

**Minutes of the meeting of Trust Board held on
 30th January 2013**

Present

Baroness Tessa Blackstone	Chairman
Mr Jan Filochowski	Chief Executive
Mr David Lomas	Non-Executive Director
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr John Ripley	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Ms Fiona Dalton	Chief Operating Officer
Dr Barbara Buckley	Co-Medical Director
Professor Martin Elliott	Co-Medical Director
Mrs Liz Morgan	Chief Nurse and Director of Education
Mrs Claire Newton	Chief Finance Officer
Mr Ali Mohammed	Interim Director of Human Resources

In attendance

Professor David Goldblatt*	Director of Clinical Research and Development
Emma Pendleton*	Deputy Director of Research and Innovation
Dr Anna Ferrant*	Company Secretary
Mr Tehmoor Khan	Executive Assistant (Minutes)
Mr Matthew Tulley	Director of Redevelopment

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

626 Apologies for absence

626.1 No apologies were received.

627 Declarations of interest

627.1 No declarations of interest were received.

628 Minutes of the meeting held on 28th November 2012

628.1 The minutes were **approved** with no amendments.

629 Matters arising and action checklist

629.1 Minute 599.12 – Ms Dalton provided an update. The Board was informed that almost all deaths had occurred in areas where international benchmarking data was available which showed that the Trust was not an outlier. The Trust had purchased the Dr Foster system to help monitor against other Trusts and understand the risk of death against actual death.

629.2 Professor Elliott said that a review is being conducted of all deaths and how these have been coded. Ms Mary MacLeod, Non-Executive Director asked whether the review would look at how children had died. Professor Elliott

confirmed that it would.

629.3 Minute 606.4 – Dr Buckley provided an update on the success of other hospitals achieving the 5 day target ranging from 53% to 80% (Chelsea and Westminster) with some Trusts' not monitoring this as a Key Performance Indicator (KPI).

629.4 **Action:** It was **agreed** that members of the team visit Chelsea & Westminster NHS Foundation Trust to understand how they achieve the 5 day target.

630 Chief Executive Report

630.1 Mr Jan Filochowski, Chief Executive presented the report.

630.2 He welcomed Mr Ali Mohammed to the Board who had joined as an Interim Director of Human Resources. Interviews for a permanent position were provisionally scheduled for 15th March 2013.

630.3 The Chief Operating Officer post had been advertised and interviews were scheduled for 1st March 2013.

630.4 The Francis Report was due to be published on 6th February 2013. It was expected that the report's recommendations would have a major impact on NHS services.

630.5 The National Institute of Health Research (NIHR) had visited the Biomedical Research Centre (BRC) on 23rd January 2013. The Board was informed that this was a very successful visit. The Trust was jointly committed with the Institute of Child Health (ICH) to develop the research centre in the next few years.

630.6 Phase 2B enabling works had commenced on 28th January, with the closure and repositioning of the main entrance. The final decision on appointment of the architects for phase 3A (redevelopment of the Computer Centre) was awaited

630.7 A meeting had been scheduled for 1st February with Monitor, the regulator, to meet the new Compliance team.

631 Research Strategy and KPIs

631.1 Professor Goldblatt gave a presentation on the Trust Research Strategy and three Key Performance Indicators.

631.2 Research income was forecast at £14.48m. Professor Goldblatt informed the Board that it had been a difficult period for research funding and highlighted the importance of meeting targets to avoid suspension of payments due under the payment schedule.

631.3 Work was underway to ensure patients are quickly recruited into UKCRN Portfolio Studies.

631.4 Mr David Lomas, Non-Executive Director asked what the distinction was between GOSH and ICH and what the Trust's success target was for the next

three years. Professor Goldblatt stated that there was no specific distinction and that the target was to ensure research for patient benefit, that new projects are initiated and patients recruited into trials.

