

**Minutes of the meeting of Trust Board on
27th September 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
Mr Ali Mohammed	Director of Human Resources and OD
Mr David Hicks	Interim Medical Director
Ms Juliette Greenwood	Chief Nurse

In attendance

Mr Matthew Tulley	Director of Development
Mr Tom Burton	Deputy Finance Director
Professor Andrew Taylor	Divisional Co-Chair, West Division
Dr Allan Goldman	Divisional Co-Chair, West Division
Ms Anne Layther	Divisional Director, West Division
Mr Peter Hyland	Director of Operational Performance and Information
Mr Jon Schick	Programme Director
Dr John Hartley	Director of Infection Prevention and Control
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
Ms Rebecca Miller	Members' Council (observer)
Mr Simon Hawtrey-Woore	Members' Council (observer)

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

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

56	Apologies for absence
56.1	Apologies for absence were received from Ms Loretta Seamer, Chief Finance Officer and Ms Nicola Grinstead, Deputy Chief Executive.
57	Declarations of interest
57.1	There were no declarations of interest.
58	Minutes of the meeting held on 25th May 2017
58.1	The minutes were approved .
59	Matters Arising/ Action Checklist
59.1	Minutes 54.3 and 152.1: Ms Mary MacLeod, Interim Chairman asked for an

59.2	<p>update on the level 4 CAMHS tender and Dr Peter Steer, Chief Executive confirmed that there had been no progress made.</p> <p>Ms MacLeod asked for an update on the Board development plan. Mr Ali Mohammed, Director of HR and OD said that the specification for a preferred partner had been completed and GOSH would be inviting tenders with the aim of selecting a preferred partner in early November.</p>
60	Chief Executive's Update
60.1	Dr Peter Steer, Chief Executive provided an update on the following matters:
60.2	<u>Genetic Laboratory consultation</u>
60.3	GOSH continues to lead a collaboration bid for the North Thames Geographic Region for the NHSE Genetic Laboratory Consolidation and now had agreed collaboration with all relevant organisations in the North Thames region with the exception of one.
60.4	The Trust was exploring the move of the Constitutional Genetic Laboratory services from London North West and it was confirmed that GOSH had sufficient capacity to absorb these services.
60.5	<u>Paediatric Cardiac Services</u>
60.6	It was anticipated that a final decision on the proposed reconfiguration of paediatric cardiac services following the Safe and Sustainable review would be taken in November by NHS England following a community consultation.
60.7	<u>High profile patient</u>
60.8	Dr Steer gave an update on the work that was taking place to support staff following an extremely difficult time during the treatment of a high profile patient. It was reported that the Trust would be producing a communications strategy learning from this case.
61	Patient Story
61.1	<p>The Board received a patient story via video from long term GOSH Gastroenterology patient Ruby and her father. They provided the following feedback:</p> <ul style="list-style-type: none"> • Ruby and Allan commented that the staff on the ward were extremely kind. • Ruby said that during stays on the ward, located in the Southwood building, it was often very hot due to a lack of air conditioning. She said that during hot weather fans were used on the ward, however these were not effective. • Ruby noted that the décor in the Southwood building was significantly less up to date than other parts of the hospital. • Ruby's father was required to leave the ward to make drinks. • The parent bed and area in general was small and it was not possible to get a wheelchair into the room • Only two toilets, one isolation, were available and when the isolation toilet was out of use, patients were required to use a commode. • Ruby's father felt that communication during standard working hours was good however there were issues with out of hours communication when it was likely

