

**FINAL Minutes of the meeting of Trust Board held on  
24<sup>th</sup> April 2013**

**Present**

Baroness Tessa Blackstone	Chairman
Mr Jan Filochowski	Chief Executive
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Mr David Lomas	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr John Ripley	Non-Executive Director
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	Director of Human Resources and OD

**In attendance**

Dr Anna Ferrant	Company Secretary
Mr Trevor Clarke*	Director of International Patients
Mr Matthew Tulley	Director of Redevelopment
Ms Carla Hobart	Acting Deputy Chief Operating Officer
Ms Judith Cope*	Chief Pharmacist
Mr John Hartley*	Director of Infection, Prevention and Control
Ms Lesley Miles*	Director of Communications
Mrs Chucks Golding	Interim Trust Board Administrator (Minutes)

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

<b>1.</b>	<b>Apologies for absence</b>
1.1	Apologies were received from by Mr Charles Tilley, Non-Executive Director; Professor Rosalind Smyth, Non-Executive Director and Mr Robert Burns, Acting Chief Operating Officer.
<b>2.</b>	<b>Declarations of interest</b>
2.1	No declarations of interest were received.
<b>3.</b>	<b>Minutes of the meeting held on 27<sup>th</sup> March 2013</b>
3.1	The minutes were approved as an accurate record of the meeting.
<b>4.</b>	<b>Matters arising and action checklist</b>
4.1	Minute 682.3 – The Chairman noted the action and highlighted that it would be discussed later in the meeting under agenda Item 8.

<b>5.</b>	<b>Chief Executive Report</b>
5.1	Mr Jan Filochowski, Chief Executive stated that there were significant difficulties with the ICT service provision for the hospital over the last few days, however the situation had been resolved.
5.2	Mr Filochowski referred to the commencement (from 1 <sup>st</sup> April 2013) of the new NHS commissioning structure. The first meeting with Dr Anne Rainsberry, Regional Director (London) of NHS England had been productive and she had explained the ways of working and the arrangements for GOSH.
5.3	Mr Filochowski stated that the review of Board governance and performance management is underway. He provided an update on the Wayfinding project. Mrs Liz Morgan, Chief Nurse and Director of Education highlighted that this issue was being discussed at the Members' Council which had noted the problems some parents were having finding their way around the hospital. Mr Filochowski said a small group was looking at how improvements can be made. Mrs Morgan stated that volunteers are now more focused in assisting the public to find their way during this period of refurbishment. Mr Filochowski was grateful for the input received from the Members' Council.
5.4	Mr Filochowski informed the Board that two events had been held since the last meeting. A British Medical Association (BMA) "Science in Improvement" conference and an Institute for Healthcare Improvement (IHI) forum on "Quality & Safety in Healthcare - Experience Day" at GOSH on 16 <sup>th</sup> April 2013. Mr Jeremy Hunt, Secretary of State for Health spoke at the BMA conference which was attended by both national and international delegates, where he highly commended the work performed by GOSH.
5.5	The Board noted the verbal report.
<b>6.</b>	<b>Clinical Speciality Presentation – Pharmacy</b>
6.1	Ms Judith Cope, Chief Pharmacist, presented the report. Ms Cope highlighted the challenges of prescribing and preparing medicines for children. Ms Cope confirmed that it is critical for communication between local hospitals and GPs and with patients and families to be made clear and simple.
6.2	Ms Cope informed the Board that the Trust spends about £35million on medicines a year and 60% of these medicines are provided via a homecare service. The service prevented children from having to travel to GOSH. About £20 million of these medicines are accounted for as pass through in the accounts.
6.3	Professor Martin Elliott, Co-Medical Director, asked if there was any financial benefit for GOSH in the preparation of these medicines, even if it is minimal. Mrs Newton confirmed that there was no financial gain for GOSH in the preparation of these expensive medicines. Mr Filochowski asked if GOSH produced TPN for use externally to the hospital. Ms Cope stated that GOSH did not due to the fact that the Trust has a high demand for inpatients requiring TPN . A business case was being written to develop a model for production of drugs at GOSH in partnership with other Trusts.
6.4	Ms Cope highlighted GOSH's partnership with the School of Pharmacy and the initiative to have a pharmacist on site 24/7. The ward based pharmacist model in

