

**Minutes of the meeting of Trust Board on  
25<sup>th</sup> July 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
Mr Matthew Shaw	Medical Director
Ms Alison Robertson	Chief Nurse
Ms Helen Jameson	Interim Chief Finance Officer
Ms Nicola Grinstead	Deputy Chief Executive

**In attendance**

Mr Matthew Tulley	Director of Development
Ms Cymbeline Moore	Director of Communications
Ms Alison Hall	Deputy Director of HR and OD
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Herdip Sidhu-Bevan*	Deputy 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 John Hartley*	Director of Infection Prevention and Control
Ms Helen Dunn*	Lead Nurse for Infection Prevention and Control
Mr Jon Schick*	Programme Director

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

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

<b>45</b>	<b>Apologies for absence</b>
45.1	Apologies for absence were received from Mr Chris Kennedy, Non-Executive Director; Mr Matthew Tulley, Director of Development and Mr Ali Mohammed, Director of HR and OD. It was noted that Ms Alison Hall, Deputy Director of HR and OD was in attendance in Mr Mohammed's stead.
<b>46</b>	<b>Declarations of Interest</b>
46.1	No declarations of interest were received.
<b>47</b>	<b>Minutes of Meeting held on 28th March 2018</b>
47.1	An addition to be made to minute 32.2 to confirm that future staff surveys would be provided to the whole staff population.
47.2	Subject to the above amendment, the Board <b>approved</b> the minutes.

<b>48</b>	<b>Matters Arising/ Action Checklist</b>
48.1	The actions taken since the last meeting were noted.
<b>49</b>	<b>Patient Story</b>
49.1	Former GOSH patient Katrina attended the Board with her mother. Katrina said that she was referred to GOSH at nine years old under the rheumatology team and transitioned when she was 16; she is currently 18 years old.
49.2	Katrina said that during her time at GOSH she had been admitted for some long stays and whilst her experience overall was good and her condition was well managed she felt that there was not equal consideration given to her mental health and how she felt throughout her treatment given that she was unable to attend school or see friends.
49.3	Katrina said that she had become involved with a rheumatology study and being involved in research had become very important to her. She emphasised the importance of patients having the opportunity to take part in research and said she felt that this should be a focus of GOSH for both clinicians and young people.
49.4	Katrina's mother reiterated the importance of supporting children and young people's mental health, particularly at an early stage of illness to ensure they were prepared for the future.
49.5	Ms Alison Robertson, Chief Nurse said that under the new operational structure decisions had been made in recognition of the importance of supporting patients' mental health. A Chief of Mental Health Services role had been created which would oversee not only patients who were accessing psychological services, but patients across the Trust. Adolescent Health would also report directly to the Chief Nurse under the new structure.
49.6	Mr Matthew Shaw, Medical Director said that it was important that the Trust had a strong mental health service and this was in line with Simon Stevens' ten year view.
<b>50</b>	<b>Chief Executive Update</b>
50.1	Dr Peter Steer, Chief Executive gave an update on the following matters:
50.2	<ul style="list-style-type: none"> <li>• Selective Dorsal Rhizotomy, a surgical treatment for Cerebral Palsy which had been shown to have good outcomes was now funded through the NHS.</li> <li>• A new treatment was available for the most severe Neuroblastoma. GOSH had been involved in the trial for the drug.</li> <li>• A paper would be presented to the Board after summer on the positive work that was taking place to consolidate pathology laboratories nationally into hubs. GOSH had been key in ensuring there would be a national paediatric lab network. Work was also taking place to combine work by the National Neurology Lab Service with GOSH.</li> <li>• Simon Stevens, Chief Executive of NHS England had announced that £20billion would be invested in the NHS over the coming years and a 10 year plan had been developed. A focus would be placed on child and young person mental health and general paediatric health and wellbeing. A</li> </ul>

