Minutes of the Trust Board Meeting in Public of the Royal Cornwall Hospitals NHS Trust held on Thursday 5 September 2019 at 13.00 – 17.00 in the Perranporth Room, The Health and Wellbeing Innovation Centre, Truro

Present:
Mairi McLean (MM) Chairwoman
Kate Shields (KS) Chief Executive
Ruth Allarton (RA) Associate Non-Executive Director
Susan Bracefield (SB) Director of Operations
Brian Courtney (BC) Interim Company Secretary
Bernadette George (BG) Director of Integrated Governance
Paul Hobson (PH) Non-Executive Director
Kelvyn Hipperson (KH) Chief Information Officer.
Karen Kay (KK) Executive Lead for Urgent and Emergency Care
Thomas Lafferty (TL) Director of Strategy and Performance
Rob Leightfield (RL) Associate Non-Executive Director
Sally May (SM) Director of Finance
Kim O’Keeffe (KOK) Director of Nursing, Midwifery & AHPs
Rob Parry (RP) Interim Medical Director
Sarah Pryce (SP) Non-Executive Director
Margaret Schwarz (MS) Non-Executive Director
Richard Smith (RS) Associate Non-Executive Director
Gill Vivian (GV) Non-Executive Director

In attendance
Pawel Tamberg (PT) Associate Director of People Services
Louise Dickinson (LD) Associate Director of Nursing
Zoe Cooper (ZC) Safeguarding Lead

122. Welcome & Apologies for Absence

a. The Chairwoman noted apologies for absence had been received from Kerry Eldridge, Director of People and Organisational Development.

123. Register of Board Member Interests

a. The Board received the Register of Board Member Interests and noted BG had revised her declaration and this would be reflected in the October Trust Board declaration.

124. Patient and Service Story

a. The Board welcomed Dr Paula Pearson, Clinical Psychologist, Gill Caddy, Play Specialist and Jo Holding, Head of Employee Relations to the meeting

b. The Board received a story of a patient who experienced procedural anxiety about treatment required out of county and the work that was undertaken with this individual. Gill Caddy spoke of the relationship with the patient and the importance of providing support to this individual, which would require exceptional actions to be taken in order to support the patient up to and after treatment.

c. To enable the Trust to fully support the patient, there were some employment regulation and legalities which had not been explored before. Jo Holding spoke of the challenges and learning from the experience, but of the overall support from HR in order for Gill to support the patient out of county at another NHS Trust.
d. Gill spoke of the patient journey and the support from clinical and corporate colleagues. The Board welcomed the positive story, the positive outcome for the patient and the learning from this experience. We also welcomed the ‘joined up’ working it demonstrated in the best interests of the patient. We thanked all who had been involved and offered congratulations to the young person in managing the procedures.

e. The Board Resolved to receive the patient story.

125. Minutes of Previous Board meeting

a. The minutes of the meeting held on 4 July 2019 were approved as an accurate record.

126. Matters Arising and Action Log

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

19.104 – Chairwoman’s Report

The Unconscious Bias on-line training had not been progressed, therefore it was agreed to dedicate some time at a Board Development Session.

127. Chairwoman’s Report

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

- The Board look forward to welcoming the newly appointed Non-Executive (NED) to the Trust on 1 October 2019;
- In August the Board met for an informal development session which focused on operational issues and looked at the ambition of the clinical service strategies;
- The Chairwoman spoke of her attendance at the regular meetings with system colleagues and referred to the successful appointment of a Cornwall and Isles of Scilly Health and Social Care Partnership Independent Chair following a recruitment process in August;
- The Chairwoman and Chair colleagues across the system are engaging with the Kings Fund to deliver a development opportunity for NEDs and Lay members in October and November 2019;
- The Chairwoman was pleased to host a visit from the Lord Lieutenant and several of his assistant Lieutenants as well as met with the new Bishop of Truro during August 2019.

