

**FINAL Minutes of the meeting of Trust Board on
28th March 2018**

Present

Sir Michael Rake	Chairman
Dr Peter Steer	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Dr Andrew Long	Interim Medical Director
Ms Helen Jameson	Interim 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
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Mr Paul Balson	Deputy Company Secretary
Ms Herdip Sidhu-Bevan*	Deputy Chief Nurse
Ms Emma James*	Patient Involvement and Experience Officer
Dr Dorothy Thompson*	Consultant Clinical Scientist, Ophthalmology
Ms Stephanie Williamson*	Deputy Director of Development
Dr John Hartley*	Director of Infection Prevention and Control
Dr Renee McCulloch*	Guardian of Safe Working and Consultant in Paediatric Palliative Medicine
1 member of GOSH staff	

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

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

160	Apologies for absence
160.1	Apologies for absence were received from Professor Stephen Smith, Non-Executive Director and Mr David Lomas, Non-Executive Director.
161	Declarations of Interest
161.1	No declarations of interest were received.
162	Minutes of Meeting held on 7th February 2018
162.1	The Board approved the minutes
163	Matters Arising/ Action Checklist
163.1	The actions taken since the last meeting were noted.

164	Chief Executive Report
164.1	Dr Peter Steer, Chief Executive highlighted the latest National Institute for Cardiovascular Outcomes Research (NICOR) report which had noted GOSH's outstanding outcomes for a second consecutive three year cycle.
164.2	GOSH continued to engage with North Thames specialist paediatric planning process and had been approached to be the strategic lead for the North Central London Sustainability and Transformation plan. The Board would be kept updated.
164.2	Sir Michael Rake, Chairman welcomed the excellent cardiac work.
165	Patient Story
165.1	A patient story was received by video from GOSH patient, Devan, and his father Sanjay about their experiences visiting the hospital over the past six years whilst Devan has been under the care of ophthalmology.
165.2	Devan and Sanjay made the following positive comments about their time at GOSH: <ul style="list-style-type: none"> • Access to an en suite bathroom • Access to wi-fi • Excellent facilities • Kind nurses • Games to play • Consistent consultant • Able to speak to other patients
165.3	The following recommendations were made: <ul style="list-style-type: none"> • Pharmacy waits were often around two hours which had a significant impact on Devan being able to go back to school for the rest of the day. • Academic resources or activities requested in outpatient areas. • Booking follow up appointments through medical secretaries was often challenging and appointment letters could be received at quite short notice. • Healthier food and drink options to be available in the Lagoon restaurant.
165.4	Action: Ms Nicola Grinstead, Deputy Chief Executive said that work would take place to look at Devan and Sanjay's appointment booking process as this should take place through the bookings team rather than individual medical secretaries. She said that the pharmacy review project, which was being reviewed by the Quality and Safety Assurance Committee, was working to reduce long waits. Educational materials had been purchased and Ms Grinstead confirmed that these could also be used in outpatient areas.
165.5	Mr James Hatchley, Non-Executive Director asked how the Board could be assured that there was not a positive bias to the stories received. Ms Herdip Sidhu-Bevan, Deputy Chief Nurse said that families were approached to provide their stories once they had come into contact with the Trust via PALS, the Young People's Forum, through visits to wards or in a variety of other ways. She said that patients and families were not asked leading questions as it was important to hear their thoughts and issues.