	<p>letter from the Chairs of the hospitals which were part of the Children's Alliance would be sent to NHS England requesting that the Alliance be engaged in determining implementation of the plan.</p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Sir Michael Rake, Chairman said that it was important for the Trust to consider the impact of Britain's exit from the European Union on the supply of medicines as well as clinical and other staff. He requested that a paper was presented to the Board in September on this matter.</li> <li>• The Trust had been approached by the press around its engagement with European Research Networks. Currently there were 24 networks established around Europe, 13 of which GOSH was engaged with and leading on one. It had become clear that as a result of Britain's exit from the European Union that the UK would no longer be welcome to either lead or engage in these networks. Dr Steer said that this was extremely disappointing for all involved.</li> </ul>
<b>51</b>	<b>Learning Academy</b>
51.1	Mr Matthew Shaw, Medical Director said that following feedback provided at the last Board meeting updates had been made in terms of capturing the collaboration between GOSH and the UCL GOS Institute of Child Health. The Board welcomed this work.
51.2	The Board <b>approved</b> the new content of the strategic plan.
<b>52</b>	<b>Board Assurance Committee reports</b>
52.1	<u>Audit Committee update – May 2018 meeting</u>
52.2	Mr Akhter Mateen, Chair of the Audit Committee confirmed that a verbal update had been provided at the previous meeting. The Board noted the written update.
52.3	<u>Quality and Safety Assurance Committee update – July 2018 meeting</u>
52.4	Professor Rosalind Smyth, Member of the QSAC said that some concerns around culture had been raised by the Committee as a result of the outcome of the staff survey which highlighted that in some areas of GOSH an unacceptable proportion of staff had reported being subject to bullying and harassment, as well as Freedom to Speak up reports in which a large proportion of cases raised were about bullying and harassment.
52.5	Sir Michael Rake, Chairman said it was vital for GOSH to continue to work on its approach to support staff who often worked in very intense and stressful environments. Dr Steer agreed and said that the organisational restructure was enabling the Trust to appoint appropriate individuals to roles who would help to underpin the change agenda. He added that the work taking place with the Cognitive Institute was around a culture shift and staff being able to speak up.
52.6	<u>Finance and Investment Committee Update – July 2018</u>
52.7	Mr James Hatchley, Chair of the Finance and Investment Committee said that Committee had noted that the Trust continued to be broadly in line with plan at month three and had reviewed lessons learnt in previous capital projects and how this learning could be applied going forward. A rolling programme of projects to review was being established.

52.8	The Committee had reviewed the Long Term Financial Model which would require final approval by the Board.
52.9	Mr Hatchley said that the committee had reviewed benchmarking data and there were some outliers which required consideration. He said that this could, through triangulation, be used to inform the better value programme.
<b>53</b>	<b>Draft Constitution</b>
53.1	Ms Nicola Grinstead, Deputy Chief Executive said that the Constitution Working Group, comprising Governors, Board members and legal advisors had met as a task and finish group to review the Constitution in terms of the Governors' experience of working with GOSH and in order to take advantage of best practice and integrate the Trust's values. She said that the Governors who had worked on the committee would be sent thank you notes for their significant contribution.
53.2	Ms Grinstead said that the amendments had been discussed at the July meeting of the Council of Governors and were approved by the Council.
53.3	Dr Anna Ferrant, Company Secretary said that approval from the Board was being sought on all the key and minor changes as discussed in detail at the Council of Governors meeting and approved the day before.
53.4	The Board <b>approved</b> all proposed changes to the Constitution and the following documents: <ul style="list-style-type: none"> <li>• Code of Conduct for Governors</li> <li>• Standard operating procedure for telephone and video conference meetings</li> <li>• Lead Governor role description and Deputy Lead Governor role description.</li> </ul>
53.5	Dr Ferrant said that consideration was being given to phasing Governor elections to ensure there was not a turnover of a large number of Governors at one election. She proposed that a number of options were drafted including the implications for current Governors and their constituencies. Dr Ferrant highlighted that some proposals would require Governors to volunteer to be subject to phasing and an additional election.
53.6	Sir Michael Rake, Chairman said that a very constructive meeting of the Council of Governors had taken place on 24 <sup>th</sup> July and highlighted that asking Governors to volunteer to be subject to phasing could be a sensitive topic which would require round table discussion with Governors. He thanked Ms Grinstead and Dr Ferrant for their work.
<b>54</b>	<b>Clinical Operations Restructure</b>
54.1	Ms Nicola Grinstead, Deputy Chief Executive said that in May 2016 when the current Trust structure was implemented, a commitment was made to evaluate it after two years. In April 2018 the Trust carried out an evaluation of the Clinical Operations structure including ten workshops led by the Deputy Chief Executive and a series of questions shared across the Trust. Based on feedback received a draft structure had been proposed and a formal Trust wide consultation had taken place receiving over 300 responses.

