Minutes of the Trust Board Meeting in Public of the Royal Cornwall Hospitals NHS Trust held on Thursday 6 December 10.45 – 12.00 2018 at in G09, Knowledge Spa, Royal Cornwall Hospital, Treliske, Truro, Cornwall

Present:
Mairi McLean (Chairwoman) Acting Chairwoman
Kate Shields (KS) Chief Executive
Brian Courtney (BC) Interim Company Secretary
Mark Daly (MD) Medical Director
Kerry Eldridge (KE) Director of HR & OD
Bernadette George (BG) Interim Director of Integrated Governance
Thomas Lafferty (TL) Director of Strategy and Performance
Rob Leighfield (RL) Associate Non Executive Director
John Lander (JL) Non-Executive Director
Kim O’Keeffe (KOK) Director of Nursing, Midwifery & AHPs
Phil Orwin (PO) Interim Chief Operating Officer
Sarah Pryce (SP) Non Executive Director
Margaret Schwarz (MS) Non Executive Director
Gill Vivian (GV) Non Executive Director

In attendance:
Adam Wheeldon (AW) Deputy Director of Finance

1. Welcome & Apologies for Absence
   a. The Chairwoman welcomed all present to the meeting.
   b. The Chairwoman noted apologies for absence had been received from Paul Hobson, Non-Executive Director and Sally May, Director of Finance.

2. Register of Board Member Interests
   a. The Board received the Register of Board Member Interests.

3. Minutes of Previous Board meeting
   a. The minutes of the meeting held on 1 November 2018 Trust Board meeting were approved an accurate record of the meeting subject to a number of typographical errors:

   “5.a - Regarding VTE, MD advised that the number of VTE’s had increased for the third month and recommended further action was required. BG identified that there was an issue relating to September data but there was a focussed programme of work that had been developed and would be reported through the Incident Learning and Review Group.”

   “5.g - Lastly, MD advised that electronic model of the sepsis model, and the implementation of the nerve centre model on sepsis had been delayed. MD advised that he was engaging with Junior Doctors regarding the system and that the Trust would be following NICE Guidance by using the sepsis model.”

   “13.b - ….PO continued, commenting on the specific plans to use the Full Capacity Protocol as well as the engagement with Primary Care at the front door in the new year.”
4. Matters Arising and Action Log

a. The Board received the Action Log arising from the last meeting and each action was reviewed in turn.

9. Integrated Performance Report – Quality and Safety (November) – It was noted that the December Quality Improvement Delivery Board was scheduled to receive an update on the complaints trajectory.

12. Annual Equality Report (November) – The Annual Equality Report was available on the Trust website and the action plan had been updated. With regard to the specific issue around the high number of DNA’s, actions to improve the DNA rate would be reviewed to see if improvements had been achieved.

8s – IPR – Operational Performance (October) – KE agreed to share the agency reduction plan to Board members after the meeting.

The following matters arising were discussed:

b. With regard to the Full Capacity Protocol, the Board debated the naming of the protocol stating that it could be seen as confusing. PO advised that the terminology ‘full’ did mean the aim was to fill the hospital, as such it was suggested the protocol was renamed the Escalation and Safer Placement Protocol.

c. Regarding Care Homes, KS confirmed the Trust was engaging with local Care Homes to receive feedback and to enter into discussions ahead of winter. KOK advised that the Trust had established an education and development programme with Care Homes which focussed on education around infection control, pressure ulcers etc.

d. Discussion ensued regarding patient monitoring in ED and it was noted that the Quality Assurance Committee in December 2018 would be receiving some assurances through the Risk Management Report regarding the mitigations regarding the availability of the equipment.


a. In presenting the report MD highlighted that the action plan had been presented and discussed at length at the Quality Assurance Committee in November 2018. The action plan set out a series of pledges around the future vision for the service and how these actions and the vision would be owned by the Children’s services team.

b. The style and content of the action plan demonstrated a shift in the way the Trust would respond to recommendations, through meaningful actions that clearly demonstrated changes in care. KS spoke of the importance of pledges from individual teams to deliver changes in practice and how the Trust was still on an important improvement journey.

