

**Minutes of the meeting of Trust Board on
1st February 2017**

Present

Baroness Tessa Blackstone	Chairman
Dr Peter Steer	Chief Executive
Mr David Lomas	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Ms Mary MacLeod*	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Professor Stephen Smith	Non-Executive Director
Professor Rosalind Smyth*	Non-Executive Director
Ms Juliette Greenwood	Chief Nurse
Ms Nicola Grinstead	Deputy Chief Executive
Dr David Hicks	Interim Medical Director
Mr Ali Mohammed	Director of Human Resources and OD
Ms Loretta Seamer	Chief Finance Officer

In attendance

Ms Cymbeline Moore*	Director of Communications
Mr Matthew Tulley	Director of Development
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Professor David Goldblatt*	Director of Research and Innovation
Ms Emma Pendleton*	Deputy Director of Research and Innovation
Professor Faith Gibson*	Clinical Professor of Children and Young People's Cancer Care
Dr Kate Oulton*	Senior Research Fellow
Mrs Carley Bowman	Members' Council (observer)

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

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

149	Apologies for absence
149.1	No apologies for absence were received.
150	Declarations of interest
150.1	There were no declarations of interest.
151	Minutes of the previous meetings
151.1	Minute 135.2 – It was agreed that Mr David Lomas, Non-Executive Director would provide revised wording outside the meeting.
151.2	Subject to the above amendment, the Board approved the minutes.
152	Matters Arising/ Action Checklist
152.1	Minute 54.3 - Baroness Blackstone, Chairman asked whether the national tender for tier 4 mental health services had been published. Dr Peter Steer, Chief

152.2	<p>Executive said that it was expected to be received in the near future and GOSH had already begun to engage with other London organisations around the mental health landscape.</p> <p>Minute 127.6 – Ms Mary MacLeod, Non-Executive Director said that she had met with the Chief Nurse to discuss a serious incident and reassured the Board that there had been no Trust involvement in the injury to the patient.</p>
153	Chief Executive Report
153.1	<p><i>Ms Mary MacLeod left the meeting.</i></p> <p>Dr Peter Steer, Chief Executive gave an update on the following matters:</p> <ul style="list-style-type: none"> • Work continued on the STP agenda and GOSH continued to engage with the North Central London STP despite the acknowledged lack of fit and the Chief Executive continued to be a member of the pan London specialist STP Board. All London STPs have prioritised specialist paediatrics. A proposal had been made to develop a North London and South London planning strategy with the Evelina Children's Hospital leading the work in South London. It is not yet clear who will lead the North London work. • Timescales had slipped for the launch of the consultation process for the proposed framework of consolidated paediatric cardiac services following the NHS England Safe and Sustainable review. The Trust was confident that it would be able access an additional 200 cardiac cases per year and positive discussions were taking place with the Evelina Children's Hospital and University Hospital Southampton NHS Foundation Trust to ensure that the model of care for the south of England was appropriate going forward. • The NHS England contract for 2017/18 had been signed and it was confirmed that the Trust had received a tariff uplift, a commitment to the expansion of ICU beds and the acknowledgement of the requirement for an increased ICU tariff. Dr Steer congratulated the team for their work.
153.2	The Board endorsed the appointment of Dr David Hicks as Interim Medical Director.
154	Quality and Safety Update – 31st December 2016
154.1	Dr David Hicks, Interim Medical Director said that going forward, the style of the report would change and become more predictive. He told the Board that there had been three pressure ulcers of grade three in the Trust which was a concern. It was confirmed that two of the grade three pressure ulcers had been acquired outside the Trust and one had been present at grade two when the patient had been transferred. A root cause analysis was taken place to investigate whether the deterioration was avoidable and learning would be disseminated following the conclusion of the investigation.
154.2	Action: It was agreed that there would be a change to the term 'no worrying trend' and an appendix would be included for the next meeting which would show the methodology used to determine whether trends were present.
154.3	Action: Mr James Hatchley, Non-Executive Director said that he would raise at the Quality and Safety Assurance Committee the importance of providing further assurance on the cardiac and respiratory arrests outside ICU. Dr Hicks said that

