Minutes of the Trust Board Meeting in Public of the Royal Cornwall Hospitals NHS Trust held on Thursday 4 July at 10.00 – 13.30 in Room G.09, Knowledge Spa, Royal Cornwall Hospitals NHS Trust, Truro, Cornwall TR1 3LJ

Present:
Mairi McLean (MM) Chairwoman (left 13.30)
Kate Shields (KS) Chief Executive
Ruth Allarton (RA) Associate Non Executive Director
Scott Bennett (SBe) Non Executive Director
Susan Bracefield (SB) Director of Operations
Brian Courtney (BC) Interim Company Secretary
Kerry Eldridge (KE) Director of People and Organisational Development
Bernadette George (BG) Director of Integrated Governance
Kelvyn Hipperson (KH) Chief Information Officer.
Karen Kay (KK) Executive Lead for Urgent and Emergency Care
Thomas Lafferty (TL) Director of Strategy and Performance
John Lander (JL) Non-Executive Director and Vice Chair
Sally May (SM) Director of Finance
Kim O’Keefee (KOK) Director of Nursing, Midwifery & AHPs
Rob Parry (RP) Interim Medical Director
Sarah Pryce (SP) Non-Executive Director
Margaret Schwarz (MS) Non-Executive Director
Gill Vivian (GV) Non-Executive Director

In attendance:
Aoife Cavanagh (AC) Associate Director of Clinical Governance
Debby Lewis (DL) Equality and Diversity Lead
Frazer Underwood (FU) Consultant Nurse
Angela Whittacker (AW) Matron of Acute Maternity Services

19.99 Welcome & Apologies for Absence
a. The Chairwoman noted apologies for absence had been received from Richard Smith, Associate Non Executive Director, Rob Leighfield, Associate Non-Executive Director and Paul Hobson, Non-Executive Director. The Chairwoman welcomed Scott Bennett, Non-Executive Director to the meeting.

19.100 Register of Board Member Interests
a. The Board received the Register of Board Member Interests and noted the declared interests of Scott Bennett, Non-Executive Director which would be recorded.

19.101 Patient and Service Story
a. The Board welcomed Angela Whittacker, Matron for Acute Maternity Services who spoke of the experiences of Jo, following the birth of her baby at Royal Cornwall Hospital.
b. Jo, who presented her story via a pre-recorded video, spoke of her experience of having a baby in the neonatal unit and how at night, whilst visiting her child, there was no way of recording her absence from the ward. She referred to the lack of facilities for mothers and their family members and the need to provide support with infant feeding.
c. AW spoke of the actions that had been taken since Jo’s helpful feedback and the unit was now recording when mothers left the unit to visit their baby in the neonatal ward. In addition, the infant feeding team had expanded and supporting midwives knowledge had been expanded in this area.

d. AW continued, speaking positively about the changes to the day room which now had tea and coffee in the kitchen, as well as the support from the Friends of the Royal Cornwall Hospital to have a fully functional day room in place. With effect from September, the Trust was remodelling the staffing template which would see an increase and upskilling of support workers to support mothers with breast feeding.

e. The Board welcomed the changes following Jo’s feedback and TL spoke of the introduction of ‘calling cards’ which would be used when a clinician visited a patient and they were not present. GV enquired about patient safety and AW confirmed that the Neonatal Ward was a secure unit with access controls in place.

f. KE referred to the improvements in the auto-rostering in maternity services which had improved roster efficiency and staff time.

g. The Chairwoman agreed to take a question from a member of the public which related to the introduction of electronic prescribing. KOK confirmed the Trust had implemented e-prescribing.

h. The Board Resolved to receive the patient story.

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**19.102 Minutes of Previous Board meeting**

a. The minutes of the meeting held on 6 June 2019 were approved as an accurate record subject to the correct of typographical errors and the below amendments:

**19.89 Learning From Deaths**

a. The alerting areas flagging included:

   - Fracture Neck of Femur – all deaths in this group had a prospective Structured Judgement Review (SJR) but the Trust is flagging on SJR but not on the national data set, therefore a data quality exercise was taking place. Early access to treatment and physiotherapy review were critical to improve mortality;

**19.92 Questions from the Public**

a. Jane Bernal sought assurance that there would be no acute sector bed closures until, and unless, there was robust evidence that community based services have been successful in reducing demand. KS gave assurance that the Trust had not closed beds nor did it intend to close any. The Trust had indeed invested in more staffed beds. KS spoke of the changes to the stroke pathway and that stroke beds would be replaced with HASU beds.

