

Reporting to:	TRUST BOARD - 27 FEBRUARY 2014
Title	TRUST COMMITTEE MEETINGS UPDATE
Sponsoring Director	Julia Clarke, Director of Corporate Governance
Executive Summary	<p>The Trust Committee update 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>Finance Committee (25.02.14) Chair : Dennis Jones</p> <p>Hospital Executive Committee (25.02.14) Chair : Peter Herring</p> <p>Clinical Quality & Safety Committee (24.02.14) Chair : Simon Walford</p> <p>Due to the proximity of the above Committee meetings to the Trust Board meeting, the papers will be sent electronically to Members, tabled at the meeting and also uploaded on to the Trust website.</p>
Strategic Priorities <input checked="" 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 <p>Provide the best clinical outcomes, patient safety and patient experience</p> <p>Deliver consistently high performance healthcare standards</p> <p>Strive for excellence through people and innovation</p> <p>Build a sustainable future</p>
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 checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led

Receive Review
 Note Approve

Recommendation

To receive and review Committee updates

Finance Committee

Key summary points from the meeting held on 25th February 2014

Booking and Scheduling Update

This item was deferred for discussion at the next meeting when Dennis Jones would be present. Initial comments were made regarding the cashing up of clinics where progress was not being made as quickly as expected.

FCHS Update

The Committee received a bi-monthly update on the project. The overall status of the project is rated as Amber due to the complexity of the programme of works. The project is progressing well and remains on course, both in terms of delivery and overall funding. The first handover of an element of the project, the children's inpatient facility at PRH, will take place on 24th April 2014.

The Committee noted the potential cost pressure of £876,000 relating to equipment, which may require additional capital funding. An exercise to understand the potential shortfall and to put in place a plan to mitigate its effect is being undertaken.

A decision has been taken to await the outcome of the Future Fit Programme to ensure that Project 2, particularly the Women and Children's Zone at RSH is compatible with the longer term vision of the organisation. Discussions were taking place with the clinical leads re the feasibility of remaining in the existing accommodation longer than anticipated. A paper outlining the changes and associated costs to be presented to Trust Board in March 2014.

The Trust is considering options for the energy supply for the Women and Children's Unit at PRH to achieve BREEAM Excellent, which is a requirement from the planners and SHA. The timing of the new energy source may mean the new building does not achieve this standard. Work is ongoing to review this and seek potential solutions.

Update on new car parking arrangements

Chris Needham provided an update on the implementation of the new car parking arrangements at RSH, noting the planned introduction of additional payment and change machines with a view to avoiding unnecessary delays to patients/visitors to the site.

Feedback from patients/visitors continues to be mixed. Some of the feedback relates to capacity and number of car parking spaces and it was noted that these issues would be addressed within the Travel and Transport Plan currently being discussed.

Software has been installed at PRH in preparation for the implementation of the new system in the next few weeks.

Finance issues

The Committee discussed the Trust's focus on achieving the required level of income and activity over the next two months and how this will be key to the year end outturn position. There were however risks associated with this amounting to circa £1million.

Agreement of a year end position had been reached with Shropshire CCG and negotiations were taking place with Telford & Wrekin CCG about their initial offer of £85 million (£86 million required).

2014/15 Budget Update

A Contract Offer was received from both Shropshire and Telford & Wrekin CCGs on 10th February 2014. Further discussions were taking place to discuss the detail of this.

A significant shortfall in 2014/15 has been identified by the CCGs and it is expected that a considerable amount of this will come from SaTH.

The Trust is envisaging a £7.8 million deficit in 2014/15.

Name of Chair: Harmesh Darbhanga

Date report prepared: 26th February 2014

HOSPITAL EXECUTIVE COMMITTEE

Key summary points from the meeting held on Tuesday 25th February 2014.

The Committee NOTED Month 10 and year to date performance, the plans in place to drive sustained improvements going forward and the enhanced focus and support now being applied to the recovery of Cancer targets.

The Committee NOTED Month 10 and year to date financial position and the great achievement in delivering the enhanced activity levels in the month of January, generating the required increased income. We are roughly where we should be on the financial trajectory for the year but must now focus on doing the planned levels of activity for February and March to achieve the necessary year end outturn position.

A presentation was delivered outlining the Trust's workforce health & wellbeing strategy, and the findings of the staff survey that have fed into its development.

Julia Clarke talked through the national 5 year Sustainability Strategy as launched by NHS England in January 2014, underpinning the Trust's Strategy and vision that included three core goals based on the changes that factor in the environmental impact of the health and care system and the potential health co-benefits of minimizing this impact.

Edwin Borman updated the Committee on progress to date regarding Stroke configuration and the three possible future options. Substantiating information supported retention of a unified service on one site with benefits to quality of patient care and no tangible risks, e.g. missed thrombolysis opportunities.

The Committee NOTED the draft operating plan as submitted to the TDA for further discussion. The Committee NOTED the strategic context of the planning framework, discussed key risks and actions and APPROVED the given strategic priorities and operational objectives as outlined.

The Committee NOTED a progress update on Future Fit and in particular the outputs from the recent clinical sub groups. Three core strategic routes are being worked up in detail.

Peter Herring, Chair
Tuesday 25th February 2014

Quality and Safety Committee

Key summary points from the meeting held on 24th February 2014

The Committee retains oversight of all integrated nursing quality and patient experience data on a ward-by-ward basis and monitors interventions made by the Director of Nursing within our “Quality Improvement Framework”. During the last year three wards have been managed within the framework and we are pleased to report that peer-reviewed process has now removed all but one from the special measures. The Board may interpret this as evidence of further progress to reduce the variability of quality of care in our wards.

From April we will be required to report to the Board more detail about the actual nursing levels compared to the agreed staffing templates and the committee is discussing how best to do this. The new nursing templates that the Board recently approved require a significant recruitment of skilled staff and whilst this is underway, it is going to take some months to achieve full staffing because of national skill shortages. The senior nursing team manage available resources against prevailing clinical priorities on a day-to-day basis and the committee is concerned to report a fair representation of the fluid and improving position.

The Trust has been undertaking a themed review of our cancer services to follow up elements of unsatisfactory patient experience highlighted in a 2012 survey and failure to meet standards for access to care. The Committee discussed a draft report of the review and has asked for more work to be done in relation to addressing improved but average results from the latest national patient surveys. It should also incorporate comparative data from a review of all centres in the region and some information about clinical outcomes. We are encouraged by the early work of our Cancer Services Group to address the access standards. Urgent attention is to be given to the production of a more informative and objective report to identify our strengths and areas for improvement more clearly.

In the light of data in the integrated performance report, Dr P O’Neill, Director of Infection Prevention and Control, attended to discuss matters, particularly the Trust’s performance in relation to *C. diff.* infections. The committee remains satisfied with the current approach to management of these risks.

Simon Walford, Chairman

25th February 2014