

TRUST BOARD MEETING
Held on Thursday 25 June 2015 at 2.00pm
Education Centre, Princess Royal Hospital

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mr H Darbhanga Dr R Hooper Mr D Jones Mr B Newman Dr S Walford Mrs S Bloomfield Dr E Borman Mrs D Kadum Mr N Nisbet	Chair Non Executive Director (NED) Non Executive Director (NED) Director of Nursing and Quality (DNQ) Medical Director (MD) Chief Operating Officer (COO) Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG)
In attendance	Miss V Maher Mr A Osborne Mrs D Vogler	Workforce Director (WD) Communications Director (CD) Director of Business & Enterprise (DBE)
Meeting Secretary	Mrs S Matthey	Committee Secretary
Apologies:	Mr P Herring	Chief Executive (CEO)

2015.2/084 **WELCOME:** The Chair welcomed everyone and reminded members that it is a meeting in public rather than a public meeting; questions could be asked at the end or during the meeting, at his discretion.

The Chair reported that the Trust Board normally commences with two items, Chair's Award and Patient Story, however there would be no Chair's Award this month, partly because there had been two the previous month.

2015.2/085 **PATIENT'S STORY**

The DNQ presented this month's Patient Story. The patient originally presented during mid-March 2014 with an epileptic seizure and after a drawn out period of time, with multiple admissions to hospital, and delays to investigations, was diagnosed with a primary brain tumour. The patient subsequently died during mid-July 2014 having received palliative treatment.

The family members felt the diagnostic pathway was flawed and usual procedures to 'upgrade' to a cancer pathway do not appear to have been followed by the Consultant in charge of the patient's care.

The family felt the communication between the medical staff and the nursing staff was not adequate and also felt that the ward was not the correct ward to have been placed, but it appears no effort was made to transfer the patient to another ward.

There appeared to be a delay in the patient's discharge as well as a clinical risk that the hand-writing in the medical notes could not be deciphered.

An additional episode of concern relates to the breakdown in communication of medical and nursing staff regarding the medication that the patient was prescribed for a brain tumour, but the family felt they were unable to explain to the medical staff that the patient didn't have a history of epilepsy. The family also advised the ward staff that the patient was under the care of Consultant Oncologist Dr Dhinakaran but the ward consultant refused to contact him for advice.

Prior to the patient's admission, he and his partner of 30 years decided that, due to his deteriorating condition and poor prognosis, they would get married. The family realised that the patient's time was very limited and therefore arranged for the ceremony to take place in the hospital. A family member enquired whether the ceremony could take place in the hospital Chapel but unfortunately this was not possible as there was no provision for oxygen therapy, and the ward staff were unable to arrange for a portable cylinder to be provided. The Board were informed that the brief ceremony took place in a side room on the ward.

The family are very upset that at no time did a member of the ward staff engage with the family, and they felt that the attitude of the staff did not uphold the Trust values 'Proud to Care' or 'We Value Respect'.

The family are happy to identify that one of the ward's subsequently delivered a high standard of care, and the support, information given and compassion demonstrated by Dr Dhinakaran was outstanding. They also identified that the Macmillan Therapy team provided a comprehensive and holistic level of care that was required, in a very timely manner.

The DNO reported that an investigation of this case is on-going and agreed to provide feedback from this story to the Board in six months. **Action: DNO Due: 3 December 2015**

The Board were informed that it is intended to share Patient Stories at Clinical Forum's to ensure lessons are learned. The DNO also reported that this Patient Story will be shared with the Ward Managers and the Patient Forum.

The Macmillan Cancer Support Group has agreed to donate funding for the provision of Sage & Thyme training to improve communication for End of Life care. The hospital chaplain team will be invited to participate.

2015.2/086 DECLARATIONS OF INTERESTS

The Declaration of Interests register was presented for information.

2015.2/087 MINUTES OF THE MEETINGS HELD IN PUBLIC on 30 April & 4 June 2015.

The Minutes were **APPROVED**.

