

**Minutes of the meeting of Trust Board on
27th September 2018**

Present

Sir Michael Rake	Chairman
Dr Peter Steer	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Mr Chris Kennedy	Non-Executive Director
Ms Kathryn Ludlow	Non-Executive Director
Mr Akhter Mateen	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
Professor David Goldblatt	Director of Research and Innovation
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Herdip Sidhu-Bevan*	Deputy Chief Nurse for Patient Experience and Quality
Ms Emma James*	Patient Involvement and Experience Officer
Ms Sarah Ottoway*	Assistant Director of HR and OD

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

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

80	Apologies for absence
80.1	Apologies for absence were received from Mr James Hatchley, Non-Executive Director; Professor Rosalind Smyth, Non-Executive Director and Ms Alison Hall Interim Director of HR and OD.
81	Declarations of Interest
81.1	No declarations of interest were received.
82	Minutes of Meeting held on 25 July 2018
82.1	The minutes were approved by the Board.
83	Matters Arising/ Action Checklist
83.1	The actions taken since the last meeting were noted.
84	Chief Executive Update
84.1	Dr Peter Steer, Chief Executive gave an update on the following matters:

	<ul style="list-style-type: none"> • A power outage had occurred August 2018 which led to power loss in the Southwood Building and Nurses Home for 48 hours. A report on the incident had been drafted and the cause of the issue identified with remedial action taken. • A new prayer room was opened on 7th September which was a key part of family and staff experience at GOSH. • Discussion had taken place during the confidential Board meeting about developing a new grants approval process which would see a steering committee developed which would be chaired by a hospital Non-Executive Director.
85	Patient Story
85.1	The Board received a patient story via video from Tracy whose son Jason is twelve years old and was first referred to the Nephrology Team in February 2013.
85.2	<p>Tracy gave the following feedback:</p> <ul style="list-style-type: none"> • Nurses talk directly to Jason in a way that he can understand • There is access to play therapists and a youth club which is very helpful • Staff try to make reasonable adjustments to support families and this is vital • Food vouchers are very helpful however Tracy said that Jason did not enjoy the food at the hospital and it was expensive and inconvenient to buy food from outside GOSH to bring in • It is challenging as a one parent family to look after another child who is not in hospital. Tracy said that at a previous hospital where Jason had been an inpatient, Jason's sibling was able to stay and attend the hospital school despite not being a patient. • Tracy suggested that cooking facilities could be available for families with instructions on use of equipment provided in picture form for parents who are unable to read.
85.3	Ms Herdip Sidhu-Bevan, Deputy Chief Nurse for Patient Experience and Quality said that means-tested meal vouchers were provided to families to help with the additional costs of London living rather than to cover the full cost of all food. She said that the rules around family accommodation meant that if a patient was being treated in ICU, one parent was able to stay at the bedside and one in hospital accommodation. Mr Matthew Shaw, Medical Director said that the Trust had relationships with a local school and a sibling of a GOSH inpatient could be placed in this school.
85.4	Ms Alison Robertson, Chief Nurse said that there were a number of criteria around access to family accommodation which required review, however there was currently insufficient capacity to allow flexibility.
85.5	Action: Lady Amanda Ellingworth, Non-Executive Director highlighted the importance of receiving patient stories and suggested that these should also be received from staff about their experience of working at GOSH. It was agreed that this would be considered for future stories.

86	Board Assurance Committee reports
86.1	<u>Quality and Safety Assurance Committee update – July 2018 meeting</u>
86.2	Lady Amanda Ellingworth, Chair of the QSAC said that there had been a theme of cultural issues running through the QSAC papers. She said that an effectiveness review was taking place of the Committee which would determine the way in which information was received.
86.3	Mr Matthew Shaw, Medical Director gave an update on an issue that had been discussed at QSAC around consultant presence at ward rounds. He said that following receipt of a red complaint, a clinical audit had shown that there had been unacceptably low consultant presence at ward rounds in one area however it was likely that this also affected other areas in the Trust. It had been made clear to consultants that this was a professional responsibility and a re-audit would take place.
86.4	<u>Finance and Investment Committee Update – July 2018</u>
86.5	Mr Akhter Mateen, Member of the Finance and Investment Committee said that there had been an additional meeting on 21 st September which considered the commissioning contract for 2019/20. The Committee had asked that Chief Finance Officer to model the impact of the potential changes to the contract.
86.6	The Committee continued to undertake post-implementation reviews of development projects in order to learn lessons in advance of future large projects. A template for these reviews had been agreed.
86.7	A review had taken place of Barking, Havering and Redbridge University Hospitals NHS Trust which had been gone into financial special measures. The review sought to identify learning and be assured of the checks that were in place to ensure similar issues could not arise at GOSH.
86.8	Mr Mateen said that the committee had also reviewed progress with the Electronic Patient Record programme and would continue to do so.
87	Council of Governors' Update – July 2018
87.1	Dr Anna Ferrant, Company Secretary presented the update and said that a workshop would take place at the next Council of Governors meeting to review the implications of phasing elections and making changes to constituencies.
87.2	Non-Executive Directors agreed that it had been challenging to arrange meetings with Governor 'buddies' who had been assigned to them due to availability of both parties however it was agreed that work continue on this with the support of the Deputy Company Secretary.
88	Update on progress with implementation of digital research platform
88.1	Mr Matthew Shaw, Medical Director said that as part of the Research and Innovation Strategy, the Trust had procured a data store and digital research platform from Aridhia. The platform and other systems comprised the overall Digital Research Environment (DRE) to work alongside the new Electronic Patient Record (EPR) system providing a collaborative research environment for the

