

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING
Held on Thursday 30 May 2013 at 9.30 am
Seminar Rooms 1 & 2,
Shropshire Education & Conference Centre,
Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Mr M Beardwell Mr D Jones Dr P Vernon Dr S Walford Mr P Herring Mrs V Morris Dr E Borman Mr N Nisbet Mrs D Kadum	Acting Chair Non Executive Director (NED) Non Executive Director (NED) Non Executive Director (NED) Chief Executive (CEO) Director of Quality & Safety (DQS)/Chief Nurse (DQS) Medical Director (MD) Finance Director (FD) Chief Operating Officer (COO)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG)
In attendance	Mr A Osborne Miss V Maher	Communications Director (CD) Workforce Director (WD) (part)
Meeting Secretary	Mrs B Graham	Committee Secretary
Apologies:	Dr R Hooper	Non Executive Director

2013.1/175 **WELCOME** : The Acting Chair welcomed everyone to the meeting and noted Dr Hooper's apologies.

2013.1/176 **DECLARATION OF INTEREST** by members in relation to any matters on the agenda : None.

2013.1/177 **MINUTES OF THE MEETING HELD IN PUBLIC** on 25 April 2013 were **APPROVED**.

	MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 25 APRIL 2013
2013.1/158	Question from the floor re. JSC members visit. The DQS said she had spoken with Mr Sandbach and there was one other issue which will be followed up. The ward in question is on a Quality Improvement Framework. Item complete .
2013.1/166	Key Summary updates – <ul style="list-style-type: none"> ▪ The WD reported that one individual has worked over 6 months on a contractual basis. Measures are to be put in place around Tax and NI contributions. This will be reported at the next Remuneration Committee. Item complete. ▪ Appointment of Associate NEDs – The WD reported that the NTDA would prefer to focus on the Chair and NEDs recruitment in the first instance and then consider the appointment of Associate NEDs in the future. Item complete.
2013.1/167	Integrated Performance Report – Thanks were conveyed to staff. Item complete .
2013.1/172.1	Governance & Compliance - CQC compliance. The DCG advised that she had actioned this and emailed out to members – Bridgnorth Community Hospital was a registered location for the Community Trust. Item complete .
	3-MONTH FORWARD PLAN for the period May to July 2013 was AGREED .

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Acting Chairman
27 June 2013

2013.1/178 CHAIR'S AWARD

The Chair's Award was awarded to Judith Tudor, Corporate Education Manager. The Workforce Director read out the citation and advised that Judith was responsible for designing and building education programmes such as Equality & Diversity and widening participation in NHS careers. Two examples shared by colleagues are the recent Prince's Trust "Getting Into Hospital Services" programme and her ongoing support for "Learning Beyond Registration". The "Getting Into Hospital Services" was a huge success with 14 young people completing the programme. Also in relation to Learning Beyond Registration, her diligence and perseverance has helped to secure valuable income which supports professional development, and in turn this supports better safety, outcomes and experience for our patients. This truly reflects our Trust values of Putting Patients First, Encouraging Individual and Creativity, and Taking Pride in our Work and our Organisation.

2013.1/179 CHAIR'S UPDATE

Members **NOTED** the following verbal report :

Update on current Board vacancies

- **Chair** – advertisement for the appointment has been placed and the closing date for applications is 20 June 2013, with interviews taking place at the beginning of July, 2013.
- **Non Executive Director vacancies on the Board and others expected later in the year** – these appointments will take place after the appointment of the Chair to gain his/her involvement. The Acting Chair reiterated that the Board was very keen to gain wider representation of the communities it serves.
- **NHS Equality and Diversity Week was celebrated during 13-17 May 2013.** A special 3-minute video was shown entitled "Do You Ask The Question". The video was created to highlight how NHS staff can make a difference by asking simple questions and making sure everything is explained properly to the patient by nurses, doctors and reception staff.

Local Meetings:

- **CCGs** : The Acting Chair had met with the two local Chairs of the Clinical Commissioning Groups (CCGs) – Dr Herritty and Dr Innes on an informal basis.
- **AGM of the League of Friends at RSH** – The Acting Chair said he had offered the Board's thanks for £1 million raised last year for RSH and £2.5 million raised in the last 3 years. He said it was a phenomenal achievement.
- **Maternity Services and Women & Children's Care Group** – The Acting Chair said he was grateful for the courtesy, enthusiasm and welcome he received when he visited the unit. His thanks went to Cathy Smith, Head of Midwifery and her colleagues who escorted him around the new Unit.
- **Walk from Here to Maternity (RSH to PRH)** – took place on 10 May and raised £18,000 which contributed overall to £45,000 raised for the "Caring for our Future Appeal" which was launched by last year's Telford & Wrekin Mayor.

2013.1/180 CHIEF EXECUTIVE'S REPORT

Members **NOTED** the following verbal report :

- **Trust Award** – SaTH was recently named one of 40 Top Trusts in the annual CHKS Awards (an independent organisation that analyses and compares quality and productivity of health services) following a review of the performance of 112 acute hospitals in the country. The CEO said that whilst we should celebrate this achievement SaTH still needs to make improvements following the results of the patient and staff surveys.

2013.1/180 CHIEF EXECUTIVE'S REPORT (Continued)

- **Risk Summit** – Given the challenges SaTH faced during April around urgent and emergency care a Risk Summit was held with Area Team of NHS England, NHS TDA, patient groups, regulators and local commissioners. This provided a valuable opportunity to discuss the challenges and focus on A&E urgent care, on the pressures, set out improvements and secure support from Commissioners and local partners to ensure we are able to provide the right care at the right time from the right professional for all our patients. Members of the Risk Summit were satisfied that action plans were in place locally to address these issues and a further Risk Summit was not required on this basis.
- **Staff Briefings** – During the course of next week the CEO will hold Staff Briefings on both sites. This gives a great opportunity to hear first hand what the plans are for the future and it is helpful to hear from staff. It will also provide an opportunity to launch the Trust Awards 2013 and there is still opportunity to nominate until 12 July 2013, categories include Frontline Care, Quality and Safety, Behind the Scenes and Research and Development. The Awards will be presented at the AGM on 12 September 2013.
- **NHS Heroes** – Nominations for the national NHS Heroes 2013 are open until 19 June.

2013.1/181 KEY SUMMARY UPDATES FROM TRUST COMMITTEE MEETINGS were RECEIVED and NOTED.