2015.2/088 ACTIONS / MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 30 April 2015

2015.2/071 – Operating Plan 2015/16
Executive Team to look at the milestones and finalise the Plan for submission mid-May 2015.
Agenda Item, as minute 2015.2/090. Action Closed.

2015.2/071 – Operating Plan 2015/16
DBE to present update to Board during September 2015.
Added to Forward Plan. Action closed.

	<p>2015.2/071 – Operating Plan 2015/16 <i>Chair to provide update relating to leadership and agency principle at Board/Care Group Strategy session on 4 June 2015.</i> Completed. Action closed.</p> <p>2015.2/072 – Integrated Performance Report <i>MD to provide update to September Trust Board in relation to the VTE target.</i> The MD will be on leave during September; this has therefore been added to October on the Forward Plan. Action closed.</p> <p>2015.2/072 – Integrated Performance Report <i>WD to update nursing recruitment trajectory graph (with actual at April 2015) and re-circulate.</i> Completed; as per minute 2015.2/096. Action closed.</p> <p>2015.2/072 – Integrated Performance Report <i>DCG to update Self Certificates with VTE assessment achievement of 95.07% during March 2015.</i> Completed. Action closed.</p> <p>2015.2/074 – Trust’s Winter Plan 2014/15 <i>COO to obtain written collective report from Community Trust/CCG for further discussion at June/July Trust Board.</i> <i>COO to provide update regarding quantified sense of options in relation to FTT, as well as the inclusion of the Healthcare at Home/other providers at June/July 2015 Trust Board.</i> The COO reported that this has not yet been received; however she assured the Board that she would provide detail to a future Board once received. Action: COO Due: Autumn 2015</p> <p>2015.2/076 – Employee Engagement Strategy <i>WD to provide update in relation to lack of dialogue due to long shifts.</i> Outstanding. Action: WD Due: July 2015 Trust Board</p> <p>2015.2/077 – Cross-Border Health Services Update <i>DCG/CD to arrange a suitable date/venue to hold a future Trust Board meeting in mid-Wales.</i> The DCG agreed to arrange by November 2015. Action: DCG</p> <p>2015.2/078 – Well-Led Framework <i>DCG to present a Well-Led self assessment at a future Board Development session during 2015/16.</i> Added to 2016 agenda. Action Completed.</p>
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2015.2/089 **3-MONTH FORWARD PLAN** for the period 25 June 2015 – 24 September 2015 was presented for information.

2015.2/090 **CHIEF EXECUTIVE’S OVERVIEW:**

1. **Medically Fit to Transfer (FTT) patients:** The members were informed that the Trust has continued to experience the same level of high pressure as during the winter months. Further discussion was held during the presentation of the Trust Performance Report, as per minute 2015.2/096.
2. **National Development Programme (LEAN):** It was reported that the Trust has applied to the National LEAN Development Programme to look at improvement to the Trust’s systems and processes. A significant amount of external support is provided, such as the Virginia Mason Institute. The Trust has been shortlisted to the final seven.

3. **#SaferCareSTW:** This was held for 8 days during the beginning of June to look at experiences and processes throughout the organisation. A number of improvements were achieved against key performance indicators and positive staff morale and commitment was noted. The week helped inform the requirements for 7-day working and identified that this may not be required for all specialties. A follow-up session has been held and the COO is in the process of completing a report. A summary will be circulated throughout the organisation to reinforce the positive messages identified throughout the week. The Chair suggested that the Workforce Committee would focus on the Trust Value "Make it Happen" to empower staff to take action.
4. **Operating Plan 2015/16:** The DBE reported that the Trust Board approved the Operating Plan for 2015/16 at the April 2015 meeting however two material changes had been made to the final version which include a reduction of £1m in the financial plan from £18.2m deficit to £17.2m deficit and an increased Cost Improvement Programme equating to £15.3m.

2015.2/091 FUTURE FIT PROGRAMME BOARD UPDATE

The DBE presented a Programme Update on the progress of Future Fit which highlighted that over the past few months the programme has been undertaking further work to obtain a more detailed view of the affordability of programme proposals which involves consideration of:

- The building and running costs for each of the shortlisted acute options;
- The potential cost of rural Urgent Care Centres;
- The likely NHS funding position over the next five years

A further stage of work has been identified which has postponed the process for identifying a preferred option. A revised timetable has therefore been developed which identifies a series of decision-making meetings taking place between June to August.