6.5	ICI has been very successful and received continued support through a Charity grant. Professor Elliott stated that this scheme had greatly reduced errors in prescribing.
6.5	Ms Cope informed the Board that technology contributed to the safe use of medicine including the introduction of a robot in pharmacy. Intelligent storage and security had also been introduced and plans were being considered to establish a pharmacy in the main entrance, run by a commercial partner.
6.6	The Ipsos MORI survey had raised concerns about the waiting time for the outpatient pharmacy service. The pharmacy department was working with Safari ward on a pilot scheme to determine the drugs required before the child visits the hospital.
6.7	Mr David Lomas, Non- Executive, stated that after the visit to the pharmacy he felt that the area was quite challenging to work in. He asked if the use of technology would ease the working conditions. Mrs Newton highlighted that investment in technology support in pharmacy is to be implemented in June 2013.
6.8	The Board noted the report.
<b>7.</b>	<b>Annual Plan 2013/14</b>
7.1	Ms Carla Hobart, Acting Chief Operating Officer, presented the report confirming that the changes from the last meeting had been implemented and had been shared with the clinical divisions.
7.2	Mr John Ripley, Non-Executive Director, congratulated the Executive Team on the revisions to the report.
7.3	<b>Action:</b> Ms Brown observed that there was limited reference to the role of the GOSH Charity in the plan. Ms Hobart stated that the criteria from Monitor did not require the Charity to be mentioned. Dr Buckley and Mr Ripley noted the guidance that was set by Monitor however encouraged reference to be made about the Charity in the plan.
7.4	The Board agreed the plan.
<b>8.</b>	<b>Performance Reports</b>
8.1	Mr Filochowski informed the Board that the targets and indicators including CRES and finance and activity were satisfactory.  <b>Targets and indicators, including CRES</b>
8.2	The Trust had achieved over 99% of the CQUIN targets.
8.3	<b>Action:</b> The Board noted that the number of clinically appropriate patients refused treatment at GOSH was no longer reported and asked for this to be back in the report.  <b>Finance and Activity</b>
8.4	Mrs Newton reported that the Trust exceeded its income plan due to the growth in

	<p>International Private Patients. There had also been a consequential increase in costs. There had been some accelerated depreciation because phase 2B was underway. The Trust had a high cash balance.</p>
8.5	<p>The Trust had delivered £12.4 million of CRES against a target of £13.1 million.</p>
	<p><b><u>Quality and Safety</u></b></p>
8.6	<p>Professor Elliott reported on quality and safety noting that there were 12 serious incidents that were open; pressure sores had reduced and the number of serious complaints had dramatically reduced. The Ombudsman's complaints criteria had been widened which would mean that there would be an overall increase in the complaints investigated by the Ombudsman. Forty three out of forty five specialities have identified outcomes to be measured. The remaining specialties are diagnostic specialties for which appropriate outcome measures are being reviewed.</p>
	<p><b><u>Infection, Prevention and Control</u></b></p>
8.7	<p>Mr John Hartley, Director of Infection, Prevention and Control presented the report. He stated that the Trust was re-launching the Central Venous Line (CVL) and Peripheral Line care bundles. There had been 108 CVL infections in last financial year. There had been a reduction across the Trust with the exception of ICI. It was believed that this was a reflection of the intensity of treatment that the children on</p>
8.8	<p>ICI are receiving.</p> <p>The Trust had failed its annual MRSA target by one case, for which a source of infection could not be found.</p>
8.9	<p>Mr Hartley stated that there had been a drop in cleaning standards and Mitie had bought in its own transformation team to improve this.</p>
8.10	<p>Mr Hartley emphasised that the standard infection control isolation practice can hamper a patient's care due to the lack of space and so the estates team were reviewing how space could be better used to support this.</p> <p>Mr Hartley stated that he was working with the Education Team to develop improved information systems to be able to know how many staff have been trained in infection control.</p>
8.11	<p><b><u>Action:</u></b> The Board asked that information on hand washing be included in the indicator report to the Board.</p>
	<p><b><u>Patient Experience</u></b></p>
8.12	<p>Mrs Morgan reported on patient experience and informed the Board that the Ipsos Mori Survey results would be presented to the Board in May 2013. The staff working on the Rainforest and Kingfisher wards had been given 6 weeks' notice period and would be informed about their allocation to the separate wards.</p>
8.13	<p>Mrs Morgan highlighted the Listening Event to develop a universal GOSH 'promise' which is due to take place on June 2013.</p>
8.14	<p>Mr Filochowski updated the Board on the refurbishment of the radiology offices. The Board was interested in this transformation which is being well received by staff and has encouraged improvements in their service delivery.</p>