	discussion had taken place around undertaking deep dives in the areas that were highlighted by the report and it was agreed that a deep dive on arrests outside ICU would be provided at the Quality and Safety Assurance Committee.
155	Integrated Performance Report and Scorecard: 31 October 2016
155.1	Ms Nicola Grinstead, Deputy Chief Executive said that a revised process had begun for presenting the scorecard which would be provided at the next meeting and would show a better connection between the indicators. She added that indicators would be kitemarked from the end of March onwards to give a steer on the Trust's level of confidence in the underlying data. Ms Grinstead said that she expected RTT data to be reported from March 2017.
155.2	Action: Mr David Lomas, Non-Executive Director suggested that a number of the targets would be extremely difficult to achieve and asked that a stretch target that could be achieved be added to the dashboard. It was agreed that along with the mandated targets set as the NHS standard a planned target would be included to show what the Trust felt it could and should reach.
155.3	Action: Discussion took place around potentially moving RAG ratings from red to amber in circumstances where it would not be possible to reach the target to allow the Board to focus on the targets which could be met but weren't. It was agreed that further thought on this would take place.
155.4	The Board noted that indicators such as compliance with the WHO checklist were based on an audit trail which was likely to be much improved following the introduction of an Electronic Patient Record. <u>Workforce Metrics & Exception Reporting – 31 December 2016</u>
155.5	Mr Ali Mohammed, Director of HR and OD presented the report and highlighted the matters for focus in 2017 which were electronic rostering of staff, additional pay spend above staff base pay including overtime and on call, fixed term contracts and medical spend as well as longstanding vacancies.
155.6	Mr Akhter Mateen, Non-Executive Director expressed some concern that although there had been no improvement in PDR rates or completion statutory and mandatory training, it was being proposed that the targets were increased. He said that further progress was required to reduce the number of red rated metrics.
155.7	Mr Mohammed said that it was anticipated that statutory and mandatory training rates would reach 90% by the end of the year and the biggest area of focus were the divisions. Dr Peter Steer, Chief Executive said that work would take place to ensure the Trust was clear which training was mandatory and communication would then take place to ensure that staff were clear that failure to complete training would prevent staff from working.
155.8	Action: It was agreed that work before the next update on PDRs would particularly focus on areas that were the direct responsibility of Executives.
155.9	Action: It was agreed that the next Quality and Safety Assurance Committee would undertake a deep dive into nurse retention, focusing on the attrition rate and the reasons for nurses leaving. Mr Lomas suggested that this should take place on a biannual basis but that the statistics should also be included in the Board papers.

155.10	<p><u>Finance Update – 31 December 2016</u></p> <p>Ms Loretta Seamer, Chief Finance Officer presented the report and said that it had been reviewed in detail at the Finance and Investment Committee. The Trust was still on plan at month 9 but was internally forecasting a risk of not meeting the control total. Discussion had taken place at the Committee which had reiterated the importance of meeting the control total as failure to do so would put STF funding at risk, however Ms Seamer said that there was a reasonable basis upon which to say that the control total would be met.</p>
155.11	<p>The Trust cash balance was below plan, driven by outstanding funds from NHS England for over performance in quarters 1 and 2 and positive meetings had taken place with two embassies to discuss IPP debt.</p>
155.12	<p>Mr David Lomas, Non-Executive Director and Chair of the Finance and Investment Committee thanked Ms Seamer and her team for the improvements in the quality of the report.</p>
156	Patient Experience Report - 31 December 2016
	<p><i>Professor Rosalind Smyth, Non-Executive Director joined the meeting.</i></p>
156.1	<p>Ms Juliette Greenwood, Chief Nurse said that there was a steady increase in the Friends and Family Test response rate and despite a slight fall in the number of respondents who would recommend GOSH's services, the proportion remain high at 97%.</p>
156.2	<p>The Board noted the work that had taken place around food and the increase in positive over negative responses in the area.</p>
156.3	<p>Mr James Hatchley, Non-Executive Director noted that a number of the PALS contacts were around transport and suggested that this was discussed at one of the Board subcommittees. Ms Nicola Grinstead, Deputy Chief Executive agreed that this was a key issue and said that it was discussed with divisions at performance meetings. She said that work had started to look at the contract and highlighted the impact that transport often had on patient flow and cost to the Trust.</p>
156.4	<p>Discussion took place around the issues of members of staff appearing on television and the guidance that was provided around this. It was confirmed that following a case of a member of staff receiving extremely negative feedback after appearing on 'Question Time', the communications team had revised the way it worked with staff when they were in these circumstances and a Media Policy was also in place.</p>
157	Safe Nurse Staffing Report – November 2016 and December 2016
	<p><i>Ms Mary MacLeod re-joined the meeting</i></p>
157.1	<p>Ms Juliette Greenwood, Chief Nurse presented the report and said that there had been an increase in the nursing workforce as there had been additional beds opened and the vacancy rate was at its lowest since July 2015. She said that the overall fill rate remained at 90% and there had been no unsafe shifts. Ms Greenwood highlighted the challenge of retaining Healthcare Assistants (HCAs)</p>

