

**Minutes of the meeting of Trust Board on
 22nd July 2015**

Present

Baroness Tessa Blackstone	Chairman
Dr Peter Steer	Interim Chief Executive
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Mr David Lomas	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Dr Vinod Diwakar	Medical Director
Ms Dena Marshall	Interim Chief Operating Officer
Mr Ali Mohammed	Director of Human Resources and OD
Ms Juliette Greenwood	Chief Nurse
Mrs Claire Newton	Chief Finance Officer

In attendance

Mr Robert Burns	Director of Planning and Information
Mr Matthew Tulley	Director of Redevelopment
Ms Cymbeline Moore	Director of Communications
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
Dr Sophia Varadkar	Consultant Paediatric Neurologist
Dr Jane Valente	Divisional Director for Neurosciences
Ms Sarah James	Divisional General Manager for Neurosciences
Dr John Hartley	Director of Infection Prevention and Control
2 members of the public	

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

71	Apologies for absence
71.1	No apologies for absence were received.
72	Declarations of Interest
72.1	No declarations of interest have been received.
73	Minutes of Meeting held on 22nd May 2015
73.1	The minutes of the meeting of 22 nd May 2015 were approved .
74	Matters Arising/ Action Checklist
74.1	Action: Minute 34.4 – Mr Ali Mohammed, Director of HR and OD said that he was in contact with the ICU at Guy's and St. Thomas' NHS Foundation Trust It was agreed that an update would be provided at the next meeting.

75	Chief Executive Report
75.1	Dr Peter Steer, Chief Executive welcomed Dr Vinod Diwakar, Medical Director to his first Board meeting.
75.2	Dr Steer gave an update on the following areas: <ul style="list-style-type: none"> • Clinical Ethics Symposium: ‘Children’s right to healthcare; How can we do better?’ was hosted by GOSH on 18th June 2015 in collaboration with the Royal College of Paediatrics and Child Health, the Ethics and Law Advisory Committee, and UCL Laws. • Visits to paediatric and specialist Trusts – the Trusts visited had expressed a desire to benchmark and collaborate • Publication of the Paediatric Cardiac Surgery Review – outcomes will be in two phases and will encourage a networking approach for cardiac services across the country going forward. It was confirmed that GOSH met all the standards required. Dr Steer said that there would be a requirement to work with others but it was vital to ensure that these arrangements did not undermine GOSH’s efficiency. • The appointment of Thomas Voit Director of the Biomedical Research Centre to join in September. • Congratulations to the Communications team and the GOSH clinical teams on the BBC GOSH documentary series. • A date for the CQC Quality Summit has been set. Prior to this, GOSH will be issued with the draft report and have ten working days to provide comments on factual accuracy.
75.3	It was confirmed that an action plan would be developed in advance of the Quality Summit which would be presented to the Board and relevant assurance committees.
75.4	The Board noted the update.
76	Clinical Presentation – Epilepsy Service
76.1	Dr Sophia Varadkar, Consultant Paediatric Neurologist provided a presentation on the GOSH Epilepsy Service which was one of four NHS commissioned, nationally designated services for children’s epilepsy.
76.2	Dr Varadkar explained that surgical numbers had been increasing year on year and 79% of patients treated experienced a seizure free or worthwhile outcome from surgery. It was added that outcomes showed that patients experienced additional benefits along-side seizure reduction such as an increase in IQ.
76.3	It was reported that focus was being placed on efficient utilisation of capacity and there was appetite within the team to move towards seven day working. Dr Varadkar said that additional theatre capacity had been identified however additional support services would be required to facilitate this.
76.4	Dr Vinod Diwakar, Medical Director said that the service provided at GOSH was world leading with high quality outcomes and facilities. He queried how the service was being communicated to local hospitals, wher clinicians may not be aware of the potential surgical options for patients.