- 631.5 Mr Charles Tilley, Non-Executive Director asked what the main risks were to delivering against the strategy. Professor Goldblatt said the challenge was showing the added value in investing in the Biomedical Research Centre, keeping the best staff at GOSH and ICH and recruiting patients to trials.
- 631.6 Mr Tilley stated that key performance indicators should measure things that are critical to the Trust. Professor Goldblatt stated that a set of KPIs on links with other biomedical centres, industry funding, developing national contribution and training were closely monitored.
- 631.7 Professor Elliott highlighted the risk of key academics leaving the UK to work in other major research centres. Professor Smyth highlighted the partnership between UCL/ICH/GOSH and how fundamental it is to attracting the right staff.
- 631.8 Mr Ripley asked what the drivers of the strategy were for increasing income-streams. Professor Goldblatt said it was about identifying where GOSH emerges as an international competitor and building on these areas. These were around finding new genes, therapy, and stem cell research.
- 631.9 Ms Mary MacLeod asked where the records of citations by GOSH/ICH staff were recorded. Professor Goldblatt said a register of citations is published in PUDMED.
- 631.10 Ms Mary MacLeod asked what research is being conducted by Nursing and Allied Health Professionals. Professor Goldblatt said nurses were involved in research but there was a need to recruit more leads and an academic strategy for nurses was under development. Patient and carer groups were also involved in service redesign. Mrs Liz Morgan, Chief Nurse and Director of Education advised the Board that the Trust supported a number of nursing staff completing a Masters or PhD. This study was supported by the London South Bank University.
- 631.11 Professor Smyth informed the Board that she was working with Mr Filochowski and Professor Goldblatt to develop an academic strategy.
- 631.12 **Action:** Ms Yvonne Brown, Non-Executive Director asked whether it would be helpful for a summary of the work conducted by the Biomedical Research Centre to be presented at the Clinical Governance Committee. Professor Goldblatt agreed, stating that the annual report could be submitted to the committee.
- 631.13 Baroness Blackstone felt there was no clear conception of research strengths, what areas the Trust were lagging behind and the reasons for this, and how the Trust compares against other organisations. Professor Goldblatt accepted this and agreed to include an overview of this in his next report
- 631.14 The Board noted the content of the presentation.

632 Quality Strategy

- 632.1 Professor Elliott presented the revised strategy.
- 632.2 Ms Mary MacLeod, Non-Executive Director commented that the strategy was more readable and succinct.
- 632.3 **Action:** It was agreed that the wording of the standards should be tighter and demonstrate 'stretch' in achievement of targets, including the word 'to improve' under standard 9.
- 632.4 **Action:** the Board agreed that reference should be made in the document to CQUINs and quality measures applied by commissioners
- 632.5 The Board agreed that work should be conducted to help staff understand the Trust vision and corporate strategies so that this can be articulated at an operational level. Mr Filochowski stated that he was reviewing all strategies to develop an overarching strategy for the Trust.
- 632.6 The Board **approved** the strategy, subject to the amendments.

633 Performance Report

- 633.1 Mr Jan Filochowski presented the reports and informed the Board that performance overall had been broadly reasonable.

Targets and indicators including workstreams.

- 633.2 Ms Fiona Dalton, Chief Operating Officer highlighted the lack of progress with sending discharge summaries within 24 hours. It was noted that a significant shift would be made with the implementation of the new Electronic Document and Records Management System (EDMRS) NOVO.
- 633.3 Baroness Blackstone, Chairman queried why some GP practices would not accept e-mails and how this could be addressed. Mr Filochowski said the problem arose because most GP practices purchased their own IT systems, and these did not link up.
- 633.4 **Action:** Mr Tilley, Non-Executive Director queried whether KPIs could be produced for monies raised by the GOSH Children's Charity. Mr Filochowski agreed to speak to Ms Newton and Mr Tim Johnson (Chief Executive, GOSH Children's Charity).

Cash Releasing Efficiency Savings (CRES) Report

- 633.5 The report was taken as read and noted.

Finance and activity

- 633.6 The report was taken as read. Ms Claire Newton, Chief Finance Officer informed the Board that a significant debt had been repaid by a private international customer.

Quality and Safety Report

- 633.7 Ms Yvonne Brown raised concerns about the increase in CVL infections on some wards. Professor Elliott, Co-Medical Director stated that this increase was not statistically significant.
- 633.8 Mr David Lomas, Non-Executive Director noted the shortage of critical care nurses and asked for more information about how this was being monitored. Mr Filochowski stated that he was considering development of a workforce report. A fast-action working group had established to review processes in ITU including recruitment.
- 633.9 Mrs Liz Morgan stated that she was looking at an extensive range of local, national and international strategies to identify issues around recruitment, retention and incentives so as to make GOSH an attractive place to work. Capturing people with the right set of skills was proving to be a challenge.
- 633.10 **Action:** It was agreed that a progress report on recruitment of critical care nurses would be brought back to the Trust Board in March 2013.
- 633.11 The Board **noted** the report.

637 Quarter 3 Monitor Return

- 637.1 Mrs Claire Newton presented the Monitor return for approval. The Board noted that the Trust was reporting a financial risk rating of 4 and a governance risk rating of green for quarter 3, 2012/13.
- 637.2 The Board **approved** the return to Monitor.

638 Assurance Framework Summary

- 638.1 Ms Fiona Dalton presented the report, highlighting that of the 23 risks on the framework, three risks were rated as amber assurance in relation to the effectiveness of the controls in place to manage the risks. A summary was provided of each of these risks.
- 638.2 The Board **noted** the report.

