

**Minutes of the meeting of Trust Board on  
7<sup>th</sup> February 2018**

**Present**

Sir Michael Rake	Chairman
Dr Peter Steer	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Mr David Lomas	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Professor Stephen Smith	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Dr Andrew Long	Interim Medical Director
Ms Loretta Seamer	Chief Finance Officer
Ms Nicola Grinstead	Deputy Chief Executive
Mr Ali Mohammed	Director of HR and OD
Ms Polly Hodgson	Interim Chief Nurse

**In attendance**

Mr Matthew Tulley	Director of Development
Ms Cymbeline Moore	Director of Communications
Professor David Goldblatt*	Director of Research and Innovation
Mr Peter Hyland*	Director of Operational Performance and Information
Ms Emma Pendleton*	Deputy Director of Research and Innovation
Dr Allan Goldman*	Divisional Co-Chair, Charles West Division
Professor Andrew Taylor*	Divisional Co-Chair, Charles West Division
Ms Anne Layther*	Director of Operations
Dr Sophia Varadkar*	Divisional Director JM Barrie Division
Ms Sarah James*	Divisional Director of Operations JM Barrie Division
Dr Elizabeth Jackson*	Divisional Director JM Barrie Division
Ms Trish Evans*	Matron JM Barrie Division
Mr Chris Rockenbach*	General Manager, IPP
Dr Melanie Hirons*	Clinical Director, IPP
Ms Claudia Tomlin*	Interim Head of Nursing, IPP
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)

*\*Denotes a person who was present for part of the meeting*

*\*\* Denotes a person who was present by telephone*

<b>129</b>	<b>Apologies for absence</b>
129.1	No apologies for absence were received.
<b>130</b>	<b>Declarations of Interest</b>
130.1	No declarations of interest were received.
<b>131</b>	<b>Minutes of Meeting held on 28th November 2017</b>

131.1	The Board <b>approved</b> the minutes of the previous meeting.
<b>132</b>	<b>Matters Arising/ Action Checklist</b>
132.1	<b>Action:</b> Minute 105.8 – It was agreed that Dr Peter Steer, Chief Executive would keep the Board updated on the London consolidation devolution as matters arose.
132.2	Minute 65.8 – to be amended to correct Mr Ali Mohammed's job title.
<b>133</b>	<b>Patient Story</b>
133.1	The Board received a patient story by video of Katie, a 13 year old young person who had been treated at GOSH for ten years under the care of Gastroenterology, Respiratory and Surgery.
133.2	<p>Katie highlighted the following points about her visits to GOSH:</p> <ul style="list-style-type: none"> <li>• Welcome the input from teachers through play.</li> <li>• Play therapy has helped to reduce Katie's fear of hospital stays and procedures.</li> <li>• Katie's parents have always been able to stay with her but there is not enough space for belongings.</li> <li>• Katie stays in a bay on Rainforest Ward which means that she could be next to a baby or a child of a very different age.</li> <li>• Particularly appreciated having access to a specialist nurse for teenagers.</li> <li>• Katie felt that the school caters to very young children or older teenagers rather than young people of her age.</li> <li>• The DVDs and computer games available to play were for younger children.</li> <li>• The food was not always enjoyable.</li> </ul>
133.3	<p>Katie made the following recommendations:</p> <ul style="list-style-type: none"> <li>• Doctors to talk to Katie in language she can understand.</li> <li>• Letters to be improved as those from some teams arrive very close the date of the appointment. This varies by specialty.</li> <li>• Improved food</li> <li>• Improved communication between GOSH teams and external organisations.</li> <li>• Staff being more polite.</li> <li>• Katie emphasised the importance of having access to wi-fi in order to feel connected to friends and family and help keep her occupied during hospital stays. She recommended improvement in this area.</li> </ul>
133.4	Mr Akhter Mateen, Non-Executive Director said that many recommendations for improvement were common to a number of patient stories. He highlighted that although action plans had been developed in a number of areas, feedback remained negative. Dr Peter Steer, Chief Executive said he felt that improvements were being made in the hospital food and the wi-fi had been very recently upgraded to the highest specification. Dr Steer added that it was disappointing that the appropriate age entertainment was not available and confirmed that this would be followed up. Ms Nicola Grinstead, Deputy Chief Executive said that there were particular issues around access to wi-fi in outpatients and strict security controls were in place which could be a source of frustration for patients.