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**19.103 Matters Arising and Action Log**

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

   **18.18 – iv) Charitable Funds**

   The draft Charitable Funds Strategy would be presented to the September Trust Board In Committee. TL clarified the Committee was charged to look at using Charitable Funds to support the financial position, and this was also an action agreed by the Board. JL advised, on behalf of the Chair of the Charitable Funds Committee, that there had been an increase in the number of requests for Charitable Funds. The Committee acknowledged that in light of the way donations were bequeathed it did not allow donations to be used for general purposes. This would be considered with the draft strategy.
19.104 Chairwoman’s Report

a. In presenting the report the Chairwoman drew the Board members attention to the following matters:

- The Board formally welcomed Scott Bennett, Non Executive Director to the meeting;
- John Lander, Non Executive Director would leave the Trust on 1 August and the Trust was actively recruiting to this position with interviews taking place in July 2019;
- The Chairwoman and JL attended the Friends of the Royal Cornwall Hospitals NHS Trust Annual General Meeting on 17 June 2019. The positive and engaging event received heart-warming presentations and was an opportunity to celebrate all the voluntary work undertaken in 2018 by c400 volunteers;
- The Chairwoman attended the NHS Confederation Conference in June 2019, highlighting a presentation on Civility, Respect and Engagement in the Workforce (CREW) which focussed on leadership style. **Action: It was agreed to complete the Unconscious Bias On-Line Training by Harvard University and a Board Development Session would review this and the CREW approach**;
- There had been much interest in the Independent Chair for the Health and Social Care System;
- The Trust welcomed the announcement that Cornwall Partnership NHS Foundation Trust had received ‘Good’ rating in their recent Care Quality Commission (CQC) inspection.

b. **The Board resolved to receive the Chairwoman’s report.**

19.105 Chief Executive’s Report

a. The Chief Executive drew attention to the following matters of business:

- The Trust had seen an increase in operational pressures in the last quarter and did not achieve the Q1 ED standard. The Trust was maintaining the standard for planned treatment and diagnostics;
- The number of Serious Incidents (SIs) increased in month, the timeliness of complaint responses deteriorated and there was one case of MRSA. This was attributed to the ongoing pressures and the Trust continued to work with community partners to improve patient flow;
- Month 3 Cost Improvement Performance was underperforming and the Trust continued to over spend on agency costs. A rebasing exercise was taking place with the Care Groups in July to check and challenge CIP schemes and to understand trajectories for improvement and delivery;
- With regard to workforce, the Trust appraisal compliance reduced in month but some progress was being seen. The Trust launched the Organisational Development strategy with the top leaders and this would be rolled out to the next 1000 in September 2019;
- The Trust appointed a substantive Medical Director following a successful recruitment process in June 2019. The formal announcement would be made following agreement of terms and conditions;
- The Chief Executive was invited to speak at a CQC Development Day on being in ‘special measures’ and the effect and actions being taken to deliver quality care for Cornwall and the Isles of Scilly;
- The Board received a briefing on the Shaping Our Future programme which was heavily focussed on the Ten Year NHS Plan;
- The Chief Executive referred to the brilliant service improvements and successes, which included the Royal College of Midwives Chief Executive, Gill Walton visiting the Trust, the St Michaels’ Hospital and combined Veterans Association Celebration Day, Thank a Volunteer Week and the Health Education Visit.
b. The Board resolved to receive the Chief Executive Report

BRILLIANT CARE

19.106 NHS Resolution Maternity Incentive Scheme Baseline Assessment

a. The Clinical Negligence Scheme for Trust’s requires the Trust to comply with ten safety actions associated with safe and effective maternity services. The Trust was complaint in 2018 and received the full discount.

