

**Minutes of the meeting of Trust Board on
25th May 2017**

Present

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

In attendance

Mr Matthew Tulley	Director of Development
Ms Janet Williss	Deputy Chief Nurse
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Mrs Herdip Sidhu-Bevan*	Assistant Chief Nurse – Patient Experience and Quality
Miss Emma James*	Patient Involvement and Experience Officer
Mr Matthew Norris	Members' Council (observer)

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

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

6	Apologies for absence
6.1	Apologies for absence were received from Dr David Hicks, Interim Medical Director, Ms Cymbeline Moore, Director of Communications and Ms Juliette Greenwood, Chief Nurse. Ms Janet Williss, Deputy Chief Nurse was in attendance in Ms Greenwood's stead.
7	Declarations of interest
7.1	There were no declarations of interest.
8	Minutes of the meeting held on 29th March 2017
8.1	It was noted that Jim Mackey's name had been misspelt.
8.2	Minute 197.5: An addition to the paragraph to be made to ensure it is clear that the Board wishes to undertake risk horizon scanning.
8.3	Subject to the above amendments, the minutes were approved .
8.4	<u>Amendment to December 2017 Trust Board Minutes</u>
8.5	The Board discussed and approved the amendment to the discussion which had

	taken place around the finance update at the December meeting to make it clear that historically the majority of actual P&E improvements had been delivered through incremental income rather than cost initiatives.
9	Matters Arising/ Action Checklist
9.1	It was confirmed that an update on the number of outpatient cancellations would be considered by the committee as part of a full report.
10	Chief Executive Update
10.1	<p>Dr Peter Steer, Chief Executive gave an update on the following matters:</p> <ul style="list-style-type: none"> • Global cyber security attack: The GOSH ICT team had worked extremely hard to ensure the Trust remained unaffected by the attack and this had been acknowledged by NHS England and NHS Improvement. Clinicians had also worked well to manage significant inconvenience. • The Court of Appeal judges would be reaching a decision on the Trust's high profile PICU patient. • Chairman recruitment: The Executive Team were extremely positive about the recommendation that had been made and advice was being received about announcing the appointment during purdah.
10.2	<u>Safety and Reliability Improvement Partner Programme</u>
10.3	Action: Dr Steer presented a paper which was a proposal to appoint the Cognitive Institute to introduce a safety and reliability improvement programme. He said that he had worked with the organisation previously in conjunction with a large number of hospitals, however at this point GOSH would be one of 10 Trusts working with the company. He said that there was no other organisation which could provide the package of work which was required.
10.4	Ms Mary MacLeod, Interim Chairman noted that there was a Board development programme which could potentially be used and added suggested that this could be helpful as part of the wider Board development work.
10.5	The Board was satisfied that there was no other organisation which could provide the package of work required and approved the proposal to appoint the Cognitive Institute to introduce a safety and reliability improvement programme at GOSH.
11	Patient Story
11.1	Ms Emma James, Patient Involvement and Experience Officer presented the patient story of two young people who had taken part in the takeover day, and their parents. The story highlighted the positive impact of the experience on the patients.
11.2	<p>The following recommendations were made by the parents which would be discussed and taken forward as appropriate:</p> <ul style="list-style-type: none"> • Conversations between doctors and children and young people should be discussed with parents in the first instance as they would be able to direct doctors on the level at which discussion should be pitched. • An area to be provided for patients who struggled with tolerating loud or continuous noise.

11.3	It was noted that notwithstanding the recommendation made around discussion between Doctors and children and young people, it was very important that clinicians were able to hear the voice of the patient. It was reported that many of the benefits of the takeover day had been around meeting other young people. Ms Mary MacLeod, Interim Chairman suggested that work could take place through the YPF to look at support to patients who felt isolated in hospital and it was noted that a teen café had begun to be run by the Chair of the YPF.
11.4	Discussion took place around communication as it continued to be a theme of patient stories and other feedback provided to the Trust. It was confirmed that an update would be provided at the next meeting of the Patient and Family Experience and Engagement Committee (PFEEC) because it was also an area that had been raised during the Listening Event.
11.5	Action: It was confirmed that Ms MacLeod would write to the two patients involved in the story.
12	Audit Committee update – April 2017 meeting and revised Audit Committee Terms of Reference and workplan
12.1	Mr Akhter Mateen, Chairman of the Audit Committee noted that further to the April meeting for which a written update had been provided, the May meeting had taken place immediately before the Trust Board. He said that the committee had ratified its Terms of Reference and workplan, and had reviewed the Trust's response to the global cyber security breach; the committee had commended the IT team for their work.
12.2	The Committee had discussed the annual report and accounts and recommended them to the Trust Board for approval.
13	Quality and Safety Assurance Committee update – April 2017 meeting
13.1	Ms Mary MacLeod, Interim Chairman said that as had been reported to the Members' Council in April, she would be handing over Chairmanship of the Committee to Professor Stephen Smith, Non-Executive Director and a handover meeting would be taking place in the coming weeks.
13.2	Professor Rosalind Smyth, Non-Executive Director highlighted that there continued to be discussions about the key risk of nurse recruitment and retention and said that the committee had received the results of leaver surveys which had highlighted the attitude of managers and colleagues and opportunities for progressions and contributory factors in individuals' decisions to leave GOSH.
13.3	Action: Mr Akhter Mateen, Non-Executive Director said that he had attended the staff listening events and requested the raw data collected from this session. It was agreed that an update would be provided to the Board on the key issues arising from the staff listening event including proposals to take forward solutions.
14	Finance and Investment Committee Update – March and May 2017
14.1	Mr David Lomas, Chairman of the Finance and Investment Committee said that the Committee noted that the Trust had met its contracted activity target for 2016/17 and had reviewed the committee effectiveness and the feedback

