Minutes of the Trust Board Meeting in Public of the Royal Cornwall Hospitals NHS Trust held on Thursday 3 May 2018 at 12.15 in Fal Conference Room, Truro College, Truro, Cornwall, TR1 3XX

Present:
Jim McKenna (Chair) Chairman
Catrin Asbrey (CA) Director of HR and OD
Mark Daly (MD) Medical Director
Paul Hobson (PH) Non-Executive Director
Thomas Lafferty (TL) Director of Corporate Affairs
John Lander (JL) Non-Executive Director
Sally May (SM) Chief Finance Officer
Ethna McCarthy (EM) Director of Strategy and Business Development
Mairi Mclean (MM) Non-Executive Director
Rab McEwan (RM) Chief Operating Officer
Kim O’Keeffe (KOK) Chief Nurse
Sarah Pryce (SP) Non-Executive Director
Margaret Schwarz (MS) Non-Executive Director
Kate Shields (KS) Deputy Chief Executive

In Attendance:
Marie-Noelle Orzel (MNO) Improvement Director

1. Welcome, Apologies for Absence
   a. The Chair welcomed all present to the meeting.
   b. The Chair noted that apologies for absence had been received from Kathy Byrne, Chief Executive.

2. Register of Board Member Interests
   a. The Board received the Register of Board Member Interests.
   b. The Chair confirmed that he remained a Cornwall Councillor.
   c. MD advised that he continued to undertake clinical work on behalf of Royal Devon & Exeter NHS Foundation Trust. The Register would need to be updated to reflect this.
      Action: MD

3. Minutes of Previous Board Meeting
   a. The minutes of the meeting held on 5 April 2018 were APPROVED as a true and accurate record subject to some minor grammatical errors and clarification of the following:
      • In relation to minute 7c, the Board agreed that the minute needed to be rewritten to state: ‘Mrs O’Keeffe noted that there were currently 118 inpatients within the Trust suffering from influenza’.
      • In relation to minute 7h, regarding elective cancellations across January – February 2018, the Board sought clarity on the number of patients whose appointments had been cancelled.
         Action: RM
In relation to minute 7n, it was noted that the minute should have read ‘Mrs Pryce questioned the impact of operational pressures on compliance with appraisal and mandatory training and sought assurance that staff would be supported in this regard’.

4. Matters Arising

a. The Board received the Action Log arising from the last meeting and noted that all actions had either been completed or were scheduled to be covered on the meeting agenda.

b. The Board noted national concern with regard to a technical issue had led to many patients across the country not being invited to routine breast screening appointments. RM advised that, in relation to Cornwall and the Isles of Scilly, this affected 1,943 patients and that the Trust would now need to ensure that these patients underwent screening. He anticipated that this would be complete by October 2018. He noted that this would have an operational impact and would require weekend working. He also highlighted a risk regarding the Trust’s ability to secure staff for the additional work that would be required.

c. MS asked whether the Trust had risk assessed the cohort of patients locally affected by the breast screening issue. RM confirmed that this would be undertaken and noted that the total number of patients booked for screening would likely be less than the 1,943 due to patients having moved out of county, being uncontactable or having died. MD added that the Trust would need to locally comply with its statutory Duty of Candour with regard to any affected patients.

d. In response to a query on how the Trust’s response to the issue would be internally and publicly communicated, MD confirmed that the Deputy Medical Director was working with the Communications Department to prepare an internal briefing for all staff members in order that they could support patients if they received queries with regard to the issue. In addition, the Trust was working with Public Health England with regard to an appropriate external communications message that, amongst other things, would direct concerned patients to the national helpline.

e. Following questions on the operational and financial impact of the additional screening sessions the Trust would now need to provide, it was agreed that RM and MD would prepare a briefing on the Trust’s response to the national breast screening issue in time for the May 2018 Quality Assurance Committee and the June 2018 Trust Board meeting.

