

**Minutes of the meeting of Trust Board on  
Wednesday 27<sup>th</sup> November 2013**

**Present**

Baroness Tessa Blackstone	Chairman
Mr Jan Filochowski	Chief Executive
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Mr John Ripley	Non-Executive Director
Mr David Lomas	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Prof Rosalind Smyth	Non-Executive Director
Dr Barbara Buckley	Co-Medical Director
Mr Robert Burns	Director of Planning and Information
Professor Martin Elliott	Co-Medical Director
Mrs Liz Morgan	Chief Nurse and Families' Champion
Mrs Claire Newton	Chief Finance Officer
Mr Ali Mohammed	Director of Human Resources and OD

**In attendance**

Mr Robert Burns	Director of Planning and Information
Mr Matthew Tulley	Director of Redevelopment
Dr John Hartley	Director of Infection Prevention and Control
Dr Lesley Rees	Clinical Lead and Consultant, Nephrology
Mr Nick Towndrow	Service Manager, Adolescent Medicine, Endocrinology, Metabolic Medicine, Nephrology
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Jenny Gimple	Senior Press Officer
Two members of the public	

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

<b>120</b>	<b>Apologies for absence</b>
120.1	Apologies for absence were received from Ms Rachel Williams, Chief Operating Officer
<b>121</b>	<b>Declarations of interest</b>
121.1	No declarations of interest were received.
<b>122</b>	<b>Minutes of previous meetings</b>
122.1	The minutes from the meeting of 25 <sup>th</sup> September 2013 we <b>approved</b> with no amendments.
<b>123</b>	<b>Matters arising / action checklist</b>

123.1	Mrs Mary MacLeod, Non-Executive Director reported that she had visited Boston Children's Hospital to look at the management of Clinical Ethics and Clinical Governance.
<b>124</b>	<b>Chief Executive's Report</b>
124.1	Baroness Blackstone, Chairman noted that it would be the Chief Executive's last meeting and thanked him for his contribution to the Trust.
124.2	Mr Jan Filochowski, Chief Executive reported that the Trust had won the Health Service Journal national patient safety award and that in addition, three of the top 50 innovators identified in the NHS were from GOSH. It was reported that the Trust had hosted the launch of the national Rare Diseases Strategy and the London Living Wage announcement. Mr Filochowski added that a CQC themed inspection had taken place at the Trust which focused on transition to adult care and a national report would be produced in early 2014.
124.3	Mr Filochowski told the Board that the elective chest wall service was being temporarily suspended following concerns raised within the Trust. He confirmed that the Trust had commissioned an independent review which would begin early in the New Year.
124.4	It was reported that the Trust had been asked by the Information Commissioner to sign an undertaking to improve information governance processes following four incidents of letters containing personal information being sent to incorrect addresses. Mr Filochowski stressed that he was satisfied that procedures were being put in place to minimise the risk of this happening again.
124.5	Mr David Lomas, Non-Executive Director queried whether the staff vacancies on Intensive Care Unit had been filled. Mrs Liz Morgan, Chief Nurse and Families' Champion said that recruitment had taken place however vacancies did still exist. It was stressed that if there were insufficient staff numbers the beds would not be opened.
<b>125</b>	<b>Matters arising</b>
125.1	<u>Update on Outpatient 'Do Not Attends' (DNAs) and Clinic Cancellations</u>
125.2	Mr Robert Burns, Director of Planning and Information said that the levels of DNAs in the Trusts compared favourably against those of other paediatric and major hospitals.
125.3	The Board agreed that DNAs were an inefficient use of resources but noted that re-referring this group of patients was not always appropriate as they were an at risk group and needed to be followed up. The Chairman emphasised that this issue was vital to both achieving efficiency and fulfilling 'The Child First and Always.
125.4	<u>Clinic cancellations</u>
125.5	Mr Burns told the Board that the overall level of clinic cancellations was 11%. He confirmed that problem areas would be tackled.
125.6	<b>Action:</b> It was agreed that this item would be revisited at a future meeting (March 2014).