	and said that the turnover of these members of staff had increased by 6% in comparison to the turnover of nurses which had increased by 1%.
157.2	Work was taking place to look at care hours per patient per day to identify the required hours on a ward by ward basis. Ms Greenwood said that currently these hours included non-director care hours and there was a substantial range in hours depending on the ward.
157.3	Mr Akhter Mateen, Non-Executive Director highlighted that although there had been a reduction in the vacancy rate, those nurses leaving GOSH had been disproportionately senior. Professor Rosalind Smyth agreed and added that a 27% turnover for HCAs was extremely high. She asked that recommendations in the paper covered work to support the understanding of why nurses were leaving and benchmarking against other London organisations.
157.4	Ms Greenwood said that work was taking place London wide to introduce a 'London passport' to ensure that nurses could move around London Trusts without having to undertake unnecessary training.
157.5	Action: Dr Peter Steer, Chief Executive said that considerable work was taking place around nursing and suggested that a paper should be provided to the Trust Board on the recruitment and retention process from April 2017 going forward. He added that it was unusual to have such a prevalence of 1:1 or 1:2 patient to nursing ratios in ICU and it was important to ensure the Trust was being funded appropriately for this.
158	Research and Innovation Update
158.1	Professor David Goldblatt, Director of Research and Innovation presented the report. He said that the Trust had been successful in renewing its Biomedical Research Centre bid and received an uplift in funding from previous years. He said that following a further competitive process the Clinical Research Facility was awarded new funding of £3million over five years.
158.2	Professor Goldblatt told the Board that recruitment to portfolio trials had decreased but highlighted that this referred only to trials that reported to the Clinical Research Network. He said that the Trust was leading nationally in recruiting patients with rare diseases for the Genomics Medicine Centre.
158.3	Professor Stephen Smith, Non-Executive Director congratulated the team on the Trust's exceptional research performance and queried whether, as a result of lacking an EPR, American organisations would be favoured for trials. He noted the relatively low initiation rate for trials.
158.4	Ms Emma Pendleton, Deputy Director of Research and Innovation said that the initiation rates were partly related to some initial issues in working with the Clinical Research Network and also due to recruitment times of recruiting a first patient.
158.5	Ms Mary MacLeod, Non-Executive Director asked for a steer on the work that was being undertaken to give research a higher profile among nursing and allied health professional colleagues to ensure that GOSH was a research hospital throughout.
158.6	Dr Kate Oulton, Senior Research Fellow said that a questionnaire which had been run across the Trust gave good insight into the barriers to becoming a clinical

