Board of Directors
Children's Services Committee

Minutes of the meeting held on Wednesday 23rd September 2015 in Newcomen Conference Room, South Wing, St Thomas' Hospital

Present
Sir Hugh Taylor, Trust Chairman (Chair)
Ms Amanda Pritchard, Chief Operating Officer
Girda Niles, Non-Executive Director
Sir Ron Kerr, Chief Executive

Attending
Ms Marian Ridley, Evelina London Director
Dr Sara Hanna, Medical Director, Evelina London
Ms Miranda Jenkins, Head of Strategic Development, Evelina London
Mr Simon Blazer, Head of Finance, Women's and Children's Services
Dr Grenville Fox, Clinical Director, Medicine and Neonatology, Evelina London
Ms Anita Knowles, Director of Communications
Ms Jackie Parrott, Director of Strategy
Professor David Edwards, Director, Centre for the Developing Brain, Professor of Paediatrics and Neonatal Medicine
Dr Tony Hulse, Council of Governors, Staff Member,
Ms Devon Alison, Council of Governors, Patient Member

Apologies
Dr Sheila Shribman, Non-Executive Director
Steve Weiner, Non-Executive Director
Diane Summers, Non-Executive Director
Dr Ian Abbs, Medical Director
Mr Alastair Gourlay, Group Director, Essentia
Ms Janet Powell, Director of Nursing, Evelina London
Dr Owen Miller, Director Specialist Networks, Evelina London
Dr Ajay Sharma, Clinical Director, Children's Community Services, Evelina London
Dr Helen Daly, Clinical Director, PICU and Surgery, Evelina London
Mr Sean McCloy, Head of Trust Performance

1. Minutes of the last meeting
These were confirmed as a correct record.

2. Matters arising

Specialist Networks
The Evelina London Medical Director reported that good progress was being made and that a manager was being recruited to provide support. Scoping meetings were being undertaken starting with the priority specialties of gastroenterology, rheumatology and paediatric cardiology. Visits to referring hospitals had commenced including Epsom and Lewisham. The Trust Chairman enquired whether a Darzi Fellow would be useful to the project. It was felt that this could be appropriate in the future. A further update would be provided to the committee at the Spring meeting. Action: Update to be provided in Spring.
4. CQC Reflections

The Evelina London Medical Director provided feedback on the recent CQC inspection. The initial inspection had focussed particularly on areas of expertise within the inspection team, with a large amount of time being spent on both PICU and NICU. Universal community services had also been visited. A further visit by a paediatric cardiac surgeon was being made on the day of the meeting. The inspectors had not flagged anything which was not already known to the Evelina London management team. Outpatient follow-up backlogs were a concern, as was parental accommodation and the inspectors had been pleased to hear of the development of the Ronald McDonald House. One of the inspectors had raised an issue regarding the lack of consultant names above beds and evidencing of assurance had been queried. The Root Cause Analysis forms were being reviewed to improve this. The extremely high representation of Evelina London consultants at the focus group had been noted. The Evelina London Director noted that it was important for the service to capture the learning from the experience.

The Trust Chairman congratulated the team and commented on the positive culture amongst staff which the inspectors had noticed.

5. Adolescent and Young Adult Strategy

Dr Nick Wilkinson introduced himself to the committee and described the background to the work he was undertaking on age appropriate care. He advised the committee that whilst morbidity and mortality had reduced in other age groups the same improvements had not been seen in the 10-25 year old cohort. CQC and NICE guidance had been published as a benchmark for GSTT to follow. Some GSTT/Evelina London services had existing good practice which could be developed. The latter was discussed at a 'showcasing afternoon' held during the summer 2015, and from which Dr Wilkinson had established a steering committee and identified champions across the Trust. It was noted that this age group spanned both children’s and adult services so a joint approach was required.