125.7	The Board <b>noted</b> the update.
<b>126</b>	<b>Clinical Presentation - Nephrology</b>
126.1	Dr Lesley Rees, Clinical Lead and Consultant in Nephrology and Mr Nick Towndrow, Service Manager gave a presentation covering the following areas of the service: <ul style="list-style-type: none"> <li>· Overview of the team</li> <li>· Clinical outcomes and benchmarking</li> <li>· Risks</li> <li>· Patient experience</li> <li>· Finances</li> <li>· Growth</li> </ul>
126.2	It was noted that the service made a negative financial contribution to the Trust despite being an essential clinical service which scored highly in terms of child health and wellbeing and was well recognised nationally and internationally.
126.3	It was reported that the service offered a large number of daily consults to other areas of the hospital, as many children with complex illness suffered kidney problems.
126.4	The Board <b>noted</b> the presentation.
<b>127</b>	<b>Update on action plan for extended working</b>
127.1	Mr Robert Burns reported that the action plan had been developed based on discussions which took place at the October senior staff meeting. He said that senior staff were engaged with the action plan and a proactive communications strategy would be developed to support engagement.
127.2	<b>Action:</b> It was agreed that the next update should provide information about the potential additional activity and the clinical and financial benefits which would arise from extended working.
127.3	<b>Action:</b> Mr Charles Tilley, Non-Executive Director said that many companies had found that proactively working with customers had led to a reduction in their cost base. It was agreed that this would be discussed further outside the meeting.
127.4	The Board <b>noted</b> the update.
<b>128</b>	<b>Annual Plan mid-year review</b>
128.1	Mr Robert Burns, Director of Planning and Information presented the report focusing on the series of five 'must do' areas which had been identified as measures to ensure the key elements of the Annual Plan were being met.
128.2	Mr Burns reported that good progress was being made especially in terms of the expansion of the Intensive Care Unit where beds were being opened. He added that activity was significantly higher than at the same point last year with a workforce of approximately the same size.

128.3	<b>Action:</b> It was noted that the IT strategy would be discussed at the Trust Board meeting in January 2014.
128.4	The Board <b>noted</b> the update.
<b>129</b>	<b>Audit Committee update – October 2013</b>
129.1	Mr Charles Tilley, Non-Executive Director and Chairman of the Audit Committee reported that the Trust had appointed new internal auditors from KPMG. He told the Board that the Trust would be going out to tender for external audit services in the new year.
129.2	The Board <b>noted</b> the update.
<b>130</b>	<b>Performance report</b>
130.1	<u>Quality and Safety</u>
130.2	Professor Martin Elliott told the Board that there had been a rise in CVL infections in the Infection, Cancer and Immunity Division and in ICU. Professor Elliott confirmed that this was associated with high activity, complex patients and a drop in compliance with the care bundles. A practice educator had been appointed in ICI to improve the quality of training. It was stressed that infection rates overall were at the low end of national figures.
130.3	<u>Finance</u>
130.4	Mrs Claire Newton, Chief Finance Officer reported that her three key concerns were rising agency costs, levels of IPP debt and CRES pressures.
130.5	The Board discussed the challenge of recruiting nurses. It was noted that there was a limited pool of paediatric nurses to recruit from and that the Trust was looking for a high level of expertise.
130.6	The Board <b>noted</b> the updates.
<b>131</b>	<b>Bed Management</b>
131.1	Mr Robert Burns reported that by targeting staff recruitment in particular areas and a change in recruitment processes had led to a lower number of closed beds. He added that there had been a lack of medical engagement and the Bed Management Forum was looking at how engagement could be increased.
131.2	<b>Action:</b> It was agreed that a paper would be presented at the January Clinical Governance Committee meeting which would look at where Health Care Assistants could be used instead of nurses.
131.3	<b>Action:</b> It was agreed that consideration would be given to whether closed beds could be measured in terms of value across the hospital.
131.4	Dr Barbara Buckley, Co-Medical Director reported that a lot of improvement would be gained by teams working more efficiently for example ward rounds taking place earlier in the day to allow earlier discharge of patients. She added that the 'consultant of the week' approach would lead to a group of individuals who could be