54.2	Ms Grinstead said that key feedback which had been received was around having a larger number of smaller divisions to enable a smaller gap between front line services and the Board. Chiefs of Service roles had been created in response to feedback that AHPs and other professionals should be more visible. Ms Grinstead said that changes were being made within the context of the Trust's cultural objectives and a series of away days were planned in September for team building purposes with the new structure becoming live on 1 <sup>st</sup> October.
54.3	Sir Michael Rake, Chairman said that the restructure had been discussed at the Council of Governors' meeting and the Council had been clear that clinical staff must have sufficient capacity to undertake their managerial role.
54.4	Mr James Hatchley, Non-Executive Director asked whether once the divisions had been changed it would be challenging to look back across performance metrics and Ms Grinstead confirmed it would still be possible to show trend data. She said that the Better Value programme had been run at a service level and this would continue, with the cross cutting schemes such as flow being managed centrally.
54.5	Mr Hatchley noted that the recruitment of staff to new posts was taking place across the summer and requested assurance that the appropriate individuals had been able to take part in the selection process. Ms Grinstead said that the timescales had been transparent since the beginning of the process and flexibility was being applied where possible.
54.6	Professor Rosalind Smyth, Non-Executive Director welcomed the process that had taken place and asked for more information about the Chief of Service role. Ms Grinstead said that the role would report through the Clinical Director of Operations. Mr Matthew Shaw, Medical Director said that Deputy Chiefs of Service were also being implemented and these had responsibility for quality. There was a clear line of reporting to the Chief Nurse and Medical Director around quality and patient experience.
54.7	Ms Alison Robertson, Chief Nurse said that there had previously been frustrations within nursing around a lack of visible leadership and influence and the new structure would address these concerns. She welcomed the Chief of Allied Health Professionals (AHPs) role and said that NHS Improvement had been clear on the importance of recognising the contribution of AHPs and engaging with this group.
54.8	<b>Action:</b> Sir Michael Rake, Chairman welcomed the inclusive way in which the restructure had been undertaken and requested an update on the outcome in one year. This would be built in to the Board calendar.
<b>55</b>	<b>Strategic nursing workforce update</b>
55.1	Ms Alison Robertson, Chief Nurse said that substantial work had taken place over the past 18 months on recruitment and this had been recognised by the Trust having won a national HR award. There remained some areas which required specific focus and recruitment initiatives were being tailored to individual areas.
55.2	Focus was now being placed on retention and a range of initiatives had been developed with particular emphasis on retaining band 6 nurses and working with nurses reaching the end of their careers to encourage them to remain at the Trust. An event would be taking place in September offering advice and information on pensions, flexible working and moving to part time working.

55.3	The Board welcomed the paper and acknowledged the nurse recruitment and retention challenge which had been in place for a number of years.
55.4	Sir Michael Rake, Chairman asked if there had been learning identified from the large number of newly qualified nurses who had begun in post at the same time. Ms Robertson said that there had been a balance of feedback however there had been a very small attrition rate from this group. An excellent two year preceptorship programme had been established to support these newly registered nurses however a key point was the way in which they were received and made welcome in their teams. Ms Robertson said that there had been some additional pressure placed on more senior nurses however the national award had been well received. She added that 130 nurses were starting in post in September 2018.
55.5	Mr James Hatchley, Non-Executive Director highlighted the 'pinch point' summary and asked what was being done to improve this. Ms Robertson said that work was taking place to encourage registered nurses who were not able to work 12 hour shifts to join the Trust's bank and work parts of a shift to alleviate the pinch points, which occurred at times of peak activity, which had been identified on each ward.
<b>56</b>	<b>CQC Inspection Report Action Plan</b>
56.1	<b>Action:</b> Mr Matthew Shaw, Medical Director said accountability and responsibility for CQC had been transferred to his area in July 2018 and work was taking place to meet all the relevant leads in the Trust. Mr Shaw highlighted that although two services were inspected by the CQC in 2018, the remaining services had not been inspected since 2015. A gap analysis and improvement plan for each area was being developed working towards full compliance within two years. It was agreed that the improvement plan would be presented to the Board in September 2018 and the Board noted that internal audit would review CQC readiness in October 2018. Mr Shaw added that the work the Board was doing with the King's Fund would support the well led line of enquiry but it was important to consider what was required for an organisation to be well led.
56.2	Mr Akhter Mateen, Non-Executive Director said that it would be helpful to know by early 2019, in a candid way, what the CQC's view of the Trust was likely to be.
<b>57</b>	<b>Integrated Quality Report – 30 June 2018</b>
57.1	Mr Matthew Shaw, Medical Director said that an in depth discussion had taken place at the Quality and Safety Assurance Committee as it had previously been noted that the Trust's numbers of cardiac arrests were higher than others. He said that he was assured that this was due to the way that high dependency patients were disseminated around the Trust. He added that 2222 calls had increased which was positive as it was an indicator that staff were identifying deteriorating patients.
57.2	Mr Shaw said that there was a balance to be struck in the timeliness of serious incident and complaints reports between ensuring the report was complete and correct but also ensuring that learning could be disseminated in a timely fashion. Mr James Hatchley, Non-Executive Director asked if there was a metric by which the embedding of learning could be monitored and Mr Shaw said that clinical audit and internal audit were helpful ways of doing this.
57.3	Ms Alison Robertson, Chief Nurse said that changes were being considered to the