Action: RM/MD

5. Chairman’s Report

a. The Chair noted that the Trust had, on 13 April 2018, submitted evidence to show how the Trust had resolved the concerns contained within the Care Quality Commission (CQC) Section 29(A) Warning Notice that had been issued following the regulator’s inspection of the Trust in January 2018.

b. The Chair confirmed that the ‘Well-Led Review’ undertaken by EY had now concluded and that Board members had received a draft report for the purposes of factual accuracy. He advised that the current expectation was that the finalised report outcomes would be submitted to the June 2018 Board meeting.

c. The Chair noted that Charlotte Russell and Roger Gazzard had now stepped down from their respective positions of Non-Executive Director and Associate Non-Executive Director on the Board. The Board thanked Ms. Russell and Mr. Gazzard for their years of service and positive contribution to the work of the Board. The Chair noted that the two Board vacancies had now been advertised through NHS Improvement and that there had been a good level of interest from potential candidates.

d. The Chair noted that SP had extended her tenure as a Trust Non-Executive for a further two years. The Board welcomed her reappointment.

e. The Chair summarised the meetings and events that he had recently attended. In particular, he drew attention to the Board walkabout programme which aimed to increase the visibility of Board members to frontline staff.

f. The Chair noted the impact that ‘Gold Command’ had had upon transforming the Trust’s 4-hour Emergency Department performance, adding that, with the exception of four days, the Trust’s operational flow state had been consistently ‘green’ over the past seven weeks. He congratulated the Executive Team on this achievement.
In response to a question from PH, the Chair confirmed that the monthly MPs meeting continued to be well attended by the county’s parliamentary representatives and that there was a strong level of political engagement with local NHS issues.

6. Chief Executive’s Report

a. The Board received the Chief Executive’s Report.

b. In presenting the report, KS acknowledged the efforts of local system partners in contributing to the rapid improvement of flow within the hospital under the Gold Command arrangements. The challenge would now be to sustain the progress that had been made once Gold Command had been formally stood down.

c. KS noted the national ‘End PJ Paralysis’ campaign that aimed to ensure that patients remained active and mobile whilst in hospital. Professor Brian Dolan, the national lead for the campaign, had recently visited the Trust in order to locally promote the initiative and Professor Dolan was expected to revisit the organisation later in the year.

d. KS noted that the Trust would shortly be subjected to a National Guardian’s Office review of its Freedom to Speak Up (FTSU) arrangements which would involve staff focus groups and interviews with Board members. It was agreed that the Board would need to formally receive the report arising from the review once the work had been completed.
Action: MD

e. KS advised that the Trust had now submitted its 2018/19 Operational Plan to NHS Improvement. JL noted that, with regard to the 2017/18 end of year position, whilst the report made reference to a £0.8 positive variance against the Trust’s end of year forecast, the forecast itself had changed on several occasions during the year. Overall, the £2.6m end of year deficit recorded by the Trust marked a deterioration on the £1m deficit posted for 2016/17.

7. Integrated Performance Report

a. The Board received the Integrated Performance Report.

Quality:

b. With regard to Infection Control performance, KOK noted that an additional four cases of Cdiff had been recorded in March which cumulatively took the Trust above its established ‘tolerance level’ for the year (30 cases against a tolerance of 23). In addition, the Trust had reported a further case of MRSA bacteraemia, the second in consecutive months, although this was thought to have been clinically unavoidable. She detailed the steps that were being taken to reinforce standards of Infection Prevention & Control within the Trust.

c. KOK advised that the number of recorded patient falls causing harm continued to decrease within the organisation and noted that the Trust was a participant in the regional South West Safety Collaborative which had a focus on falls prevention.

d. With regard to the Friends & Family Test (FFT), the Trust had achieved its highest participant rate to date for inpatient areas, 22% against a target of 23%. Whilst this positive trend was welcome, she noted that performance for the Emergency Department needed to improve, currently at 5.6% against a target of 8.7%. In discussion, the Board noted that post-natal and post-natal community services both had received ‘not recommended’ FFT scores of above 5%. KS detailed the steps that the Trust was taking to improve the post-natal environment and its engagement with patients in this regard. She advocated the early engagement of patient views as part of the business case process relating to the redevelopment of the Princess Alexandra Wing. This was welcomed by the Board.
Action: KOK

e. The Board noted the Trust’s complaints performance and expressed concern that the 30 day response timescale was only being met in 54% of cases. Beyond this, there was a need to ensure that organisational improvements occurred as a result of complaints received. KOK acknowledged this and detailed the work that she was currently undertaking with MD to ensure that the Trust took an integrated approach to organisational learning, incorporating the lessons learned from incidents, complaints, claims, clinical audit and risk.
MD advised that 19 Serious Incidents (SIs) had been declared in March 2018. The present position was that seven previously reported SIs had breached their timescale for completion; however, in the majority of these cases, the breach had occurred due to the need for further work to be undertaken to improve the quality of the investigation following Medical Director/Chief Nurse review. He recognised that the Trust needed to embed its processes with regard to the follow-up of SI investigation recommendations and lessons learnt.

