

**Minutes of the meeting of Trust Board on
23rd May 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 Alison Robertson	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)
Ms Herdip Sidhu-Bevan*	Assistant Chief Nurse
Ms Emma James*	Patient Involvement and Experience Officer
Dr Sanjiv Sharma*	Deputy Medical Director for Medical and Dental Education
Ms Lynn Shields*	Associate Director of Education
Mr Luke Murphy*	Freedom to Speak Up Guardian
Dr Renee McCulloch*	Guardian of Safe Working and Consultant in Paediatric Palliative Medicine

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

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

10	Apologies for absence
10.1	Apologies for absence were received from Professor Stephen Smith, Non-Executive Director.
10.2	Sir Michael Rake, Chairman said that the meeting would have been Professor Smith's last as a Non-Executive Director and said that he had written to him thanking him for his contribution.
11	Declarations of Interest
11.1	No declarations of interest were received.
12	Minutes of Meeting held on 28th March 2018
12.1	The Board approved the minutes.
13	Matters Arising/ Action Checklist

13.1	The actions taken since the last meeting were noted.
14	Chief Executive Update
14.1	<p>Dr Peter Steer, Chief Executive gave an update on the following matters:</p> <ul style="list-style-type: none"> • The Trust would be working with The King's Fund to undertake a Board development programme which would begin after summer 2018. • The work which had taken place to review the gastroenterology service had received both print and television media coverage. The Board had acknowledged the work of the communications team who had worked hard on managing challenging media issues. It was confirmed a meeting had taken place with the gastroenterology team to reflect on the documentary and to ensure that there was sufficient support available for them should there be any press or parent enquiries. • GOSH had been asked to lead work across the North Thames area around the fragmentation of specialist paediatric services. • Following a commitment to review the divisional structure after a year and feedback from the CQC around a lack of clarity in the operational structure, the Deputy Chief Executive was leading some evaluation work which had engaged around 200 members of staff during a consultation. A divisional structure would be developed following the completion of the feedback period. Ms Nicola Grinstead, Deputy Chief Executive said that focus was being placed on ensuring the clinical specialties were grouped together in a way which was appropriate for patients' pathways.
15	Patient Story
15.1	<p>The Board received a patient story by video from five young people who had experienced transition from GOSH to adult services. They provided the following feedback:</p> <ul style="list-style-type: none"> • GOSH patients are often transitioned to a number of different adult providers where specialist care is available, which can be frightening and challenging especially where transition has not been robust in terms of the receiving adult services not having the relevant medical history or information . • Patients reported that it was daunting to be responsible for their own medication when not having received the relevant information or education to increase their understanding. • The last appointment at GOSH should act as a 'wrap up' session to ensure that the move to a new service was not too fast from a timing perspective and that the patient feels prepared with the relevant information resulting in a good transition to adult services. • GOSH felt very important to patients during their time at the Trust and the services it offers with regards to getting to know the teams that are looking after their health needs compared to some adult services, where you may not get to know all the staff in a timely manner.
15.2	<p>Professor Rosalind Smyth, Non-Executive Director welcomed the patient story which highlighted the importance of patients taking part in a high quality transition process. Mr Matthew Shaw, Medical Director said that a current Quality Improvement Programme was focused on transition and a CQUIN was in place on</p>