c. MD advised that the action plan was an honest reflection of the work that continued to take place across the organisation and, with Mrs Bradford. The Board noted the actions but recommended that the timescales for completion needed to be equally honest and realistic and should be clearly documented in the report. The RAG rating of compliance should also be reviewed to ensure it reflected the current position. MD subsequently worked through each of the actions within the action plan.
d. With regard to the review of existing paediatric escalation policy, the Trust was taking a range of actions as well as establishing a process of auditing compliance and discussions had commenced with the Children’s Service regarding MDTs and ensuring that the escalation policy was fully embedded into practice. The Trust was also engaged with Bristol Children’s Hospital regarding the escalation process. MS sought assurance on how the Trust would effectively audit the usage of the policy and MD confirmed this would be embedded into the Care Groups audit programme. It was agreed that the Trust should include the escalation policy in the Clinical Audit Programme, which would be reported to the Quality Assurance Committee.

e. The Chairwoman noted that underpinning the action plan was a wider, more detailed assurance document, but asked how the Board would receive assurance for all of this work. It was proposed that the Quality Improvement Delivery Board should have oversight, reporting to the Quality Assurance Committee, which would provide the Board with assurance through this appropriate governance route. A “Just Culture Review” by the Royal College of Paediatricians would commence in the New Year and through this process further assurance would be provided to the Board regarding changes in culture and learning approach.

f. In relation to overnight staffing levels, the paediatric staffing establishment had been reviewed and KOK advised that, in light of this, additional capacity had been put in place, which would be reported through the bi-annual safer staffing report in February 2019. SP made reference to the appointment of an additional paediatric consultant appointment and questioned when the Trust would recruit the post. MD advised that the Trust had not commenced the recruitment as discussions continued regarding the medical rota, which remained under review. It was recommended that the Board would receive an update in January 2019 following the review of the medical rota split.

g. Following the paediatric service review of clinical guidelines Dr Chris Williams, Consultant Paediatrician was appointed as the new paediatric governance lead to strengthen the governance oversight and ensure timely shared learning. The action would be monitored through audit of the Big Six guidelines. TL requested further assurance on the process and timescales for completion. MD explained that the audit would be complete by February 2019.

h. With regard to the recommendation to urgently agree a policy for the care of children on ICU, MD advised that a review of practice and a draft policy had been established. MM asked whether a national and/or best practice policy existed and invited Mrs Bradford to comment on the action the Trust was taking in response the recommendation. Mrs Bradford questioned why RCHT did not have a Paediatric Intensive Care unit (PICU), to which KS responded, outlining that although the population of Cornwall and Isles of Scilly was large, it was not large enough for specialised commissioning to commission a PICU service at RCHT. KS reiterated the good relationship with Bristol and Mrs Bradford confirmed that the transfer to Bristol was not a concern; the main concern was the lack of basic care at RCHT.

i. Discussion ensured regarding the purpose of the action plan which would address the main concerns relating to the care and treatment of Coco, as well as the wider need to improve the overall services provided in paediatrics we will keep this under review.

j. It was noted that paediatrics had undertaken a thorough review of the observation and monitoring processes and had implemented the use of large screen devices to enable trend views to be used in clinical practice. The Trust would continue to monitor compliance through routine audits.

k. With regard to the need to have an improved audit programme, the Board noted that an annual audit plan was already in place but requested additional assurance regarding ‘what was being done differently’. In response, it was agreed that each action would be subject to a deep-dive review and this information would be reported to the Board. With regard to professional standards in relation to clinical documentation, MD advised that weekly safety audits included documentation for all disciplines. This was accepted as assurance and would be interrogated by the Quality Assurance Committee.
l. Assurance was provided that in response to the recommendation to consider a referral to the learning and disability team for any patient presenting with a disability, the matter had been raised at the twice daily safety huddles and subsequently the team had seen an increase in referrals. MD confirmed the Trust had implemented a system of flagging patients for review. SP noted the positive steps but requested assurance on how the Trust would effectively measure the outcomes to ensure that changes in practice and behaviour was embedded. KOK responded, outlining that outcomes would be reported to the monthly Safeguarding Children’s Board.

m. With regard to the retrospective mortality review of paediatric deaths, the Trust had commissioned a Royal College of Paediatrics external review of paediatric deaths and the Trust awaited the SJR relating to Coco’s case (within the month). It was noted that the Trust Named Doctor and CDOP Lead for the Peninsula was conducting a governance and learning opportunities review to ensure that paediatric mortality learning was embedded and timescales to be agreed.

n. No immediate concerns had been raised through the independent review of the actions taken by the paediatric nursing and medical staff involved in Coco’s care but the full report and recommendations would be received by the Director of Nursing, Midwifery and AHPs in December 2018 with action to be reported to Board in February 2019.

o. Following the appointment of the Interim Director of Integrated Governance the Trust had revised its Serious Incident policy and process and improvements had already been achieved in 72 hour reporting. BG stated that in line with reviewing these governance policies, she had also made changes to the complaints system to ensure that a designated point of contact was listed and a more robust method of tracking complaints had been embedded.