MD noted that the Trust had seen a recent deterioration in its sepsis KPI relating to the provision of IV antibiotics within 1 hour of sepsis identification but noted that performance had recovered in recent weeks. The Board noted its concern with regard to the fluctuation of performance in this area. KOK explained that the significant drop in performance between January and February 2018 was partly explained by the introduction of a new monitoring tool during this period which would greatly enhance the accuracy of the Trust’s data for the measure. The Board noted the importance of ensuring that, where the process of data collection had changed in the case of any KPI, that this was explicitly noted within the Integrated Performance Report.

On the substantive matter of performance against the sepsis KPIs, given the level of Board concern, MD agreed to produce a paper on the steps that had been taken to improve the Trust’s level of sepsis identification and management over the past 6-12 months. This would be received by the Board after initially being submitted to the Quality Assurance Committee.

In relation to the Never Event that had been reported for March, MD explained that this related to a retained catheter which the Trust had identified from a previous episode of care. An investigation had commenced.

The Board discussed the Trust’s performance with regard to cardiac arrests and peri-arrests and stressed the importance of being able to benchmark the Trust’s performance against national standards in this area. MD accepted this but noted that these were examples of a number of quality KPIs where there was no clear national standard. He agreed to further review this position.

With regard to ‘Type 1’ 4-hour performance within the Emergency Department, RM noted that the Trust’s performance had improved to 73% in March and had, in April, further improved to 94.1% as a result of the ‘Gold Command’ arrangements that had been referred to earlier in the meeting. He noted that the Trust had reported 17 12-hour ‘trolley waits’ for March which reflected the operational pressures associated with adverse weather and highlighted the risk that remained with regard to the Trust’s deteriorating Referral to Treatment (RTT) time position, with 206 patients waiting over 52 weeks for their scheduled procedure. RM acknowledged that the deterioration in performance was associated with the decision to defer non-urgent elective work over the winter period as a result of a national directive to prioritise urgent and emergency care.

The Board acknowledged the deteriorating RTT position and noted the ‘steady state’ commitment that had been made as part of the submission of the Trust’s 2018/19 Operational Plan. Concern was raised with regard to how this could be achieved when there was a need to also reduce the backlog of 52-week waiting patients. RM confirmed that the reduction of the 52-week backlog had been included within the Trust’s RTT recovery trajectory and that, by April 2019; the Trust would have at least ‘halved’ its backlog in this regard. The Board noted the harm review processes that the Trust was now progressing to mitigate the risk of harm being caused to any ‘long-waiting’ patients. However, notwithstanding this and in acknowledgement of the residual risks associated with long-waits, the Board requested that RM undertake further work to expedite the clearance of the 52-week backlog, ahead of the current trajectory.

RM provided a brief update on the reconfiguration of the Royal Cornwall Hospital’s bed base which looked to transfer 14 beds from medicine to surgery in order to provide greater ‘protected’ capacity for surgical work. He noted the improved capacity position across the hospital caused by a reduction in overall lengths of stay (LOS) which had been brought about through the Gold Command process.
n. The Board noted the severe decline in the Trust’s 6-weeks diagnostics performance, placing the Trust in the worst decile of providers for this metric. RM acknowledged the position and noted the expenditure that had recently been allocated to upgrade diagnostic equipment and to increase diagnostic capacity in relation to staffing.

o. The Board expressed concern with regard to the frequency of short-notice outpatient cancellations. RM provided assurance that the Trust had established protocols with regard to the restricted circumstances under which such cancellations could occur, although acknowledged that this was not always adhered to and that this was one of a number of factors which underlined the need for transformation within Outpatients.

p. The Board noted the range of operational performance KPIs that the Trust was held to account for delivering against and discussed the extent to which the responsibility for delivering these KPIs was shared by system partners. RM advised that a suite of system-wide operational KPIs had recently been agreed in recognition that the improvement of operational flow within the hospital was a shared responsibility across all providers of healthcare within the region. The system-wide operational KPIs would shortly be reviewed by the A&E Delivery Board and it was agreed that these should also be shared with the RCHT Trust Board for information.