Audit Committee meeting held on 9 May 2013

In Dr Hooper's (NED) absence, Dr Walford (NED) said that the Committee was concerned by the eight Priority 1 recommendations from Internal Audit reports and it would not expect these to stay on the tracking system for long.

Charitable Funds Committee meeting held on 9 May 2013

The Chair said that he felt that the Patient WiFi will be of significant benefit to patients.

Finance Committee meeting held on 28 May 2013

Mr Jones (NED) said that the Finance Committee noted progress was being made with the Historic Due Diligence activity. The timescales for the FT-related actions had been reviewed. The Committee wished to draw the Board's attention to Month 01 financial performance where the big issue related to further escalation of staff costs for both agency and bank staff. It was agreed that further discussion was required outside of this meeting in terms of maintaining financial control during difficult times.

Hospital Executive Committee meeting held on 28 May 2013 – the main points from the meeting were received.

Quality & Safety Committee meeting held on 23 May 2013 - Dr Vernon (NED) said that the Committee had:

- Visited Ward 27R and members were pleased to note the positive VTE on the big screen. However bathroom facilities were in urgent need of improvement. It was noted the Director of Estates & Facilities would ensure this is progressed.
- Noted that the CQIN plans have been agreed with the CCGs.
- Discussed the recent Risk Summit and NEDs were committed to supporting the EDs in this. The Acting Chair took the opportunity to add that arrangements were being made to hold a Joint Tripartite meeting which was a recommendation of the Risk Summit to discuss issues such as the Francis Report where SaTH and CCGs can work together.
- Advised that next month's Q&S Workshop will concentrate on Terms of Reference to focus on priority issues.
- Advised that it had been agreed to appoint a patient representative to sit on the Q&S Committee and a job description is to be drawn up.

Risk Committee meeting held on 23 May 2013

The CEO said that the Committee reviewed the output of the CQC Essential Standards self assessments and has asked for an analysis of areas in which there was a variation between the CQC's Quality and Risk Profile and the Trust's self assessment. The outcome will be reported back at a future meeting. The Committee was very pleased to note that Internal Audit had given an opinion of substantial assurance on the Board Assurance Framework and SaTH's Risk Management system.

The Board **RECEIVED** the Integrated Performance Report in respect of the month of April 2013.

QUALITY : Patient Safety, Effectiveness and Patient Experience

The DQS introduced the report which referred to the overview and key information in April. The following points were noted :

- 31 Serious Incidents, 16 of these included 12 hour breaches.
- Three Grade 3 pressure ulcers and no Grade 4 pressure ulcers; whilst this is a reduction to March, it is highlighted as “red” as this is a variance to the zero target for Grade 3 and Grade 4 established and agreed by the Board. The Board was drawn to the 2nd paragraph of Section 3.3 where it stated that on initial review it would appear that 2 of the 3 pressure ulcers may have been unavoidable and is subject to review and sign off by the CCGs. It was agreed that the DQS would advise the CCGs that future reporting would include only avoid pressure ulcers – with the CCGs able to challenge any classified as unavoidable. A reasonable timetable will be agreed with the CCGs. **Action: DQS** .
- 133 Falls were reported in April and of these four were RIDDOR reportable Falls and related to fractures or dislocation sustained as a result of the fall. The Falls Task Group is continuing to look to reduce falls within the Trust.
- Infection Control - The C difficile action plan annexed to the report prepares for the significant reduction required of 27 in 2013/14 compared to 45 in 2012/13. In month the C difficile is on target along with MRSA bacteraemia. A 20% internal reduction has been agreed for MSSA and E Coli infections;
- MRSA screening in both emergency and elective admissions remains below 95% and is on Amber. This is being worked on as it is considered to be critically important in preventing MRSA bacteraemias.

The Medical Director covered the following two issues :

- Mortality – SaTH will be reporting Risk Adjusted Mortality Indicator (RAMI) as it is moving to CHKS. RAMI is similar to Hospital Standardised Mortality Rate (HSMR) as it can be used to benchmark against other organisations, but it is very different to HSMR as RAMI includes many more diagnosis codes and excludes patients coded for palliative care. The index figure for 2012/13 was 94. The crude mortality graph at Table 5 showed where SaTH was sitting, compared to other Trusts, and showed SaTH at 2.8% of spells, slightly outside the top quartile at 2.3% of spells. The MD was pleased to report a reduction in overall mortality and avoidable mortality. He advised that SaTH will strive to maintain that progress. The mortality group has been tasked with a number of key issues, specifically looking to learn from every patient death and to further reduce the numbers.
- VTE assessments – the VitalPAC assessment rate trend for April was 78% against a VTE assessment target of 95% from April onwards. The Q&S Committee noted that PSAG Boards had been installed in each ward to be fully integrated into the Board/Ward rounds each day however it was recognised that an educational process will also be required. An email has been sent out explaining what each indicator means and this will be followed up through personal contact with doctors stressing its importance.

In answer to questions from the NEDs the following points were noted :

Pressure Ulcers – the DQS said that Pressure Ulcers and Falls will be covered in the annual Quality Account presentation which the Deputy Chief Nurse was going to cover. It was noted that the Pressure Ulcer Preventative Group will review to make sure best practice is in place and they held their first meeting in May 2013, with a Trust-wide action plan to drive improvements. The Falls Group is in place and an action plan to reduce falls resulting in serious injury.

MRSA screening – lack of progress with progressing the screening to the required level will be pursued through the Infection Control Committee. The Forward Plan indicated that the Annual Infection Control Report will be presented at the 27 June Board meeting when this item will be discussed further.

Risk Summit – it was agreed that a review will be reported to the Board in 2-3 months time. **Action: CEO.**

INTEGRATED PERFORMANCE REPORT (Continued)

QUALITY : Patient Safety, Effectiveness and Patient Experience (Continued)

Patient Experience & Outcomes: The DQS referred to Section 3.8 specifically Tables 7 and 8 patient experience metrics. It was noted that patient observations and nutrition need to improve and the Chief Nurse has been working with Matrons and the COO looking at performance. There was a significant number of referrals through the vulnerable adult safeguarding process relating to discharge arrangements in March but numbers significantly reduced in April and May. The need for careful planning and documentation relating to all aspects of discharge arrangements are being discussed with matrons and ward managers. Patient feedback highlighted three areas with low scores and these will be discussed across the Trust through a cultural and organisation development process to address the issue of communication with patients. It was noted that the Trust Safeguarding Task & Finish Group will report to the Adult Safeguarding Board with recommendations, and feedback was likely mid July.