p. With regard to patient safety culture, the paediatrics department recognised the need to improve patient safety culture and were fully committed to engaging in the SCORE Patient Safety Climate Survey.

q. Lastly, KS confirmed that as part of the wider learning the Trust had committed to share Coco’s story through the Trust Induction Programme. In line with the Trust’s overall organisational development plan, Coco’s story would also continue to be shared with the Care Groups under a revised structure where ‘pledges’ to support change in culture would be developed. The Chief Executive concluded that she continued to engage with Mrs Bradford and she was looking to give an award at the 2019 One and All We Care Awards in recognition of Coco named the ‘Patient Safety Award’ which would include other similar patients.

r. In conclusion, KS confirmed that the immediate patient safety concerns that arose from the External Review had been addressed and it was agreed that as the action plan covered a range of key improvements, the key themes relating specifically to Coco’s care would be highlighted.

s. The following actions were agreed:

- It was agreed to review of the RAG rating and the timescales for completion on the action plan.
- With regard to paediatric escalation policy, it was agreed that the Trust should include the escalation policy in the Internal Audit Programme. It was noted that this would be reported to Quality Assurance Committee.
- With regard to overnight paediatric staffing levels it was agreed the Board would be updated in January 2019 following consideration and review of the current Consultant Rota split, the request for an additional paediatric consultant post and the nursing establishment.
- It was agreed that each of the recommendations would be subject to a deep-dive and presented on a rotational basis to the Board in order to provide a greater level of information and assurance. It was agreed that a template report would be produced and the information would be discussed at Quality Improvement Delivery Board, Quality Assurance Committee and Trust Board.
• The action plan covered a wide range of actions and ongoing improvements for the Service, not all specific to Coco; as such the Executive Lead would review the action plan to ensure that all specific actions relating to Coco’s care were highlighted. The process in order to achieve this would be discussed and agreed outside of the Board.

t. The Board resolved to receive the action plan, noting that there was more to do in order to respond and learn from the issues and recommendations, and having commissioned this work.

6. Operational Plan Update

a. The Board received an update on the progress and approach to the production of the 2019/20 Operational Plan. In presenting the report TL highlighted the national and local context and process for 2019/20 and that the planning guidance was expected very soon.

b. In December 2018 the draft vision statement and high level strategic messaging would be tested with the clinical and operational leaders through the organisational wide consultation process to look at ‘what does “Brilliant” look like’. Care Group planning sessions would commence in January 2019 and the Trust was already engaged with Care Groups regarding CIP.

c. The Finance and Performance Committee in December 2018 would receive further information and assurances on the planning round.

d. The Non Executive Directors welcomed the report which highlighted transformational change, the focus on quality improvement and JL asked for clarity on how the £12m CIP target had been established. TL responded, stating that this was a presumption at this stage and discussion ensued regarding the linkages between the Operational Plan and the Quality Account. It was confirmed that the Trust was aligning the Quality Account, the Operational Plan and the Annual Plan in 2019

e. KE requested the report reference any recruitment implications as well as bank and agency spend. AW advised that these elements would be built into the plan and how there would be greater oversight through the establishment of the Operational Board

f. The Board resolved to receive the update which remained subject to the planning guidance scheduled to be issued in December 2018. The Board noted the Operational Plan would be presented to the April 2019 Trust Board. The chairwoman thanked TL and AW and their teams for the great piece of work.

7. Board Calendar of Meetings

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

8. Board Forward Plan

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

9. Evaluation of Effectiveness of the Meeting

a. Due to limited time on the agenda, the Board did not review its effectiveness of the meeting on this occasion.

10. Questions from the Public

10.1 Peter Levin - Mr Levin explained that he had undertaken a review of the Independent Investigation into the death of Coco Rose Bradford. He questioned the compliance against Duty of Candour and sought clarity on the Trust response to ‘comply or explain’. Mr Levin noted that the Trust was undertaking a cultural change programme but asked how and who was responsible for this. Mr Levin further asked for information regarding clinical leadership at Trust Board level.
The Board noted Mr Levin's comments and recommended that the Chief Executive meet with Mr Levin to discuss and respond to his comments in full. Assurance was provided that several members of the Board were indeed clinicians.

10.2 The Board received a written question from Dr Jane Bernal and agreed to provide a written response outside of the meeting.

11. Date of Next Meeting: 10 January 2019

The meeting was closed at 12noon