166	Update from the Quality and Safety Assurance Committee in January 2018
166.1	Mr James Hatchley, member of the Quality and Safety Assurance Committee highlighted the appointment of the Freedom to Speak Up Guardian which was fundamental to the Freedom to Speak up process. He said he was working with the HR team to put in place a monthly reporting system to raise any issues to the Senior Independent Director.
166.2	Mr Andrew Long, Interim Medical Director said that 18 patient safety champions were being appointed and work was taking place to review how they would work alongside freedom to speak up ambassadors. Mr Hatchley said it was important to ensure that HR was appropriately resourced to handle this work.
166.3	Action: The Committee had received a presentation on the pharmacy review which had been undertaken by an external expert who had been embedded into the team. A number of recommendations had been made and the Committee had welcomed progress. It was agreed that the Board would send a note of thanks to the external expert who had undertaken the pharmacy review.
167	Update from the Finance & Investment Committee in March 2018
167.1	Mr James Hatchley, Member of the Finance and Investment Committee said that the last meeting had considered the budgets for the commissioning period 2018/19 and the process for developing the Long Term Financial Model (LTFM) and updating the required assumptions.
167.2	Mr Akhter Mateen, Chair of the Audit Committee said that between the two committees progress with the Electronic Patient Record implementation continued to be monitored and a further independent gateway review would be received in April. <i>Ms Polly Hodgson left the meeting.</i>
168	Members' Council Update – February 2018
168.1	Dr Anna Ferrant, Company Secretary said that the most recent meeting had been the final meeting for a number of Councillors, due to it being the end of their tenure. Positive work continued with the constitution working group and the work would be complete in time to be approved at the AGM.
168.2	Sir Michael Rake, Chairman highlighted the work that was taking place on the draft Lead Governor Role Description and emphasised the importance of having a simple document. It was noted that the Council would be reviewing the draft role description that evening.
169	Draft Annual Business Plan 2018/19 including operational and finance plan
169.1	Ms Helen Jameson, Interim Chief Finance Officer said that since the plan had been provided to the Board, a contract offer had been received from NHS England of £314 million based on cost and volume and there remained the opportunity to receive payments for activity above contract. Ms Jameson highlighted that NHS England remained concerned about the total contract value for organisations nationally.

169.2	Ms Nicola Grinstead, Deputy Chief Executive confirmed that there would be no quality impact required as a result of signing a contract of that value.
169.3	Mr Akhter Mateen, Non-Executive Director asked for assurance that GOSH would be paid in full for its activity in 2017/18 as this included significant over-performance. He queried whether there was likely to be a similar level of over-performance in 2018/19. Ms Jameson said that the final value of the 2017/18 outturn would be agreed in the first week of April 2018 and said that over-performance in the following period was likely to be a much smaller proportion of the contract value.
169.4	Mr James Hatchley, Non-Executive Director highlighted the previous discussions which had taken place around theatre utilisation which had improved but was not yet at the target rate. He queried the likely impact of an improvement in this area on the Trust's activity. Ms Grinstead said that although more activity would be delivered, the additional expenditure required to support this activity had not been factored in. Dr Peter Steer, Chief Executive agreed that it was important to be as efficient as possible but said that there was no reliance on increasing this rate in order to meet the Control Total.
169.5	The Board agreed to continue to support the recommendation that the Trust should agree to the Control Total for 2018/19 and to delegate authority to the Chief Executive to sign off the final version of the document. The Board confirmed that they were satisfied that adequate governance measures were in place to ensure the accuracy of information included within the plans.
170	Better Value Update
170.1	Ms Nicola Grinstead, Deputy Chief Executive said that the Better Value Programme was forecasting a year-end outturn of £10.7million and although this was an underperformance against the target, this had been a substantial increase in the delivery of efficiency contributions in recent years. Ms Grinstead said that the same process for defining efficiencies would be applied for 2018-19.
170.2	Dr Peter Steer, Chief Executive said that positive work had taken place to review the leadership of this work which had provided better assurance as to the deliverability of schemes.
170.3	Mr Akhter Mateen, Non-Executive Director noted that previously GOSH had delivered Better Value targets as a result of increased activity as well efficiencies and queried how far this was likely to be the case in 2018-19. Lady Amanda Ellingworth, Non-Executive Director asked how far longer term plans over more than one year were being developed. Ms Grinstead said that it was anticipated that going forward a smaller proportion of the Better Value target would be comprised of increased activity. She added that team had been asked to develop plans over two years, however discussion was taking place around increasing the term to be more in line with the LTFM.
171	Strategy Deep Dive: Quality including recruitment and retention update
171.1	Dr Andrew Long, Interim Medical Director gave a presentation on four key areas of the Trust's quality strategy: safety and reliability improvement programme, comparative clinical outcomes data, recruitment and retention and learning from deaths.

