

**Minutes of the meeting of Trust Board on
Wednesday 25th September 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
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
Ms Rachel Williams	Chief Operating Officer

In attendance

Mr Robert Burns	Director of Planning and Information
Professor David Goldblatt	Director of Research and Innovation
Ms Emma Pendleton	Deputy Director of Research and Innovation
Mrs Liz Rippon	Strategy Lead
Mr Matthew Tulley	Director of Redevelopment
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Three members of the public	

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

83	Apologies for absence
83.1	Apologies for absence were received from Dr Barbara Buckley, Co-Medical Director.
84	Declarations of interest
84.1	No declarations of interest were received.
85	Minutes of previous meetings
85.1	Action: It was agreed that further discussion would take place around minute 60.4: provision on the Board for a Non-Executive Director with a medical background at the next Board review.
85.2	Minute 62 – Action: It was agreed that an action would be added to the minutes to request a paper at the November meeting to consider how further progress could be made in implementing more evening and Saturday working.
85.3	Action: It was agreed that discussion would take place around extended working at

	the next senior staff meeting on 15 th and 17 th October.
85.4	Action: Mrs Mary MacLeod, Non-Executive Director requested that a discussion take place around extended working at the Trust Board strategy day in October.
85.5	The minutes were approved subject to the above amendments.
86	Matters arising/Action checklist
86.1	<u>Minute 62.3 Benchmarking with other Trusts on activity outside normal working hours</u>
86.2	Mr Robert Burns, Director of Planning and Information reported that other hospitals were paying enhanced rates to consultants for working extended hours at around £500 per session. One organisation had amended its contracts for new consultants but had met resistance in doing so and no organisation had amended or considered amending existing contracts.
86.3	Mr Burns confirmed that GOSH had issued a new radiology contract which including provision for extended working.
86.4	<u>Minutes 63.3 - Assessment of 2A benefits realisation – red rated benefits</u>
86.5	Mr Burns reported that one issue (theatre utilisation) had been deemed red rated as a result of the planned way in which the theatres were made available at one time. He confirmed that of four specialties which had gained theatre space all but one saw a reduction in theatre utilisation. Mr Burns added that these had all now seen a statistical increase.
86.6	<u>Minute 63.4 Crash calls outside of ICU</u>
86.7	Mr Burns reported that there had been no reduction in crash calls outside of ICU. It was confirmed that work was taking place to ensure calls were appropriate which they were in most cases. He added that there was a focus on reducing cardiac and respiratory arrests outside of ICU.
86.8	<u>Updated terms of reference</u>
86.9	The Company Secretary reported that she had updated the terms of reference incorporating comments received at the last Trust Board and outside the meeting.
86.10	The Board approved the amended terms of reference.
86.11	<u>Minute 64.3 – Update on progress with Francis Report</u>
86.12	Professor Martin Elliott confirmed that work was on-going to incorporate findings of the Keogh and Berwick reports into the Trust's action plan.
86.13	The Board noted the updates provided.
87	Chief Executive Report
87.1	<u>Update on Listening Event</u>

87.2	Mr Jan Filochowski, Chief Executive reported that he had sent both an initial and follow up letter to attendees of the Listening Event explaining the work was committed to and progress made.
87.3	Mr Filochowski reported that a full update would be provided at the Members' Council meeting that afternoon.
87.4	<u>PLACE – Patient-Led Assessments of the Care Environment</u>
87.5	Ms Rachel Williams, Chief Operating Officer reported that the Trust had not performed well in the assessment which had taken place in May 2013. She confirmed that work had been on-going but improvements were still to be made.
87.6	Baroness Blackstone stressed that more radical work around food needed to take place as this was an area of underperformance for the Trust.
87.7	<u>Chief Executive report</u>
87.8	Action: Mrs Mary MacLeod, Non-Executive Director reported that she would be visiting Boston Children's Hospital and would focus particularly on their approach towards Clinical Governance and Clinical Ethics. It was agreed that Mrs MacLeod would provide an update at the next Board meeting.
88	Research Performance Report
88.1	Professor David Goldblatt, Director of Research and Innovation reported that the joint GOSH and ICH research strategy would be presented to the GOSH Overall Management Group and the equivalent group at the Institute of Child Health in October. A full consultation would be conducted in January 2014.
88.2	The Board discussed the importance of the visibility of the research carried out at GOSH and ICH and agreed that it needed to form part of the strategy.
88.3	Action: Baroness Blackstone, Chairman requested information on the number of papers published; lectures given and research undertaken by consultants working at GOSH and ICH as a means to demonstrate that world class research is taking place.
88.4	Discussion took place around the level of research conducted by GOSH and ICH in comparison to other organisations. It was noted that direct comparison was difficult as comparable organisations were not within the UK.
88.5	Professor Goldblatt reported that research activity had continued to be stable year on year despite the reduction in available funding. He added that he did not have concerns around the level of funding received or activity undertaken in comparison with other organisations.
88.6	Action: The Board agreed that future reports should: <ul style="list-style-type: none"> • focus less on research income • provide a better understanding of the impact of research on children's medicine, for example by linking number of publications with improvements for children • provide clarity around the areas of the hospital which are strong or weak in