OPERATIONAL PERFORMANCE - The COO introduced this section of the report and reported :

Emergency Access: The Trust failed to achieve the 95% target in April 2013 with 86.67% for the month and year to date. Contributory factors to the continuing pressure included attendances in April totalled 8,600 and a significant cohort of patients who were fit to transfer remained in hospital. Sixteen patients breached the 12 hour trolley wait standard on RSH site due to significant capacity challenges on certain days. The lack of available capacity subsequently reduced due to the ward reconfiguration at the end of April and the COO was pleased to report for May to date SaTH had delivered the 4-hour target and continues to be on course this week. However challenges still remain at RSH with lack of bed capacity. Demand for urgent care has been a national issue over the last few weeks and the NTDA have put on a Conference on how to improve performance.

A major incident was called on 9 April 2013 to support the Trust due to the number of 12-hour breaches. It resulted in a whole health economy review of urgent care system in Shropshire, Telford & Wrekin and 5 high impact projects were agreed and due to be delivered by the end of September 2013. SaTH will internally focus on improving flow through the emergency departments, and work with the Community Trust to improve discharge arrangements. Other projects include reviewing capacity and demand to respond to surges. The CCG lead will look at admission avoidance. The COO said that some of the internal changes at SaTH are proving beneficial and have been most encouraging in relation to staff engagement with their energy and enthusiasm continuing through their "can do" approach. The Board was encouraged by this operational work.

In answer to a question relating to whether the new contract with the CCGs reflected the increased pressure on emergency activity, the FD said that Shropshire County threshold is based on outturn 2012/13 but Telford & Wrekin is significantly lower and Dr Vernon (NED) expressed disappointment that it was so unrealistic.

The CEO said that although SaTH has made great improvements, sustainability will rely on the whole health and social care plan. He said there is a need for far speedier actions than we are used to throughout the whole economy to make it "fit for purpose". Every month progress will be tracked and actions reported on from health and social care partners to ensure we are in a better position. It was noted that the internal Winter Plan will be prepared next month and the external Winter Plan in July 2013. The Acting Chair said that he was optimistic that the health economy has a better understanding of what is happening in our hospitals and through the Tripartite meeting he was confident that the issues will be approached in a collaborative sense. Mr Jones (NED) added that he would like to see a shared assurance that all parties will work effectively together with a view to making some fairly urgent improvements because autumn is only 2-3 months away.

INTEGRATED PERFORMANCE REPORT (Continued)

OPERATIONAL PERFORMANCE (Continued)

Scheduled Care Access :

The COO said the emergency care pressures have impacted on RTT performance. The 18-week RTT target for Admitted patients failed with 73.92% against the 90% target. A plan is being put in place to deliver 18 weeks RTT from 1 July 2013 with the exception of Orthopaedics (1 November 2013) and Urology (1 October 2013). Weekly RTT meetings are held with CCGs.

- 18 week RTT target for Non-Admitted patients: the Trust achieved the target with 95.51% against a target of 95% in April.
- 18 weeks RTT – incompletes – the Trust currently had 10.95% patients waiting over 18 weeks for treatment against a target of no more than 8% of patients. This performance was set to improve from Quarter 2.
- Cancer targets – the Trust failed to achieve four of the nine standards. A cancer action plan is in place to ensure delivery of the standards from July to reduce the inconsistency in performance. This issue was discussed at the Risk Summit. There will be a concerted effort to focus in the main on 62 day category who have breached largely due to poor processes.
- Cancelled Operations – 265 operations were cancelled in April and 53 will need to be readmitted within 28 days as a result of increased levels of escalation on the day surgical unit. Centres have been reminded of the importance of this target and the COO was pleased to report that there had been zero cancellations since 3 May 2013.
- Booking and Scheduling – SaTH failed to achieve the Choose and Book target in April. Following feedback from patients and CCGs a new action plan has been put in place and a Task & Finish Group will be looking at this. The COO will include in next month's report a dashboard and activity report.

Mr Jones (NED) said the Finance Committee was disappointed and concerned with regard to the poor performance of Booking and Scheduling. The CEO said that the success of Choose & Book is largely down to the GP performance and whether they make use of it. This issue would be picked up with CCG colleagues to make sure both sides are working properly. The CEO added that the CEO for West Midlands Ambulance Service said that they had seen a 13% increase in activity in April which reflected the pressure facing Acute Trusts.

FINANCE The Finance Director (FD) referred to the Finance section of the report which included :

Budgetary movements: To note that since authorising the 2013/14 Budget at the March Trust Board, there has been a series of budgetary alterations, the implications are that the Trust had previously declared a surplus of £1.2 million but, due to a number of budgetary alterations, results in a revised position of £2.4 million deficit. Discussions are ongoing with the NTDA around transitional funding to bridge the gap. The outcome will be reported in next month's report.

Income: The Trust has reached agreement over the value of the 2013/14 contracts with the two CCGs and National Commissioning Board with a revised profile £300,083k.

Pay - Historically M1 is a problem for all Trusts and SaTH had expected a problem in Month 1 but there is no immediate concern. However Month 1 showed a worse position than planned as a product of the increased level of spending associated with pay. Pay in April rose to £17.591 million, which was £250k worse than planned. Managers have been reminded there is an immediate need for the costs incurred to be brought back to budgeted levels, and Pay savings to be contained in order for the CIP to be achieved in full. A meeting had recently been held around nursing spend, especially agency and bank staff, with new working practices to be introduced to achieve tighter control. It is hoped with these actions put in place will see a significant drop in spending and will be seen to gain confidence for the end of the year. It was noted that the revised financial plan is subject to NTDA agreement.

INTEGRATED PERFORMANCE REPORT (Continued)

FINANCE (Continued)

Non Pay – The Month 1 position showed a slight underspend of £94k, after adjusting for CIP savings.

Cash Flow – At the end of April SaTH was holding a level of cash in excess of requirements, due to a balance being held for payment in relation to the linear accelerator in May and late additional income being received. This had led to a level of creditor payment suppression because of the planned I&E deficit. The Finance Director advised that the Trust required around £10 million improvement in working balances to improve creditor payments and discussions were ongoing with NTDA about underlying balance sheet position at SaTH.

The CEO said that SaTH will discuss with the NTDA the issue of the £2.4 million budgetary issue and the underlying balance sheet position.