76.5	Dr Varadkar said that information was provided on the GOSH website and the team worked with the Children's Epilepsy Surgery Service (CESS) to provide information to local hospitals.
76.6	Dr Peter Steer, Chief Executive queried the evidence of intraoperative MRI outcomes.
76.7	Dr Varadkar confirmed that this made a significant difference to the outcomes of patients. She added that both Alder Hey Children's Hospital and Bristol Royal Hospital for Children had this capability and it was important for GOSH to continue to be at the forefront of innovation.
76.8	Baroness Blackstone asked whether GOSH epilepsy benchmarking took place against North American organisations. Dr Varadkar said that it did, informally, however formal benchmarking was against hospitals in Europe.
76.9	Action: Dr Varadkar told the Board that GOSH was participating in an International League Against Epilepsy (ILEA) survey which was being led by a centre in Australia with international participation. It was agreed that the Board would be updated on the outcome of this work.
76.10	The Board noted the presentation.
77	Update on the scope and progress of the Outpatient project
77.1	Ms Sarah James, Divisional General Manager for Neurosciences told the Board that the aim of the Access to Outpatients Project was to reduce waste and maximise utilisation across outpatient services.
77.2	Ms James said that GOSH employed significantly fewer people than other organisations in the central booking team and therefore the team was looking to include local administrators in work to standardise processes. It was confirmed that the booking service opening times had been extended and a local reception desk had been opened in outpatients to reduce queuing time and ensure that a greater proportion of patients were able to book a follow up appointment in person. The Board noted that this had significantly reduced the number of appointments which required rescheduling. Ms James added that there had been a decrease in the number of clinic outcome forms which were not completed on the day of a patient's appointment.
77.3	Baroness Blackstone, Chairman welcomed the progress made and Ms Juliette Greenwood, Chief Nurse noted the results of the Friends and Family test which had reported increased positive feedback in the area.
77.4	Mr Charles Tilley, Non-Executive Director queried the way in which the improvements had been made in practise. Ms James said that work had taken place with the Quality Improvement Team to support staff to map current and ideal patient pathways. She said that it was important to ensure that clinic templates were realistic with suitable time slots allocated to complex patients and clinicians were fully engaged in this process. Ms Dena Marshall, Interim Chief Operating Officer noted that this was an example of a multidisciplinary approach which should be replicated in other areas and work programmes across the Trust.

77.5	The Board noted the update.
78	Research and Innovation Report July 2015
78.1	Professor David Goldblatt, Director of Research and Innovation said that in 2013 an analysis of research output was commissioned from Thompson Reuters which had shown that the highest cited papers were produced by ICH, followed by GOSH BRC and then GOSH/ICH in partnership. Professor Goldblatt reported that an updated analysis had shown that there had been a significant increase in the number of papers published and overall citation impact with the Trust moving from third in terms of citation impact to first.
78.2	The Board welcomed the significant increase in citation impact and the increase in collaborative research.
78.3	The Board noted the update.
79	Medical Revalidation Annual Board report and statement of compliance
79.1	Dr Vinod Diwakar, Medical Director presented the report which was approved .
80	Quality and Safety Update
80.1	Dr Vinod Diwakar, Medical Director presented the report.
80.2	Action: Ms Mary MacLeod, Non-Executive Director queried the reasons for the increase in arrests outside of ICU. Dr Diwakar said that there had been some clinical area moves and situations were being managed in a different but appropriate ways resulting in an increase in crash calls. It was agreed that this would be discussed at the next Clinical Governance Committee meeting.
80.3	The Board noted the update.
81	Targets and Indicators Update
81.1	Ms Dena Marshall, Interim Chief Operating Officer said that GOSH continued to work on discharge summary completeness and clinic letter turnaround time.
81.2	Ms Marshall said that ICU had reached capacity in terms of open beds however there was additional physical space which had potential to be utilised in the event that a business cases were agreed with commissioners for opening additional beds.
81.3	Dr Peter Steer, Chief Executive said that it was vital for the Trust to agree a robust business and financial plan which would provide confidence to agree sustainable business cases and improve performance.
81.4	Ms Marshall emphasised the importance of increasing activity in the surgery division to get back to activity plan level.
81.5	The Board noted the update.
82	Workforce Metrics & Exception Reporting – June 2015
82.1	Mr Ali Mohammed, Director of HR and OD said that the Trust continued to focus on