61.2	<p>that it would only be possible to speak to a registrar from a different specialty.</p> <ul style="list-style-type: none"> • Ruby said that it was important that Doctors spoke directly to patients in a language that was easy to understand and it was vital that clinicians and staff members knocked before entering rooms and cubicles which was not always the case. • Whilst meals in the Lagoon restaurant were good value for money, the coffee bar was expensive and out of hours it was not possible buy meals, sweets or fizzy drinks. • The school service was excellent.
61.3	<p>Ms Juliette Greenwood noted the mixed experience for Ruby and her father and said that the environmental issues that the family had experienced in the Southwood Building would be resolved following the forthcoming ward move. She said due to families' often long term association with gastroenterology at GOSH it was important that this move was communicated well.</p> <p>Ms Mary MacLeod, Interim Chairman welcomed the patient stories and the strong viewpoints they provided on the issues that arose for young people in the hospital. Dr Steer highlighted the excellent presentation that had taken place at the AGM which spoke well of doctors' ability to speak directly to patients. He said that it was important to ensure that this good practice was consistent across the organisation.</p>
62	Board Committee Updates
62.1	<u>Audit Committee Update – May 2017</u>
62.2	Mr Akhter Mateen, Chairman of the Audit Committee presented the Audit Committee update which had been provided verbally at the Trust Board meeting in July. He confirmed that the joint Audit Committee and Quality and Safety Assurance Committee risk meeting was scheduled to take place on 10 th October.
62.3	<u>Quality and Safety Assurance Committee (QSAC) update – July 2017 meeting</u>
62.4	Professor Stephen Smith, Chairman of the QSAC presented the update. He said that the committee had noted the increased safeguarding activity in the Trust and it had been confirmed that this was in line with the national trend. The Committee requested that work continued to bring the completion rates of safeguarding training for honorary staff into line with the rest of the workforce. An update with improvements made was requested at the next meeting.
62.5	<u>Finance and Investment Committee Update – June 2017 and September 2017</u>
62.6	Action: Mr David Lomas, Chairman of the Finance and Investment Committee said that he had attended a GOSH Children's Charity meeting to consider the available funding over the coming years. He suggested that this should be presented to the Board on an annual or biannual basis and it was agreed that consideration should be given to this within the Board Calendar.
63	Members' Council Update – June 2017
63.1	Ms Mary MacLeod, Interim Chairman said that a Members' Council meeting was taking place following the Trust Board, the agenda for which had been discussed with the Interim Lead Councillor.

63.2	Ms MacLeod said that a positive AGM had taken place on 14 th September and thanked the Members' Council for their work to support it.
64	Fulfilling Our Potential: An update on our Trust's strategy: Charles West Division – presentation on implementation of the Trust Strategy
64.1	Professor Andrew Taylor and Dr Allan Goldman, Divisional Co-Chairs of the West Division gave a presentation which provided an overview of the division's work to fulfil the Trust's strategy.
64.2	Ms Mary MacLeod, Interim Chairman said that it was not possible to get a sense of the Trust's outcome data from the Board papers. She said that if this was present the Board would be able to triangulate the data with serious incidents, complaints data, walkrounds and friends and family feedback amongst other sources.
64.3	Action: Dr Peter Steer, Chief Executive said that GOSH posted a large number of outcome measures on the website but suggested that these should be easier to find and more transparently available to the Quality and Safety Assurance Committee and Trust Board. It was agreed that an update on outcomes would be received at the November Board meeting. Dr Goldman said that the division had undertaken real time weekly outcome reviews with trending data and would continue to drive this important work.
64.4	Mr Akhter Mateen, Non-Executive Director welcomed the presentation and suggested that further information could be included about the choices that had been made in order to move ahead with the strategic objectives and the timeline involved. He said that it was important for the Board to have a way of monitoring progress and impact of the work.
64.5	Mr David Lomas, Non-Executive Director said that in his view a strategy included data around the staff numbers and the mix of staff over the next 3-5 years and the outcome in terms of patient numbers and mix of clinical services. He added that the Trust was moving to position itself for the future and should consider how it would do this in five years to enable it to move forwards for the following five to ten years. Mr Lomas suggested that this approach would support the Better Value programme. Dr Steer said that these goals were beginning to be developed however in the current environment it was extremely challenging to look more than three years ahead. He added that there would be layers within the strategy and the operational plan which would be signed off by the Board would give detailed numbers.
65	Integrated Quality Report - 31 August 2017
65.1	Mr David Hicks, Interim Medical Director said that Trust mortality rate had remained stable since 2014 and a recent increase in respiratory arrests was attributed to a single patient for whom respiratory arrests was a key feature of their condition.
65.2	Ms Juliette Greenwood, Chief Nurse said that benchmarking of friends and family test data was taking place and GOSH continued to do well compared to others. Analysis was being undertaken with other organisations to consider whether there were lessons that could be learnt across the Trusts.