	received from the effectiveness survey.
14.2	Action: The Committee had reviewed the Trust's property estate and Mr Lomas recommended that this was also reviewed by the Board. It was agreed that this would be incorporated into an update on facilities. The Committee had emphasised the importance of learning from the development of the Centre for Research in Rare Disease in Children before the Trust progressed phase 4.
14.3	Professor Stephen Smith, Non-Executive Director noted the significant Better Value target and asked to what extent the Trust was confident that they would be able to achieve this. Ms Loretta Seamer, Chief Finance Officer said that in 2016/17 there had been a number of savings which had been non-recurrent and work was taking place with the Programme Management Office (PMO) to identify schemes for 2017/18. She added that there was currently a reasonable level of confidence that the target would be achieved.
15	Members' Council Update – April 2017
15.1	Ms Mary MacLeod, Interim Chairman said that a date of 29 th June 2017 had been confirmed for the Board and Members' Council facilitation session and a follow up session would be planned for the Autumn.
16	GOSH Foundation Trust annual financial accounts and annual report 2016/17 including the Annual Governance Statement, the Audit Committee Annual Report and the draft Head of Internal Audit Opinion
16.1	Mr Akhter Mateen, Chair of the Audit Committee confirmed that the Audit Committee had recommended the documents to the Board for approval.
16.2	The Trust was reporting a significant reduction in deficit as a result of having achieved the control total and therefore receiving a sustainability and transformation fund (STF) payment and an additional bonus. A reduction in the value of land and buildings was noted as a result of engaging a valuer with a robust valuation method in line with the recommendation from the Trust's external auditor.
16.3	It was noted that the Head of Internal Audit Opinion had provided a rating of significant assurance with minor improvement potential and eight of ten reviews had also provided this rating. It was confirmed that all recommendations from the internal audit of the implementation of the electronic patient record, which had providing a rating of no assurance, had been implemented. The external auditors had provided an unqualified opinion and had no significant findings in terms of the risks reviewed. As anticipated a qualified opinion had been returned on the review of RTT as GOSH had not returned to reporting for a full year.
16.4	Ms Mary MacLeod, Interim Chairman asked for additional information around Deloitte's findings in their review of cancelled operations. Mr Mateen reported that there had not been a strong audit trail of documentation and the auditor had reported that had the data been extrapolated to a full year, a qualified opinion may have been provided.
16.5	Ms MacLeod asked if this issue required further discussion at the Quality and Safety Assurance Committee and Ms Grinstead confirmed that it would be considered as part of the programme of work around cancelled operations. She

16.6	added that the queried pathways had already been highlighted by the data quality process and would have been validated as part of the standard process.
16.7	<p>Action: It was agreed that in future years an annual report from the Finance and Investment Committee would also be included in overall annual report.</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
17	Compliance with the NHS provider licence – self assessment
17.1	Dr Anna Ferrant, Company Secretary presented the self-assessment and said that the Trust was currently compliant with all relevant aspects of the license conditions, although risks associated with one condition of the license, around systems for compliance with licence conditions and related obligations had been highlighted through use of an amber RAG rating.
17.2	The Board noted the self-assessment and approved the declaration.
18	Compliance with the Code of Governance
18.1	Action: Dr Ferrant presented the paper and highlighted the areas which GOSH were required to undertake on a 'comply or explain' basis. It was agreed that typographical errors would be provided to Dr Ferrant outside the meeting.
18.2	The Board agreed the Trust's compliance.
19	Integrated Performance Report (30th April 2017)
19.1	Ms Nicola Grinstead, Deputy Chief Executive presented the report which was in a new style to enable additional flexibility to include trend analysis.
19.2	Action: Professor Rosalind Smyth, Non-Executive Director asked when there was likely to be an improvement in cancellations as a result of the focused work that was taking place in this area. Ms Grinstead said that currently work was taking place to consider the protocol that was in place to cancel operations. She said that GOSH was applying the full definition for the cancellations and it was clear than many organisations did not do this. It was agreed that a deep dive would be presented at the next meeting of the Quality and Safety Assurance Committee.
19.3	Action: Mr David Lomas, Non-Executive Director commended the improvements made to the layout of the report. He suggested the inclusion of the attrition rates of nurses after one and two years at GOSH and the ratio of nurse vacancies to the number of offers made. It was agreed that this would be considered outside the meeting. Further consideration would also be given to including research information in future performance reports.
19.4	The Committee discussed the nurse vacancy rate. Ms Janet Williss, Deputy Chief Nurse said that there had been a large number of newly qualified nurses employed by the Trust scheduled to commence at the end of September 2017 and there were more new starters than in previous years. Dr Peter Steer, Chief