The preferred option(s) are expected to be agreed in September in preparation for the parallel approvals of NHS Trust Development Authority, NHS England, the Department of Health and Her Majesty's Treasury by end November 2015.

Dr Walford (NED) shared his concerns around the timeline and solutions surrounding Emergency Care as it was clear that the clinical situation was quite precarious.

The Board discussed their concerns of the safety of the existing model and the fragility of the Emergency Department. It was highlighted that the Trust risk register and Board Assurance Framework does reflect the severity of the risk that the Trust is currently carrying, but it was agreed that the risks are becoming more pronounced.

The Chair requested explicit discussions be held at the July 2015 Trust Board regarding the level of risk and possible actions in the short-term.

Action: Executive Directors Due: July 2015 Trust Board

Following discussion, the Board members **NOTED** the progress of the Future Fit Programme and **AGREED** the revised timetable, with the caveat of the approval of the availability of funding by end November 2015.

2015.2/092 ANNUAL QUALITY ACCOUNT 2014/15

Following the presentation of the draft at the Special Trust Board meeting held on 4 June 2015, the DNQ presented the final version of the Quality Account for 2014/15 which looks back at where the Trust has made improvements over the last fiscal year and looks forward to the quality priorities for 2015/16.

The priorities for improvement were discussed and agreed at a stakeholder event held on 26 February 2015 which involved Shropshire, Telford and Wrekin Healthwatch, Powys Community Health Council, Shropshire Community Health Trust and acute and community provider patient experience representatives; and, in

response to comments received, the Trust has made a small number of amendments to the 2014/15 Quality Account.

The Trust will endeavour to act upon all stakeholder feedback in order to attain year on year improvements to the Quality Account.

The DNO reported that a number of improvements have been made over the last 12 months. Further work continues in End of Life Care and embedding the Dementia Care Butterfly Scheme.

The Chair felt it has been helpful to receive critical comments from key Stakeholders. He also highlighted that the KPMG Limited Assurance Audit Report had been left blank in the final version of the Quality Account (pages 35-38). The DNO confirmed that KPMG have provided assurance and no negative comments were received at the June Audit Committee.

Following discussion, the Board members **APPROVED** the Annual Quality Account 2014/15.

2015.2/093 CARE QUALITY COMMISSION INTELLIGENT MONITORING REPORT & ACTION PLAN

The DCG presented the fifth CQC Intelligent Monitoring Report which was published in May 2015.

The Trust has three elevated risks and four risks giving the Trust a score of 10 (previously 8). The Trust is not banded due to the recent CQC inspection but this score would put the Trust in Band 3. Two of the three elevated risks relate to mortality indicators (nephrological conditions and infectious diseases). The MD reported that these have been investigated and assured that Board that these risks should show an improved position within the next six months.

The members were informed that the following three risks have been removed as they are no longer judged to be risks compared to previous IMR:

- Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14).
- NHS Staff Survey – KF21. The proportion of staff reporting good communication between senior management and staff (01-Sep-13 to 31-Dec-13).
- NHS Staff Survey – KF9. Support from immediate managers.

Following discussion, the Board **APPROVED** the action plan following the release of the May IMR.

2015.2/094 STAFF SURVEY 2014 – OUR COMMITMENTS

The WD presented a paper which highlighted that in previous years the Board has reviewed the results of the Staff Survey and asked that three to four areas are considered by the Care Groups, which has been accompanied by an action plan. On reviewing this approach it has not delivered the required improvements. A fresh view has therefore been taken and the development of 'Our Commitments' has occurred.

'Our Commitments' has been designed to engage staff. The focus has moved from specifics of the staff survey such as Health and Safety training to asking staff what would make them feel better about work.

Each Care Group has shaped their approach to suit their individual teams but also the type of service that they provide. As an organisation there is rich, diverse feedback about making a difference for staff. This represents a variety of longer term actions and some shorter actions that will deliver a response from the organisation.