88.7	<p>terms of research</p> <ul style="list-style-type: none"> • provide a plan to improve areas which are less successful in research terms <p>The Board noted the report.</p>
89	Investment in respiratory ward on south wood
89.1	Mr Robert Burns, Director of Planning and Information reported that the Trust had the opportunity to increase the size of the respiratory ward to 20 beds at a cost of £1.18m which had been included in the phase 2b business case.
89.2	It was noted that the Finance and Investment Committee had provided comments on the business case.
89.3	The Chairman queried the validity of a spending £1.18m on temporary provision.
89.4	In reply, Mr Burns reported that it would be difficult to provide a solution which was not based either in cardiac or respiratory. He added that patients were being turned away daily which, if continued for four years, would have a negative impact on the Trust.
89.5	Action: It was agreed that the Chief Operating Officer would provide a paper on the work being done around bed closures, including an update on the recruitment of necessary staff and based on the principle that the Trust should always work to ensure that beds are never closed.
89.6	The Board approved the business case.
90	Update on Outpatient Improvement Project
90.1	Mr Robert Burns, Director of Planning and Information reported that Meridian had concluded that there was opportunity to be more efficient in 43 specialties which would improve income by £1.4m.
90.2	Meridian reported that clinical clerk staffing levels were insufficient both in terms of numbers and quality. The Board was advised that the Trust was also looking at the ratio of registered to unregistered nursing staff.
90.3	Action: It was agreed that formal feedback would be provided by Meridian in six months' time.
90.4	Mr Burns reported that six specialties had volunteered to conduct weekend clinics and that 33 clinics would eventually work all day on a Saturday.
90.5	Discussion took place around clinic start times. The Board stressed the importance of utilising the full clinic time available.
90.6	Mr Burns reported that an intelligent booking system would be in place which could book patients in at suitable times based on location in the country and clinical need. He added that a three month audited pilot would take place.
90.7	The Board noted the update.

91	Progress with strategic review
91.1	Professor Martin Elliott, Co-Medical Director reported that two key drivers were being embedded into all strategies: 'quality, safety, experience' and 'resources'.
91.2	It was reported that the first round of strategies would be completed by the end of the calendar year and would be drawn together in January 2014.
91.3	The Board noted that although the items in the 'honeycomb' diagram were listed separately, there were key interdependencies and it was important to see the flow between them.
91.4	The Board noted the report.
92	Admission of London School of Hygiene and Tropical Medicine to UCL Partners
92.1	The Board supported the endorsement of the proposal for the London School of Hygiene and Tropical Medicine to be admitted to UCL Partners as a founding member.
93	Summary of performance for the period
93.1	The Chief Executive reported that there was some concern around increasing infection rates. He added that there was an indication that improvements had been made in discharge summary completion rates and confirmed the Trust was in a good financial position but that it was underperforming on Cash Releasing Efficiency Savings (CRES).
93.2	<u>Quality and Safety</u>
93.3	Professor Elliott presented the report.
93.4	Mrs Mary MacLeod queried whether an increase in CVL infections could be related to a shift to an 80:20 ratio of health care assistants to nurses.
93.5	Mrs Liz Morgan, Chief Nurse and Families' Champion confirmed that the areas with an increase in CVL infections did not operate an 80:20 ratio although they had experienced a higher staff turnover.
93.6	Professor Elliott reported that the rise in infection CVL infections was likely to be due to a lack of nursing staff; a complex case mix of patients; and reduced compliance with the CVL care bundle. He reported that work has begun in the relevant units to address these issues.
93.7	<u>Activity</u>
93.8	Ms Rachel Williams reported that activity was above plan. She added that there had been an improvement in discharge summaries but stressed that this needed to be sustained. It was confirmed that a prepopulated summary template was being piloted.
93.9	Action: It was agreed that work would be undertaken to reduce the Do Not Attend

93.10	(DNA) target and an update provided at the next meeting. <u>Finance</u>
93.11	Mrs Claire Newton, Chief Finance Officer reported that the current focus was on debt and CIP delivery and added that IPP debt would be further discussed at the Audit Committee meeting in October.
93.12	Mr John Ripley, Non-Executive Director expressed some concern that CRES was further below target than at the same point during 2012/13.
93.13	Mrs Newton suggested that this was due to a change in value given to CRES schemes which had not been fully scoped.
93.14	The Chief Executive confirmed that a review of CRES was taking place which would provide a clear way forward.
93.15	The Board noted the report.
94	Patient Experience, Patient and Public Involvement and PALS (Annual Report 2012/13 and Q1 2013 report)
94.1	Mrs Liz Morgan, Chief Nurse and Families' Champion highlighted the success of the Young People's Forum.
94.2	It was reported that PALS has seen an increase in clinic appointments being cancelled at short notice.
94.3	Action: It was agreed that the outpatient improvement project would be used to develop performance measures.
94.4	Action: It was agreed that trend information would be provided at the next meeting around clinics which were more likely to be cancelled.
94.5	The Board thanked the PALS team for the excellent service they deliver.
94.6	The Board noted the reports.
95	Risk management – the timeliness of risk reviews
95.1	Mr Robert Burns, Director of Planning and Information presented the report.
95.2	The Board noted the report.
96	Redevelopment Report
96.1	Mr Matthew Tulley, Director of Redevelopment reported that there was a risk of the planned handover to the contractor of the Cardiac Wing over-running the 6 th May 2014 deadline. He added that the risk was being mitigated through the 2b contract with no penalty.
96.2	Action: It was agreed that the November Trust Board meeting would consider a recommendation on the main contractor.

97	Health and Safety Annual Report 2012/13
97.1	Mr Ali Mohammed, Director of HR and Organisational Development reported that he had recently taken on responsibility for non-clinical health and safety.
97.2	He confirmed that the Trust was compliant with health and safety directives.
97.3	The Board emphasised the importance of good practice in terms of responsiveness to fire.
97.4	Action: It was agreed that both the Audit and Clinical Governance Committees would receive fire reports and the meetings would be attended by Mr Mohammed.
97.5	The Board noted the report.
98	CQC registration update
98.1	The Company Secretary presented the report.
98.2	The Board noted the current level of registration and the new CQC inspection scheme.
99	Register of seals
99.1	The Board endorsed the use of the seal and executive signatures.
100	Any other business
100.1	There were no other items of business.