15.3	<p>which the Trust had given a positive presentation to NHS England.</p> <p>Mr Chris Kennedy, Non-Executive Director asked how the effectiveness of the programme would be measured. Ms Herdip Sidhu-Bevan, Assistant Chief Nurse for Patient Experience and Quality said that part of the project was around ensuring that the Trust was clear which services patients were accessing from age 12 onwards and being aware of their point in the transition pathway. She added that a key part of the programme was ensuring that the receiving adult hospital had access to the relevant patient information as part of that programme. A presentation by GOSH at NHSI highlighted the importance of Trusts using similar approaches to transition across London, this concept was acknowledged by NHSI and they would aim to support this.</p>
15.4	<p>Sir Michael Rake, Chairman emphasised the importance of transition to GOSH patients who had often been treated at the Trust throughout their lives. He said it was important to highlight this issue during discussions with senior NHS leaders.</p>
15.5	<p>Action: It was agreed that an update on transition would be provided at the QSAC meeting in July.</p>
16	Board Assurance Committee reports
16.1	<u>Audit Committee update – April 2018 meeting</u>
16.2	<p>Mr Akhter Mateen, Chairman of the Audit Committee said that the committee continued to discuss the updates which were received from the Freedom to Speak Up Guardian. He highlighted the small number of cases which were received and said it was important to consider whether the process was robust.</p>
16.3	<u>Quality and Safety Assurance Committee update – May 2018 meeting</u>
16.4	<p>It was reported that the Committee had agreed to raise the following points to the Trust Board:</p> <ul style="list-style-type: none"> • The work that was taking place to develop consent clinics following learning from a Serious Incident • Mandatory training for honorary contract holders – It had been confirmed that some honorary contract holders had had their contracts ended after repeated contact with no response. The remainder were working with HR to complete the training. • Nursing recruitment and retention: Focus would be placed on retention while continuing with the work that had been implemented to recruit nurses.
16.5	<p>Sir Michael Rake, Chairman asked for a steer on the current feeling of nurses across the Trust. Ms Alison Robertson, Chief Nurse, said that there had been a lack of clarity around nursing leadership which had affected the morale of some colleagues and this had been reflected in the feedback received from the CQC. However she said that divisional re-organisation would provide an excellent opportunity to ensure there was a clear nursing leadership structure which was fully integrated into the medical and operational leadership structures.</p>
16.6	<p>Mr Ali Mohammed, Director of HR and OD said that it was also the case that Healthcare Scientists and Allied Health Professionals required more integration into the structure and this would also be taken into account during the divisional re-organisation.</p>

16.7	<p><u>Finance and Investment Committee Update – March and May 2018</u></p> <p>Mr James Hatchley, Chairman of the Finance and Investment Committee said that the Committee had considered the year-end position and congratulated the Executive Team on meeting the Control Total which had been challenging. He said that the Committee had emphasised the importance of ensuring that budget holders had the information required to meet their outturn for 2018/19.</p> <p>Mr Hatchley said that the committee had reviewed the Interoperative MRI project and agreed that the project should continue ahead with next steps.</p> <p>The Committee had noted that IPP had a challenging target for 2018/19 which was likely to require support from the Executive Team. Dr Peter Steer, Chief Executive agreed that it was vital to invest in IPP to provide support as the work would be key to underpinning future NHS activity.</p> <p>Lady Amanda Ellingworth, Non-Executive Director asked for a steer on the risk to achieving the Better Value programme. Ms Helen Jameson, Chief Finance Officer highlighted that the Trust had achieved its highest Better Value outturn in 2017/18 however the target had not been reached. She said that although there was greater assurance provided around the ability to deliver existing schemes, the total target had not yet been identified.</p>
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17	Members' Council Update – April 2018 and Update on review of Constitution
17.1	Dr Anna Ferrant, Company Secretary said that a positive meeting of the constitution working group had been held on 21 st May and it was anticipated that the revised constitution would be considered by the Board and Council in July 2018, although this was a challenging timeline. Dr Ferrant said that work was taking place to consider the phasing of Governor elections and that Governors who would take on a shorter term of office would be on a voluntary basis in the first instance as all seats had recently been elected for a three year term.
18	GOSH Foundation Trust annual financial accounts and annual report 2017/18
18.1	Mr Akhter Mateen, Chair of the Audit Committee said that the Audit Committee had recommended the annual report and annual financial accounts on a going concern basis to the Board for approval. They had noted that the Trust had delivered the Control Total and had focused on the increase in receivables driven by IPP. Mr Mateen confirmed that the external auditors had been comfortable with the debtor total and the provisioning policy and had provided an unqualified opinion in the review of the accounts.
18.2	Action: Mr Chris Kennedy, Non-Executive Director said it would be helpful if the I&E could be presented excluding the impact charitable capital donations, so that the performance against plan could be clearly understood.
18.3	Mr Mateen confirmed that the Head of Internal Audit Opinion had not changed from the draft version reviewed by the Audit Committee at its last meeting and had provided a rating of 'significant assurance with minor improvement opportunities'.
18.4	Dr Anna Ferrant, Company Secretary confirmed that amendments had been