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

128. Chief Executive’s Report

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

- A Critical Incident was declared in July 2019 and the number of formal complaints increased during this month. It was anticipated the issues were linked and it is important the Trust understands the issues. Performance against timeliness of complaint responses continues to improve;
- The 4 hour standard was below trajectory in July and efforts continue to improve the position by Quarter 2;
- The Quality Improvement Flow Programme has been established and is focused on improving internal safety and efficiency;
With regard to expenditure on agency, the Operational Workforce Group had been re-established in order to focus efforts on improving the position;

Appraisal performance was 77% against a target of 95% and the CEO spoke of the continued focus on ensuring that staff receive a valuable and engaging appraisal;

The Trust welcomed Joanne Burton as the Freedom to Speak Up Guardian;

RCHT was one of 20 Trust’s across England to receive capital investment. The £99.9m would see the construction of a new building between Tower Block and Trelawny Wing and would house Women’s and Children’s services;

The Chief Executive referred to the positive stories referenced in the report.

b. The Board resolved to receive the Chief Executive Report

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<th>129. Strategy Update including Strategy and Operational Plan Quarter 1 Review</th>
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a. TL presented the report which provided the Board with an update on progress of implementing the Trust Strategy and the 2019/20 Operational Plan which were agreed earlier in the year. Progress had been made against all 50 milestones, in particular the reduction of people who have 52 week waits to only two (from 230) as well as the improvements made and the continued focus on achieving the 4 hour standard.

b. TL drew attention to the ‘strategy map’ which described the process to ensure future strategic plans were reviewed and aligned to the three objectives of Brilliant Care, Brilliant People and Brilliant Improvement. It was suggested the positive achievements should be shared with staff.

c. SP and RS welcomed the report but suggested highlighting which strategies were on track and provide clarity on the direction of travel.

d. With regard to the Clinical Strategy approach, the Board welcomed Zoe Greatrex, Head of Strategy to provide an overview of the approach and the outcomes of the Executive Board workshop which focused on population health needs, demographics and how/where services should be provided. ZG referred to the process of developing a high level service strategy for each service which would indicate the challenges and the future model. This would consider clinical adjacencies; patient access, technology and ensuring services were delivered from the right place. It was noted the outputs from this work would be presented to the Board to discuss the strategic direction of travel.

e. The Board resolved to receive and note the update.

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<th>130. Breast Service Strategy</th>
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a. The Board welcomed Dr Miklos Barta, Consultant Radiologist, Mr Iain Browne, Consultant Breast Surgeon and Charlotte Timmins, General Manager for Cancer and General Surgery Care Group to the meeting to present the vision for breast care for the women in Cornwall and Isles of Scilly.

b. The presentation focused on the enthusiasm to develop a collaborative strategy which meets the needs of patients and is fit for the future. The current breast service had received national recognition but in order to meet the increase in demand, changes were required to the service and facilities. It was acknowledged that the Care Group had been reactive and was now being more innovative, responding to recent challenges and holding discussions which ensured delivering the ambition.
c. As part of the development of the strategy, the Care Group are engaging with exemplar Trust’s to understand what these services look like. KH spoke of the digital advantages to be gained and suggested he engage with the service to support their vision.

d. The Board resolved to receive the service strategy update and its ongoing development.

QUALITY, RISK AND PERFORMANCE

131. Summary Assurance Reports – Including the Integrated Performance Report

i) Finance Committee: July & August 2019

- With regard to the revised capital plan, the Committee received information and assurance regarding the implications. In August the Trust received assurance that the Trust can now revert to its original plans;
- The Committee approved the MRI D-steam business case and recommended it for the Board approval, which had taken place in the In Committee meeting of the Board;
- Cost improvement plans at Month 4 were £11.2m against a plan of £14.5m. Care Groups were over-performing in order to achieve the target. Check and compliance meetings were taking place and the Committee would continue to have oversight of compliance/delivery;
- The Committee had discussed at length its concerns regarding the continued high agency spend (£1.9 a month on agency) and had received information and assurance on the mitigations taking place to improve workforce. The Operational Workforce Group has been re-established and is progressing short term actions. The Committee will continue to have oversight of this challenging issue;
- The Committee Chair had asked for further assurance regarding the elements covered within the Brilliant Improvement strategic goal. The Committee had debated the KPIs and were assured they were receiving the relevant information;
- The Committee had received assurance regarding progress of the Medical Capital Equipment Board and positive assurance received through the regular Care Group Performance review narrative.