b. Following a review of evidence the Trust was satisfied that it was fully compliant with nine of the ten actions. The non-complaint action (Standard 4) related to anaesthetic and theatre staffing (for the obstetric theatres) not complying fully with all elements of the Anaesthetic Clinical Services Accreditation (ACSA) standard. An action plan had been developed to address the shortfalls in staffing and ensure a dedicated staffed elective list for obstetric theatres was in place.

c. With regard to Standard 9 and the ability to demonstrate the Trust Safety Champion was meeting with the Board level champion, BG confirmed that routine meetings were in place and the Executive lead was attending national events.

d. JL enquired about stillbirth data and what progress was being made to reduce numbers. Discussion ensued regarding areas of deprivation, demographics and available data to greater understand cause and impact.

e. JL enquired about the financial impact of not achieving all ten safety actions and if this was built into the financial plan. It was reported that if a Trust meets the requirement, the Trust would be eligible for a payment of at least 10% of their contribution to the incentive fund. RCHT had already anticipated receiving the funds which were built into the Care Group CIP plans. BG advised that the Care Group would provide assurance and would be subject to check and challenge through the Performance Review Group in relation to the action plans in place to achieve all ten safety actions.

f. GV asked for clarity on the financial impacts of addressing the shortfall in staffing, RP confirmed the model of care was being reviewed by the Director of Operations, Medical Director and Director of Nursing, Midwifery and AHPs to ensure it was robust, but noted there may be some financial implications which would be reported to Finance and Performance Committee.

g. SP recommended reference to the GMC in the report should be emphasised to demonstrate the positive impact Action: BG to update the report to ensure the reference to the GMC was reinforced as being very positive.

h. The Board resolved to note the action plan in response to Standard 4 and the timescales, and agreed to approve the submission of evidence to NHS Resolution.


a. The Bi-Monthly report was presented to the Board to provide assurance on the actions being taken in response to the Independent Investigation into the death of Coco Bradford.

b. In presenting the report KOK advised that to date, six of the eight recommendations were complete; one recommendation was partially complete but on track to deliver (relating to the audit of the ‘big six’ guidelines). The recommendation relating to the Just Culture Review, which had been delayed, was on track with a meeting with the review team on 5 July 2019.
c. With regard to the wider integrated paediatric improvement plan, there were eleven additional projects and KOK spoke about the departmental journey, commitment and clinical engagement to make improvements to the service. The Brilliant Improvement Board continues to receive information and assurance on the programme.

d. SP suggested referencing in the action plan the ability to listen to the patients and/or carers, who are experts in their care. KOK welcomed the comment. **Action: The CB action plan to be updated to incorporate an action relating to the importance of listening to patients and/or carers who are experts in their care.**

e. MS had recently Chaired the recruitment panel for a Paediatric Consultant post which had been a very positive experience. MS continued, suggesting the Trust consider looking at mechanisms that allows parents to demonstrate to clinicians what a child is ‘normally’ like, versus at times of acute illness. The Board welcomed the suggestion, noting the utility of such a mechanism beyond children and how it linked with care plans and patient passports. **Action: KH to engage with a Paediatric Consultant, KOK and the Nurse Consultant for Safeguarding to pursue options.**

f. **The Board resolved to note the progress to date.**

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**19.108 Infection Prevention and Control Annual Report**

a. The agenda item was deferred to the August 2019 meeting in order to allow the Director of Infection, Prevention and Control to attend the meeting.

b. **The Board resolved to defer the agenda item to the 1 August 2019 meeting.**

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**19.109 Patient Experience Annual Report**

a. AC drew out the key themes of the Annual Patient Experience Report:
   - The key themes included: Communication, Clinical Treatment, Patient Care, Admissions and Discharges and, Values and Behaviours;
   - Workstreams in place to address recurring themes:
     - Falls – Trustwide action plan in place and a thematic review SI’s underway;
     - Venous Thromboembolism (VTE) – delays in VTE risk assessment and prescribing of VTE prophylaxis were identified and workstream to deliver VTE prevention established.
   - 50% of complaints responded in agreed timescales and workshops taking place with the Care Groups to support improvement;
   - Parliamentary Health Service Ombudsman (PHSO) referrals steadily decreased over the past two years;
   - The Trust received a total of 7882 compliments, an increase of 9% on last year.