WORKFORCE – The Workforce Director (WD) introduced this section of the report :

- Sickness Absence – remains the same as March at 4.32% which is close to a 20% reduction in absence since January. This will continue to be focused on.
- Appraisals – the Trust achieved 72% against the 80% target for non medical staff appraisals. A clear focus on appraisals will be given over the forthcoming months and will be managed going forward through operational teams. The medical staff appraisals rate declined from 76% to 69% and is an average of consultant and non-consultant appraisal. The MD said he was leading on developing a clear approach to achieving a higher coverage up to 100%. An educational programme will start mid-June with four sessions available to all senior doctors which will concentrate on appraisals and job planning. The MD will report back to the July Board meeting. **Action: MD.**

Section 7 - Monthly self certifications – NTDA mandatory requirement for monthly self certifications. The Trust has submitted templates in May covering the month of April relating to :

- 1) Monitor Licensing Requirements - a summary of each relevant licence condition and the Board's response and comments on any areas of non-compliance was included in the report, at Appendix 1. Only one area was non-compliant General Conditions 8 – Patient eligibility and selection criteria and it was noted that the Trust had agreed to develop and publish appropriate criteria and ensure system in place to test application of criteria e.g. clinical audit sample review.
- 2) Self-Certification Board statements covering clinical quality, finance and governance was included in the report at Appendix 1. Only one area was identified as non-compliant – 5. Governance – the Trust's Finance, A&E, RTT, Cancer waits and VTE compliance were all non-compliant and action plans are in place to recover all positions.

The Board **AGREED** to the above retrospectively and agreed delegated authority for the CEO and FD to sign for May.

The Board **NOTED** the Integrated Performance Report for April 2013 including the C difficile action plan.

2013.1/183 GOVERNANCE AND COMPLIANCE UPDATES

183.1 Emergency Planning, Resilience and Response

The Board **NOTED** the key changes listed in-year to legislation, policy, guidance and context for NHS Emergency Preparedness, Resilience and Response requirements for NHS Trusts. The Board **APPROVED** consequential amendments to the Business Continuity Planning Policy and Strategy.

The FD confirmed that the issues in the past relating to IT resilience and safeguarding data between the two sites have been resolved.

Board Assurance Framework, Risk Register and CQC Compliance

The CEO introduced the report and advised that the Risk Committee reviewed the Board Assurance Framework (BAF) at its meeting on 23 May 2013 and brought the following for the Board's consideration :

Attachment 1 – Board Assurance Framework Summary which identifies the risk matrix

Attachment 2 – Quality & Safety – the BAF has been updated.

(415) **Delivering safe care** was discussed. Some of the issues already discussed by the Board include the need to reduce pressure ulcers, falls and SIs. The Committee viewed that it should stay at Amber which was consistent with the last assessment.

(561) **Safe and efficient patient flow** - This has been left on Red as patient flow is still an issue, and although we have seen significant performance in May we are still failing other national targets and need to be assured that the performance improvement is sustained before reducing the risk.

(423) **Good levels of staff engagement** - This workforce risk remains Red due to poor staff engagement and poor staff surveys – a Cultural OD document will be brought to the Board in July. **Action: WD.** This remains a high risk on Red and matches the CQC's assessment of Outcome 14 - Supporting Workers on their Quality & Risk profile (QRP).

(668) **Improving health and well-being of our community through partnership** – a clear Clinical Service vision to deliver best services to patients is in preparation but not yet ready for wider consultation. The position has improved and has therefore been changed to Amber. A Clinical Service Strategy has been discussed internally and with stakeholders but will require consultation in due course.

(669) **Appointment of Board members** – There is still no permanent Chair and two NED vacancies – although these are in the process of advertising. The Board agreed that the risk remains Amber.

(670) **Financial Risk Rating (FRR) of 3** – remains on Amber. Although we have a financial plan and confident that we can live within it, we need to create surplus and an FRR of 3 to be authorisable so the risk remains Amber.

The Board also received the Risk Register summary which had been reviewed by the Risk Committee and contained all the risks on the Centre's registers clustered into themes and by Centre mapped to the BAF risks. The Trust Risk Register contained all risks scoring 20 and above and 23 risks of 20 removed/reduced since February 2013.

The CQC Essential Standards paper was received. This showed the Trust's self assessment and the CQC Quality and Risk Profile (QRP) assessment. It was noted that corporate leads had been appointed for each Outcome who would validate the aggregated self assessment by wards/departments and report any variance against the CQC QRP at the August Risk committee. Currently Outcome 7 – Safeguarding and Outcome 14 – Supporting Workers showed significant variation.

The Board **RECEIVED** and **APPROVED** the Board Assurance Framework, Trust Risk Register and CQC outcomes assessment.

2013.1/184 DRAFT QUALITY ACCOUNT 2012/13

The Director of Quality & Safety (DQS) introduced the Draft Quality Account 2012/13 which is a mandatory document prepared in accordance with the Department of Health guidance. All Trusts have to publish their Quality Account by 30 June 2013 and provide a copy to the Secretary of State for Health. The Q&S Committee had reviewed the document and it was presented to the Board for comment.

The DQS introduced Sarah Bloomfield, Deputy DQS, who had lead on this and undertaken significant stakeholder engagement, who gave a PowerPoint presentation (copy of slides attached).

2013.1/184 DRAFT QUALITY ACCOUNT 2012/13 (Continued)

The Quality Account looked back at last year's performance against the quality priorities and listed quality priorities for 2013/14. During 2012/13 the Trust had been successful in reducing inpatient falls by 25% although it was recognised that more work needed to be done; have used Patient Involvement to improve patient experience, improved the experience of frail elderly patients but much more work is required. Also effective diabetes care was provided to our patients. Improving the patient journey was still being worked on.

Two priorities were not achieved and related to preventing avoidable pressure sores and safe blood transfusion. These two priorities will continue to be worked on within 2013/14 and will be regarded as key priorities. Actions around preventing avoidable pressure sores included revised nursing documentation, implementing end of shift checklist, mandated annual training focusing on preventing pressure ulcers, preventing falls, medication, supporting patients who are deteriorating, attitude and behaviour. A video on the patient journey looks at privacy and dignity, nutrition showing best practice. Also a quality performance report for each ward has been designed and there is a process of accountability for those elements of care not delivered. Strengthening tissue viability service and access to expert advice. Falls resulting in serious harm remains a priority. Dementia patients will also be a focus to gain experience from relatives and carers to develop a programme. Work is ongoing for improving the patient experience in non patient areas such as renal units, paediatric wards and pre-op clinics.

