shared on the first chosen workstream and the various strands of activity and initiatives now underway to begin moving the organisation forward through its 5 year programme.

The Committee **RECEIVED** a presentation on 'The Way We Work', providing an overview of the invigorating and exciting period of change, improvement and transformation that lies ahead in moving the Trust Values forward into their next stage. With the Values fully embedded amongst the workforce, they provide the robust foundations on which to now begin refining and finessing the approach and behavior of every individual within the Trust; enabling an engaged and motivated workforce to agree the definition of what it means to work at the Trust, define and shape a compelling vision for the future, and collectively pull the organisation forward into that place with a total shift for all staff in perspective, behavior and approach.

Simon Wright, Chair
Tuesday 24th November 2015

Quality & Safety Committee:

Summary from meeting 18th November 2015

Patient Led Assessments of the Care Environment (PLACE)

Patient led assessments of the care environment were carried out between March and June 2015 and included volunteers from Healthwatch and our PEIP Group. Both main hospital sites were inspected as well as facilities we use in Bridgnorth, Ludlow and Oswestry. Results against a standard template are reported to the Health and Social Care Information Centre (HSCIC).

Standards for cleanliness and food were good and on a par with national norms. Provision for dementia patients was disappointing because it is a priority for improvement. Small ward capital budgets, which we have not been able to afford this year, would make a significant impact but we have asked that every effort is made to ensure that resources we do have are managed to best effect. Privacy, dignity and wellbeing scores are depressed too by lack of personal wi-fi and television as well as by a shortage of day rooms and private family spaces on the wards. Condition, appearance and maintenance was rated slightly below norms reflecting pressure on our maintenance and decoration budgets as well as by the lack of decant facilities to permit ward refurbishment. The committee has requested that where significant funding is required to meet PLACE standards, it is reflected in the risk register and capital allocation priorities.

Action on CQC Inspection recommendations

Committee maintains oversight of progress towards completion of the 36 recommendations arising from the CQC inspection almost a year ago. Twenty-six have been completed with most of the rest progressing well. We foresee impediment to the completion of only the two recommendations relating to emergency department staffing and skill mix of the palliative care service.

Clostridium difficile

We maintain a close interest in the current drive to review *C. diff* infection control procedures in all clinical pathways. Although compliance with antibiotic prescribing guidelines is high, some evidence has emerged of over-use of broad spectrum antibiotic treatment after organisms and their sensitivities have been identified. Hospital cross-infection is low but there is sometimes delay in dispatching appropriate laboratory samples. The committee will review actions taken following the forthcoming recovery meeting at the December and January meetings. It is reported that the initiative will have some impact on infection rates but most cases are acquired in the community.

Simon Walford
Chairman
19 November 2015

Risk Committee

Key summary points from the meeting held on 19th November

The Committee discussed the three major areas of risk:

- **Workforce**

The Committee explored the workforce issues particularly in relation to:

- Emergency Department staffing where the Trust has been unable to recruit sufficient numbers of Consultants. A number of options have been pursued including developing advanced nursing roles, and employing paramedics in order to mitigate the risk, but the situation is fragile.
- The Trust also has a shortage of Acute Medicine Physicians, which is partially mitigated by specialty doctors working in this role.
- The situation in Critical Care has improved at RSH, where by Christmas, there will be sufficient staff to allow separation of the anaesthetic / critical care rota at RSH. However, the situation at PRH remains unchanged in that anaesthetists are covering the critical care unit, with the risk of being unable to meet the demands this entails.

- **Internal Flow Issues**

The risk relating to the four-hour A&E target has been on the risk register for six years. This reflects a failure of the system. Part of solution relates to how we can contribute to improving the pathways out of hospital ie long delays in obtaining domiciliary care. The Trust needs to explore its relationships with partner organizations and be flexible in approach. The work on designing a 'normalisation' piece to recalibrate our system is underway alongside a business continuity plan for A&E workforce frailty.

- **Estates issues including equipment and IT infrastructure**

There are a number of estates and infrastructure risks which will require significant investment to resolve. These include risks relating to backlog maintenance: the recent 6-facet survey has been carried out to help prioritisation of these risks. There are also significant risks relating to the replacement of medical equipment, and the IT infrastructure which has contributed to recent IT failures. A review of these risks and the current linear approach to addressing the issues will be commissioned in early 2016.

The Committee agreed to look at these areas in more detail at a future Board Development Session.

Chair: Simon Wright

19th November 2015

Workforce Committee

Key summary points from the meeting held on 13th November 2015:

1. **Sharing Learning from Children's National CQC Survey (Board Action)**

The Committee received an update from the Women and Children's Care Group following the Children's National CQC survey. The Trust came in the top 10 in the country ahead of Great Ormond Street and Birmingham Children's Hospital which was a great achievement. The Committee discussed the good practices in Women and Children's Care Group which were in part due to the leadership style of the managers and matrons. Visibility of managers, a stable workforce and staff taking ownership and being proud of the service they provide to their patients were seen as key themes. The Committee has commissioned a piece of work to look at how support to the managers can be given to release them to be more visible.

2. **Staff Survey update**

The Committee received an update on this year's Staff Survey which closes in the 27 November 2015. The Committee are committed to improving employee experience with a strong focus on empowering staff to identify issues that they can own and resolve themselves. The Committee emphasised the importance of every member of staff in our organization.

3. **Workforce Committee Business Cycle**

The Committee considered a Business Cycle for the next 12 months. The importance of cross referencing with the Care Groups to inform the priorities for the People Strategy for Year 3 was agreed as important and the Committee will measure its value by adding outputs to the Business Cycle to clarify what we expect to achieve from the meetings.

4. **Recruitment Update**

The Committee received a presentation on the employer branding work that has been undertaken. The Belong to something campaign, has had a hugely successful start, with a strong focus on raising awareness of the Trust. Further development work will be carried out to emphasis Shropshire as a place to live; work and raise a family which were agreed as positive selling points.