

Audit Committee

Key summary points from the meeting held on 5th June 2014

The Committee:

- Approved the Annual Report and Annual Accounts and recommended them to the Trust Board for adoption. It was noted that the Trust had received a small surplus of £0.065m after the receipt of £4m non-recurrent support from the TDA and that the Trust had experienced liquidity issues during the year which required a temporary working capital loan of £7.5m to be utilised, which was repaid in March 2014. The Committee discussed the liquidity and historical issues facing the Trust in 2014/15 resulting in a budgeted deficit of £8.2m, predicated on delivery of £9m CIP and supported the CEO and Finance Director in their submission for a permanent non-repayable loan to address the position, in line with other organisations.
- Received the External Audit ISA260 Audit Memorandum relating to KPMG's audit of the 2013-14 Financial Statements. It was noted that the Auditors would write to the Secretary of State regarding the breach of the five year break-even duty, but that they intended to issue an unqualified audit opinion on the accounts, with a qualified conclusion paragraph due to the Trust's financial resilience
- The Committee discussed pay controls and the need to ensure these were robust and appropriate. It was noted that the Finance Committee had been tasked to provide assurance to the Board, through Internal Audit, that all appropriate measures were in place.
- The Committee also discussed the Trust's recognised financial consequences of duplication of clinical services and welcomed the early Board-level discussions with partners in the Local Health Economy to minimise these

Chair: Robin Hooper

6th June 2014

Quality and Safety Committee

Key summary points from the meeting held on 19th June 2014:

Committee received the annual PLACE (Patient Led Assessment of the Care Environment) and Cleanliness Report, which the Trust is required to submit annually. Some specific areas for improvement have been identified and revised cleaning arrangements for the Emergency Department at RSH have been made. Collaborative arrangements between Facilities Managers and Care Group Lead Nurses have also been introduced which involve routine joint site visits and performance improvement. Two significant areas for improvement identified from PLACE are a need to invest in making hospital environments more user friendly for people with dementia and to explore ways to improve the delivery of food to the wards at RSH. Generally, the report confirmed across-the board improvement compared to last year.

The Annual Report about the Trust's success in reducing Pressure Ulcers was considered a thorough and objective review of progress with clear objectives for further improvement set for this year. The investment in the Tissue Viability Nurses is realising benefits to patients.

It was of concern to Committee that the CQUIN (Commissioning for Quality and Innovation) programme for the current year has still not been agreed with local commissioners. Several million pounds of income remains uncertain until constructive dialogue with the CCGs is concluded so as to find a mutually agreeable approach.

Dr Simon Walford
Chairman
20th June 2014

Workforce Committee

Key summary points from the meeting held on 13th June 2014

1. The committee discussed the workforce assurance report at length. Areas of focus included the employee relations agenda recognising the need to progress key employment policies such as on call against the potential impact these changes in terms of employment experience. A further area of discussion was the implementation of centralised recruitment and weekly pay for bank staff.
2. The committee approved the organisations approach to implementing the friends and family test for staff. The test asks two key questions:

How likely are you to recommend Shrewsbury and Telford Hospital to friends and family if they needed care or treatment?

How likely are you to recommend Shrewsbury and Telford Hospital to friends and family as a place to work?

The test will be completed three times a year to compliment the staff survey providing a regular temperature check for employment experience.

The committee would recommend using the test result as a performance indicator for people.

3. The committee received an update on actions following the 2013 Staff Survey results. Each care group have shared the results with their teams. They have identified areas to focus on following feedback from staff. The committee is holding a special employment experience meeting in September during which each care group will present their responses to the 2013 survey.
4. The committee held a discussion on stakeholder engagement which will be used to inform the engagement strategy.

Name of Chair Victoria Maher

Date report prepared 13th June 2014