629 Redevelopment Report

- 639.1 Mr Tulley highlighted progress of Phase 2b. A review of procurement options recommended that 2b followed the Competitive Dialogue route. Market soundings are to be taken to determine if this route is appropriate. It was noted that Accounting Officer authorisation (or his nominated person) will be required to follow this route. The procurement timetable currently envisages issuing the OJEU notice week commencing 25th February.
- 639.2 Baroness Blackstone sought clarification about the plan for Phase 2B and in particular who was carrying out the work and how the Trust is extracting value for money. Mr Filochowski and Mr Tulley agreed to meet to review the plan.
- 639.3 Baroness Blackstone queried the Safe and Sustainable Cardiac Review timeline. Professor Elliott said a judicial review decision was pending. The

independent reconfiguration panel's assessment report to the Secretary of State had been delayed until March 2013. The Secretary of State was expected to make a decision in April/May 2013.

639.4 The Board **noted** the report.

640 Patient Experience Report including IPSOS MORI Survey Results – Outpatients

640.1 Mrs Liz Morgan presented the report, highlighting the IPSOS MORI results which showed a very high satisfaction with the outpatient service.

640.2 Mr Lomas queried the availability of appointment slots and whether this was down to demand exceeding capacity. Ms Fiona Dalton said this was an issue with staffing constraints and change in expectations, with families making last minute requests.

640.3 **Action:** Baroness Blackstone queried whether patient's views were sought on schooling. Mrs Liz Morgan said the school has conducted surveys and that she would follow this up with Jayne Franklin, Head Teacher of the Children's School.

640.4 **Action:** Baroness Blackstone visited the Children's School on 25th January and was informed that some teachers had not been able to visit some wards before a particular time and in some cases had been turned away. Mrs Liz Morgan agreed to look into this

640.5 **Action:** Mr Lomas asked whether it might be helpful to review commissioning bodies' perceptions of customer service of the Trust to get an independent view. It was agreed this would be explored.

640.6 Mrs Morgan reported that the Young Members' Forum planned for February 2013 will create a work plan for 2013/14 and discuss the results of the recent 36 ward assessments against the You're Welcome Criteria standards for young people.

640.7 The Board **noted** the report.

641 Update on the Care Quality Commission Quality & Risk Profile – November 2012

641.1 Dr Anna Ferrant, Company Secretary presented the latest results from the CQC's Quality and Risk Profile.

641.2 The Board **noted** the update.

642 Consultant Appointments

642.1 The Board **approved** the following consultant appointments:

- Dr Owen Arthurs – Radiology
- Dr Craig Gibson – Interventional Radiology

643 Audit Committee

643.1 Mr Charles Tilley, Audit Committee Chair presented an update from the meeting in January 2013, highlighting that the Trust was in the process of going out to tender for Internal Audit and Counter Fraud services.

643.2

643.3 The Board **noted** the update.

644 Clinical Governance Committee

644.1 Ms Mary MacLeod gave a verbal update on the work of the committee at its January 2013 meeting. The committee had reviewed the quality and safety impact of specific CRES schemes and highlighted the impact on the timeliness of test results following implementation of an efficiency plan in the genetic testing department. Actions were being taken to improve the processes in place.

644.2 The committee had heard how a Play Therapist had been removed from a ward. The committee had noted the impact of this given the significant role of a therapist in providing psychological input and support for children at pre-admission.

644.3 Concerns were noted about the number of inspections conducted in the hospital in one month and the amount of staff time involved.

644.4 The Board **noted** the update.

645 Finance and Investment Committee

645.1 Mr David Lomas presented an update.

645.2 The Board **noted** the update.

646 Management Board Minutes

646.1 Following a review of the governance arrangements, Management Board had been replaced by a weekly meeting of the Overall Management Group, involving a subset of the Management Board members (Executives and Clinical Unit Chairs). The Overall Management Group reported directly to the Chief Executive (who also chaired the group). Any issues of relevance would be escalated to the Board.

646.2 The Board **noted** the final minutes from the November and December 2012 meetings of the Management Board.

647 Any Other Business

647.1 **Action:** The Board **agreed** to move the Annual General Meeting from September 2013 to July 2013 in order to present the annual accounts earlier in the year.

647.2 Ms Mary MacLeod informed the Board of a Clinical Ethics Symposium to be held on Thursday 25th April 2013. It was planned that the symposium would explore the dilemmas for clinicians, children and families arising from the

opportunities offered by new technologies pre, postnatal and as children grow. Speakers included Professor Lord Winston.

648 Next Meeting

648.1 It was noted that the next Trust Board meeting will be held on 27th March 2013 in the Charles West Room.