	way that feedback was collated from the Friends and Family Test. She said that this had been discussed at the Patient and Family Engagement and Experience Committee and the importance of using the system to drive engagement had been emphasised.
57.4	<u>Annual Infection Prevention and Control Report</u>
57.5	Dr John Hartley, Director of Infection Prevention and Control presented the report and said that many of GOSH's patients were susceptible to infection due to the nature of their illness or treatment however the Trust strived to protect them from any existing infections and cross infection from other patients as well as antibiotic resistant organisms which was a worldwide challenge.
57.6	Dr Hartley said that a key area for investment in IPC terms was maintaining the estate and facilities. He said it was vital to ensure that ventilation, cleaning and water was maintained to a high quality.
57.7	Ms Alison Robertson, Chief Nurse said that the IPC team was strong and proactive and she met twice monthly with the DIPC and lead nurse to progress its agenda. She endorsed the view that the current estate and newly opened space must be as safe as possible.
57.8	Mr Akhter Mateen, Non-Executive Director asked for a steer on the trend in IPC. Dr Hartley said that in terms of the observation of hand hygiene audits compliance rates were good however in terms of central venous line (CVL) infection rates, although focus continued it was proving challenging to reduce the rate any further, however it was noted that the rate was already low.
57.9	The Board <b>approved</b> the full report to be uploaded to the GOSH website.
57.10	<u>Annual Complaints Report 2017/18</u>
57.11	Mr Shaw said that in quarter one of 2018/19 the time taken to respond to complaints had been halved and there had been a change in the approach to response rates by the team. He said that in general compliant numbers were low however this was variable.
57.12	Professor Rosalind Smyth, Non-Executive Director welcomed the reduction in complaints related to the gastroenterology service but noted that SNAPS complaints had increased substantially and suggested a better understanding of the drivers of this were required.
57.13	<b>Action:</b> It was agreed that summaries of individual complaints would be included in future reports.
57.14	<u>Annual PALS report 2017/18</u>
57.15	Ms Robertson presented the report and said that in future additional information would be provided from divisions about what they were doing to better respond to PALS. She congratulated the team on the good service they provided.
57.16	<u>Results of the Care Quality Commission National Inpatient and Day Case Experience Survey 2016</u>
57.17	<b>Action:</b> Ms Robertson highlighted that the report presented the results of a survey

57.18	<p>undertaken in 2016 and Sir Michael Rake, Chairman requested a note was sent to him about the time taken to receive the information so that it could be raised with the Chair of the CQC.</p> <p>Ms Robertson said that a higher than average response rate had been received with two thirds of responses provided by children and young people. She said that responses had been benchmarked with other providers and there were no questions on which GOSH was below average. The areas for improvement had been subsumed into work that was already taking place.</p>
<b>58</b>	<b>Learning from Deaths Mortality Review Group - Report of deaths in Q4 2017/2018</b>
58.1	Mr Matthew Shaw, Medical Director said that in March 2017, the National Quality Board published national standards for the reviewing of inpatient deaths and learning from the care provided to patients. The guidance requires that Trusts share information on deaths to be received at a public board meeting. Mr Shaw reported that every death at the Trust was reviewed by a multidisciplinary team in order to identify any potential themes or risks and modifiable factors which could have led to a change in outcome.
58.2	Between 1st January and 31st March 2018 17 children died at GOSH. Case notes had been reviewed for 16 patients, with one review having been delayed until police investigations had been completed. Of the cases reviewed, there had been no deaths where modifiable factors at GOSH provided a complete and sufficient explanation for death, however there was one case for which the team determined that there had been a modifiable factor at both GOSH and the referring hospital that may have contributed to vulnerability, ill health or death.
58.3	Mr Shaw reflected that whilst end of life care at GOSH was acknowledged (by the CQC) as being good, the trust was working up a plan to implement a programme called RESPECT which is a nationally recognised pathway which supports health professionals and families to discuss CPR and other life sustaining treatments so that options and decisions can be properly explored and documented in advance.
<b>59</b>	<b>Integrated Performance Report (30 June 2018)</b>
59.1	Ms Nicola Grinstead, Chief Finance Officer presented the report and said there some new indicators had been included which were either mandated in the commissioner contract or were being used as readiness testing for implementation of the Electronic Patient Record.
59.2	The Trust had achieved compliance with the RTT metric for six consecutive months which was extremely positive as it was directly related to patient experience, however three patients had been reported as having waited longer than 52 weeks. Root cause analysis was being undertaken for these patients and it was confirmed that the cases had been assessed for potential harm and no patient had been harmed as a result of their wait.
59.3	Mr Akhter Mateen, Non-Executive Director highlighted the debtor days which were substantially above target and requested that work took place to reduce this metric for the June data.
59.4	<u>Progress with Better Value Programme</u>