There were five Quality Priorities across three domains for 2013/14 and these included :

- Reducing Inpatient Falls resulting in serious harm;
- Preventing avoidable pressure ulcers;
- Safe and Effective Discharge every time;
- Improving communication with relatives
- Non inpatient patient experience.

It was noted that several stakeholders still needed to respond to the document.

The Acting Chair and other Board colleagues thanked Deputy DQS for a very comprehensive presentation and acknowledged that a lot of effort had gone into producing this document. The Board was asked to make comment to the Deputy DQS prior to the final document being submitted for approval to the Board in June.

Action: ALL.

2013.1/185 THE TRUST'S RESPONSE TO THE FRANCIS REPORT

The Director of Quality & Safety (DQS) introduced the Trust's response to the Francis Report 2013 and confirmed that this had already been presented to the Q&S Committee. The DQS outlined that the 2010 report was focused on provider organisations whilst this latest report focused many recommendations on national organisations and Commissioning bodies.

The 2013 Francis Report contains much wider recommendations. The Executive Summary and DoH response to the Public Report from Robert Francis QC have been reviewed to capture the full range of recommendations.

- Section 2 provided the background and the context to the Trust's response to the original Francis Report from 2010.
- Section 3 captured the current position in terms of sharing the Francis Report with clinicians and managerial leaders for consideration.
- Section 4 outlines where the 290 recommendations within the 2013 Francis Report fell into the key headlines described within Points 4.1-4.20 and provided clarity of whether these recommendations were relevant to the Trust. This section also identifies the key Committee and Lead Directors who will co-ordinate the detailed gap analysis between practice in place and where work is required.

THE TRUST'S RESPONSE TO THE FRANCIS REPORT (Continued)

- Section 5 referred to the Department of Health's response to the Francis Report entitled "Patients First and Foremost" and where the report invites organisations to sign the pledge made within the document "A Statement of Common Purpose" seen at Appendix 2 had been adapted for local context by the DQS, and the Q&S Committee had signed up to the Statement in the light of the findings and recommended that the Board also signs up to the Statement.
- Section 5 also set out a 5-point plan to revolutionise the care that people receive from the NHS putting an end to failure and issuing a call for excellence. Appendix 1 indicates how it will be taken forward, who will be undertaking the gap analysis and how the Board will be briefed on the recommendations.
- Section 6.1 refers to two key Committees will lead this review of the Francis Report i.e. Workforce Committee and Q&S Committee. The high level reports from these Committees to the Board will provide assurance across these key themes. Both Committees will hold a joint workshop in July and report back to the Board.

The Board **NOTED** the main report which provides a high level overview of the second Francis Report and **SIGNED UP** to the Statement of Common Purpose. The Board **NOTED** the updated summary used to review the thematic aspects of all national recommendations and the lead Directors and Quality & Safety Committee assigned to progress recommendations.

2013.1/186 CONTRACT AND IMPLICATIONS FOR FINANCIAL STRATEGY

The Finance Director (FD) introduced the paper which provided an update on progress since the April Board meeting when contracts with the two main local Commissioners were still to be signed. The Board was advised that agreement was reached before the 10 May 2013 deadline and therefore arbitration was avoided. The following positions were reached and confirmed in side letters attached to the report :

- **Contract values for A & E case mix and zero length of stay** - Joint reviews to be completed by the 31 July 2013 and the jointly agreed result from the review followed thereafter. Payment being based upon PBR rules.
- **Commissioner QIPP** - PBR rules to be applied. In the event that Commissioner QIPP is not achieved, a recovery plan to be constructed. Trust to receive transitional support in respect of changes introduced within a recovery plan.
- **Cash Payments** - Cash payments to be paid to the Trust at a level that excludes the impact of anticipated QIPP savings and A & E case mix and zero length of stay differences. Transfer to actual cash, based upon the application of PBR rules to apply from September onwards.
- **QIPP transitional support** - Telford and Wrekin CCG to pay for transitional support associated with 2013/14 QIPP schemes. Shropshire County CCG to secure funding through retained transitional support withheld by the Shropshire and Staffordshire Area Team and/or by repaying monies withheld as a consequence of the application of contract penalties.
- **Re-admissions Monies** - Trust and CCGs to agree the use of monies withheld from the Trust in respect of re-admissions by 30th June 2013.

In answer to a question from Dr Walford (NED) as to whether the revised forecast £2.4m deficit was impacted by Commissioner QIPP and the risk posed, the FD said he believed that the change to our budget plans did not pose a significant amount of risk because it was discussed at NTDA.

The Board **NOTED** the basis on which the 2013/14 Contracts with the two local Commissioners had been agreed. Mr Jones (NED) asked that the position be reviewed at the end of July as an important stage in the process.

2013.1/187 COSTING PROCESS SUPPORTING REFERENCE COST SUBMISSION

The Finance Director (FD) introduced the paper and advised that the 2012/13 Reference Cost submission process required Board-level approval of the methodologies used in producing the information. The paper provided a description of how the costing system produces both Service Line Reporting and the Reference Cost submission in accordance with Monitor's approved costing guidance.

The Board **APPROVED** the costing process for 2012/13.

2013.1/188 BUSINESS CASE FOR THE CREATION OF ADDITIONAL INPATIENT CAPACITY

The CEO introduced the Business Case for the creation of additional inpatient capacity at PRH. He explained that Ward 12 is required to form part of the new Women & Children's Unit, and was due to be closed and refurbished in January 2014 (this was originally linked to planned whole system QIPP improvements that anticipated reductions in the number of people needing inpatient hospital treatment). However as a result of ever-increasing unplanned emergency pressures on the Trust's hospital services, Ward 12 (Escalation Ward) was converted into a substantive ward in April 2013. The Executive Team now believe that it is not possible to lose this 28 bed capacity going forward as with the current lengths of stay there is a calculated bed deficit of 50 beds.

The Business Case had been prepared and described a series of works and moves that will enable the creation of additional inpatient capacity at PRH by the conversion of non-clinical accommodation back into clinical accommodation within the main hospital building.

There were two main options for the relocation of Ward 12, these were :

- (i) **Provision of a modular demountable ward:** This would need a significant period of planning permission and pose a risk for the winter and financially it was more expensive.
- (ii) **Refurbishment of existing non-clinical space:** To refurbish the Management Suite to ward standard would require relocation of clinical staff and support staff within the main hospital and other staff relocated to the Business Park or RSH. This was considered to be the preferred option based on the best long-term solution. It could be completed by end of January 2014 and would not delay construction of the new Women & Children's Unit; but funding this project will result in an added burden.