171.2	Sir Michael Rake, Chairman noted that the Trust was working with the Cognitive Institute to implement a cultural change programme and asked how this would be used to reach out to staff throughout GOSH. Dr Peter Steer, Chief Executive said that having visited organisations which were more advanced in working with the Cognitive Institute, there was a clear cultural difference. He said that 160 GOSH leaders had already been briefed on the programme and this would continue. Sir Michael said it was important not to underestimate the time and commitment required to embed a change in culture. He emphasised the importance of senior leaders adopting the programme and recognising the outcome of individual behaviours.
171.3	Professor Rosalind Smyth, Non-Executive Director said that previous discussions at Trust Board had been around collaborating with other UK centres to develop comparable outcome metrics and asked for an update on this work. Dr Steer said that GOSH was part of a European Children's Hospital organisation, ECHO and one of the key pillars of this work was health outcomes benchmarking.
171.4	Discussion took place around the recruitment and retention of nurses and Professor Smyth highlighted the report that had previously been received by the committee on the outcome of nurse exit surveys which had shown that a number of nurses had left the Trust due to lack of support from their line manager and lack of career progression. She queried the action that had been taken as a result of these tangible issues. Ms Polly Hodgson, Interim Chief Nurse said that the action plan arising from the work was being embedding including leadership work and the impact leaders have on teams along with advertising available training.
171.5	Dr Andrew Long, Interim Medical Director said that the Mortality Review Group had done excellent quality work since 2012 and GOSH was ahead of other organisations in this respect. He said that there was an expectation as part of the learning from deaths guidance about the involvement of referring practitioners which was a different process for GOSH. Dr Long said that it was important that the relevant individuals were involved and informed but that the key immediate processes were not delayed.
172	Sight and Sound Centre - Full Business Case
172.1	Ms Stephanie Williamson, Deputy Director of Development said that the current experience for ophthalmology and audiology patients attending GOSH was reduced as a result of the space not having been designed to suit their needs. She said that the proposed Sight and Sound Centre would provide a high quality patient environment alongside the opportunity to enhance services and meet increasing demand.
172.2	Mr Akhter Mateen, Non-Executive Director said that the Finance and Investment Committee had reviewed the business case and had been supportive but had emphasised the importance of delivering the development in full, in time and On budget. Dr Peter Steer, Chief Executive said that GOSH Children's Charity (GOSHCC) had already identified support for the project.
172.3	Mr Matthew Tulley, Director of Development said that the P22 Department of Health framework had been used to appoint contractors and that Kier had been appointed and provided initial costs. It was anticipated that final costs would be provided in two to three weeks' time which was in line with the GOSHCC approvals process.