Action: RM

Finance:

q. As had been noted earlier in the meeting, SM confirmed that the Trust had posted a £2.6m deficit at the end of 2017/18, which was a £3.9m adverse variance from a planned surplus of £1.3m. She noted that the Operational Plan for 2018/19 forecast a £11.9m deficit position, subject to regulator confirmation of this position.

r. In discussion, the Board noted the additional expenditure that had been incurred in 2017/18 in order to address quality shortfalls identified in year and the fact that the overall financial position would have been worse but for financial support from the regulator and the accounting treatment of impairments.

s. JL advised that the Trust had breached its ‘cap’ on agency expenditure for 2017/18 by £2.6m and noted that the Trust’s Operational Plan forecast agency expenditure of £13.9m against a revised cap of £9.3m. The Trust’s over-reliance on agency staff was discussed and the need for workforce redesign was emphasised. CA outlined the innovative steps that the Trust was taking with regard to substantive recruitment and in respect of the use of ‘non-traditional’ clinical roles in order to mitigate this growing risk. Following further discussion, the Board agreed that it would need to formally receive the Workforce Transformation Plan once developed.

Action: CA

Our People:

t. CA provided detail on the Trust’s overseas recruitment programme and noted the additional steps that were being taken to streamline recruitment processes, reduce administration and simplify the induction of new staff into the organisation.

u. CA highlighted the Trust’s continued deterioration with regard to staff appraisals and outlined the interventions that had occurred in order to arrest further decline, with HR Business Partners playing more of a leading role in supporting clinical services in this regard. SP noted that recent discussion at the People & OD Committee had emphasised the importance of appraisals being of sufficient quality and adding value to the work that staff undertake. CA confirmed that appraisal quality (in addition to timeliness) would be considered within the appraisal audit which was soon to conclude and highlighted feedback received from recent cultural workshops which had raised concerns regarding the complexity of appraisal paperwork. It was agreed that the Board, via the People & OD Committee, would receive an update on the enhancements being made to the Trust appraisal process, once the audit report had been received.

Action: CA

Partnerships:

v. EM noted the growth in commercial income that had been achieved through the Trust’s Research & Development (R&D) work. The Board discussed the financial and clinical benefits associated with having a comprehensive programme of clinical trials. Following discussion, it was agreed that the Board would, in future, receive information on the funding of R&D work against budget.

Action: EM
8. Trust Quality Improvement Plan (QIP)

a. The Board received an update on the progress of the Trust Quality Improvement Programme.

b. In presenting the report, KS noted the outcomes arising from the 1 May Quality Improvement Delivery Board (QIDB) meeting, including recognition of the need to hold a ‘stock take’ session in order to evaluate the effectiveness of the QIP to date and to allow for the reestablishment of quality deliverables under each of the three workstream headings of: Safety Culture, Strong Governance and Tackling Delay. Overall, there was a need to ensure that the programme was focused upon quality outcomes as opposed to process milestones.

c. A key milestone that had been achieved since the last Board meeting through the QIP had been the launch of Ward Accreditation within the Trust. KS noted that this had been well received by the staff and that the programme emphasised the need for staff development and engagement, rather than on ‘compliance’.

d. KS noted the concern that had been raised at the recent QIDB meeting with regard to the resourcing of the Culture & Leadership and Communications & Engagement workstreams which required further review.

Action: KS

9. 2017 NHS Staff Survey Report

a. The Board received a report which summarised the key highlights arising from the 2017 NHS Staff Survey.

b. In presenting the report, CA noted the improved survey outcomes that the Trust had received in comparison to the 2016 Staff Survey results but advised that the organisation nevertheless remained in the bottom 20% of providers. She drew a correlation between the areas of improvement and the particular areas of focus that the Trust had prioritised during the survey period.

c. The Board noted that the number of staff satisfied with flexible working opportunities at the Trust had deteriorated since the previous year’s survey. It was recognised that whilst the Trust would look to encourage flexible working for its staff, this would need to be balanced against operational need.

d. Following further discussion, the Board congratulated CA and her team on the significant increase in staff survey participation, a response rate of 56% against a national average of 44%.

10. Mortality Report

a. The Board received the Mortality Report.

b. In presenting the report, MD advised that the Trust had been able to maintain its strong mortality performance with a 12 month rolling HSMR of 95.15. He described the comprehensive processes that the Trust now had in place to review mortality which placed a particular emphasis on ‘vulnerable patient’ deaths. The enhanced processes had already led to the identification of previously unreported ‘incidents’ which provided an opportunity to learn from such instances.

c. The Board welcomed the progress that had been made in this area but expressed concern regarding the Trust’s ongoing position as an outlier for stroke mortality. It was agreed that the Board would receive an assurance report on this position, via the Quality Assurance Committee.