	Executive emphasised that there was no risk to the Trust when the nurse vacancy rate was below 10% as there was an effective bank service available comprising primarily GOSH nurses. Having the ability to work additional shifts through the bank team was often a significant draw to the Trust for nurses.
19.5	<u>Workforce Metrics & Exception Report (30th April 2017)</u>
19.6	Mr Ali Mohammed, Director of HR and OD presented the report and said that PDR and mandatory training rates were now at target levels. Mr Akhter Mateen, Non-Executive Director welcomed the increase in green RAG rated metrics.
19.7	<u>Finance Update (30th April 2017)</u>
19.8	Ms Loretta Seamer, Chief Finance Officer said that the Trust was reporting its planned deficit for month 1 as result of both costs and income being down on plan. Debtor days had risen however a new supervisor for IPP debt manager had been recruited.
20	Staff Friends and Family Test results – Quarter 4 2016/17
20.1	Mr Ali Mohammed, Director of HR and OD said that the results continued to be positive and in line with previous years.
20.2	Action: Discussion took place around being clear on the Trust's vision and it was noted that only 42% of staff were clear what this was. It was agreed that consideration would be given to updating the wording to be clear about what staff were required to understand.
21	Annual Safeguarding Report 2016/17
21.1	Ms Janet Williss, Deputy Chief Nurse presented the annual report and confirmed that a substantive named Doctor for safeguarding had been appointed with increased time allocated to this part of their work. It was reported that there had been a significant increase in workload in line with national levels.
21.2	Mr David Lomas, Non-Executive Director queried the drivers of the increase in caseload which had almost doubled over the year. Ms MacLeod said that this was likely to be a result of increases in awareness and increased identification of risk by local authorities and confirmed that this increase had been experienced throughout the country and by CAFCASS (the children and family court advisory service).
21.3	Action: It was agreed that a deep dive would take place at QSAC on the relationship between the social work and safeguarding teams.
21.4	Action: It was agreed that the QSAC statement in the report should be amended to be clear that safeguarding issues were escalated by the Committee to the Board.
21.5	It was confirmed that the named doctor for safeguarding would attend QSAC.
22	Safe Nurse Staffing Report (March and April 2017)
22.1	The Board welcomed the improved reporting and noted that there had been no

22.2	unsafe shifts reported since the last meeting. Action: It was agreed that the definition for the standard nursing ratios by patient age and ward would be included in the next safe nurse staffing report along with a glossary of terms.
23	Board Assurance Framework Update
23.1	Dr Anna Ferrant, Company Secretary presented the year end BAF position and said that work would now take place to update risks for 2017/18. It was confirmed that the Audit Committee had agreed to reduce move the likelihood score for the productivity risk following the focused work that had taken place and the definition of risk 7 would be reviewed.
23.2	Action: A presentation which had been provided to the General Medical Staffing Committee on nurse recruitment and retention would be provided to the Board.
24	Quality Report 2016-17
24.1	Action: The following amendments to the Quality Report were agreed: <ul style="list-style-type: none"> • Add in mention of the Trust's excellent cardiac outcomes • Make the paragraph on journal presentations more prominent
24.2	The Board approved the Quality Report.
25	Integrated Quality Report – 30th April 2017
25.1	Professor Stephen Smith, Non-Executive Director said that it was vital to reduce the time between an incident occurring and the report being completed. He noted a longer than expected time frame for some incident reports to be completed.
25.2	Action: Dr Peter Steer, Chief Executive confirmed that learning was disseminated quickly and it was agreed that consideration would be given to including dates in the report that these actions had been completed.
25.3	<u>National guidance on learning from deaths</u>
25.4	Action: It was agreed that QSAC would consider the process that was currently in place around the national guidance on learning from deaths.
26	Any other business
26.1	There were no items of other business.