	controlling vacancies and 128 posts had so far been refused.
82.2	Mr Mohammed said that GOSH's staff turnover was below that of other London trusts but should still receive focus in order to reduce the figure further. He added that approximately a third of band 5 nurses had been in post for less than two years which highlighted the need to look at turnover issues in these posts and work on areas such as staff accommodation.
82.3	Action: It was reported that work was required on safeguarding training for honorary contract holders and the Clinical Governance Committee would receive updates on this work.
82.4	Ms Mary MacLeod, Non-Executive Director said that the Clinical Governance Committee had discussed nursing turnover following work undertaken to look at the reasons nurses were leaving the Trust. Ms Juliette Greenwood, Chief Nurse said it was important to review this information and target the areas that the Trust was able to influence.
82.5	Mr Mohammed noted that the staff turnover at another nearby trust had a lower turnover rate and said that it would be important to understand how this had been achieved.
82.6	The Board noted the update.
83	Financial Performance 3 months to 30th June 2015
83.1	Mrs Claire Newton, Chief Finance Officer told the Board that the Trust had reported a £3.5million net deficit in the first quarter which was better than plan. She said that despite significant challenges, activity levels were close to plan, however a strong performance in some divisions had offset weaker performances by others.
83.2	Mrs Newton said that there had been some up-side in non-pay spend as capital expenditure had been lower than plan which was expected to reverse in future quarters.
83.3	Action: Mr Charles Tilley, Non-Executive Director noted that overall activity was remaining roughly static when compared to previous years however staff numbers continued to rise and queried the reason for this. It was agreed that the Chief Finance Officer would verify the staff data and would report back to the Board.
83.4	Mr Akhter Mateen, Non-Executive Director reiterated his view that labour costs should not be RAG rated green if they had increased on the previous year. Mrs Newton confirmed that RAG rating was based on performance against plan rather than comparison with previous years.
83.5	Mr David Lomas, Non-Executive Director emphasised the importance of narrowing the gap between activity and staffing levels.
83.6	Action: Dr Vinod Diwakar, Medical Director said that he would look into activity levels with the Interim Chief Operating Officer as the reduction in activity appeared significant.
83.7	The Board noted the update.

84	Patient experience Update including PALS annual report 2014/15 and 2015/16 Report
84.1	Ms Juliette Greenwood, Chief Nurse presented the update and said that future reports would encompass additional information. She added that the next report would provide an update on the results of the first CQC inpatient questionnaire.
84.2	Ms Greenwood said that the results of the Friends and Family Test had shown that although the response rate had been lower, a higher percentage of respondents were likely to recommend the Trust. The Board noted that patients and families who were receiving care in the Southwood building were less likely to recommend the Trust due to concerns around environment.
84.3	It was reported that there had been a significant increase in the response rate to the outpatient survey and an increase in overall satisfaction.
84.4	The Board welcomed the clear report and noted its contents.
85	Complaints Report Q1 2014/15
85.1	Dr Vinod Diwakar, Medical Director said that he was reviewing the way in which complaints were handled and the way complaints data could be better integrated with patient experience data.
85.2	The Board noted the update.
86	Annual Infection Prevention and Control Report – Executive Summary 2014/15
86.1	Dr John Hartley, Director of Infection Prevention and Control highlighted the significant work that was undertaken throughout the Trust to prevent and control infection.
86.2	Professor Rosalind Smyth, Non-Executive Director expressed some concern about the level of hospital acquired infection and queried the measures that would be put in place.
86.3	Dr Hartley said it was vital to reinforce the measures that were currently in place such as identifying potential issues at admission and environmental cleanliness alongside standard precautions such as hand hygiene.
86.4	The Board noted the update.
87	Safe Nurse Staffing Report – May and June 2015
87.1	Ms Juliette Greenwood, Chief Nurse confirmed that no areas had been identified as having unsafe shifts or concerns around safety. Ms Greenwood highlighted some concerns which had been raised about staffing as a result of the acuity of patients in ICU with a number of patients requiring two nurses for each patient. She stated that this was being looked in to and added that a large number of newly qualified nurses were due to join the Trust in September.
87.2	The Board noted the updates.

88	Nursing Skill Mix and Ward Nursing Establishments
88.1	Ms Greenwood said that the Trust was required to undertake an annual review of nursing establishments and added that there was a high degree of rigour around the process and this would be more transparent in future reports. Ms Greenwood said that following the approval of establishments, any amendments to these establishments would require approval by the Executive Team.
88.2	It was confirmed that current establishments had been agreed to be appropriate with the exception of Koala Ward where, in line with patient acuity and income, the division had requested an increase of four nurses.
88.3	Ms Greenwood said that GOSH still had a skill mix ratio which was heavily weighted towards qualified nurses and this would be reviewed alongside the principles of the nurse to HCA ratio.
88.4	Dr Peter Steer, Chief Executive welcomed the granularity of the report and noted that the Trust classified a large proportion of its beds as high dependency which would add to issues with funding.
88.5	Professor Rosalind Smyth, Non-Executive Director said that this was very relevant to issues such as SIs and suggested working with other children's hospitals to obtain benchmarking data.
88.6	The Board noted the update.
89	Health and safety Annual Report 2014/15
89.1	Mr Ali Mohammed, Director of HR and OD said that he was assured that good health and safety arrangements were in place at the Trust following the introduction of a number of systems and process in the last year. He added that there had been a significant increase in compliance with fire safety training and a recent visit from the London Fire Brigade had raised no issues.
89.2	Ms Mary MacLeod, Non-Executive Director queried whether an audit was required around fire safety as it posed a significant risk to the Trust.
89.3	Mr Mohammed said that internal assessments thus far had focussed on areas such as fire evacuation. He added that it was now important to look at overall impact on business continuity of a fire.
89.4	The Board noted the update.
90	Education Annual Report 2014-2015
90.1	Mr Mohammed presented the report and highlighted that the new appraisal system had received good feedback. He expressed disappointment that sufficient progress had not been made in medical education as a result of delays in the medical learning system.
90.2	Baroness Blackstone, Chairman noted that one of the priorities for 2016/17 was to increase the number of apprenticeships offered by the Trust. She is asked if there was a current view about where these would be and whether GOSH required building contractors to demonstrate that they were working with apprentices.