b. JL noted the investment and extra resource in the Patient Experience team, but suggested progress had not been as successful as anticipated. AC referred to the shift in culture and accountability and how the escalation process must be more robust. BG agreed, noting the positive improvements achieved including the elimination of the complaints backlog but acknowledged the Trust was still on an improvement journey.

c. Discussion ensued regarding the focus on ensuring a compassionate complaint response and the work with the Care Groups to support and skill leaders. GV recommended the Annual Report details the accountability of Care Groups to ensure accountability could be clearly understood. GV continued, suggesting greater shared learning across Care Groups in order to address one of the key themes about communication.
d. The Board debated the role of the Care Group in addressing immediate issues and responding to complaints, the work of the Patient Experience Team to support the function, the overall quality of complaint responses and ensuring informative and appropriate language. SP agreed with the suggestion to provide clarity on responsibility and accountability in the report and noted there was little reference to the ongoing actions to address response timescales.

e. All complaint responses were reviewed and/or approved by the Director of Nursing, Midwifery and AHP’s and KOK advised that she was engaging with the Heads of Nursing to ensure complaint responses were caring and compassionate. GV welcomed the positive reassurance, and questioned what KPI’s were in place. It was confirmed KPIs were in place but feedback from engaging with patients, careers and/or family members was critical and this should be incorporated into future reporting.

f. RA asked for clarity on when an individual is consulted with about how they wish to have their concerns addressed. BG confirmed this would be agreed through the initial contact.

g. The Board resolved to note the progress and the continued pressure to sustain improvements. The Board received the Annual Report.

19.110 Dementia Annual Report

a. FU presented the reporting, drawing out the key matters for Board members attention:

- Key areas of improvement related to the use of feedback from patients and carers to shape service improvements. The report reflects the investment made in new systems to capture feedback and promote impact of dementia across the organisation. The Trust also actively engages with the Alzheimer's Society;
- The Trust committed to learn better from harm, specifically from falls and adopt best practice and shared learning. Through the appointment of a Falls Prevention Practitioner there had been a 6% reduction in the cohort and a greater reduction in the level of harm;
- Care related incidents had reduced but there had been an increase in concern regarding communication and discharge;
- Cornwall Partnership NHS Foundation Trust shared their dementia register with the Trust which allowed a ‘Dementia Diagnosed’ flag to be added to the patient alert system;
- With regard to out of hours hospital moves and discharges from hospital, the Trust was now able to use the data shared on ‘Dementia Diagnosis’ patients to capture this poor practice and this would be a focus for improvement in 2019/20;
- It was reported a new Clinical Lead for Dementia commenced in May 2019, a full time Falls, Dementia and Delirium Improvement Practitioner was being recruited and a new Admiral Nurse started in April 2019.

b. JL welcomed the report and asked for clarity on the percentage of patients in hospital suffering from dementia. FU indicated that one in four patients are likely to have dementia or a cognitive impairment. It was noted that a large cohort of dementia patients were located on trauma wards and discussion ensued regarding the focus on cohorting patients appropriately.

c. The number of ‘This is Me’ leaflets to help care providers support people with dementia had slightly dropped and discussion ensued regarding the slight increase in the number of patients with dementia being readmitted to the Trust as an emergency within 30 days. FU spoke of the support to wards/departments to skill staff to support patients.

d. SB enquired about sharing information with Primary Care to support the overall care pathway for Dementia patients and FU spoke of the low diagnostic rating and the lack of follow up in primary care.
Lastly, KE recommended working collaboratively with health and care partners to educate and support staff across the organisation in order to support colleagues with early onset dementia.

The Board resolved to receive and discuss the Annual Report.