Each team in the Trust has committed to the actions they will take to improve their employment experience. The three commitments for the Trust as a whole are:

1. Communication – Develop effective communication that ensures everyone is informed about the organisation
2. Appreciating Staff – To make 'Thank You' an everyday occurrence in our Trust
3. Engaging Managers – Senior managers will further develop staff engagement

The WD assured the members that the three commitments will be further developed and monthly updates will be provided to the Workforce Committee and the Hospital Executive Committee, including a Deep Dive with one Care Group.

The members were informed that it is approximately twelve weeks until the 2015 Staff Survey is released. The WD assured the Board that staff empowerment and engagement will be taken forward relatively quickly.

Mr Jones (NED) highlighted that the CQC inspection, #SaferCareSTW week and the recently identified 'Our Commitments' show a positive level of staff engagement within the organisation.

The Board **APPROVED** the approach of 'Our Commitments'.

2015.2/095

INPATIENT SURVEY 2014/15

The DNO presented a paper relating to the NHS National Inpatient Survey which is conducted annually.

Information drawn from the core questions in the survey is used by the CQC as part of its Hospital Intelligent Monitoring report. NHS England uses the results to check progress and improvement against the objectives set out in the NHS mandate. The results will also be used by the Trust Development Authority (TDA) to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

The postal survey includes 78 core questions, with Trusts being given the option of adding further questions from a "bank" of validated survey questions. SaTH did not include further questions in order to maximise response rates.

This year 436 completed usable surveys were received for SaTH, giving a response rate of 52%; this compares favourably to the national response rate of 47%. In summary, the results for the Trust have shown a steady improvement since 2012.

The Trust no longer appears as one of the 'worst performing Trust's' for any of the eleven sections surveyed, compared to four sections where the Trust was rated 'worse' than other Trusts in 2012 and one section where the Trust was rated 'worse' in 2013. For 2014 the Trust is now rated as 'about the same' as other Trusts for all eleven sections of the survey.

Whilst the organisation has demonstrated an improvement, there are five individual questions where SaTH is rated as 'worse' than other participating Trusts; these mainly relate to the way staff engage with, and communicate clinical information to patients. This will form the focus for the Trust's action plan for this year which will be scrutinised and supported through the Quality & Safety Committee and Patient Representatives.

The Chair congratulated the Executive Team for this achievement following the pressures that the organisation has faced throughout the year. However, he felt that until the changes to the structure are embedded, the organisation is unable to leapfrog the average.

The Chair also highlighted that those members of staff that do not comply with and uphold the Trust Values should not stay within the organisation.

Following discussion, the Board **NOTED** the Inpatient Survey results and **APPROVED** the oversight and scrutiny of an action plan by the Quality & Safety Committee.

2015.2/096

TRUST PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES

The Board **RECEIVED** the Trust Performance Report in respect of the month of May 2015.

SaTH is currently at Escalation Level 4 (of 5) in the NHS Trust Development Authority's Accountability Framework. This is classified as a 'Material issue' requiring interaction led by the TDA's Director of Delivery Development. Regular meetings are held with the TDA to update on SaTH's improvement trajectories. The key areas of focus are highlighted below:

QUALITY & SAFETY (Patient Safety, Effectiveness and Patient Experience)

The DNO provided an overview of the activity in May 2015:

- Infection Prevention & Control – reported four cases of C difficile in May; 0 MRSA bacteraemia cases (pre-48 hours); two cases of MSSA Bacteraemia and two cases of E-coli Bacteraemia.
- Serious Incidents – There were 7 SIs reported in May; these related to RIDDOR/SI Falls (#NOF - 1), Unexpected death (1), Unexpected admission (1), Grade 3 Pressure Ulcers (1), Delayed diagnosis (1), mis-diagnosis (1) and Failure to act on test results (1).
- Nursing & Midwifery Staffing Levels (Monthly) - The Board received and noted the nurse staffing levels monthly report for May 2015. The levels continue to be under scrutiny within the Trust, particularly in relation to the on-going reliance and costs of agency staff to fill vacancies and shifts. Following the visit by the Trust to the Philippines during March 2015, 68 nurses are currently progressing through the recruitment process.
- The Heads of Nursing and Midwifery, Matrons and Ward Managers continue to monitor actual versus planned staffing levels across the Trust on a daily basis to ensure that appropriate action is taken to mitigate risk when there are staffing shortfalls.
- West Midlands Quality Review Service (WMQRS) – The WMQRS is a collaborative venture set up by NHS organisations in the West Midlands to help improve the quality of health services and patient experiences. The WMQRS attended the Trust during May 2015 with the purpose of peer reviewing the clinical pathways for the Critically Ill and Injured Child (CIIC) and the Transfer from Acute to Intermediate Care (TACIC). Informal feedback from the reviews was generally positive, however a small number of immediate risks were identified and any immediate issues dealt with on the day. A formal report is pending for both reviews and will be reported to the Board when received.

The members discussed the provision of EPS staff on the Wards and the DNO confirmed that there has been a lot of scrutiny over the last year to ensure EPS is booked with a balanced perspective. It was reported that the Unscheduled Care Group are currently trialling a 'Bay Safe' initiative whereby an RGN and HCA are present on each Ward Bay; this has identified a reduction in HCA agency spend. The members were assured that this initiative will be closely monitored and reported to the Board through the Performance Report.

OPERATIONAL PERFORMANCE

The COO presented the following update in relation to Operational Performance during the month of May 2015:

- A&E 4 Hour Access Standard - In May 2015, 87.06% of patients were admitted or discharged within the 4 hour quality target. This was below the current trajectory for May and continues to show under-performance against the 95% target.
- Demand above plan – Emergency Department attendances – During the month of May the Trust remained in high escalation with patients bedded down in the Emergency Department waiting for beds; however there were no reportable 12 hour breaches, but there remained a high number of patients waiting in excess of 8 hours for a bed. The year to date figure is disappointing as this is an overall deterioration on previous year's improvements. Primary reasons of all breaches in the system are due to the lack of

internal capacity and flow in part due to 12% of the acute beds being blocked with medically fit for discharge patients. The external plans and internal improvement plans are geared around ensuring the processes are optimised to support flow and reduce internal and external delays.

Demand above plan – Non Elective activity – Emergency admissions were 0.9% above plan in May. Year to date April 2015 to May 2015 in comparison to the same period 2014/15 non-elective admissions are 102 spells lower (-1.3%).

- Medically Fit to Transfer (MFTT) List – The Fit to Transfer (FTT) list is a list of patients who are deemed medically fit enough to leave the hospital but require ongoing care in another setting; or an assessment to determine what ongoing care may be required. Whilst actions are being taken by the Clinical Commissioning Groups (CCGs), Shropshire Community Trust and the Local Authorities, this is not impacting on the total number of patients who remain on the FTT list on a daily basis. The target agreed by the Local Health Economy to have no more than 45 patients on the FTT list by 26 June 2015 will not be met. Reasons for delay on FTT list relate to Care package in own home; Community engagement / adaptations; Completion of assessment; Further non-acute NHS care; Housing – patients not covered by NHS & Community Care Act; Nursing Care Home placement; Patient or family choice; Public funding; Residential Care Home placement.
- SaTH Actions to Improve Performance – The internal improvement plan for Quarter 1 and Quarter 2 is being led by the Assistant Chief Operating Officer for Unscheduled Care with focus in a number of areas.
- Referral to Treatment (RTT) : Patients Admitted to Hospital – The Trust failed the overall 90% RTT standard in May with 77.48%. The admitted backlog has increased from 163 (Oct 2014) to 689 (May 2015). Recovery trajectories have been completed and are being fully monitored against plan with expected delivery by October 2015 with the exception of Trauma & Orthopaedics.
- Referral to Treatment (RTT) : Non-Admitted to Hospital – The Trust delivered the overall RTT standard of 95% for Non-Admitted Patients during May with 96.86%
- Referral to Treatment (RTT) : Incompletes – The Trust delivered the overall 92% RTT standard in March with 92.87%
- Cancer Performance – Eight of the nine cancer standards were achieved in April 2015; resulting in a single failure within the delivery of 31 day second or subsequent treatment for surgery. May predicted performance indicated seven of nine targets will be achieved with failure within the delivery of 31 day second of subsequent treatment for surgery and 62 days urgent referral to treatment. Predicted delivery of all targets is by June 2015, subject to available tertiary centre capacity. A number of actions are ongoing.