	used to work collaboratively and share beds.
131.5	Mr Ali Mohammed, Director of Human Resources and OD reported that, unusually, a quarter of the Trust's staff turnover was a result of renewal of fixed term contracts. He added that he would look at extending notice periods in order to reduce risk and reduce reliance on agency staff.
131.6	The Board <b>noted</b> the update.
<b>132</b>	<b>Performance Report continued</b>
132.1	<u>Targets</u>
132.2	Mr Robert Burns said that there had been a marginal improvement in discharge summary performance which was now being monitored weekly with people held to account. He added that focused work was taking place in Rheumatology.
132.3	<u>Patient Experience</u>
132.4	It was reported that work was on-going to develop a shared commitment and to address the issues that arose from the Listening Event in June 2013.
132.5	The Board <b>noted</b> the updates.
<b>133</b>	<b>Infection prevention and control update</b>
133.1	Dr John Hartley, Director of Infection Prevention and Control confirmed that the Trust had reported no cases of MRSA and that the incidence of CVL had reduced almost to target. He confirmed that a high level of training was taking place in the Trust but that recording of it was variable without an electronic record.
133.2	The Board <b>noted</b> the update.
<b>134</b>	<b>Proposed changes to the Trust's CRES delivery processes</b>
134.1	Mrs Claire Newton reported that proposed changes to the CRES process were the result of an independent review. She confirmed that meetings had taken place with Divisional General Managers in order to identify themes which could be implemented across the Trust.
134.2	The Board <b>approved</b> the proposed changes.
<b>135</b>	<b>Timetable for Trust Board evaluation</b>
135.1	Dr Anna Ferrant, Company Secretary said that the next Trust Board evaluation would involve an independent evaluation. She recommended that this should be delayed in order for a substantive Chief Executive to be appointed.
135.2	<b>Action:</b> The Board <b>agreed</b> that an internal questionnaire would be completed in the interim period and the external evaluation would be delayed until the appointment of a substantive Chief Executive.

<b>136</b>	<b>Register of Seals</b>
136.1	The Board <b>endorsed</b> the use of the Seal.
<b>137</b>	<b>Medical revalidation and appraisal update</b>
137.1	Dr Barbara Buckley, Co-Medical Director reported that the Trust had reached 75% revalidation rate. She stressed that completing these tasks was a doctor's professional responsibility and the Trust was ensuring that clinical excellence awards would not be considered and private practice privileges revoked if recipients were not up to date with appraisals.
137.2	The Board <b>noted</b> the update.
<b>138</b>	<b>Clinical Governance Committee update – November 2013</b>
138.1	Mrs Mary MacLeod, Non-Executive Director and Chairman of the Clinical Governance Committee reported that she had met with KPMG and was assured that agreement had been reached about working together on clinical governance matters.
138.2	The Board <b>noted</b> the update.
<b>139</b>	<b>Finance and Investment Committee – November 2013</b>
139.1	The Board <b>noted</b> the update.
<b>140</b>	<b>Members' Council</b>
140.1	Baroness Blackstone told the Board that the Council had been advised of the decision of the Chief Executive to retire and that an extraordinary meeting of the Members' Council would be arranged to approve the appointment of an Interim Chief Executive.
140.2	The Board <b>noted</b> the update.
<b>141</b>	<b>Any other business</b>
141.1	There were no items of any other business.
<b>142</b>	<b>Next meeting</b>
142.1	It was noted that the next Trust Board meeting would take place on Tuesday, 28 <sup>th</sup> January 2014.