18.5	<p>made as requested by the Audit Committee.</p> <p>The Board approved the following documents:</p> <ul style="list-style-type: none"> • annual financial accounts and annual report 2016/17 • Annual Governance Statement • Audit Committee Annual Report • draft Head of Internal Audit Opinion
19	Compliance with the NHS provider licence – self assessment
19.1	<p>Dr Anna Ferrant, Company Secretary said that the NHS provider licence was a key tool in the regulation of providers of NHS services. She said that the Board was required, on an annual basis, to declare whether a Trust was compliant with four conditions.</p>
19.2	<p>Dr Ferrant said it was required that the Board took into consideration the views of the Governors. She confirmed that Governors had been presented with the evidence against the three licence conditions and the Health and Social Care Act requirement by email and comments received revealed satisfaction with the evidence presented.</p>
19.3	<p>The Board considered the evidence presented and on the basis of this evidence and taking into account the views of the governors, the Board agreed to confirm compliance with the following three licence conditions and one requirement under the Health and Social Care Act:</p> <ul style="list-style-type: none"> • Condition G6(3): The board has taken all precautions necessary to comply with the licence, NHS Acts and have regard to the NHS Constitution. • Condition CoS7(3): In providing commissioner requested services (CRS), the Trust certifies that has a reasonable expectation that the required resources will be available to deliver the designated service. • Condition FT4(8): Compliance with required governance standards and objectives as follows:
19.4	<ul style="list-style-type: none"> ○ The Board is satisfied that the Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS. ○ The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time; ○ The Board is satisfied that the Licensee has established and implements: <ul style="list-style-type: none"> (a) effective board and committee structures; (b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) clear reporting lines and accountabilities throughout its organisation. ○ The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: <ul style="list-style-type: none"> (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) to ensure compliance with health care standards binding on the

	<p>Licensee's operations including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p> <ul style="list-style-type: none"> Section 151(5) HSCA: The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, as required in s.151(5) of the Health and Social Care Act to ensure that they are equipped with the skills and knowledge they need to undertake their role.
19.5	The Board also accepted the recommendation from the Executive Team that the Trust was compliant with the other Monitor licence conditions, although it was noted that no formal declaration was required for these conditions.
19.6	Dr Ferrant confirmed that information on the self-certification process would be provided to governors as part of their development programme.
20	Compliance with the Code of Governance
20.1	<p>Dr Anna Ferrant, Company Secretary said that a review had been conducted against all the provisions of the Code of Governance set out by NHS Improvement and evidence to support compliance with each criterion was provided. Dr Ferrant said that in-year, the Board had been compliant with the Code of Governance providing an explanation against the following provisions:</p> <ul style="list-style-type: none"> A.4.2: Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate and B.6.3: The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.- In view of the appointment of a new Chairman and two non-executive directors, the performance evaluation of the Chairman and existing NEDs is being conducted in Q2- Q3 2018/19. The Senior Independent Director (SID) will lead the performance evaluation of the Chairman and the new NEDs in Q4 within a framework agreed by the Council of Governors. B.1.2: At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent – From 1 May 2017 to 31 October 2017 the Board comprised 6 executive directors (including the Chief Executive), the Interim Chairman and four non-executive directors. B.2.2: Directors on the board of directors and governors on the council of governors should meet the "fit and proper" persons test described in the provider licence. For the purpose of the licence and application criteria, "fit and proper" persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations - The directors on the Board have all been required to sign a statement declaring that they meet the criteria of a 'fit and proper person'. Following the election to the Council in January 2018, the new governors are in the process of completing the fit and proper persons test. B.3.3 The board should not agree to a full-time executive director taking on