a. MM sought assurance regarding the engagement across the system to delivery CIP savings. SM referred to the activity at Cornwall Partnership NHS Foundation Trust (CF) and how the system was working together regarding the financial model and moving towards a sustainable position. KS confirmed that a system financial recovery plan was being developed.

b. RL questioned the mitigations being taken regarding agency and the impact these mitigations were having. KS referred to the focus of Operational Workforce Group to oversee the immediate actions to ensure improvement in vacancy rates.

ii) Quality Assurance Committee: July & August 2019

- The Trust had flagged as an outlier for mortality in Trauma. Following review of data the Trust had not identified any common issues and was engaging with the Trauma Network. The Trust would undertake a further review to fully understand the issue and the Mortality Review and Oversight Group would have oversight;
- One reported case of Hospital Acquired Thrombosis (HAT) was highlighted through the Ward to Board report. A serious incident review was taking place and the Committee would receive information and assurance;
- With regard to Catheter Associated Urinary Tract Infection (CAUTI) cases, the Trust had seen a reduction in the overall total number of reported cases in the last 12 months, but in June 2019 there were six cases reported across the Trust;
- The Gastro and Livery Unit (GLU) triggered on the Ward to Board framework and were having some intensive support;
• The Committee continues to receive a quarterly report on Infection Control and it was recommended that in line with good practice, the Trust Board should also receive a quarterly assurance report;
• The Committee asked for further assurance on the number of inquests and benchmarking information would be provided to the Committee;
• The Clinical Effectiveness Group (CEG) was undertaking a review of NICE guidance and provided positive assurance to the Committee on compliance;
• Healthcare Associated Infections (HCAI) compliance had deteriorated in July and was being monitored through Care Group Performance Reviews. The Committee would receive assurance through the compliance audits.

iii) Audit and Risk Assurance Committee: July 2019

• The Committee had received additional information and assurance regarding the progress of the recommendations from the Infection Control internal audit;
• There had been significant improvement in the reporting of the actions in response to the Internal Audit Recommendation Tracker. There was better articulation of the progress and timescales which provided greater assurance to the Committee;
• Audit South West presented their annual report and the 2019/20 annual audit plan would be mapped to the Board Assurance Framework (BAF);
• The Committee recommended the Board approve changes to Standing Orders, Standing Financial Instruction’s and Scheme of Delegation and Reservation.

iv) People and OD Committee: August 2019

• The Committee had focused on underlying themes including control; culture and behaviour. One key matter of much debate was agency spend. The Committee had sought greater understanding and assurance regarding the mitigations and the full impact;
• The Committee discussed the need to ensure tighter control on the establishment and having grip on workforce planning;
• With regard to appraisal compliance, the Committee discussed the importance of a quality appraisal rather than it just being an administrative process;
• With regard to employee wellbeing, the Committee has oversight of a task and finish group that is focused on look at rest and accommodation facilities for staff. This working group covers a range of facilities and the Board endorsed the positive steps being taken to improve rest, catering and on site facilities for staff.

a. The Board resolved to receive the Committee assurance reports and the Integrated Performance Report.