FINANCIAL PERFORMANCE

The Trust's budget position has improved by £650,000 as a consequence of the following two adjustments:

1. Reduced Educational Funds – The Trust has received notification that the level of funding to support the cost of Junior Doctors training is to be reduced by £350,000. The reduction is as a result of reduced training placements
2. Telford and Wrekin CCG Risk Funding – Telford and Wrekin CCG have, as part of the contract agreement for the 2015/16 financial year, earmarked funding amounting to £1.0 million. This funding is to be used to cover costs incurred by the Trust arising from readmissions and emergency activity

Income – After two months into the new financial year, the Trust had planned to receive income amounting to £51.722m and had generated income amounting to £51,923m; an over performance of £201,000.

Pay Position – In the month of May pay spending was £18.663m and is the highest level of spending recorded by the Trust. In the opening two months of the financial year, pay budgets overspent as compared with Plan by £440,000. Inability to deliver pay Cost Improvement Plan savings targeted for the opening two months of the year equated to £405,000.

Agency Spending - In the month of May remained high, amounting to £1.246m (185.90 WTE).

Bank Usage – The numbers of staff employed as Bank staff has reduced by comparison with the January – March 2015 winter period but is substantially higher than the level recorded in the comparable period in 2014.

Non-Pay - In the opening two months of the financial year, non-pay budgets were underspent as compared with Plan by £72,000.

Cost Improvement Programme - The Trust has identified cash releasing efficiency CIP schemes equating to £15.3m for 2015/16. At the end of May it had been assumed that savings amounting to £2,050k would have been delivered, however the actual level of savings amounts to £1,444k.

Cash Flow – The Trust held a cash balance of £2.869m on the Balance Sheet at the end of May 2015

Mr Jones (NED) highlighted that the key factor in improving the Cost Improvement Plan relates to moving away from using agency / bank staff.

The members were informed of the new Home Office immigration rules that will mean lower-earning non-EU workers (those earning less than £35,000 after six years in the UK) being deported which would exacerbate the shortage of nurses in the UK. This is due to come into effect in April 2016. It was queried if nursing staff could be classified as a separate group. The DNO and WD reported that they are engaging with NHS Employers and Health Education West Midlands and also the NTDA; however, the Board agreed that this should be flagged nationally.

Following discussion, the Chair agreed to consider contacting senior Whitehall Ministers to express our concern.

WORKFORCE

The Workforce Director (WD) introduced this section of the paper:

Sickness - A steady reduction in absence has been seen over the last five months; current performance is 3.96%. This is the first time since June 2014 absence has been below 4%. A number of areas with high levels of sickness absence are receiving tailored support; this includes Health and Wellbeing events designed specifically to meet the needs of those teams.

Appraisals – Appraisal completion rates have fallen over the last three months; current coverage is 84% which is an underperformance against the Trust target of 100%. The introduction of an employee led appraisal has seen improvements in a number of areas, however performance remains steady. Discussions are being held with Care Groups regarding this as a number of Care Groups are forecasting achievement of 100% by September

Statutory & Mandatory Training – Performance for May remains at 71% for statutory safety updates against a target of 80%. Significant progress has been made in the last three months however it is crucial that the 80% is achieved. The organisation has taken the decision to introduce an Education Committee which will be a sub-committee of the Workforce Committee. A key focus for the newly formed committee will be statutory and mandatory training in terms of breadth, curriculum and targets.