A strategy document is in draft which is looking at high quality health services for 11-24 year olds. A set of statements are included which define the basic expectations that a young person should have of the services they receive; including the opportunity to be seen on their own, maintenance of confidentiality throughout the system and the right to privacy and dignity. These standards are directly taken from the DH ‘You’re Welcome’ criteria. Teaching young people to self-manage and self-advocate should also be an important aspect of all services that see young people. A pilot evening outpatient session had been held in Ocean Outpatients (Evelina London) with Rheumatology, Renal and Infectious Diseases patients all cohorted into an age appropriate evening which included some additional support services. This pilot had been successful and future aims would be to continue and develop this practice, extending it to adult services and providing services alongside, such as a youth worker, sexual health advice and mental health support. Dr Wilkinson confirmed that with sufficient critical mass these additional services could potentially be relocated from elsewhere (e.g. Community sexual health services), as opposed to adding additional costs. The Staff Member of the Council of Governors commented on a successful day and evening clinic/service which they had held for diabetic young people and also highlighted the problems which could occur if this age group stopped using the service and experienced serious deterioration in their condition as a result.

It was agreed that the first steps were to change the culture and support the team to do this rather than provide physical space. It was noted that existing space such as Gassiot House might be used in an evening when general demand for it was lower.
The strategy should also consider how this work linked with the work being undertaken by the Evelina London Director of Specialist Networks.

The Chief Operating Officer pointed out that Commissioners would potentially be interested in the public health benefits which could be achieved from the approach.

It was agreed that the strategy should be developed further and discussed at the Trust Management Executive. The broad spectrum of adult and children’s services provided by the Trust would allow the development of an age appropriate model of care with support for all ages.

The Patient Member of the Council of Governors commented on the importance of a peer group to this particular age group and of services being provided outside the children’s facilities.

Dr Wilkinson was thanked for his work on this project.

**Action:** Strategy to be completed and resources required identified for discussion at Trust Management Executive.

### 3. Children’s Services IQPR

The Evelina London Director stated that the circulated IQPR papers showed an operational system under continuing pressure. Referral rates were growing. The management team understood the need to review certain processes and systems to ensure they were robust. A plan was required to resolve the issues with outpatient follow-up backlog.

The financial position was acceptable although a gap in PICU income was being covered by an underspend by community services. The Medical Director Evelina London commented on the ward capacity issues which were one root cause of the PICU problem as they were unable to discharge to the wards so some patients of lower acuity were being kept on PICU until a bed became available. She also highlighted a national crisis in heart failure treatment facilities which had resulted in the Evelina taking patients when Great Ormond Street had been unable to do so.

A never event had occurred during August in East Wing theatres but the emergency response systems had worked well. The new PEWS system was being rolled out.

The Director of Strategy queried the apparent low patient experience performance of Mountain Ward. It was agreed that this was lower than usual. The Medical Director, Evelina London confirmed that the figures were shared with staff at the Evelina Forum, ward meetings and the Governance Committee. The Trust Chairman suggested that the proportion of outpatient staff telling patients their names should be a target for improvement.

The Evelina London Director expressed concern that the problems with the Neonatal unit building scheme may impact on performance in the future. She also pointed out the potential risk in the community from the implementation of the new IT system.

### 4. Children’s Services Quality Committee Draft TORs

The draft terms of reference for the committee, which aims to bring together all GST Children’s Services from a quality perspective, had been circulated. Comments were made regarding adjusting the tone and concerning the membership and the difference between
membership and attendance. It was agreed that attendance from the Emergency Department should not be optional. The terms of reference were agreed in principle and it was agreed that they should be sent to TME for further discussion. The Departments involved as members and attendees should be listed.

**Action:** Evelina Medical & Nursing Directors to present at TME following minor amendments as discussed.

### 5. Strategic Development Update

A paper had been presented to the Board Away Day to remind Board members of the operational and strategic importance of the Evelina 1+ scheme in the light of the Trust's financial position; and also to inform discussion on how to construct the business case for Evelina 2 and manage the external relationships. The Evelina Director outlined the financial and commercial assumptions which had been used to formulate a financially viable case.

The potential outcomes from the Review of Children's Cancer Services in London were discussed.

Further development of the business case for Evelina 2 was in progress, including work to test assumptions in relation to private patient income contribution by the Commercial Team and work to develop options for funding sources from realising value from the Trust's estate by the Essentia team. The importance of securing support from commissioners and other key providers was noted, and a timetable

It was agreed that it was essential that this work had regular oversight from Board executive and non-executive colleagues.

**Action:** Evelina Executive team to continue business case development for Evelina 2 and to develop indicative timetable for external decision-making. The Chairman to advise on future of Board level working group.

### 6. Any Other Business

No other business was raised.

### 7. Next meeting

The next meeting will be held on Wednesday 11th November 2015 from 4-6pm in Newcomen Conference Room 1.