	management, visualisation and analysis of routinely collected de-identified clinical as well as other data.
88.2	Mr Shaw said that the platform had been live for early adopters since October 2017 and other projects continued to be added with a target of 50 projects by the end of December 2018.
88.3	Sir Michael Rake, Chairman said that the Non-Executive Directors had been on a walkround of the DRIVE centre prior to the Board meeting and had been impressed by the environment. The Board's invitation to the DRIVE launch on 10 th October was noted.
89	Update on restructure
89.1	Ms Nicola Grinstead, Deputy Chief Executive said that an evaluation of the clinical operations structure had been undertaken in April 2018 and responses were received from over 400 staff suggesting significant change. Following the development of a proposed structure a consultation was carried out in June 2018 with final structure confirmed in July 2018. Interviews were held for new roles throughout August and September and the new structure would become live on 1 st October.
89.2	The key aims of the change in structure was to be clear about points of accountability within a tripartite structure and to ensure there was appropriate visibility of all professional groups.
89.3	A successful two day team building event had taken place which had substantially accelerated preparedness for the structure becoming live. Ms Grinstead said that teams would be empowered to manage their own budgets with a target outturn and a skills based training programme had been developed.
89.4	Action: Lady Amanda Ellingworth, Non-Executive Director requested a flow chart of governance accountability and the way the operational structure fed into this.
89.5	The Board welcomed the work that had taken place to develop and implement the structure.
90	Safety and Reliability Improvement Programme
90.1	Mr Matthew Shaw, Medical Director said that the programme with Cognitive Institute had been launched in January 2018 and GOSH was the first UK partner in the Safety and Reliability Improvement Programme. The Executive Team had received training and the pilot phase would begin in November 2018 with safety champions being trained in January 2019. The Professional Accountability part of the programme would begin in June 2019. Mr Shaw said that the timeline was going to plan however some work was required in order to raise the programme's profile.
91	Quality Update Report – 31 August 2018
91.1	Mr Matthew Shaw, Medical Director said that the next QSAC meeting would receive an example of a revised format for the integrated quality report which would include an increased volume of data and metrics. Ms Nicola Grinstead, Deputy Chief Executive cautioned that there may be some delays with changes to

	the data required as a result of members of the performance team making a substantial contribution to the EPR programme.
91.2	Mr Shaw said that there had been seven information governance serious incidents in 2018 in various areas. He said that guidance had been provided to staff however it was important to reflect on this theme of incidents.
91.3	Ms Alison Robertson, Chief Nurse said that PALS data had shown that it was vital to ensure the hospital's booking system was user friendly. She said that the Friends and Family Test had received a lower response rate than usual and a paper would be presented to the Operational Performance and Delivery Group to consider why the response rate had dropped. An electronic system for completing the FFT had now been introduced. Lady Amanda Ellingworth, Non-Executive Director suggested that volunteers could be used in PALS to support the process.
91.4	Ms Robertson said that under the new structure the divisional heads of nursing were also the heads of patient experience and work would take place to encourage divisions to look at PALS themes in their own areas which then be collated across the hospital to develop a Trust wide plan of emerging overall themes. Dr Peter Steer, Chief Executive added that the excellent quality of the work undertaken by the PALS team meant that clinical teams were becoming less skilled in resolving patient and family issues in their areas.
92	Integrated Performance Report (31 August 2018)
92.1	Ms Nicola Grinstead, Deputy Chief Executive said that GOSH continued to achieve against the 92% target for RTT incomplete pathways however Trusts were now being asked to overachieve against this target. Six patients had waited more than 52 weeks in the reporting period, one of whom was referred after 60 weeks and four were data challenges who waited longer than reported by the referring hospital.
92.2	There had been a number of breaches of diagnostic waits in August some of which were as a consequence of the power outage which caused scanners to be rebooted and led to substantial downtime.
92.3	Action: Sir Michael Rake, Chairman highlighted the high staff turnover rate in research and innovation. He asked for a steer on the causes of this in the context of a negative 68% vacancy rate. Mr Matthew Shaw, Medical Director said that, similarly to IPP staff, research nurses were a population who often moved around the Trust. He added that the team felt the turnover level had recently been improving. It was felt that the vacancy rate in that area was not correct and this would be reviewed for the next report.
93	Finance Update (31 August 2018)
93.1	Ms Helen Jameson, Chief Finance Officer said that the Trust was behind its control total by £0.3million at month 5 however it continued to forecast the over-delivery of the control total by £0.4million by year end primarily due to additional activity in the second half of the year. NHS income was below plan in month 5 due to the summer holiday however private patient income reported its highest ever total and there remained strong performance in CICU, respiratory and cardiac.
93.2	Mr Chris Kennedy, Non-Executive Director said a discussion had taken place at