133.5	Professor Rosalind Smyth, Non-Executive Director said that the January meeting of the Quality and Safety Assurance Committee had received a paper on progress addressing the actions arising from patient stories and said that she did feel these were being addressed. She said that if similar feedback continued to be received it would be important to speak to the same patients again to see if they had experienced an improvement.
133.6	Ms Grinstead said that face to face communication with patients had been considered as a particular strand in a patient and family listening event and there was a detailed action plan in place. Mr Matthew Tulley, Director of Development said that there were a number of handovers involved in delivering food to wards and work was taking place to look at the scope of the service and receiving input from a hospital food expert.
133.7	<b>Action:</b> It was agreed that an update on the issues raised in the patient story would be part of the Chief Executive's report at the next meeting.
<b>134</b>	<b>Chief Executive Report</b>
134.1	<u>Genetic Laboratory Consolidation Bid</u>
134.2	Dr Peter Steer, Chief Executive said that GOSH was the lead organisation in a partnership bid for the North Thames geographic area for rare disease and paediatric cancer genetic laboratory work consolidated at the GOSH site. Dr Steer said that negotiations were ongoing and highlighted the significant risks within the bid process particularly around the contract.
134.3	<u>Cognitive Partnership</u>
134.4	The Board had been briefed in January on a cultural change programme in partnership with the Cognitive Institute and a grant proposal for this work would be submitted to the GOSH Children's Charity in March. Feedback from staff who had been involved so far had been positive.
134.5	<u>NHSI Pathology Laboratory Consolidation Strategy</u>
134.6	NHS Improvement had launched a process to consolidate pathology laboratory services into 29 hubs. Chief Executive of the four standalone children's hospitals had written to NHS Improvement to express concern about the lack of consideration for specialist paediatric pathology services and it had been confirmed that a specialist subgroup would be established.
134.7	<u>CQC</u>
134.8	An unannounced CQC inspection in mid-January had focused on outpatients and surgery and an announced well led inspection had also taken place at the end of January. No major concerns had been raised at the exit meeting by the inspection team and the draft report would be provided for factual accuracy checks in March 2018.
<b>135</b>	<b>Board Committee Updates:</b>
135.1	<u>Audit Committee Update – January 2018</u>

135.2	Mr Akhter Mateen, Chair of the Audit Committee highlighted the discussed that had taken place around IPP debt provision. He reported that following discussion about the trend in debtor days and total debt at the Finance and Investment Committee a report had been requested on provisioning for the Audit Committee. Following review of potential options for amendments to the provisioning policy it was agreed that the current provisioning methodology was appropriate. The external auditors had been supportive of this agreement and had confirmed GOSH was not an outlier in terms of debtor levels.
135.3	Sir Michael Rake, Chairman said he had noted that all London hospitals that undertook IPP work had a specific issue with debt from one territory. He suggested that the hospitals work together to discuss this. Mr David Lomas, Non-Executive Director highlighted the key part that relationships played in encouraging embassies to pay and suggested that relationships should be developed between Dr Steer, Sir Michael Rake and the middle east.
135.4	Mr Mateen said that the Committee would continue to consider the issue of GDPR readiness and a further update would be received before the go live date in May 2018.
135.5	<u>Quality and Safety Assurance Committee Update – January 2018</u>
135.6	Professor Stephen Smith, Chair of the Quality and Safety Assurance Committee (QSAC) said that the committee had discussed transition and had noted the complexity of the work. Emphasis was placed on the importance of putting timelines on this work.
135.7	Professor Smith said that the CQC had queried the use of language around Never Events in the Integrated Quality Report and the presentation of clinical outcomes to the Committee. Dr Peter Steer, Chief Executive highlighted that the Trust published a significant number of outcomes publically on the GOSH website.
135.8	<b>Action:</b> Professor Rosalind Smyth, Non-Executive Director highlighted the important pharmacy review which was taking place and had been discussed by the committee and it was agreed that the Trust Board would receive an update on this work.
135.9	<u>Finance and Investment Committee Update – January 2018</u>
135.10	<b>Action:</b> Mr David Lomas, Chair of the Finance and Investment Committee said that the meeting had considered the use of Patient Level Costing to allow patient level data to be cut in many ways giving an insight into the negative NHS contribution. The Committee had also reviewed the drivers of revenue in terms of activity volumes and tariff and it was agreed that both these topics would be discussed by the Board during 2018/19.
<b>136</b>	<b>Update from the Members' Council in December 2017</b>
136.1	Dr Anna Ferrant, Company Secretary said that a successful election had taken place which received over 50 nominations for elected seats on the Council of Governors. An induction programme was being developed for the new Council. Sir Michael Rake, Chairman emphasised the importance of a robust induction programme due to the large number of newly elected Governors.