Recruitment – The Recruitment plan for nursing remains a priority. Local recruitment exercises continue to deliver small but continuous growth in nursing numbers. The Philippine recruitment plan continues to progress; plans are developed to ensure a supportive orientation and completion of Nursing Midwifery Council (NMC) registration. To support the full achievement of the plan the Trust is currently working with the Home Office to secure Certificates of Sponsorship, which allow individuals to work in the United Kingdom.

SELF CERTIFICATIONS

The members discussed the Governance and Monitor Licence Board Certifications which were **APPROVED** subject to the continued financial support from the TDA.

2015.2/097

BOARD ASSURANCE FRAMEWORK

The DCG presented the Board Assurance Framework which provides evidence that the Executive Team is actively managing the principal risks to achieve the Trust's objectives.

Changes to the risks since the last presentation include:

- Risk 96 relating to patient falls has been removed in recognition of the significant amount of work which has been undertaken in a reduction in the number of falls.
- Risk 670 relating to the financial position has had the sub-risk relating to the historic shortfall in liquidity removed from the receipt of permanent Public Dividend Capital (PDC).

The DCG reported that the Board Assurance Framework is presented to and scrutinised by the Trust's Audit Committee and Risk Committee on a quarterly basis

The Board **REVIEWED** the Board Assurance Framework and **APPROVED** its content.

2015.2/098 NHS e PROCUREMENT STRATEGY

The FD presented a paper which informed the members that the Department of Health have placed a requirement upon Acute Trusts to improve their procurement processes through the implementation of information technology solutions. In particular a recommendation has been made that Acute Trusts construct local adoption plans in respect of two key standards GS1 and PEPPOL (Pan European Public Procurement On-line).

GS1 provides barcoding standards that enable data to be captured by barcode scanners and shared electronically between systems, and are standards used widely within the retail and logistics sectors. PEPPOL allows for cost efficient transmissions of data to exist between suppliers and NHS Trusts in respect of procured goods. This system is comparable to Paypal used domestically.

The requirement is for the Trust to have submitted to the Department of Health a Strategic Outline Plan, rather than the full GS1 / PEPPOL adoption plan by 30 June 2015. The final version of the adoption plan is to be approved by the Board and submitted by end September.

Action: FD Due: September 2015 Trust Board

Following discussion, the Board **RECEIVED** the proposal and **NOTED** the action being taken to develop a Strategic Outline Plan in response to the Department of Health's requirement.

The Chair highlighted that the Board has yet to receive an IT Strategy. The FD reported that BT has recently undertaken work within the organisation and a report is currently awaited

2015.2/099 SUSTAINABLE PROCUREMENT STRATEGY

The FD presented this paper which highlighted that the recently revised Sustainable Procurement Strategy is compliant with the Public Contracts Regulations 2015; it has also been updated to reflect current procedures.

It is intended that the Strategy is made available to all existing and potential suppliers, making them aware of the Trust's sustainability agenda and influence them to adopt sustainable practices as part of the selection criteria for doing business with the Trust.

As Sustainability Lead for the Trust, the DCG requested the Board to be supportive of this process.

The members **APPROVED** the Sustainable Procurement Strategy; however the Chair asked that Procurement provide an update to him regarding how this will be turned into practice.

2015.2/100 ANNUAL REPORTS 2014/15

Complaints Annual Report

The DCG presented an overview of the formal complaints and PALS concerns received during 2014/15, and provided assurance that the Trust is handling complaints in accordance with regulations. Overall the Trust has continued to see a downward trend in the number of formal complaints received and has maintained its performance in responding to complaints in a timely manner.

Security Annual Report

The DCG presented this report which highlighted that during 2014/15 the three year trend for the number of reported security incidents shows a generally decreasing number; the number of reported incidents of

intentional violence and aggression has decreased; work to gain some form of sanction or redress for acts of intentional violence and aggression, including verbal abuse, remains strong; non-intentional (clinical) aggression reporting remains consistent and new specialist training is provided by partners at South Staffordshire and Shropshire Mental Health Trust for the Trust's security teams.