BRILLIANT IMPROVEMENT

19.111 Digital Strategy

a. The Board received Part 2 of the RCHT Digital Strategy regarding the infrastructure and digital capabilities) which built on Part 1 which was presented to the Trust Board in April 2019.

b. In line with the long term plan and the vision for digital, data and technology in health and care the Trust undertook an independent review of the current structure which informed the longer term view of infrastructure and digital capabilities to support the system.

c. KH outlined the broader transformation objectives as:
   - Architecture – supporting safer care through reduction of legacy systems and removal of out of date operating systems;
   - Modernising access – review of device types and exploring device per clinicians as well as the roll out of Windows 10;
   - Cyber security – improved education and awareness of cyber security;
   - Secure access to patient records – implementation of eNotes and looking at patient access;
   - Innovation – exploring options around video consultations, Artificial Intelligence (AI) and rolling out Office 365;
   - Integration and digital capabilities – looking at digital literacy programme and training opportunities for staff.

d. The Board welcomed the report and MS asked for clarity on timescales. KH stated that the report set out the strategic intent and the next phase of development would include timescales and costings.

e. The Trust was working closely with system partners across the Peninsula and KH attended the South West Chief Information Officer Group to grow opportunities and share learning.

f. SB spoke of the strategy as being a key driver for transformation and it should link with the Cost Improvement Programme (CIP). It was noted the Chief Clinical Information Officer was engagement with the Care Groups regarding transformational change.

g. MM noted the strategy did not refer to equality and diversity and KH acknowledged that as the strategy was developed there would be consideration about digital inclusion and capabilities.

h. The Board resolved to note the first iteration of the two part strategy and that this would inform the technology elements of the NHS Long Term Plan response and the development of business cases to support the strategy.

19.112 Month 2 Finance Report

a. The Board received the Month 2 report, which was presented to the June 2019 Finance and Performance Committee. SM presented the key highlights:
   - £49k adverse financial position in month;
   - Challenging Quality and Cost Improvement Plan with year to date performance lower than anticipated;
- The Funded Manpower Levels (FML) increased from the start of the financial year and the Trust continues to fill vacancies;
- Risks associated with ability to deliver additional activity due to the impact of the pensions annual allowance on Consultants;
- At Month 2, the Trust had slightly spent more than planned for the year. The Trust had received a letter from NHS England requesting capital plans were reduced by 20% across the system. Further guidance from the regional team was anticipated and the Trust would be required to submit a revised plan by Month 4.

b. JL expressed concern regarding the request to reduce the capital programme and referred to the existing constraints on capital expenditure and the prospect of reducing this further. He continued, referring to the lack of progress to improve agency spend.

c. KS spoke of the need to ensure staffing levels were safe and appropriately but provided reassurance the Trust was focussed on addressing this issue and an urgent meeting with Care Groups would take place in the next week to check and challenge Quality Cost Improvement Plans (QCI) plans, which included reduction in agency spend.

d. MM, on behalf of Richard Smith, Non Executive Director who was not present at the meeting, asked for clarity on agency spend and if this related to the inability to fill a role that was subsequently kept open. KE advised that the Trust was focussed on upskilling leaders across the organisation to look at different skill mix opportunities rather than 'like for like' recruitment. Care Groups were being supported to review, line by line, their establishment and to re-set their establishment in order to address vacancies and reduce agency spend.

e. The Board resolved to note the financial position and the actions being taken to improve the financial position.

19.113 Brilliant Improvement Board

a. The Board received the report, which provided assurance on the management of the Quality Improvement Delivery Board (QIDB) actions following the establishment of the Brilliant Improvement Board (BIB).

b. TL noted that as improvements were made through QIDB workstreams were absorbed into ‘business as usual’ arrangements. The Brilliant Improvement Board met on 3 July 2019 agreed to provide greater assurance on the workstreams and this would be presented to the Board.

c. The Brilliant Improvement Strategy was in development and would be presented to the Board in September 2019 and would highlight all the Quality Improvement (QI) projects.

d. With regard to transformation support to operational flow, it was agreed at the recent BIB that there was a gap in resource and further support had been allocated to the workstream.

e. RA suggested the Trust should drive greater patient and public involvement in the development of service improvements, to which TL welcomed the suggestion and confirmed the QI Hub were working with the Clinical Governance Team and engaging with Healthwatch Cornwall and ASK Cornwall.

f. The Board resolved to support the approach regarding the closing down of the QIDB workstreams and note the Strategic Impact Assessment process.