	the Finance and Investment Committee which had emphasised the importance of meeting the control total.
94	Safe Nurse Staffing Report (July and August 2018)
94.1	Ms Alison Robertson, Chief Nurse confirmed that there had been no unsafe shifts in July and August 2018. She highlighted the slight increase in turnover and said that work was taking place to ascertain the cause.
94.2	GOSH was currently engaged with Capital Nurse around retaining nurses within London however the Trust had previously not taken the opportunity to become involved in the NHS Improvement programme on retention but would be doing so from the start of the next collaboration.
94.3	An internal transfer scheme was now open with the aim of supporting nurses who were considering leaving the Trust with the possibility of an offer to move work area. Ms Robertson noted the higher than average vacancy rate in IPP and confirmed that the workforce and recruitment teams were working closely with the directorate.
94.4	A key challenge in-month had been managing the impact of the reduction to the specialist bank rate. External colleagues at NHS Improvement, NHS England and the NMC had been briefed and additional detail would be provided to the next QSAC meeting.
94.5	Action: Dr Peter Steer, Chief Executive said that work was continuing to analyse care hours per patient day. He said that over 60% of GOSH patients outside ICU were nursed on a 1:1 or 1:2 basis which was substantially higher other organisations and led to GOSH's costs per patient being greater than other Trusts. Sir Michael Rake, Chairman requested that the top causes of GOSH costs per patient being greater than other organisations were presented at a future meeting.
94.6	Mr Chris Kennedy, Non-Executive Director asked for a steer on the retention statistics. Mr Robertson said that band 5 nurses were well retained however issues were with band 6 nurses. She said that Junior Sister role was being implemented in order to support a nurse's career pathway at GOSH.
95	Workforce Race and Equality Standard Report
95.1	Ms Sarah Ottoway, Assistant Director of HR and OD said that the Trust was required to publish data against the NHS Workforce Race Equality Standard (WRES) as part of the NHS standard contract and for the well led domain under CQC. There was also a requirement to develop and publish an action plan addressing any issues.
95.2	Just over one quarter of GOSH's workforce was from a BAME background which was similar to comparable Trusts but less than others nationally. A higher representation of staff continued to be at lower pay bands however there had been an increase compared to 2017 in the numbers of BAME staff in both clinical and non-clinical senior roles. Data showed that proportionally fewer BAME candidates were being appointed to roles than white applicants in common with other public sector organisation. Work was taking place around unconscious bias in recruitment and selection and PDR training.

95.3	Ms Ottoway highlighted that the Trust Board was not representative of the workforce population and said that it was important that executive search companies were asked to provide long list candidates who were representative of the staff population.
95.4	Sir Michael Rake said that alongside the work that was continuing on WRES it was vital to be clear about the Trust's commitment to the closure of the gender pay gap and the associated timeline. Ms Nicola Grinstead, Deputy Chief Executive said that HR had recommended that the Trust develop specific interest groups led by an Executive Director. Substantial feedback had been received that focus should be placed on the gender pay gap and other gender associated issues such as return to work from maternity leave.
95.5	Action: The Board welcomed the challenge around diversity of Board recruitment and it was agreed that unconscious bias training would be built into the Board development programme.
96	Revised Trust Board Terms of Reference 2018/19 – 2019/20
96.1	Dr Anna Ferrant, Company Secretary said that the Board Terms of Reference had been reviewed against guidance and taking into account inspections which had taken place at the Trust. She said the key areas which had been strengthened were around the wider health and social care economy, engaging with staff and governors, being open and transparent and raising concerns. The Board workplan would be reviewed following the effectiveness review of the QSAC.
96.2	The revised Terms of Reference were approved .
97	Any Other Business
97.1	Ms Nicola Grinstead, Deputy Chief Executive highlighted that the week beginning 1 st October 2018 was Open House Week and a Board Q&A would be taking place with the Chairman and Chief Executive and two members of the new Clinical Operations structure.