<b>137</b>	<b>Strategy progress update</b>
137.1	<u>Research and Innovation</u>
137.2	Professor David Goldblatt, Director of Research and Innovation gave a presentation on the strategic enablers and achievements in terms of research participants, research studies and publications. He said that the challenge in terms of continuing to increase the number of studies was around people and space.
137.3	Mr James Hatchley, Non-Executive Director said that it appeared that the contribution of the GOSH Children's Charity had reduced and Dr Peter Steer, Chief Executive said that work should take place to reflect on some areas of ICH income.
137.4	<u>Charles West Division</u>
137.5	Dr Allan Goldman, Divisional Co-Chair of Charles West Division gave an update on the divisional strategic priorities. Sir Michael Rake, Chairman noted that a recent internal audit had reported a divisional reorganisation had been undertaken to drive out silo working. He asked how far the division believed this objective had been achieved. Dr Goldman said that the reduced number of divisions had a significant impact and enabled better communication and team working.
137.6	Professor Rosalind Smyth, Non-Executive Director welcomed the focus that the division was placing on outcomes but noted that this was far more challenging in specialties where there were no international benchmarks. Professor Smyth highlighted work that was taking place to develop compatible outcome measures internationally and encouraged this work to continue.
137.7	<u>JM Barrie Division</u>
137.8	Dr Sophia Varadkar, Divisional Director for JM Barrie highlighted some of the leading research which was taking place in the division along with the use of specialist technology.
137.9	The division reported that for the first time since the break in reporting, the RTT target of 92% had been achieved. The Board welcomed this.
137.10	<u>International Private Patients</u>
137.11	Mr Chris Rockenbach, General Manager for International Private Patients highlighted the divisional excellent Friends and Family Test response rates and results and the reduction in complaints along with excellent appraisal rates and compliance with statutory and mandatory training. He said that work was taking place to consider whether the billing component of IPP could be built into EPR.
137.12	Sir Michael Rake, Chairman queried the work that was taking place to assess GOSH's competition and consider new markets. Mr Rockenbach said that a review had been undertaken with external consultants to look at relevant territories in terms of accessibility and healthcare needs. Work was taking place to raise the GOSH brand profile in identified new areas. Mr Rockenbach added that technology was key however the Trust did not currently use telemedicine or remote consultations and discussions were taking place around this.