20.2	<p>more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity, nor the chairperson of such an organisation - The CEO was invited by the government of Ireland to serve as a NED on the Children's Hospital Group Board, Ireland. This position and time requirement is not considered a conflict of interest. The CEO as a consequence of his position is also a member of the Board of UCLPartners, an academic health science partnership.</p> <ul style="list-style-type: none"> • B.6.5: Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities – An evaluation of Council will be conducted in Q4 2018/19 to provide time for new working arrangements between the Board and the Council (agreed in April 2018) to be established. • B.6.6: There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties- As part of the work of the Constitution Working Group, this policy is being reviewed and updated. <p>The Board noted the results of the review and the statement to be included in the annual report.</p>
21	Quality Report 2017/18
21.1	Mr Matthew Shaw, Medical Director presented the report and thanked the team involved in its development. He highlighted the quality improvement programmes which had taken place in the Trust throughout the year.
21.2	Mr Akhter Mateen, Chair of the Audit Committee gave an overview of the external auditors' review of the Quality Report. He said that an unqualified opinion had been provided on the 31 day cancer wait indicator, however a qualified opinion had been received on the 18 week RTT incomplete pathway indicator. He said that the Audit Committee had expressed disappointment with this outcome due to the significant work which had been undertaken on RTT. It had been noted that the errors highlighted during auditor testing had been corrected by GOSH processes later in the patient pathway with the exception of two errors however audit work was prescribed and the findings had therefore been qualified.
21.3	Mr Shaw said he was satisfied that there had been no patient harm as a result of an errors highlighted by the review.
21.4	The Board approved the Quality Report 2017/18.
22	Board Assurance Framework Update
22.1	Dr Anna Ferrant, Company Secretary presented the Board Assurance Framework (BAF) for information and confirmed that the Audit Committee and Quality and Safety Assurance Committee led on reviewed the risks. Mr Akhter Mateen, Non-Executive Director said that meeting would take place between the Chairs of the assurance committees at which the BAF would be discussed as well as at the annual Trust Board risk meeting in September 2018.

22.2	The Board reviewed the recommendations made by the Audit Committee around the time horizon over which a gross risk score and net risk score is considered and approved the proposal that the gross risk score be over a 3-5 year period and the net risk score be relevant to the individual risk. The Board also approved the proposal that the definition of catastrophic for the consequence score in financial terms would be a potential adverse variance of £4.5million.
23	2017/18 NHSI Plan and budget
23.1	Miss Nicola Grinstead, Deputy Chief Executive presented the paper and reported that the Trust had met all required submission deadlines from NHS Improvement and the financial plan projected a year end outturn which was in line with the Control Total. Updates to the plans had been primarily around amendments to the outturn given the confirmed contract value of £314million.
23.2	It was confirmed that work was taking place to ensure that the budgets had been agreed at a divisional level and appropriately allocated to individual services.
23.3	The Board noted the plans which had been submitted to NHS Improvement and the work taking place to allocate budgets divisionally.
24	CQC Inspection Report
24.1	Mr Matthew Shaw, Medical Director presented the report and said that a comprehensive update had also been provided to the Council of Governors meeting in April 2018. He said that work was taking place to develop action plans for all services which would be overseen through the Quality and Safety Assurance Committee and meetings with NHS England on a monthly basis.
24.2	Mr Shaw said that one notice had been served to the Trust around the availability of notes prior to surgical procedures. He said that the Executive Team had been clear about the expectations for the team.
24.3	Sir Michael Rake, Chairman queried the view of clinical staff on the outcome of the report. Mr Shaw said that staff were appropriately focused on achieving excellent outcomes, however it was vital to ensure that the fundamentals were in place as standard and that staff were clear about the CQC requirements which must be met in order to be rated 'good'. Ms Alison Robertson, Chief Nurse said that some issues had been raised from a nursing point of view and it was clear that these issues required focus.
25	Integrated Quality Report – 30th April 2018
25.1	Mr Matthew Shaw, Medical Director presented the report and said that it had been noted that GOSH had a greater number of arrests on wards relative to other Trusts. Mr Shaw said that discussions had taken place with the resuscitation team and he had been assured that there were appropriate causes for the greater number of arrests and no underlying themes. The Board noted that the GOSH had the best outcomes nationally for cardiac arrests on wards.
25.2	Ms Alison Robertson, Chief Nurse said that a grade 3 pressure ulcer had occurred which had been declared as a serious incident and was currently being investigated. Good work was taking place to reduce Central Venous Line infections and the patient experience team was considering whether the internally