172.4	Sir Michael Rake, Chairman said that the Non-Executive Directors had highlighted the importance of ensuring that sufficient due diligence was carried out with contractors. It was noted that the Department of Health carried out monthly checks on contractors on the P22 framework, however Sir Michael stressed that GOSH must assure itself that companies were sufficiently robust.
172.5	The Board approved the Sight and Sound Centre full business case.
173	Integrated Quality Report – 28th February 2018
173.1	Dr Andrew Long, Interim Medical Director said that work continued to ensure that Serious Incident reports were completed within the appropriate timeline. He said a key factor was ensuring that the relevant clinicians prioritised these meetings.
173.2	Ms Polly Hodgson, Interim Chief Nurse said that a theme had arisen from the Friends and Family Test responses around staffing levels. She said that this seemed to be related to the new Premier Inn Clinical Building space which provided cubicles for patients and nurses were not in view as much. Ms Hodgson said GOSH continued to benchmark well against other organisations for families who recommended the Trust.
173.3	The Trust had moved to the use of the Paediatric Early Warning System (PEWS) following the recommendation by the Out of Hours Steering Group and the roll out of this had been positive. This was being embedded into 'business as usual' and listening events would be taking place with staff to identify any learning to be applied to the roll out of future Quality Improvement projects.
174	Regular Director of Infection Prevention and Control (IPC) Report
174.1	Dr John Hartley, Director of Infection Prevention and Control presented the report and highlighted the positive work results in terms of antimicrobial stewardship and noted that issues in reportable areas had decreased.
174.2	Dr Hartley said he felt least assured in the area of cleaning in the Trust, particularly since a new contract had been put in place. Mr Matthew Tulley, Director of Development said that following a recent audit conducted jointly by IPC and DPS some incorrect processes had been identified. The initial management response from the cleaning contractor had been reviewed and this matter had been addressed. Implementation of the action plan was being overseen by a multi-disciplinary group which included representation from nursing, IPC and facilities. A new Director of Estates and Facilities was now in post which was having a positive impact and work was taking place to address the issues with the contractor. Dr Peter Steer, Chief Executive said that the issue had been acknowledged and it was recognised that substantial improvement was required. He added that robust contract management was also a factor.
174.3	Mr James Hatchley, Non-Executive Director emphasised the importance of a clean environment particularly in some areas of the hospital. He asked whether the contract was sufficiently robust to hold the contractor to account. Mr Tulley said he believed it was and confirmed that there were specific cleaning standards set for each area of the hospital which had been defined by the IPC team.
174.4	Action: Mr Akhter Mateen, Non-Executive Director asked for more information about the hand hygiene audits which showed poor compliance. Dr Hartley

174.5	<p>emphasised that the data represented compliance with hand hygiene audits. He said that the audits that had taken place had shown hand hygiene compliance of approximately 95%. It was agreed that consideration would be given to different ways of measuring and representing the data, outside the meeting.</p> <p>Action: Discussion took place around the lessons learnt exercise that was taking place with the DPS and IPC teams around issues related to the opening of the Premier Inn Clinical Building and it was agreed that an update would be provided at the next meeting.</p>
175	Integrated Performance Report (28th February 2018)
175.1	Ms Nicola Grinstead, Deputy Chief Executive presented the report and highlighted that the Trust had achieved the RTT target for two consecutive months which made GOSH a positive outlier. The Board congratulated the team for the significant work which had led to this compliance.
175.2	Action: It was agreed that a list of definitions on the data quality dashboard would be provided at the next meeting.
175.3	Action: The next report would provide context and highlight any risks for metrics which had been persistently rated red.
175.4	<u>Finance Report (28th February 2018)</u>
175.5	Ms Helen Jameson, Chief Finance Officer said that the Trust's overall surplus had reduced in comparison to budget. Ms Jameson said she was confident that GOSH would meet the Control Total, but the level by which it had been exceeded would reduce. IPP activity had reduced as a result of the bad weather London had experienced in February along with fewer days in the month, however IPP debtor days had reduced.
175.6	Sir Michael Rake, Chairman highlighted the £13million deficit reported by the JM Barrie division and queried the reason for this. Ms Grinstead said that an ambitious business case had been included in the budget for patients who were often cancelled due to the availability of HDU beds. She added that PICU underperformance against projections was driven by the availability of nursing skill mix.
175.7	Mr James Hatchley, Non-Executive Director said that the JM Barrie management team had presented their financial case, however there had been further deterioration since this point.
176	Update on Gastroenterology Review (RCPCH report and GOSH response)
176.1	Dr Andrew Long, Interim Medical Director said that throughout the three year period of the independent review it had been vital to communicate well both internally and externally. He said that further work had taken place on internal communication around this issue and the team was now satisfied that this had been done well. Dr Long said that the review had resulted in a considerably better experience and outcome for patients.
176.2	The number of new gastroenterology referrals to the Trust had been reduced and a conservative approach would be taken to increasing referrals. Discussions were