Health, Safety & Security Annual Report

The DCG presented this which suggested the following recommendations to the Terms of Reference:

- Update to reflect the change in the amalgamation of Pathology, Pharmacy, Radiology and Therapies Centres which came together as the Support Services Care Group.
- Inclusion of approval of relevant Annual Reports (Fire, Security, Health & Safety).
- Inclusion of oversight of relevant risk register entries
- Update name of Committee to include Fire, in recognition of regulatory requirements

The DCG highlighted the success of the Safer Sharps directive across the Trust which was completed within the six month timescale.

Risk Committee Annual Report

The DCG presented this which suggested the following recommendations to the Terms of Reference:

- Inclusion of a nominated deputy for the Medical Director so that 75% attendance is achieved
- Inclusion of review of the CQC Intelligent Monitoring Report
- Inclusion of review of relevant Internal Audit reports (Board Assurance Framework and Risk Management)
- Inclusion of review of Annual Governance Statement

Following discussion, the Board **NOTED** the content of the 2014/15 Annual Reports and **APPROVED** the recommendations.

2015.2/101 TRUST COMMITTEE MEETINGS UPDATE

The Chair presented the following Trust Committee updates, for information:

- Business Development & Engagement Committee – 17 June 2015
- Quality & Safety Committee – 23 April, 20 May & 18 June 2015
- Finance Committee – 26 May & 23 June 2015
- Charitable Funds Committee – 26 May 2015
- Risk Committee – 21 May 2015
- Hospital Executive Committee – 23 June 2015

- Organ Donor Committee – 2 June 2015. The Trust Organ Donation Committee meets twice a year to review all aspects of organ donation activity within the Trust. During 2014/15 the Trust identified six deceased donors whose organs were transplanted into 14 recipients. Dr Walford drew the members attention to the proposed initiative relating to a memorial / lasting tribute to donors' generous gifts of life-enhancement. Following discussion, the Board **ENDORSED** this proposal.

The Board **RECEIVED** and **REVIEWED** the Committee updates.

2015.2/102 ANY OTHER BUSINESS

No further business raised

2015.2/103 QUESTIONS/COMMENTS FROM THE FLOOR

Mr Tom Jones reported that he had spent a lot of time in the hospital over the last month due to high activity within the Patient Advise and Liaison Service (PALS).

Q1 On behalf of a patient, Mr Jones asked the Board how many times the windows are cleaned at the hospital

during the year.

A1 The FD confirmed that he would investigate this and provide an update to the July Trust Board.
Action: FD Due: July 2015 Trust Board

No further questions/comments received.

2015.2/104 **DATE OF NEXT MEETING**

Trust Board Meeting – Thursday 30 July 2015 at 2.00pm in Seminar Rooms 1&2, Shropshire Education & Conference Centre, RSH

MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 25 JUNE 2015

ITEM	ISSUE	ACTION OWNER	DUE DATE
2015.2/085	<i>Patient's Story</i> To provide feedback on Patient Stories to December Trust Board	DNQ	3 Dec 2015 Added to Forward Plan
2015.2/088	<i>Matters Arising:</i> <i>2015.2/074 – Trust's Winter Plan 2014/15</i> To provide detail of collective report from Community Trust/CCG to future Board, once received <i>2015.2/076 – Employee Engagement Strategy</i> To provide update to July Board in relation to lack of dialogue to long shifts <i>2015.2/077 – Cross-Border Health Services Update</i> To arrange suitable date/venue to hold future Trust Board meeting in mid-Wales	COO WD DCG	Autumn 2015 Added to Forward Plan 30 July 2015 Agenda Item By Nov 2015
2015.2/091	<i>Future Fit Programme Board Update</i> To hold discussion at July Trust Board regarding the level of risk and possible actions in short-term	ED's	30 July 2015 Agenda Item
2015.2/098	<i>NHS eProcurement Strategy</i> To present final version of adoption plan to Sept Trust Board for approval, prior to submission by end-Sept	FD	24 Sept 2015 Added to Forward Plan
2015.2/103	<i>Questions from Floor</i> To investigate the amount of times the windows at the Trust are cleaned throughout the year and provide feedback to July Trust Board	FD	30 July 2015