19.114 Accountability Framework
a. The Board received the Accountability Framework which described how the framework would underpin delivery of the Trust Strategy, link with the Care Group structures and align to the Trust Strategic pledges.

b. TL referred to the role of the Care Group Performance reviews and indicated that Board Members would receive a summary report outlining performance on a monthly basis.

c. JL noted KPI’s within the IPR had been aligned to the pledges but expressed concern that there were 131 KPIs in total and suggested this should be a more manageable number. TL acknowledged the comment and agreed to take this into consideration. GV highlighted the pledges do not link to equality and diversity and it was agreed this would be considered.

d. The Board resolved to approve the proposed Accountability Framework.

19.115 Integrated Performance Report

a. The Board received the Integrated Performance report. The key highlights were presented by the Executive Team and supported by the Chair of the Trust Board Committee meetings.

Quality and Patient Safety
- VTE continues to be an area of focus on achieving improvements. The Thrombosis Prevention and Anticoagulation Steering Group met in May 2019;
- With regard to the safety thermometer, there were two catheter associated UTIs in May 2019 and the infection control team continue to work with the surgical teams to promote early removal of catheters;
- The pressure ulcer reduction target had been achieved in month, but one pressure ulcer related Serious Incident was reported in month. The Quality Assurance Committee would receive information and assurance through a thematic review which was being undertaken;
- Compliance with Duty of Candour in the last financial year was 97%, with the Trust achieving 88% overall for the current financial year. Underlying performance remains good and there were three cases outstanding, which were all being followed up;
- With regards to sepsis antibiotic prescribing, it was noted the IPR did not contain this information. RP provided reassurance that current performance was not flagging as a concern. The Board expressed concern that sepsis compliance had deteriorated and it was suggested that further triangulation of the data was required prior to the next meeting;
- One case of MRSA was reported and the case was still under investigation and the learning would be reviewed;
- Hospital Standard Mortality Ratio (HSMR) remains stable;
- There has been a refocus on antimicrobial stewardship and the Director of Nursing, Midwifery and AHPs would chair the system wide meeting;
- It was noted the number of peri-arrest and cardiac arrest calls had decreased in month.

Finance
- The People and OD Quality Cost Improvement has been designed to reduce pay costs by £6m and reduce agency spend. JL suggested that there was still a shortfall around CIP and it was confirmed this was being reviewed through an Executive Board Check and Challenge process;
- The Finance and Performance Committee had expressed concern regarding the request to review and reduce capital spend in year across the system;
- It was note that an Quality and Equality Impact Assessment would be completed for any request to use capital monies.

People
- There continues to be a high level of agency expenditure, which had been the primary focus of the People and OD Committee;
• A continued focus on HR supporting managers and embedding line management responsibilities and accountability;
• There was acknowledgement that there must be better succession management and ensuring roles were not just replaced, but skill mix reviewed with a greater understanding of the impact on the full establishment;
• The People and OD Committee noted the impact of OPEL 4 on day to day management activities and that appraisal rates had reduced and there had been increased sickness absence;
• With regard to the Workforce Race Equality Scheme, the People and OD Committee had expressed concern with the high number of cases of bullying and harassment.

Operational Performance
• Patient flow had been challenging during OPEL 4, but the Trust had successfully de-escalated to OPEL 3 within reasonable timescales.
• The Same Day Medical Assessment unit opened and was already proving successful;
• The Same Day Emergency Care service had extended its hours to 10.30pm;
• The Trust had seen an increase in the number of norovirus cases in recent weeks but had managed patients appropriately;
• The Trust had seen an increase in the cohort of patients attending ED and it was noted with the recent service improvements this would support the reduction in admissions;
• The Trust was working with South Western Ambulance Services NHS Foundation Trust to look treatment escalations plans (TEP) to patients are taken to the most appropriate care setting;
• It was noted that length of stay had increased and the Trust continued to work with system partners regarding the management of mental health patients.

b. The Board resolved to receive the IPR and note the linkages through the discussion at the Trust Board Committee meetings.