132. Board Assurance Framework and Corporate Risk Report

a. The Board Assurance Framework (BAF) had been subject to extensive review in order to align the strategic objectives to the Trust Strategy. Changes to the principal risks were highlighted in the report as well as the mitigations planned.

b. The Risk Management Strategy will be reviewed and a Risk Appetite session will take place at the Board Informal on 3 October 2019.

c. With regard to workforce planning, RA suggested the risk should be strengthened following discussion at the People and OD Committee in August 2019. BG confirmed the risk was being reviewed and a new principal risk was being developed that would incorporate agency spend and control and implications of Brexit.
d. In relation to the Corporate Risk regarding the failure of the MRI scanner, this would be updated following the approval of the MRI D-Stream business case. Discussion ensued regarding the ED flow and performance risk which had increased to 20 and the mitigations taking place. Assurance was sought regarding the monitoring of the risk and the lack of information regarding the mitigations taking place. Action: BG and SB to ensure evidence is clearly articulated in the BAF/CRR report and additional narrative is summarised in the assurance report.

e. The Board resolved to receive the report, note the principal risks and corporate risks. The Board noted the ongoing development of the report and how the BAF will lead the formulation of the Trust Board agenda

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<th>133. Trust Incident, Serious Incident and Learning Report</th>
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a. BG presented the report which had been received by the August 2019 Quality Assurance Committee. The key highlights of the report included the positive improvement in the timescales for reporting Serious Incidents (SIs) to Kernow Clinical Commissioning Group.

b. With regard to learning, the report highlighted that the learning associated with closed SI’s and Duty of Candour (DOC) performance continues to improve.

c. The Board resolved to receive the report.

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<th>134. Learning from Deaths Report</th>
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a. The Board received the quarterly report which was presented to the August 2019 Quality Assurance Committee.

b. MM asked for assurance on lessons learnt and RP referred to the improved outcomes regarding falls and sepsis which was a result from learning achieved and changes in practice, systems etc.

c. KS suggested that a thematic analysis would provide the Board with assurance on the key themes that had improved. The Clinical Effectiveness Group (CEG) undertakes a thematic review which is reported to Committee and BG referred to the shared learning through the Safety Huddles.

d. The Board resolved to receive the report and recommended a thematic analysis be included in the next quarterly report.

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<th>135. End of Life Care Annual Report</th>
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a. The Board received the report which highlighted the activities during 2018/19, the improvements achieved, the focus on advance care planning and better communication and referred to the ambitions outlined in the End of Life Care Strategy.

b. KE welcomed the report and enquired about the ‘My Care Initiative’, LD confirmed the End of Life Care Strategy Board was linked into the Digital Strategy. GV sought clarity on the workplan as many of the actions were RAG rated green. It was suggested that green referred to being ‘on track’ as such this should be reviewed to be consistent with action plan RAG ratings across the Trust.

c. KS recommended using QI methodologies and Action: it was agreed that LD to seek support from the QI Hub and to engage with from Community colleagues.

d. The Board resolved to receive the annual report.
136. **Integrated Safeguarding Services Annual Report**

a. The Board received the annual report which highlighted the positive investment to build the IMPACT Hub, an integrated multi-professional office.

b. Other key matters for the Board’s attention included the change in case law which reduced the threshold for making a Deprivation of Liberty (DOLS) application which increased the use of DOLS in place of the Mental Health Act. With regard to safeguarding training, the Trust was compliant and training was a key priority.

c. Discussion ensued regarding the use of constraints and the policies in place and assurance provided on the process of reporting to the Safeguarding Group and via Committee through exception. Nationally Mental Health detentions have been increasing over recent years and this has been reflected in detentions at the Trust. KS enquired about the number of Child and Adolescent Mental Health Service (CAMHS) cases and how an acute setting was not a place of safety.

d. In June 2018 the Trust hosted an FGM conference with over 135 multi-agency professionals in attendance. The conference focused on training and reminding colleagues about FGM and MM enquired about the prevalence in Cornwall as this was a hidden issue. MM was assured of the positive feedback from the conference.

e. **The Board resolved to approve the annual report.**

137. **Infection Prevention and Control Annual Report**

a. The Board received the annual report which highlighted the key activities in the last year. LD drew to the Board’s attention the reduction in MSSA cases but the increase in EColi case which was a national issue. LD referred to the county wide engagement to deliver a reduction strategy focused on preventing urinary tract infections.

