

**Minutes of the meeting of Trust Board on
28th November 2017**

Present

Sir Michael Rake	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 David Hicks	Interim Medical Director
Ms Loretta Seamer	Chief Finance Officer
Ms Nicola Grinstead	Deputy Chief Executive
Ms Janet Williss	Interim Chief Nurse

In attendance

Mr Matthew Tulley	Director of Development
Ms Alison Hall	Deputy Director HR and OD
Professor Neil Sebire*	Chief Research Information Officer
Dr Shankar Sridharan*	Chief Clinical Information Officer
Mr Ward Priestman*	Chief Information Officer
Ms Meredith Mora*	Clinical Outcomes Development Lead
Dr Anna Ferrant	Company Secretary
Ms Katie Morrison	Deputy Director of Communications
Ms Victoria Goddard	Trust Board Administrator (minutes)
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*

101	Apologies for absence
101.1	Apologies for absence were received from Mr Ali Mohammed, Director of HR and OD.
101.2	Action: Sir Michael Rake, Chairman noted that both the Trust Board and Members' Council had been rescheduled at short notice and said he was very keen to hold an informal meeting with Councillors, particularly with those who had been unable to attend and it was agreed that proposed dates would be sent to the Council.
102	Declarations of interest
102.1	No declarations of interest were received.
103	Minutes of the meeting held on 27th September 2017
103.1	Minute 65.8 to be amended to read Mr Ali Mohammed, rather than Mr Akhter Mateen.
103.2	Subject to the above amendment, the minutes were approved .

104	Matters Arising/ Action Checklist
104.1	Action: Minute 23.2: It was agreed that the nurse recruitment and retention strategy would be presented to the Board regularly as part of the on-going programme of strategic deep dives.
104.2	Minute 66.3: Ms Nicola Grinstead highlighted that the mandatory target for completion of discharge summaries was 100% which was extremely challenging to achieve and led to a continually red rated indicator on the performance dashboard. She added that although work continued to improve performance it was likely that the indicator would remain red until the implementation of the Electronic Patient Record (EPR). The Board discussed agreeing to formally accept the underperformance, despite continuing to work towards the target, noting that an EPR would be a significant support to achieving 100%. This was agreed.
105	Chief Executive Report
105.1	Dr Peter Steer, Chief Executive gave an update on the following matters:
105.2	<u>Appointment of a substantive Chief Nurse</u>
105.3	Dr Steer confirmed that Ms Alison Robertson had been appointed as Chief Nurse and would begin in post in Spring 2018.
105.4	Ms Robertson is currently Executive Director of Nursing for Al Wakra Hospital, Hamad Medical Corporation in Qatar, one of the leading hospital providers in the Middle East. She is a highly experienced Chief Nurse and has held this post at a number of different teaching hospitals leading nursing and midwifery in five different organisations over the last 16 years. Ms Robertson is Visiting Professor at the Florence Nightingale School of Nursing and Midwifery at King's College, London.
105.5	<u>Appointment of a substantive Medical Director</u>
105.6	Mr Matthew Shaw had been appointed as Medical Director. Mr Shaw was a practicing orthopaedic surgeon and has been Clinical Director of the spinal unit at the Royal National Orthopaedic Hospital (RNOH) for the last seven years. He was also, until recently, the Medical Director and Deputy Chief Executive of the RNOH for five years. Mr Shaw had recently been working as Medical Director for Health Provision in BUPA UK.
105.7	Mr David Lomas, Non-Executive Director noted GOSH's involvement in STPs and that the Trust often lacked a good fit to the work that was taking place. He highlighted the reconfiguration of the pathology networks and the importance of GOSH's involvement. Dr Steer confirmed that the Trust was well positioned and the team were appropriately engaged.
105.8	Action: Dr Steer said that a London consolidation devolution would be taking place and a paper would be provided to the Board on the action that would be required of GOSH and the way in which services would be devolved.
106	Board Committee Updates