	agreed 40% completion target for friends and family test was appropriate given that many other Trusts set a lower target and GOSH had not met the higher target.
25.3	Mr Akhter Mateen, Non-Executive Director said that the auditors had reviewed the Central Venous Line data as part of their quality report review and had confirmed that if an opinion had been given it would have been unqualified.
25.4	<u>Learning from Deaths Mortality Review Group - Report of deaths in Q3 2017/2018</u>
25.5	Mr Shaw said that GOSH was a leader in terms of reviewing deaths through a multidisciplinary team of clinicians. He said that the cases reviewed were often very complex and were reviewed for significant modifiable events which would have impacted the patient's outcome, none of which had been found.
25.6	Sir Michael Rake, Chairman, queried whether GOSH was likely to have a higher mortality rate than other Trusts due to the acuity and complexity of patients treated at the Trust. Mr Shaw that in many areas it was possible to adjust to the data for case mix and confirmed that the data was presented at the Patient Safety and Outcomes Committee to review lessons learnt.
25.7	Lady Amanda Ellingworth, Non-Executive Director noted that six deaths out of 27 at GOSH between 1 st October 2017 and 31 st December 2017 were patients with learning disabilities. She asked whether this was in line with the overall proportion of GOSH patients with learning disabilities and Dr Peter Steer, Chief Executive said that this was likely to be in line with the patient population.
26	GOSH Learning Academy – Briefing Paper
26.1	Mr Matthew Shaw, Medical Director said that the aim of the plan was to develop a GOSH Learning Academy that would provide multi-professional paediatric education and training available through state-of-the-art technologies and in modern environments. Mr Shaw emphasised that education was a key component of GOSH's strategy and said that the Learning Academy would enable the Trust to begin to optimise the education that was being offered to staff. He added that the commercial potential of education was not currently being maximised.
26.2	Sir Michael Rake, Chairman asked for the Board's view about providing training to third parties. He suggested that the Trust had an obligation to do this given the skills of GOSH staff. Mr Ali Mohammed, Director of HR and OD said that in the event of a commercial training venture it was vital to be able to offer a high quality experience and added that currently it was not possible to guarantee the use of the facilities to third parties.
26.3	Professor Rosalind Smyth, Non-Executive Director suggested that it was important to separate work on mandatory training for staff and the educational opportunities which could be commercialised. She said she felt that GOSH and the GOS UCL Institute of Child Health could work together in a number of ways and that a strategy was required for this.
26.4	Dr Peter Steer, Chief Executive said that notwithstanding the addition of the potential collaboration with the Institute of Child Health, it was important to move forward at pace with the recommendations. He said that the current agreement with the GOSH Children's Charity (GOSHCC) meant that any space that was owned by GOSHCC and not directly used for patients would incur a rental charge.