b. With regard to surgical site infection surveillance, the Trust identified as having a higher infection rate than the national average. Further investigations were conducted which identified no common themes and assurance was provided to the Board regarding the ongoing surveillance to monitor change, some changes to SMH ventilation and wound care management. The Board debated the mitigations and the need to fully understand the issue, it was agreed to debate this further outside of the Board meeting in order to look at fluid management and whether ‘nervecentre’ could be used to monitor and flag patients at risk.

c. Hand hygiene compliance of 98% was achieved with appropriate actions taking place in areas where hand hygiene fell short. With regard to flu, the Trust saw a reduction in the number of cases and RA referred to the discussion at People and OD Committee regarding the strategy to improve flu vaccination compliance. The Committee had debated the importance of clear messaging and KOK was supporting the approach as the clinical champion.

d. **The Board resolved to receive and approve the annual report**

138. **Medical Appraisal and Revalidation Annual Report**

a. The Board received the annual report which had been approved by the Quality Assurance Committee in August 2019. The Board noted the Committee recommendation to approve the statement of compliance.
b. RP informed the Board that 455 doctors were required to complete medical appraisal and revalidation and 52 had failed to sign off a completed appraisal by 31 March 2019. RP provided assurance that by the end of July 2019 all doctors (except on maternity leave) had completed their appraisal. MM asked what actions would be taken if doctors remained non-compliant and RP confirmed there were some exceptions, but non-compliance was not acceptable.

c. The Board resolved to approve the annual report and the Chairwoman would complete the statement of compliance by 29 September 2019.

FINANCE

139. Month 4 Financial Report

a. The Board received the Month 4 Financial Report which had been presented to the August Finance and Performance Committee.

b. The Board resolved to receive the Month 4 Finance Report

140. Revised Capital Plan

a. The Board received the revised capital plan, noting the discussion and assurance received through agenda item 16.131.

b. The Board resolved to approve the recommendation

141. Changes to Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation

a. The Board received the changes which had been presented to the August Finance and Performance Committee.

b. The Board resolved to approve the changes to Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation as per the Finance and Performance Committee recommendation.

FOR INFORMATION

142. Guardian of Safe Working Practice Quarterly Report

a. The Board resolved to receive the Guardian of Safe Working Practice Quarterly report for information.

143. HRD Bi-Monthly People Report

a. The Board resolved to the HRD Bi-Monthly People report for information.

144. Ward to Board Report

a. The Board resolved to the Ward to Board report for information.
145. Board Calendar of Meetings and Glossary of Terms
   a. The Board received the calendar and glossary.

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

147. Evaluation of Effectiveness of the Meeting

The following comments were received by Board members:
   - The Board agreed the agenda was lengthy but was well formed and received;
   - The Board welcomed the presentation of the IPR;
   - The Board welcomed the presentation from the Care Group and the overall improvement in quality of reports.

148. Questions from the Public
   a. Mr Terry Murray welcomed the presentation from the Breast Service and asked for reassurance the Trust was committed to keep SMH open. KS confirmed the Trust had no intention of closing the hospital and spoke of the continued investment and ongoing development of the services provided by SMH and of the quality of care and treatment provided by SMH. Mr Murray, continued, asking for information on the mitigations taking place regarding the agency spend. KS referred to the commitment to recruit locally and how the Trust was being innovative in its approach to recruit and retain staff.

   b. Dr Jane Bernal spoke of the commitment to attend the Board and that it was critical to ensure good public representation and that changes to dates/times of the meeting must be published in a timely way. The Chairwoman thanked Dr Bernal for her continued attendance at the meetings and apologised for the change of date/time of the Annual General Meeting in order to take place on World Patient Safety Day.

Date of Next Meeting: 31 October 2019

The Trust Board in Public Closed at 17.00

The minutes were duly approved by

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