106.1	<u>Audit Committee Update – October 2017</u>
106.2	Mr Akhter Mateen, Chair of the Audit Committee reported that the Committee had met on 24 th October and received an update on the Board Assurance Framework including a review of three high level risks. The Committee noted the Epic team had rated the progress of the EPR project as green with a rating of 4.5 out of 5, which benchmarked well against other organisations at that stage.
106.3	An update was received on a fire alarm incident and the committee had welcomed the report that the correct processes had been followed and staff and patients had been safe. Learning from the incident had been around contractual terms with the engineer which had been rectified.
106.4	The Trust's external auditors confirmed that as in the previous year scrutiny would be applied to the management override of controls and the internal auditors said that good progress was being made in terms of outstanding recommendations from audits. The Committee noted internal audit reports on workforce planning which had provided a rating of partial assurance with improvements required and capital planning which had provided assurance of significant assurance with minor improvement opportunities.
106.5	Updates were also received from the counterfraud service and on whistleblowing.
106.6	<u>Quality and Safety Assurance Committee update – October 2017</u>
106.7	Professor Stephen Smith, Chair of the Quality and Safety Assurance Committee reported that the committee had welcomed the positive visit from Health Education North Central and East London (HENCEL) and the correspondence that had been received confirming that the Trust was no longer subject to enhanced monitoring.
106.8	Action: The Board Assurance Framework had been reviewed and the committee considered high level risks around recruitment and clinical outcomes. Professor Smith confirmed that there had been recent successful recruitment of a large number of newly qualified nurses. It was agreed that congratulations would be passed to the Chief Nurse's team and the HR department for this success.
106.9	The Committee had discussed consent and the plans to develop consent clinics in some specialties. The importance of the work was emphasised and an update on progress at the Committee was requested in six months. It was noted that an update on whistleblowing had been received and it was agreed that the whistleblowing process would be discussed with the Chairman.
106.10	<u>Finance and Investment Committee update – September 2017</u>
106.11	Mr David Lomas, Chair of the Finance and Investment Committee said that the Committee had reviewed programme with the Electronic Patient Record and noted that it was moving forward in line with plan. Discussion had taken place around IPP debtors and debtor days and the continued risk was noted. Activity in different specialties was considered and the Barrie division gave a presentation looking at the drivers of their financial position.
106.12	Action: The Committee had discussed the drivers for phase 4 and it was agreed that the Trust Board meeting in January would consider a gant chart of the proposal for key decision points.

107	Members' Council Update – September 2017
107.1	Dr Anna Ferrant, Company Secretary said that nominations were now open for the Members' Council elections and voting would begin on 8 th January 2018. Professor Rosalind Smyth, Non-Executive Director said that a competitive process was being planned to appoint the appointed Councillor from the UCL GOS Institute of Child Health and added that she would welcome an existing Councillor's involvement in the process.
108	Strategy progress update - Digital deep dive
108.1	Mr Ward Priestman, Chief Information Officer gave a presentation on progress with the digital strategy. He said that the majority of the KPIs monitored on the IT dashboard were rated green and would therefore be reviewed.
108.2	Sir Michael Rake, Chairman asked for a steer on the barriers to the successful implementation of the strategy. Mr Priestman said that many of the elements of the strategy, particularly the Electronic Patient Record implementation were substantial transformation projects requiring significant cultural change which was a potential risk.
108.3	Action: Mr James Hatchley, Non-Executive Director said that outside the meeting he would welcome further information about DRIVE and the scope of the relationships being formed and GOSH's obligations under these relationships.
109	Update on Operational plan 2017-19
109.1	Ms Nicola Grinstead, Deputy Chief Executive said that the Trust had set a two year plan in 2016/17 and no guidance or planning timetable had yet been issued for 2018/19.
110	GOSH Learning Academy
110.1	Action: It was agreed that a refreshed paper would be considered by the Board at the next meeting which would include information about funding mechanisms. Board members should contact the Chief Executive or Company Secretary to feed their questions into the project.
110.2	Action: Professor Rosalind Smyth, Non-Executive Director and Director of the UCL GOS Institute of Child Health requested that discussion took place between the two organisations to capitalise on work that could be done collaboratively.
111	Overview of Development and Property Services portfolio
111.1	Mr Matthew Tulley, Director of Development gave a presentation in response to a request from the Finance and Investment Committee.
111.2	Discussion took place around nursing accommodation and Mr Tulley said that this was a key part of the recruitment and retention strategy and work was taking place to consider how much accommodation was required.
112	Integrated Quality Report - 30 September 2017
112.1	Mr David Hicks, Interim Medical Director presented the report and highlighted that