	academic. She said that one of the key barriers was the ability to access academic work on a daily basis. Professor Goldblatt said that the aim was to encourage all clinical members of staff to be research aware and if necessary research trained. The Board welcomed this.
158.7	Mr James Hatchley asked about the turnover of research nurses. Professor Goldblatt confirmed that it was in line with the rest of the Trust and was included in the nursing statistics as a whole.
158.8	Action: It was agreed that the next report would include focus on non-grant based direct funding such as enterprise. The report would also include the impact that the Zayed Centre for Research into Rare Disease in Children would have once on line to research as a whole and to the Trust's income.
159	Fit for the Future Programme Update
159.1	Ms Nicola Grinstead, Deputy Chief Executive said that the productivity and efficiency (P&E) target for 2017/18 was £15million which was a considerable challenge. She said that cross cutting themes had been identified as had responsible officers for each theme.
159.2	Mr James Hatchley, Non-Executive Director noted the efficiencies that would be made through optimisation of patient flow and that this would be included in P&E projections.
160	Redevelopment Update (including sustainable update)
160.1	Mr Matthew Tulley, Director of Development said that the Premier Inn Clinical Building had a handover date of 17 th May 2017 which would be followed by the clinical commissioning period. He said that the first patients would use the building in August 2017.
160.2	Action: It was agreed that feedback would be given on the funding proposals for phase 4 at the extraordinary meeting of the Finance and Investment Committee on 13 th February 2017.
161	Emergency Planning
161.1	It was confirmed that this item had been withdrawn from the agenda.
162	Equality and Diversity Annual Report 2016
162.1	Ms Juliette Greenwood, Chief Nurse and Mr Ali Mohammed, Director of HR and OD presented the report which was welcomed by the Board.
162.2	Professor Rosalind Smyth, Non-Executive Director noted that other organisations had reported concerning episodes of bullying and harassment following the vote on Britain's exit from the EU and asked if there had been report of any such issues at GOSH.
162.3	Mr Mohammed said that some initial issues had been around staff unintentionally causing offense to colleagues but no further issues and staff were being supportive of colleagues.

163	Non-standard consultant appointments
163.1	Dr David Hicks, Interim Medical Director presented the report and emphasised that the procedure for non-standard consultant appointments would only be for exceptional circumstances. He said that there would be individuals that GOSH would wish to attract but who would not fit the requirements of the GMC register. Dr Hicks said that he had spoken to the Chair of the General Medical Staffing Committee (GMSC) who had confirmed that the policy was satisfactory to existing consultants.
163.2	Action: Discussion took place around the large number of people who took part in a consultant appointment panel. It was agreed that work would take place to ensure that only required individuals sat on the panel but it was noted that consultant appointments were vital to the Trust and the panel must reflect this. Baroness Blackstone, Chairman emphasised that when making appointments, the process must be effective and also efficient.
163.3	The Board approved the recommended process for the appointment of non-standard GOSH consultants.
164	Update from the Members' Council in December 2016
164.1	Baroness Blackstone, Chairman presented the update which was noted by the Board, most of whom had attended the Council meeting.
165	Update from the Quality and Safety Assurance Committee (QSAC) in January 2017
165.1	Ms Mary MacLeod, Chair of the QSAC said that the committee had noted that occasionally recommendations from internal audits and other areas of compliance were either unlikely to be met within the timeframe agreed or were not completed or followed up. This had been noted by the executive team to take forward.
165.2	The Committee had welcomed the appointment of a substantive named Doctor for safeguarding and the work of the team had increased considerably in line with safeguarding work nationally.
166	Update from the Audit Committee in January 2017
166.1	Mr Akhter Mateen, Chair of the Audit Committee reported that the Committee had considered three risks on the Board Assurance Framework and noted that there had been no adverse movement. Good progress had been made on data quality and KPMG had undertaken a further review.
166.2	Four internal audit reports were received and it was confirmed that the review of RTT had been deferred to 2017/18 to ensure that the Trust was reporting at the time of the audit. Good progress had been made on recommendations but the committee noted that there were increasing numbers of actions outstanding.
166.3	Action: It was agreed that discussion would take place around circulating the minutes of the meeting rather than the summary.
167	Update from the Finance & Investment Committee in January 2017

167.1	Mr David Lomas, Chair of the Finance and Investment Committee said that committee had noted that the forecast financial outturn was possible but not certain and had noted the very challenging productivity and efficiency target of £15million for 2017/18.
167.2	The Committee approved the recommended suppliers of the Trust's Electronic Patient Record and research platform.
168	Any Other Business
168.1	There were no items of other business.