65.3	Professor Rosalind Smyth, Non-Executive Director expressed some concern about one of the serious incidents which had been reported about consent. She noted that one of the actions was to develop consent clinics and she suggested that these should be in place for all surgery to allow a considered and timely discussion to take place.
65.4	Ms Greenwood said that a number of specialties had established pre-assessment clinics and agreed that it was important to ensure that this was the case for all patients. Professor Andrew Taylor, Divisional Co-Chair for West Division said that processes in the cardiac and interventional radiology specialties had been changed to ensure patients were in a named clinic to support this work.
65.5	Action: Ms Mary MacLeod, Interim Chairman requested that a deep dive took place on consent at a future QSAC meeting.
65.6	<u>Annual Complaints Report 2016/17</u>
65.7	Ms Greenwood said that the Trust had received its lowest number of complaints in five years and there had also been a reduction in red complaints. No themes had been established within the red complaints. She added that it was disappointing that patients' ethnicity had been captured in only 50% of cases as this was a mandatory requirement.
65.8	Action: Mr Ali Mohammed, Director of HR and OD said that he had recently attended a GOSH Children's Charity event to learn from commercial organisations focusing on customer experience. He said it had been clear that they used Net Promoter Scores to monitor compliments and complaints. Mr Mohammed asked that consideration was given to using developing a score like this to look at a combination of complaints, legal issues, social media and compliments.
65.9	<u>Annual PALS Report 2016/17</u>
65.10	Ms Greenwood said there had been a large increase in annual PALS contacts, however a reduction in the number that had been escalated to formal complaints showing that the team had been able to address concerns. The key theme of contacts was communications and work was taking place to ensure that there was a more consistent approach to communications Trust wide.
65.11	<u>Learning from deaths</u>
65.12	Mr Hicks said that the Trust currently satisfied all requirements of the 'learning from deaths' guidance and it was noted that Professor Stephen Smith was the Non-Executive lead. It was noted that there was currently a backlog of cases to review, however this had not led to a breach of requirements and work was taking place to agree additional members of the mortality review group.
66	Integrated Performance Report – 31 August 2017 including report on theatre utilisation
66.1	Mr Peter Hyland, Director of Operational Performance and Information said that work continued around RTT and confirmed that Rheumatology and Genetics continued to have challenges with Genetics comprising 10% of the waiting list.
66.2	Action: It was agreed that performance in education would be presented to the Board on a biannual basis.

66.3	Action: It was agreed that consideration would be given to the target for discharge summaries which was currently set at 100% and whether this was realistic.
66.4	Mr Akhter Mateen, Non-Executive Director noted that there continued to be a negative trend in terms of PDR completion and the target for NHS agency spend continued to be red.
66.5	<u>Kitemarking and theatre utilisation</u>
66.6	Mr Hyland said that the guidance suggested that to achieve a significantly assured dataset an error rate of less than 3% was required. He said that this was extremely challenging and currently the Trust was working at a rate of between 5%-10% which was a significant improvement.
66.7	Dr Peter Steer, Chief Executive said that evidence of the quality of data had been triangulated and other organisations were now consulting GOSH on the improvement approach taken. Dr Steer added that on average theatre lists were starting 29 minutes late largely as a result of issues with flow. He said this was a challenge but also a significant opportunity.
66.8	Action: It was agreed that any indicators in the performance report which had been rated red for three consecutive months would include a narrative on actions taken to move the indicator to a green status and the timeline against which the change would be delivered.
66.9	Ms MacLeod welcomed the substantial decrease in cancellations and asked for the thanks of the Board to be passed to the team.
67	Annual Infection Control Report 2016/17
67.1	Dr John Hartley, Director of Infection Prevention and Control presented the report and said that the Trust had achieved the lowest antimicrobial resistance ever contrary to the international trend showing the substantial effort being made in the organisation. Dr Hartley said that although a robust hand hygiene programme was in place overall, there were some areas which required additional attention. In response to this, the West and Barrie Divisions were taking differing approaches with close oversight from the Infection Prevention and Control Committee.
67.2	Professor Rosalind Smyth, Non-Executive Director asked for assurance that the Trust was providing a safe environment in this regard and Ms Juliette Greenwood, Chief Nurse confirmed it was. Dr Peter Steer, Chief Executive confirmed that the Trust continued to perform well in international benchmarking.
68	Finance and Workforce Update (31 July 2017)
68.1	Mr Tom Burton, Deputy Finance Director said that the Trust had an in month net deficit of 0.1million which was £0.5million below plan. Year to date the Trust has a net surplus of £0.3m which was £0.8m worse than plan driven by a lower than plan clinical and non-clinical income.
68.2	Professor Stephen Smith, Non-Executive Director asked if the team was confident that the position could be recovered and Mr Burton said that this could be done