59.5	Mr Jon Schick, Programme Director presented the report and said at the end of quarter 1 after mitigation the Trust was reporting delivery in line with budget of £2.4million. It was forecast to deliver the total programme value of £15million by year end and a line by line budget review had helped to identify 2.5% local targets. The team was working to identify a programme over one, three, five and ten years.
59.6	Ms Grinstead said that the Trust was the furthest ahead it had been at this point of the year. The QIA process was underway with the Chief Nurse and Medical Director to confirm that quality and safety were not being compromised to identify savings.
59.7	<b>Action:</b> A review of progress with implementation of the Electronic Patient Record and research platform was requested for the September meeting.
59.8	<u>Finance Update (30 June 2018)</u>
59.9	Ms Helen Jameson, Chief Finance Officer said that the Trust had ended month 3 £0.3million ahead of the target of £0.8million and continued to report that the control total would be met. She said that this was driven by over-performance of NHS contracts due to additional activity and increased complexity of case mix, however IPP was behind plan by £0.8million.
<b>60</b>	<b>Safe Nurse Staffing Report (May and June 2018)</b>
60.1	Ms Alison Robertson, Chief Nurse presented the report and said that analysis of the actual versus planned care hours in month had remained within the recommended parameters of 90%-110%. Care hours per patient per day remained stable and there was a substantial proportion of patients who required nursing at a ratio of one to one or two to one.
60.2	Recruitment was being focused on IPP which had a 21% vacancy rate against an overall trust rate of 5.2% and Sky Ward.
60.3	Dr Peter Steer, Chief Executive said that at a recent meeting of the Children's Alliance it had been clear that it was challenging for other Trusts to recruit sufficient nurses for a ratio of one to one in ICU whereas GOSH's high acuity case mix mean that a large number of patients were nursed on this basis on wards.
<b>61</b>	<b>Report from the Guardian of Safe Working</b>
61.1	Mr Matthew Shaw, Medical Director said that there was a Trust wide Junior Doctor vacancy rate of 10% with some areas where this was higher and the number of Junior Doctors overall was reducing. Analysis of bank and agency spend by area showed that this was often not related to the services in which there were gaps and work was required to ascertain whether an increased number of Junior Doctors was required or whether there was a data issue related to coding.
61.2	An additional Associate Medical Director post would be created with responsibility for modernising the workforce and filling gaps.
61.3	Professor Rosalind Smyth, Non-Executive Director highlighted the issue with recruitment in paediatrics which would impact GOSH. She suggested that there

	was an opportunity to engage with the Royal College of Paediatrics and Child Health about the challenges over the forthcoming years.
<b>62</b>	<b>Annual Report from the Responsible Officer</b>
62.1	Mr Matthew Shaw, Medical Director presented the report and said that the Trust's appraisal rate for doctors was below average and emphasised the importance of ensuring it was above target. This was partly driven by insufficient resource allocation for running appraisals which was currently 0.1 WTE of a band 8A for 600 doctors. It was anticipated that one WTE band 6 was required and a business case for this post would be presented to the Executive Management Team.
62.2	There was currently no automated process for reminding doctors that appraisal was due or to provide electronic feedback about the quality of the appraisal. Mr Shaw said that the Trust did not always receive a handover form from a doctor's previous Trust following appointment at GOSH. Sir Michael Rake, Chairman said it was vital to work to improve this to ensure that the Trust was able to support Doctors.
62.3	Mr James Hatchley, Non-Executive Director highlighted that the action plan showed a number of points which had not been achieved. Mr Shaw said that it was standard practice to operate a revalidation committee led by the Medical Director which would monitor the action plan and appraisal performance. He said that this would be developed at GOSH and would meet on a quarterly basis.
<b>63</b>	<b>Any Other Business</b>
63.1	Sir Michael Rake, Chairman said he felt it was beneficial to hold the Board meeting the day after the Council of Governors meeting in order to reduce duplication. He confirmed that walkrounds would be reintroduced for Non-Executives before or after Board meetings.