26.5	<p>He said it was important to revisit this agreement as education was a core part of the Trust's business.</p> <p>Mr James Hatchley, Non-Executive Director said that discussion had taken place at the Finance and Investment Committee and further information had been requested on the third party training financials and the extent to which overheads were added with each development (given the capital costs for each were funded by GOSHCC but the overheads were the responsibility of the hospital).</p>
26.6	The Board approved the Learning Academy Strategic Plan and Operating Model and supported the move towards a more commercially focused funding model.
27	Integrated Performance Report (30th April 2018)
27.1	Ms Nicola Grinstead, Deputy Chief Executive said that the Trust was moving into its fifth month of delivering all access targets with the exception of diagnostics. She said that spinal surgery which had previously been one of the Trust's challenge specialties had made significant improvements and all patients on the waiting list had been given a date for surgery. Improvements had been made in mandatory training and appraisal rates since the last report.
27.2	Mr Akhter Mateen, Non-Executive Director highlighted that some metrics remained consistently rated red such as discharge summaries and theatre utilisation. Ms Grinstead said that a theatre improvement programme was being implemented over the course of a year and a dashboard had been launched which simplified what was required to deliver the key metrics. She added that previous discussion at Board had noted that it would be extremely challenging to deliver further improvements in discharge summary completion rates prior to the implementation of the Electronic Patient Record. Lady Amanda Ellingworth, Non-Executive Director said that it was important to look at consistency across the organisation to ensure that there were not areas of the Trust which were performing significantly worse than others. Ms Grinstead confirmed that metrics were considered by individual service line during divisional performance meetings.
27.3	<u>Finance Update (30th April 2018)</u>
27.4	Ms Helen Jameson, Chief Finance Officer confirmed that the Trust had met its month one budget of £0.2million surplus. Overall, income was £0.6m behind plan driven by non-clinical income and private patient income being below plan offset by lower than anticipated expenditure in pay and non-pay. NHS activity in month one had been above levels anticipated in the contract however IPP activity was lower with increased acuity.
28	Annual Reports
28.1	<u>Annual Freedom to Speak Up Report 2017/18</u>
28.2	Mr Luke Murphy, Freedom to Speak Up Guardian said that the Freedom to Speak Up Service (FTSU) at GOSH had traditionally been an advice giving service however it was clear that staff required support to take issues further. He added that there were currently many streams of work at GOSH about encouraging staff to speak up including the work with the Cognitive Institute.
28.3	Mr James Hatchley, Senior Independent Director said that a large proportion of

	the cases reported through the FTSU system were around HR issues. Mr Murphy said that the national data showed that around 50% of cases across the NHS were about bullying and harassment but that the guidance was clear that following a robust process for these issues would encourage staff to speak up about a wide variety of issues.
28.4	Professor Rosalind Smyth, Non-Executive Director said that while she was supportive of the FTSU work, she did not believe this was sufficient to reduce incidences of bullying and harassment at GOSH and said it was vital to be able to measure the impact of this work against information gathered from other sources such as staff surveys. Sir Michael Rake, Chairman said that he felt it was vital for GOSH to be at the forefront of work on culture.
28.5	Mr Chris Kennedy, Non-Executive Director expressed some concern at the low number of issues reported through the process particularly in the context of the feedback from the CQC report and the high prevalence of staff reporting in the staff survey that they had experienced bullying and harassment. He queried how the effectiveness of the process would be measured. Mr Murphy agreed that the number of issues raised should increase but added that responses must be sought from individual contacts about the level of support they had experienced. He added it was key that people who raised concerns received feedback.
28.6	Lady Amanda Ellingworth, Non-Executive said that although different strands of positive work were taking place it was important to draw it together within an overall plan. Sir Michael Rake, Chairman emphasised that the key issue for the Trust was culture change which was vital to achieving many of its objectives.
28.7	Ms Cymbeline Moore, Director of Communications said that the team was working on an umbrella brand around raising concerns.
28.8	<u>Annual Health and Safety and Fire Report 2017/18</u>
28.9	Action: Mr Ali Mohammed, Director of HR and OD presented the report. Mr Akhter Mateen, Non-Executive Director highlighted that the completion date for fire risk assessments had been set at April 2018 and it was agreed that an update would be provided on whether this had been completed.
28.10	The Board expressed some concern that two long term members of the health and safety and fire team had taken a leave of absence from the Trust. The importance of ensuring sufficient resources were in place in this vital area was emphasised. Mr Matthew Tulley, Director of Development confirmed that this was the case.
29	Report from the Guardian of Safe Working
29.1	Dr Renee McCulloch, Guardian of Safe Working presented the paper and highlighted that overall the Trust was doing well in minimising the number of gaps in rotas, however where gaps did exist this had a significant impact on the working hours of junior doctors. She highlighted the benefit to the Trust of a number of doctors undertook additional shifts as part of the staff bank but added that the existing system did not measure these additional hours so no assurance was available that junior doctors were continuing to work within the upper limit of hours.
29.2	Discussion took place around the on call rest facilities which Dr McCulloch said