	although it would be challenging. Dr Peter Steer, Chief Executive agreed and said that there had been more assurance brought to the Better Value programme however additional schemes would be required to bring the position back to plan.
68.3	Action: Mr Akhter Mateen, Non-Executive Director noted that provisions had been made for some debt which was not yet due and it was agreed that further information would be provided at the next meeting.
68.4	Action: Mr David Lomas, Non-Executive Director highlighted the importance of the nursing workforce and requested that a paper was presented to the Board on a biannual basis on staff, particularly retention, attrition and reasons for staff leaving.
69	Better Value 2017/18 Summary
69.1	Mr Jon Schick, Programme Director presented the update and said that the current forecast outturn was approximately £10million and when including the current pipeline of schemes it was anticipated that the actual value would be greater. Procurement and workforce schemes were the areas which required the greatest support to bring them to completion and several strands of work were currently on-going.
69.2	Dr Peter Steer, Chief Executive said that procurement was a good example of how a lead time was required to produce savings as it was projected that approximately £2.5million would be saved in 2018/19 but it was unlikely that this could be brought forward.
70	Safe Nurse Staffing Report: May - August 2017
70.1	Ms Juliette Greenwood, Chief Nurse said that work was taking place to validate data and agree how to capture staffing levels when beds had been closed and nurses deployed to other areas. She confirmed that staffing was safe during this period.
70.2	On 25 th November, 207 newly qualified nurses had started at GOSH and therefore the Trust was employing more nurses than vacancies which was positive, and turnover had reduced from 18% to 16%.
71	Staff Survey and Listening Events Update
71.1	Mr Ali Mohammed, Director of HR and OD said that the next round of staff surveys would begin on 9 th October.
72	CQC Action Plan Update
72.1	Dr Anna Ferrant, Company Secretary presented the report showing the completion of the action plan. She said the Trust would receive a routine scheduled inspection as part of the CQC's new process in 2018.
73	NHS Workforce Race Equality Standard
73.1	Mr Ali Mohammed, Director of HR and OD presented the paper and said that the Trust's findings in relation to the Workforce Race Equality Standard (WRES) were broadly in line with levels across the NHS and improvements had been made in

	comparison to the previous year in the majority of cases.
74	Register of Seals
74.1	The Board endorsed the use of the company seal.
75	Any Other Business
75.1	It was noted that it was Ms Juliette Greenwood, Chief Nurse's last Trust Board meeting. Ms Mary MacLeod, Interim Chairman thanked Ms Greenwood for her wonderful service to the Trust, the Board and patients and families.
75.2	It was also Ms MacLeod's last Board meeting and Dr Peter Steer, Chief Executive thanked Ms MacLeod for her support and excellent work with the Trust during her tenure.
76	Medical Revalidation Annual Board Report and Statement of Compliance
	<i>This item was discussed during the confidential meeting and it was agreed that the discussion would be included with the public minutes.</i>
76.1	Mr David Hicks, Interim Medical Director presented the paper which was required to be presented to the Board on an annual basis. He said that the majority of doctors would have completed their first cycle of revalidation by at the end of 2017 however the administrative burden would be greatly increased at the new revalidation cycle.
76.2	Professor Rosalind Smyth, Non-Executive Director expressed some concern at the 29% deferral rate and asked for assurance that this had been done for valid reasons.. Mr Hicks acknowledged that the Trust was not fully compliant and highlighted the improvement action plan that had been developed with actions due by the end of 2017. He confirmed that deferrals had taken place for valid reasons.
76.3	Action: The Board agreed that the paper would be considered at the next meeting for further discussion.