Upon questioning, the CEO said that the criteria for deciding the bed base related to patient need and demographic growth. In order for this development to progress it is necessary for the Trust to secure £3.5 million through either securing external funding, as part of a further reconfiguration of clinical services, or through internally generated funds. The FD said that through a revised capital programme over the next 2 years it would be possible to identify the money to support this. It was noted that SaTH is continually being asked to deliver services that it cannot sustain and the CEO stressed that there is no greater priority than providing bed capacity.

The FD confirmed that externally funding this project would involve a loan that will need to be paid back. Dr Vernon (NED) said he had no concept of how the Trust could afford this or the consequences of the capital programme over the next 2 years. The NEDs general view was one of disappointment with the current situation as the original FCHS reconfiguration plan was based on best judgement at the time. The NEDs supported the Business Case but Dr Vernon (NED) wished to put on record that if SaTH had to fund the Business Case he would want assurance that the CCGs would be involved in discussions identifying funding options as he was very concerned about the impact on the Trust's own capital programme. The FD pointed out that SaTH was in dialogue with the NTDA regarding the capital position.

The Board unanimously **APPROVED** the Business Case for the creation of inpatient capacity at the Princess Royal Hospital in order to address the challenge of additional unscheduled care activity through the conversion of the Management Suite and associated alternative office accommodation.

2013.1/189 HR POLICY UPDATE

The Workforce Director (WD) introduced the paper and advised that the Policy Approval Group established to review policies prior to ratification. The following policies have recently been updated and approved :

- HR05 Whistleblowing
- HR52 Standards of Business Conduct
- HR59 Development and Training

Discussion took place with regard to Whistleblowing when it was pointed out that if employees have concerns then the Trust will deal with them sympathetically. Further legislation is coming out later in the year.

The Board **RATIFIED** the policies for dissemination through the Centres.

2013.1/190 ANY OTHER BUSINESS – None.

2013.1/191 QUESTIONS FROM THE FLOOR RELATING TO ITEMS ON THE AGENDA

1 Ms Wright reinforced the importance of basic standards in hospitals including preventing patient harm from incidents such as pressure ulcers and falls which she felt had not improved over the last two years. Having met the CEO she supported him in trying to rectify the previous management in the hospitals.

2 Chair of Montgomery CHC raised the following issues and the Board responded :

- i) Enquired about delays in transfer from acute hospital for Powys patients; and noted the appointment of a Care of the Elderly Physician. The COO said she was aware that some Powys residents faced lengthy delays waiting for a local package of care. The DQS added that she planned to arrange for the appointee of the Care of the Elderly Physician to meet with Dr Kevin Eardley to work together with the aim of trying to reduce the admission rate in the community.
- ii) Personal experience of using Trust outpatient area where there were some opportunities for improving the take up of patient feedback. The Deputy DQS acknowledged this and planned to pursue this.
- iii) Asked for a glossary to cover the abbreviations found within the agenda papers. The Acting Chair agreed that a reminder be sent to all Board paper authors reminding them of the need to not use acronyms without first putting them in full.
- iv) Noted that there were typographical errors in the Quality Account. Acknowledged by Deputy DQS.
- v) Agreed that Mortality rates were confusing to understand and recommended consistency over a period of time. The Trust has now moved to CHKS mortality indicator and planned to use this consistently.

3 Mr Jones (PALS Volunteer) :

- i) Said he had visited Wards 4, 11 and 12 recently and had handed in his comments to the PALS Office. I said he would like to meet the new Head of Complaints & PALS. The DQS said she would arrange the meeting. **Action: DQS.**
- ii) Asked if there was likely to be extra staff to allow the CCTV to be monitored. The DCG said that a proposal was put forward as part of the budget setting but unfortunately it was not accepted. There may however be some funding within existing budget constraints for temporary increased cover.
- iii) Highlighted delays in A&E on Friday evening, detail to be handed to COO. The COO said that the Trust is looking at additional junior staffing on Friday evenings on both sites as this was now becoming a regular busy period.

QUESTIONS FROM THE FLOOR RELATING TO ITEMS ON THE AGENDA (Continued)

4 Mr Sandbach said he :

- i) Was really delighted to see that SaTH had received the CHKS Top40 Hospital Award. Staff should be extremely proud as it symbolised their dedication through difficult circumstances.
- ii) Took advice from the Board and did not write a letter of complaint to the CCG but went to the Press and got bigger headlines. He said there is a need for more beds in the community to avoid admission into expensive beds. He has written a paper to save £3 million and this will come out in the next few weeks.
- iii) Wards 12/14 – he suggested alternatives to the proposal within the Business Plan for the creation of additional inpatient capacity. The CEO noted his comments.

2013.1/192 DATE OF NEXT MEETINGS :

Special Board Meeting – Thursday 6 June 2013 at 5 pm Seminar Room 1 & 2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

Formal Board Meeting – Thursday 27 June 2013 at 9.30 am Lecture Theatre, Education Centre, Princess Royal Hospital.

The meeting then closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 30 MAY 2013

Item	Issue	ACTION LIST	PRIORITY
158	Question from the floor re. JSC members visit Item carried forward from last meeting raised by Mr Sandbach. DQS said there was one other item to be followed up.	DQS	ASAP
182	IPR Quality - It was agreed that the DQS would advise the CCGs that future reporting would include only avoid pressure ulcers – with the CCGs able to challenge any classified as unavoidable. A reasonable timetable will be agreed with the CCGs. Risk Summit - It was agreed that a review will take place in 2-3 months time; Appraisals - The MD will report back to the July Board meeting.	DQS CEO MD	ASAP July/Sep 2013 July 2013
183.2	BAF : Workforce - Staff engagement and poor staff surveys – a Cultural OD document will be brought to the Board in July.	WD	July 2013
184	Final Quality Account to be presented to June Board meeting.	DQS	June 2013
191.3	Questions from the Floor The DQS said she would arrange a meeting between Mr Jones and the new Head of Complaints/PALS.	DQS	ASAP

Quality Account 2012/13

Sarah Bloomfield
Deputy Chief Nurse

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What is a Quality Account?

Quality Accounts are both retrospective and forward looking reports into the quality of services provided by Trusts during the previous year, and also looks to set out where improvements are planned for the year ahead.