	were not sufficient and Mr Matthew Shaw, Medical Director added were inequitably dispersed throughout the Trust and this was being reviewed.
29.3	Professor Rosalind Smyth, Non-Executive Director highlighted that there were some specialties within which a large proportion of junior doctor posts were not being filled. She requested assurance that those who were in post were not being inappropriately burdened as a result. Mr Shaw said that whilst it was not unusual to have a number of unfilled junior doctor posts it was not appropriate and work was taking place to look at ways to fill the gaps.
29.4	Ms Alison Robertson, Chief Nurse said that where there were gaps in junior doctors, nurses had been instrumental in working in the clinical teams to reduce the impact of this. She said if this was likely to continue it would be important to consider a change to the nursing workforce structure to enable nurses to fulfil this role in a planned way.
30	Annual Safeguarding Report 2017/18
30.1	Ms Alison Robertson, Chief Nurse said that recruitment to vacant posts was now complete and that the team is up to establishment. She also confirmed that the staff would be further supported following the appointment of three general paediatricians who will, with others, establish a rota 24 hours a day. One member of the safeguarding team would also lead on adult safeguarding which is an important area of focus and work this year..
30.2	
30.3	Activity had risen over 2017/18 by approximately 19% and Ms Robertson said it was important for us to monitor activity increases against available resource Ms Robertson said that one of the key recommendations from an internal safeguarding review was to co-locate the safeguarding and social work teams. It was reported that while suitable space was being sourced for full time co-location, this currently took place for two hours per day.
30.4	Lady Amanda Ellingworth, Non-Executive Director asked for a steer on the view of the London Borough of Camden of the quality of GOSH's service. Ms Roberson said that the Local Authority recognised the complexity of GOSH's work and that the service was well led through the Named Doctor for Safeguarding, Dr Alison Steele and Named Nurse, Ms Jan Baker
31	Safe Nurse Staffing Report (March and April 2018)
31.1	Ms Alison Robertson, Chief Nurse reported that there had been no unsafe shifts declared since the last report but highlighted that there had been some temporary ward closures due to infection prevention and control issues and temporary bed closures due to an unexpected shortfall in available nurses.
31.2	Excellent work had taken place on nurse recruitment and the Trust was operating a nurse vacancy rate of only 3%. A pipeline of 160 newly qualified nurses would be joining the Trust in September 2018. Ms Robertson said that work was taking place to look at retention, especially of band 6 nurses.
31.3	Action: Dr Peter Steer, Chief Executive queried whether there was a correlation between the reduction in bed closures and the starting in post of a large number of newly qualified nurses. It was agreed that an update would be provided at the next meeting.

31.4	Dr Steer added that discussion had previously taken place at Board about an optimum vacancy rate as a number of GOSH nurses relied on taking additional shifts through the staff bank to supplement income. Ms Robertson said that there was not an optimum rate and that best practice would be to appoint to substantive posts.
32	Annual Staff Survey results 2017
32.1	Mr Ali Mohammed, Director of HR and OD presented the report which included each area's action plan and how actions were being prioritised.
32.2	Sir Michael Rake, Chairman highlighted the low response rate and Mr Chris Kennedy, Non-Executive Director expressed concern about the level of staff reporting that they had experienced bullying and harassment. He said that this was unacceptable and required benchmarking with other organisations. It was confirmed that future staff surveys would be provided to the whole staff population.
32.3	<p>Action: It was agreed that the next update would provide the following information:</p> <ul style="list-style-type: none"> • A breakdown of results via division as well as actions. • A breakdown of responses by key staff groups • A proposal on work to take place in response to the survey
33	Any other business
33.1	There were no items of other business.