BRILLIANT PEOPLE

19.116 Annual Equality Report

a. DL presented the report, drawing out the key highlights of the equality data for patients and the workforce to cover the requirements of the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and the Gender Pay Gap Report.

b. With regard to patients, the report highlights that sexual orientation is not being disclosed. The information is important as it enables the Trust to support patients. RCHT would launch the Rainbow Initiative during early July 2019. DL continued, referring to the low numbers of patients declaring they have a disability (19.8%).

c. In relation to workforce, the three areas of focus included:
• Gender Pay Gap – The median gender gap for 2018/19 had reduced from 10.7% to 9.8% in the last year. In response the Trust introduced a Women's Network and there were five workstreams to help support and reduce the pay gap;
• WRES - The percentage of successful candidates from White and BME people is marginally worse than the previous year and education through Unconscious Bias training was taking place with senior managers. It was reported that the number of cases of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last twelve months had increased, and a second Respecting Each Other Conference was scheduled for July 2019.
• WDES - It was reported this was the first year of reporting this information. The report highlighted there were low numbers of staff identifying themselves as having a disability and further work to understand this was required. The percentage of disabled staff saying their employer had made adequate reasonable adjustments to carry out their work had increased.

d. The Annual Equality Report was presented to the People and OD Committee in June and actions were being taken to review the KPI’s outlined in the IPR. KE continued, providing clarity that all information remained anonymous.

e. SBe suggested recording data associated with disability carers in order to provide greater support to this group. DL confirmed a staff network was in place but agreed to include this information in future reporting.

f. The Board resolved to receive the Annual Equality Report

GOVERNANCE

19.117 Summary Assurance Reports

a. The Board received the summary assurance reports for the following Committee meetings and highlights from the Committee were discussed under agenda item 19.115 as part of the Integrated Performance Report.

i. Finance Committee: June 2019
ii. Quality Assurance Committee: June 2019
iii. People and OD Committee: June 2019
iv. Charitable Funds Committee: June 2019 and Charitable Funds Committee Annual Report

b. The Board resolved to receive the assurance reports and at future meetings append the reports to the IPR.

FOR INFORMATION

19.118 HRD Bi-Monthly People Report

a. The Board received the Bi-Monthly HRD report which was presented for information, following discussion at the People and OD Committee in June.

b. The Board resolved to receive the report and agreed to receive the HRD report on a monthly basis to Trust Board.

19.119 Board Calendar of Meetings and Glossary of Terms

a. The Board received the calendar and glossary.

19.120 Board Forward Plan

a. The Board received and noted the Board Forward Plan.
19.121 Evaluation of Effectiveness of the Meeting

The following comments were received by Board members:

- Information sharing – need to drive the full value of Committee discussion and only take matters for information. Need to update the papers to outline the outcomes of Committee debate;
- Need to ensure matters for information are only received for information. The Board noted this was a step change;
- Supporting staff to be appropriately briefed when presenting to the Board and focus primarily on what they want to celebrate or bring to the attention to the Board as an issue and the mitigations being taken;
- It was suggested that some language was not in line with the Trust values and the need to be mindful of this during Board meetings.

19.122 Questions from the Public

a. Jane Bernal thanked the Chairwoman for including the Shaping Our Future Developing the Five Year Plan document in the Board papers. Dr Bernal noted the report refers to an engagement period of June – August 2019. In terms of public engagement Dr Bernal asked if the Chairwoman was aware of what engagement events had already taken place and what further public engagement there would be between now and the end of August. Shaping Our Future had a programme of engagement which would run into September 2019. This would describe the ten year plan and the ambitions for Cornwall and Isles of Scilly, which would be consulted on during September / October 2019

b. A question was raised regarding the directive to reduce capital spend by 20%. SM advised that NHS England wrote to all NHS Organisations with a requirement to reduce capital due to over committed national capital monies. The Trust had been asked to review is capital on the basis of the STP area and further information was expected from the regional teams which would provide clarity regarding the in-year request.

Date of Next Meeting: 1 August 2019

The minutes were duly approved by

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