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Why Trusts must produce a Quality Account

- National Health Service (Quality Accounts) Regulations 2010 (updated 2012) require Trusts to produce a Quality Account each year within specified timescales
- Aspects of the content of the Quality Account are strictly mandated by these regulations and Trusts must ensure these are included
- The Trust sees the Quality Account as an opportunity to communicate areas of improvement and areas requiring further work in an open and transparent way

Mandated Content

- A statement about the quality of our services from the CEO
- Information about the services provided by the Trust
- Information about research and clinical audit activity
- Information about previous and coming year CQUIN's
- Information regarding registration status with the CQC
- Statistical information on the Hospital Episode Statistics
- The Trust's Information Governance Assessment score

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Mandated Content cont.

- Information on Payment By Results clinical coding audits
- Written statements by external bodies
- Action taken by the Trust to improve data quality
- Priorities for improvement
- Performance against a list of KPI's
- Statement of Directors Responsibilities signed by the CEO and Chairman
- Signature by a senior employee (CEO) regarding accuracy
- Published on our website and sent to the Secretary of State by 30th June

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How did the Trust produce the 2012/13 Quality Account?

Listen to feedback on last year's Quality Account

“Please make it shorter, 65 pages is too long to read”

“We really like the increased number of tables and graphs as they are easy to read and understand”

“There a too many pages with lots of text, please can these be broken up by more numerical information.”

“We found the account much easier to read and liked the clear messages regarding the priorities”

“Please can all the information that matters to patients be grouped together at the beginning?”

Engage with stakeholders, particularly in relation to 2013/14 priorities

External engagement meetings

- Patient Groups
- HOSC's
- Commissioning groups
- Auditors

Quality Improvement Strategy (revised)

Professional Meetings

Local priorities

One to one discussions

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Patient Safety Priority

Preventing Avoidable Pressure Ulcers

- Existing priority from the previous 2 years
- Eliminating all avoidable grade 3 and 4 pressure ulcers must be achieved in the year ahead
- Reduce grade 2 pressure ulcers by 50%

What do we do differently to ensure this happens?

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Patient Safety Priority

Further reduction of Falls

- Reduction in falls resulting in serious harm by a further 25%
- Deliver actions based on known themes such as bedrail usage and nursing handover
- Implement a Falls Service

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Clinical Effectiveness Priority

Safe and Effective Discharge Every Time

- Revised and strengthened policy
- Discharge training for ward nurses
- Better information for patients, relatives and carers
- Robust checklists for every discharge
- Assurance that we have made the above improvements through patient feedback and audit

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Patient Experience Priority

Communication with Relatives and Carers

- Literature specifically aimed at relatives, carers and visitors
- Expand our patient experience work to include relatives and carers using the ward to board metrics
- Ensure that relatives and carers are represented on our Patient Experience and Involvement Panel
- Ensure that we signpost relatives and carers of those with dementia to access help and support services

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Patient Experience Priority

Patient Experience in non inpatient areas

- Develop bespoke specialist metrics for areas such as;
 - Renal Units
 - Paediatric wards
 - Preoperative clinicand involve our staff and patients in shaping these metrics
- Extend our Patient Experience and Involvement Panel work plan to these areas

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Performance against last year's priorities

Quality Priority 2011/12	Current Status of Priority	Comments
Preventing avoidable pressure ulcers		Grade 3 – 30 (16 confirmed as avoidable, 2 unavoidable, 12 awaiting ratification) Grade 4 – 13 (8 confirmed as avoidable, 5 awaiting ratification) RCA's completed for all grade 2, 3 and 4 hospital acquired ulcers
Reducing Inpatient Falls		25% reduction in falls resulting in serious harm achieved Comfort round audit shows 94% compliance for the year
Safer Blood Transfusion		Improvements in training have been seen, however observations have not demonstrated the required improvement
Using Patient Involvement to Improve Patient Experience		<ul style="list-style-type: none"> •A wide variety of work has been undertaken by the PEIP over the last year. •The Friends and Family question has been completed for 10% of discharged patients each week •Ward to board surveys have been expanded with more planned over the next 3 months

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Performance against last year's priorities

Quality Priority 2010/11	Current Status of Priority	Comment
Improving the experience of frail elderly patients		The Frail and Complex service was launched successfully at the Royal Shrewsbury Hospital in December 2012 and at the Princess Royal Hospital in January 2013
Providing effective diabetes care to our patients		<ul style="list-style-type: none"> • Good progress made with e learning training • Single point lessons developed • Patient experience survey for diabetic patients completed • Awareness day held for clinical staff
Improving the patient journey		<ul style="list-style-type: none"> • Expected Date of Discharge embedded and now supported by Patient Status at a glance • Improvements made in outpatient clinical experience and signage • Further improvements required in booking and scheduling

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Quality Account 2012/13

In Summary

- Mandated requirements completed
- Some external stakeholder feedback received
- Limited Assurance Report in progress
- 5 priorities across the 3 domains of quality agreed

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The Shrewsbury and Telford Hospital NHS Trust

SPECIAL TRUST BOARD MEETING
Held on Thursday 6 June 2013 in Seminar Room 1&2,
Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Mr M Beardwell	Acting Chair
	Mr D Jones	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Dr R Hooper	Non Executive Director (NED)
	Mr N Nisbet	Finance Director (FD)
	Mrs V Morris	Director of Quality & Safety (DQS)/Chief Nurse (DQS)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG)
In attendance	Mr A Osborne	Communications Director (CD)
Meeting Secretary	Mrs B Graham	Committee Secretary
Apologies:	Mr P Herring	Chief Executive (CEO)
	Dr P Vernon	Non Executive Director (NED)
	Mrs D Kadum	Chief Operating Officer (COO)
	Dr E Borman	Medical Director (MD)

2013.1/193 WELCOME

The Chairman welcomed everyone to this Special meeting which is held to approve the Draft Annual Accounts for 2012/13 before their submission to the Department of Health the next day.

2013.1/194 DECLARATIONS OF INTEREST

There were no declarations of interest from members of the Board relating to matters on the agenda.

2013.1/95 ADOPTION OF DRAFT ANNUAL ACCOUNTS AND APPROVAL OF THE MANAGEMENT REPRESENTATION LETTER

The Finance Director (FD) introduced the Draft Annual Accounts and Management Representation Letter.

The Board was informed that NHS Trusts are required to produce Annual Accounts in accordance with guidance set out in the NHS Finance Manual : Manual for Accounts. The Annual Accounts 2012/13 were presented to the Board for approval and, subject to this approval, the Directors' signatures and independent Auditors statement will be included in the printed document for presentation to the Trust's Annual General Meeting in September 2013.