8.15	<b>Action:</b> The Board asked Mr Filochowski to report departmental refurbishment completions when they occurred and for the NEDs to visit these areas. Mr Tulley would be asked to organise these visits.
8.16	Ms Mary MacLeod, Non-Executive Director stated that an internal audit into patient experience had given significant assurance of the controls in place to capture patient views and recommended the need for the patient voice to come to the Board. The Clinical Governance Committee was looking at this matter.
8.17	The Board noted the report.
<b>9.</b>	<b>Initial impact report on the Morgan Stanley Clinical Building</b>
9.1	Ms Lesley Miles, Director of Communications presented the report which showed that the objectives of the design and build of the new building had been met around increased activity and enhanced environment. Further work was required to ensure that care pathways operated effectively and that greater visibility of staff was enabled.
9.2	It was expected that more day case space would be required if the Trust was looking to be more efficient and not have children staying overnight in the hospital but in hotel accommodation. Professor Elliott informed the Board that patients were pleased with the space that the refurbishment had provided and they enjoyed the peace and quiet.
9.3	Baroness Blackstone, Chairman asked if extra bed space was being considered, Mr Filochowski stated that this was constantly under review.
9.4	<b>Action:</b> The Board asked for an update, when available, on the impact of the space and facilities provided for in the Lagoon.
9.5	The Board noted the report.
<b>10.</b>	<b>Changes to the Constitution</b>
10.1	Dr Anna Ferrant, Company Secretary, presented the report. Dr Ferrant informed the Board that the Constitution Working Group had met on 16 <sup>th</sup> April 2013 and had agreed with the proposed definition of a significant transaction but suggested that the Trust should also inform the Council of any other transactions over 10% (noting that the Council approval was not required at this level).
10.2	Dr Ferrant informed the Board that Mr Alastair Whittington would join the Council from NHS England.
10.3	The Board approved the proposed changes to the Constitution.
<b>11.</b>	<b>Quality Governance Framework self-assessment</b>
11.1	Mrs Claire Newton presented the report. Mrs Newton stated that the Trust has undertaken a full self- assessment of its position against Monitor's Quality Governance Framework (QGF). The majority of the criteria were rated Green. The Board noted the report.

<b>12.</b>	<b>Registers - Conflicts of Interest and Gifts and Hospitality</b>
12.1	Dr Ferrant presented the registers of interest and gifts and hospitality for staff and directors.
12.2	<b>Action:</b> Mr Lomas asked if GOSH is subsidising private patients as they utilise the service of GOSH employed consultants. Mrs Newton agreed to report back to the Board on this matter.
12.3	Professor Elliott made the observation that the register did not appear to have been fully completed by all staff. Dr Ferrant confirmed that staff were reminded to self-report any declarations of interest or receipt of gifts on a number of occasions. Dr Buckley agreed that more information should be required from clinicians undertaking private work.
12.4	<b>Action:</b> Dr Ferrant was asked to look at the possibility of asking all senior clinical staff to complete a nil return.
12.5	The Board noted the entries in the Register.
<b>13.</b>	<b>Register of Seals</b>
13.1	Dr Ferrant presented the report.
13.2	The Board endorsed the application of the Common Seal and executive signatures.
<b>14.</b>	<b>Committee reports</b>
14.1	<u>Audit Committee – 17<sup>th</sup> April 2013</u> Mr Ripley presented a verbal summary and highlighted that the external auditor's contract was coming to an end and a tender would need to be prepared. The committee proposed that in light of the recent tender for the appointment of the internal auditor, the external auditor tender should be conducted later this year. The Board was advised the Head of Internal Audit Opinion had given significant assurance of the controls in place at the Trust to manage risks.
14.2	<u>Clinical Governance Committee – 10<sup>th</sup> April 2013</u> Mrs MacLeod presented a verbal summary and highlighted that actions were being followed through. The issues about cleaning were being taken forward.
14.3	<u>Finance and Investment Committee – 20<sup>th</sup> March 2013</u> Mr Lomas presented the summary and highlighted the issues that the committee had discussed.
14.4	<b>Action:</b> Mr Ripley asked for the paper on why Trusts fail, to be circulated to all Board members.
14.5	<u>Board of Directors' Remuneration Committee (and revised terms of reference) – 27<sup>th</sup> March 2013</u> Ms Brown presented the summary and stated that the committee had recommended an increase of 1% to all executive staff salaries in line with other NHS staff.

14.6	<u>Board of Directors' Nominations Committee – 27<sup>th</sup> March 2013</u> Baroness Blackstone, Chair, confirmed the appointment of Mr Ali Mohammed, Director for Human Resources and Organisational Development, Mr Robert Burns as Director of Planning and Information and Ms Rachel Williams as Chief Operating Officer.
14.7	<u>Members' Council – 30<sup>th</sup> January 2013</u> Baroness Blackstone presented the summary.
14.8	The Board noted the summaries and verbal reports of these meetings.
<b>15.</b>	<b>Any Other Business</b>
15.1	There were no items of any other business.
<b>16.</b>	<b>Next meeting</b>
16.1	The next Trust Board meeting will be held on Friday 24 <sup>th</sup> May 2013 in the Charles West Room, Level 2, Paul O'Gorman Building, Great Ormond Street, London WC1N 3JH