	the overall mortality rate for the Trust had remained stable for a considerable period of time however within the Trust there was variation. He said that one of the variations had been detected within NICU and PICU and following nationally validated work it had been confirmed that PICU mortality rates were stable and no themes had been found in NICU, mortality rates for which were now returning to average levels.
112.2	Mr Hicks said that an issue had been raised by commissioners about the timeliness of gathering and disseminating the learning from serious incidents. Work was taking place with commissioners to be clear that this was a priority. The Committee emphasised the importance of this work.
112.3	Ms Janet Williss, Interim Chief Nurse said that it would be important for the Trust to consider how cases such as the high profile PICU patient would be managed in terms of the significant number of PALS contacts involved, going forward.
112.4	<u>Clinical Outcomes Update</u>
112.5	Action: It was agreed that discussion would take place at QSAC about the information that the Board required in terms of clinical outcomes. The Company Secretary would meet with Ms Meredith Mora, Clinical Outcomes Development Lead to discuss this further.
113	Integrated Performance Report – 30 September 2017
113.1	Action: Ms Nicola Grinstead, Deputy Chief Executive presented the report and Mr David Lomas, Non-Executive Director noted the continued red status of the theatre utilisation metric. He asked for a steer on the drivers and the work taking place in this area. Ms Grinstead said that bed availability was the key driver and work was required to ensure that the process around cancellations was robust. It was agreed that the split by specialty of theatre utilisation would be presented as part of the data at the next meeting.
113.2	Action: Ms Grinstead said that the current consultant job plan was not an efficient model as theatre cases did not fit well into the allotted time. She said that moving to a different model would be a substantial cultural change. It was agreed that key milestones would be set out for theatre utilisation as part of the improvement work.
113.3	<u>Finance Update (30 September 2017)</u>
113.4	Ms Loretta Seamer, Chief Finance Officer said that the financial position was slightly behind plan but the Trust continued to forecast that it would meet its control total. The opening of the Premier Clinical Building had led to a growth in income and expenditure and a deep dive on this change would be undertaken.
113.5	Continued focus was being placed on IPP debt and funds on an outstanding account had been recently received.
114	Safe Nurse Staffing Report September 2017 – September and October 2017
114.1	Ms Janet Willis, Interim Chief Nurse said that over 200 newly qualified nurses had begun in post and would be moving out of their induction phase over the coming weeks. She reported that three unsafe shifts had been reported in the period and

	confirmed that none of these had remained at an unsafe level for the whole shift and improvements were being made as a result of the newly recruited nurses. The impact on patients had been around a delay in receiving medication and no harm or incidents had occurred during that time.
115	Medical Revalidation Annual Board Report and Statement of Compliance
115.1	Mr David Hicks, Interim Medical Director highlighted that the paper had been considered at the September Trust Board meeting and concerns had been raised about the deferral rate of 29% which was higher than the national average. Mr Hicks reported that only one deferral was a substantive consultant and there were mitigating reasons. Other deferrals were due to maternity leave or fellows without sufficient evidence.
115.2	Action: It was noted that an increased number of individuals would be required to undertake revalidation in the next cycle and therefore additional resources would be required. It was agreed that benchmarking would take place of the resources required by other Trusts to support revalidation in advance of the requirements being presented to the Executive Team.
116	Guardian of Safe Working Update Report
116.1	Mr Hicks presented the reports and said that in response to exception reports submitted when junior doctors' work varied significantly or regularly from their agreed work schedule, rota patterns had been reviewed and it was anticipated that the number of exception reports would reduce.
116.2	Action: It was agreed that the next report would show the split between the number of locum bank and agency shifts.
117	Update on progress with Well Led Review Action Plan
117.1	Dr Anna Ferrant, Company Secretary presented the report which was noted by the Board.
118	Board Development Update
118.1	This item was deferred to the next meeting as the Director of HR and OD had given apologies.
119	Register of Seals
119.1	The Board endorsed the use of the company seal.
120	Any other business
120.1	Dr Peter Steer, Chief Executive reported that a member of staff had sadly died on shift. The lead consultant was working with the team involved and the staff member's family.