.....
Chairman
27 June 2013

ADOPTION OF DRAFT ANNUAL ACCOUNTS AND APPROVAL OF THE MANAGEMENT REPRESENTATION LETTER (Continued)

The FD said that the Audit Committee had met prior to this meeting and talked through the Annual Accounts and in particular information from the Auditors. The following key points were noted :

- i) **Key Financial Duties** – Income and Expenditure position recorded for the Trust in 2012/13 was a surplus of £81k. In achieving the £81k the Trust received transitional funding of £4.9 million and it was also recognised that the Trust delivered a CIP of £13 million which was substantially more than previous years. The FD said the delivery of the CIP enables the Trust to make good progress into the new financial year although it will still be a difficult year ahead.
- ii) **Cash** – at the end of 2012/13 financial year the Trust recorded a liquidity rating of 2, which is not authorisable in FT terms. The organisation has a serious liquidity issue which will be significant in our business transactions and FT application. Discussions with the NTDA regarding the Trust's historic liquidity balance sheet position are ongoing to enable the Trust to progress its FT application.
- iii) **External Financing and Capital Resource Limits**
The FD explained that Capital Resource Limit (CRL) relates to capital monies that are available to spend and the External Financing Limit (EFL) relates to what we are able to receive in funds over and above what we generate ourselves; and these two are tied together. During 2012/13 our Capital Resource Limit underspent by £8.35 million as a result of a revised funding requirement for the delivery of Future Configuration of Hospital Services (FCHS) and the External Financing Limit, which can be undershot, was undershot by £8.348 million. Because our CRL was based on an assumption in support of the Maternity Development and was over two years, we received the full allocation even though we would not spend it all in-year, therefore £8.35 million will be carried forward into the next year.
- iv) **Better Payment Practice Code** requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice whichever is later. The following position was noted:

Non-NHS payables – 60% of all invoices were paid within 30 days and representing 67% expenditure;

NHS payables – 69.61% of all invoices paid within target representing 68.43% expenditure. The FD said the Trust's position should improve as a result of better cash flow in line with our liquidity position but he would only expect to achieve between 70-80% as opposed to the 90-95% levels.

The FD confirmed that the Annual Accounts describe the position where the organisation has achieved all of its key financial duties in 2012/13 year.

In relation to the Auditors, they will present an unqualified audit position. They do however have one qualification linked to the 2nd part of the exercise. They will introduce a qualifying statement to the audit information on the grounds that although the Trust achieved key financial duties it is unable to say that the Trust demonstrated effectiveness in managing its resources in that the Trust failed key operational targets - 18 week RTT and A&E. Following discussion at the Audit Committee meeting the Trust recognised that the Auditors have to make this kind of qualification though reference was made to areas of good practice at the Trust. It was confirmed that this treatment is consistent with other organisations throughout the country including Foundation Trusts.

The Auditors did not find any issues with regard to the production of the Annual Accounts. They tested a small number of areas where there were material changes e.g. most significant was the revaluation of plant and equipment. The Auditors tested this out with the District Valuer and SaTH was described as "balanced".

Mr Jones (NED) said that there is a big net current liability in 2013/14 and he wished to reinforce the Board's support for the CEO and FD in finding a solution.

ADOPTION OF DRAFT ANNUAL ACCOUNTS AND APPROVAL OF THE MANAGEMENT REPRESENTATION LETTER (Continued)

Mr Jones (NED) referred to the break-even duty and what the Auditors view was around this. The FD said that it is noted in the Accounts on our inability to break even. He said that there was discussion at the Audit Committee and it was accepted that Auditors had to report this because it is a statutory duty to break-even. It was noted that this statement was relevant in terms of FT application because it highlights the liquidity problem and it was picked up with Grant Thornton when they undertook Historic Due Diligence- Phase 1 (HDD) and it will inevitably be picked up again at the next HDD.

The Acting Chair on behalf of the Board formally thanked the Finance Director on his presentation of the Accounts and to the Finance Team for preparing the Accounts in a timely fashion.

The Board **APPROVED** the Annual Accounts 2012/13.

2013.1/196 AUDIT COMMITTEE ANNUAL REPORT

The Audit Committee Annual Report reviews the role and operation of the Committee including attendance rates, reporting to and from the Committee and summarises the reports received from the Internal and External Auditors.

The Acting Chair complimented members on their good attendance throughout the year. It was noted that Mr Jones (NED) was the previous Chair of the Audit Committee and this role had now moved to Dr Hooper (NED). Dr Hooper (NED) said that this document had been considered on two previous occasions and Mr Jones (NED) added that it was a fair reflection of what was covered throughout the year,

The Board **RECEIVED** and **NOTED** the Audit Committee Annual Report.

2013.1/197 ANNUAL GOVERNANCE STATEMENT

The Director of Corporate Governance (DCG) introduced the Annual Governance Statement which had been considered at the Audit Committee prior to this meeting. She advised that there were a small number of amendments to be made which will be incorporated into the final statement (i.e. largely to make sure it is recorded in the past tense) to go with the Final Accounts to the Department of Health on 7 June 2013. It was noted that the Chief Executive had confirmed that it was a true reflection of the Trust's governance position and External Audit had also endorsed the statement.

Dr Hooper (NED) raised the issue of designation and appropriateness of Internal Audit Prior 1 recommendations. He said he had asked the FD to arrange with the DCG and Internal Audit to confirm what the designations will be in future also the timetable on some of the matters which need to be addressed as this will help the flow of information.

Mr Jones (NED) said it was important to be sufficiently open around issues that we have as an organisation Section 5 which reflected those issues that were with us at the end of the year. In relation to those around failure to meet national targets i.e. falls and liquidity, he asked if pressure ulcers should warrant more reference in the statement in terms of regional expectation. The DCG said that that the Auditors view was that Falls should specifically feature in the statement given the HSE and the potential prosecution of the Trust for deaths following falls in hospital and their legislative powers of enforcement. Dr Walford (NED) said that reducing or eliminating pressure sores was an NHS aspiration.

The Board **APPROVED** the Annual Governance Statement and this will link into the Quality Account 2012/13 to be presented to Trust Board on 27 June.

2013.1/198 DATE OF NEXT MEETING : Thursday 27 June 2013 at 9.30 am in the Lecture Theatre, Education Centre, Princess Royal Hospital.