Action: MD

11. Incidents Report

a. The Board received a report which summarised the themes, trends and outcomes arising from recently reported incidents.
b. In response to a question regarding the learning that had followed the Never Events that had been identified within
the past 12 months, MD detailed the processes that had been put into place within surgery and with regard to
medical procedures to eliminate the risk of human error during invasive procedures. KOK noted that it was
encouraging that staff was beginning to report any non-compliance with the WHO Surgical Safety Checklist as an
incident requiring investigation.

c. In response to a question regarding commissioner fines for under-performance against quality KPIs, SM confirmed
that, under new contractual arrangements, NHS Kernow no longer issued fines against the Trust for failing to deliver
certain quality standards, although services commissioned by NHS England were still subject to Payment by Results
(PBR) arrangements and this included the potential for fines to be levied. MD agreed to clarify this position within
future reports.
Action: MD

12. Operational Plan 2018/19

a. The Board received a summary of the 2018/19 Operational Plan that has been submitted to NHS Improvement on
30 April 2018. It was noted that a more detailed report would be produced at the June Board meeting.
Action: EM

13. Risk Report

a. The Board received the Corporate Risk Register.

b. In presenting the report, TL advised that the consultation period on the new Risk Management Strategy would soon
conclude and this aimed to simplify the process by which risk could be escalated within the organisation. He drew
attention to the Corporate Risk Register and noted the need for risk to inform priorities within other workstreams,
such as the QIP and the Trust’s clinical audit programme. The Board and its Committees could also use the Trust’s
risk profile in order to agree particular areas of focus, TL cited the recent example of the Quality Assurance
Committee requesting a report on the steps that would be taken to mitigate any significant environment and
equipment risks that would not be resolved through capital expenditure within the 2018/19 Operational Plan.

c. The Board expressed concern with the lack of detail on the mitigating actions that were in place with regard to the
risks presented in the report. In addition, following discussion, it was agreed that linkages with the Board Assurance
Framework needed to be made more explicit within the report.
Action: TL

d. The Board discussed the degree of Board scrutiny that was in place with regard to specific risks, particularly with
regard to the PAS system and the sexual health services contract. The Board emphasised the need for staff to
understand the importance of identifying and correctly assessing risk. It was therefore important that the launch of
the Risk Management Strategy was accompanied by suitable training schedule for staff that would clarify their
responsibilities in relation to risk.

14i Finance Committee: March 2018

a. The Board received a summary of the key outcomes arising from the March 2018 Finance Committee meeting.

b. In presenting the report, JL drew the Board’s attention to a high-quality Business Case that had been prepared in
order to improve the financial position of the Cornwall Food Production Unit (CFPU) to a small surplus by 2020/21.
He congratulated the team involved in preparing the business case.

14ii Quality Committee: April 2018

a. The Chair provided a verbal summary of the key outcomes arising from the April 2018 Quality Assurance Committee
meeting.

14iii Audit & Risk Assurance Committee: April 2018

a. The Board received a summary of the key outcomes arising from the April 2018 Audit & Risk Assurance Committee
meeting.
b. In presenting the report, MS noted that the Committee continued to have concerns with regard to the robustness of the Trust’s non-financial controls and was seeking assurances on these systems and processes.

14iv People & OD Committee: April 2018

a. The Board received a summary of the key outcomes arising from the April 2018 People & OD Committee meeting.

b. In presenting the report, SP advised that, given the number of workforce issues, risks and initiatives, the Committee was attempting to take a risk-based approach to the prioritisation of issues within the Committee’s workplan.

15. Board Calendar of Meetings

a. The Board received and noted the Calendar of Meetings.

b. The Board noted that the following changes needed to be made to the document:

   - The May Finance Committee date was now 31 May, as opposed to 29 May;
   - An Audit & Risk Assurance Committee had been scheduled for 11 July;
   - The ‘Executive Sign-Off’ section of the schedule needed to be corrected.

Action: TL

c. Following discussion, it was confirmed that a central record was maintained with regard to Board members’ attendance at Board meetings and Board Committee meetings. It was agreed that this would be produced for Board members’ perusal.

Action: TL

16. Board Forward Plan

a. The Board received and noted the Board Forward Plan.

17. Questions from the Public

a. A member of the public expressed surprise that there had been minimal media coverage of the Trust’s significant improvement with regard to the 4-hour Emergency Department standard. The Board noted the need to ensure that these improvements were sustained, particularly during the ‘summer peak’ and Winter 2018.

b. A member of the public asked whether the Trust would be incentivising the completion of staff appraisals through linking this with pay progression. The Board noted that this would be in place from June 2018, although would not affect staff members already being paid at the ‘top of their pay band’. CA emphasised the value of appraisals in improving performance, securing engagement and in developing the workforce.

Date of Next Meeting – 7 June 2018

The meeting was closed at 15.20.