90.3	Mr Mohammed said that at GOSH all band 2 and 3 posts were required to be offered as apprentices and the Trust was recognised as doing excellent work in this area.
90.4	Mr Matthew Tulley, Director of Redevelopment said that there were a number of areas where compliance was required for contractors around the use of apprentices, using local companies and working with local schools for training.
90.5	Dr Vinod Diwakar, Medical Director stressed that it was vital to have a medical education strategy in place. He added that the Director of Medical Education post would become substantive and the Trust was continuing to work with Health Education North Central and East London (HENCEL) to appropriately rotate junior doctors.
90.6	The Board noted the update.
91	Quarter 1 Monitor Return (3 months to 30 June 2015)
91.1	Mrs Claire Newton, Chief Finance Officer confirmed that the return was consistent with the Annual Governance Statement.
91.2	The Board approved the Quarter 1 in year governance statement prior to submission to Monitor.
92	Clinical Governance Committee evaluation 2014/15
92.1	Dr Anna Ferrant, Company Secretary reported that the Clinical Governance Committee had reviewed the outcome of the evaluation and had approved the recommendations. It was noted that future evaluations would be conducted with different categories of attendees in rotation in response to advice from the Trust's internal auditors. Dr Ferrant reported that there would be a resulting change to the Committee's workplan, however the Terms of Reference would require no changes.
92.2	Action: It was agreed that the Clinical Audit report to the Clinical Governance Committee would be provided to the Trust Board alongside the Committee update twice per year as a number of Non-Executive Directors had requested a more explicit report of the work undertaken by the clinical audit team.
92.3	The Board noted the findings of the evaluation.
93	Revised Board of Directors' Terms of Reference
93.1	Dr Ferrant said that the Terms of Reference had been updated in order to align the language used with that of the well led review.
93.2	The Board approved the Terms of Reference.
94	Audit Committee update – May 2015 meeting
94.1	Mr Charles Tilley, Chair of the Audit Committee said that a Risk Management Meeting had taken place prior to the Board meeting with members of the Clinical Governance Committee and Audit Committee. It was reported that the meeting focussed on the overriding strategic risks to the organisation and addressed how

94.2	<p>these would be managed including implications for the Trust around change management. Mr Tilley said updates to the management of the Board Assurance Framework were also discussed.</p> <p>The Board noted the update.</p>
95	Clinical Governance Committee update – July 2015 meeting
95.1	Ms Mary MacLeod, Chair of the Clinical Governance Committee told the Board that the Committee had received a presentation on Social Work practice and noted the unique nature of the ‘in-house’ service funded by the Charity. The Committee also received updates on medical staffing out of hours and the gastroenterology review and sought assurance that the productivity and efficiency programme was not having an adverse impact on quality and safety.
96	Finance and Investment Committee Update – April and June 2015
96.1	Mr David Lomas, Chair of the Finance and Investment Committee presented the update. It was noted that the Committee had discussed the EPR outline business case and the IPP business case for the creation of 10 additional beds which were required prior to the opening of the Premier Inn Clinical Building.
96.2	The committee reviewed a detailed paper showing the finances of the Trust over a three year period and this included analysis of pay, non-pay and income as well as divisional information, cost pressures, WTE and productivity.
97	Members’ Council
97.1	Baroness Blackstone, Chairman presented the report and told the Board that the Council had received a presentation on the results of the 2014 Outpatient Experience Survey. Discussion had taken place around the cancellation of some NHS operations following the closure of Island Short Stay in order to increase capacity for IPP beds. The Council had sought assurance that plans were being put in place to mitigate the risk of further cancellations.
97.2	Baroness Blackstone confirmed that the Members’ Council had approved the re-appointment of Mr Charles Tilley and Mr David Lomas as Non-Executive Directors on the Board.
98	Any other business
98.1	A member of the public asked questions about the services provided at the Trust.