176.3	taking place with commissioners about a London network which provided the appropriate support for patients. Dr Peter Steer, Chief Executive said that the task and finish group had met on 27 th March and the action plan was now complete.
176.4	Sir Michael Rake, Chairman emphasised the importance of members of GOSH staff adhering to expected behaviours.
177	The Board thanked Dr Long for his work on the gastroenterology review.
177	2017 GOSH Annual Staff Survey Results
177.1	Action: Mr Ali Mohammed, Director of HR and OD said that the next Board meeting would receive the action plan arising from the staff survey results. He said that the response rate had reduced since 2017 and although this had been experienced across Trusts, GOSH's had been greater.
177.2	The key areas to be considered in the action plan were members of staff's experience of bullying and harassment, senior management communication with staff and a perception of staff not being supported by their immediate manager. Mr Mohammed said that feedback had been received at a staff partnership was that good work had taken place around Executive visibility. A commitment had been made to work in partnership with unions on actions.
177.3	Action: It was agreed that options for surveying the staff body as a whole would be provided at the next meeting.
177.4	Action: Professor Rosalind Smyth, Non-Executive Director expressed concern that a number of issues raised by staff were around safety and it was agreed that results would be separated into clinical and non-clinical areas for the next meeting. Mr James Hatchley, Non-Executive Director added that it would be helpful to identify whether responses were provided from a particular hospital area.
178	Guardian of Safe Working – quarterly report
178.1	Dr Renee McCulloch, Guardian of Safe Working presented the report and said that the guardian role was a new one arising from the change to Junior Doctor contracts. Part of the role involved reporting around rotas and hours for Junior Doctors, the mechanism of which was challenging as it required almost real time reporting. A survey of Junior Doctors had confirmed they were uncomfortable with this process as reports were provided directly to educational supervisors; work was taking place to establish a different system.
178.2	Professor Rosalind Smyth, Non-Executive Director welcomed the report and highlighted that although many of the issues were national, GOSH was a challenging working environment and it was vital to have good consultant support and encouragement to not work excessive hours.
178.3	Discussion took place around the junior doctor vacancy rate and it was noted that national recruitment in paediatrics was low.
178.4	Dr McCulloch invited members of the Board to the next Junior Doctor Forum on Thursday 19 th April.

179	Register of Interests and Register of Gifts and Hospitality
179.1	Dr Anna Ferrant, Company Secretary presented the registers and said that positive work had taken place with the research and innovation team to look at potential or actual conflicts of interest and develop guidance.
180	Compliance with Emergency Preparedness, Resilience and Response standards
180.1	Ms Nicola Grinstead, Deputy Chief Executive said that the Trust had a statutory responsibility to respond at a high level to major incidents. It was confirmed that Mr Akhter Mateen was the Non-Executive Director with responsibility in this area and Ms Grinstead was the responsible officer.
180.2	Across 66 mandatory standards which were subject to self-assessment and then peer reviewed, 63 standards had been rated green for GOSH, two amber and one red. The red standard was around attendance at a national event and the requirement for this had now been changed. The two amber standards had resilience plans in place. Ms Grinstead said that focus was being placed on how this worked would be impacted by the 'go live' of the Electronic Patient Record.
181	Equality & Diversity Annual Report and Update against Equality Objectives
181.1	Action: Mr Ali Mohammed, Director of HR and OD said that progress was being made with objective six: improving the representation of BME staff in senior posts. He added that a number of staff had been accepted onto national programmes which was very positive and consideration would be given to how this information would be provided to the Board.
182	Any Other Business
182.1	Sir Michael Rake, Chairman noted that it was last meeting of Mr David Lomas, Non-Executive Director, Dr Andrew Long, Interim Medical Director and Ms Polly Hodgson, Interim Chief Nurse. He thanked them for their contribution and the work that had taken place.