137.13	<b>Action:</b> It was agreed that a snapshot of current divisional performance for all divisions and targets which were set but had not been achieved would be circulated outside the meeting.
<b>138</b>	<b>Draft operational and financial plan</b>
138.1	Mr Peter Hyland, Director of Operational Performance and Information said that the Trust was moving into the second year of a two year operational plan however no formal national guidance had yet been published for submissions for 2018-19.
138.2	Mr David Lomas, Non-Executive Director noted that analysis of the income statement showed that without contributions from the GOSH Children's Charity the Trust would not be financially sustainable. He suggested that the Board should ask the Executive Team to increase the EBITDA, which was currently decreasing, year on year without impacting the ability to meet the Control Total. He added that he felt a revised target for debtors should also be set.
138.3	Ms Loretta Seamer, Chief Finance Officer highlighted that the Control Total had now been revised to a surplus of £12.065million and recommended that the Board agreed to sign up to this total. Dr Peter Steer, Chief Executive said that this would be challenging target but it was vital that the Trust meet it.
138.4	The Board agreed to sign up to the Control Total and delegate authority to the Chief Executive to sign off the draft submission to NHS Improvement.
<b>139</b>	<b>Learning from Deaths - Q2 2017/2018</b>
139.1	Dr Andrew Long, Interim Medical Director presented the report and said that GOSH continue to operate a robust process to review the deaths of inpatients at GOSH. The Board welcomed the update.
<b>140</b>	<b>Integrated Quality Report – 31st December 2017</b>
140.1	Dr Andrew Long, Interim Medical Director said that the issues in the report which had been raised by the CQC and noted by Professor Smith earlier in the meeting would be picked up in the report for the next Board meeting.
<b>141</b>	<b>Integrated Performance Report and Scorecard - 31 December 2017</b>
141.1	Ms Nicola Grinstead, Deputy Chief Executive presented the report and said that the team continued to validate the data to ensure that the Trust could report a compliant RTT position for the first time since reporting had been paused. She added that it was important that this became a sustained position.
141.2	<b>Action:</b> It was agreed that the kitemark would be added to the performance dashboard itself.
141.3	Discussion took place on the Friends and Family Test completion rate which was set at 40% and had been achieved by IPP. Mr James Hatchley, Non-Executive Director asked if there were lessons to be learnt from the division. Ms Grinstead said that the majority of Trusts had a target of 20%, however a significant increase in rates had been achieved when IPP had worked with the other divisions. Dr Peter Steer, Chief Executive highlighted the very different patient stay profile which was likely to impact the completion rate.

141.4	The Board agreed that the target should remain at 40%.
141.5	<u>Theatre Utilisation Programme Overview</u>
141.6	Ms Grinstead presented the overview which gave the Board a sense of the timeline for improvement and the complexity of the work.
141.7	Mr David Lomas, Non-Executive Director suggested amending the targets for each quarter to show that the progress that was anticipated.
141.8	<u>Finance Update – 31 December 2017</u>
141.9	The Board noted the update.
<b>142</b>	<b>Safe Nurse Staffing Report – November 2017 and December 2017</b>
142.1	Ms Polly Hodgson, Interim Chief Nurse presented the report and confirmed that no unsafe shifts had been declared in the period. She highlighted that care hours per patient day had increased however agency usage had decreased.
142.2	Turnover had reduced to 16% with minimal vacancies and a number of newly qualified nurses were in the pipeline to begin in post.
142.3	Sir Michael Rake, Chairman noted the large number of newly qualified nurses who had recently joined the Trust and suggested that this would place a burden on training for these individuals. Ms Hodgson said that although it had been challenging, feedback had been positive.
142.4	<b>Action:</b> It was agreed that a future meeting would consider a retention analysis of the nursing workforce, the bands of staff who were leaving and after how long. Data produced should enable the Board to follow a trend. Dr Peter Steer, Chairman said that there was a new support and education process in place for newly qualified nurses and the impact of this as a trend should also be identified.
<b>143</b>	<b>Scheme of Delegation</b>
143.1	Ms Loretta Seamer, Chief Finance Officer presented the paper and confirmed that discussion had taken place at the Audit Committee and the requested amendments made. Mr Akhter Mateen, Audit Committee Chair confirmed he was satisfied with the amendments.
143.2	The Board <b>approved</b> the scheme of delegation.
<b>144</b>	<b>Medical Revalidation Annual Board report and statement of compliance</b>
144.1	Dr Andrew Long, Interim Medical Director presented the paper which was an update on the report received at the last meeting. This was noted by the Board.
<b>145</b>	<b>Board Assurance Framework</b>
145.1	Dr Anna Ferrant, Company Secretary said that the Board had been involved in updating and scrutinising the risks at the assurance committees. She added that an internal audit report into management of the BAF had provided a rating of

	<p>'significant assurance with minor improvement potential'.</p> <p>The Board noted the report and the update to the risks.</p>
<b>146</b>	<b>Any other business</b>
146.1	There were no items of other business.