

**Minutes of the meeting of Trust Board on
22nd May 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
Mr Charles Tilley	Non-Executive Director
Dr Catherine Cale	Interim Co-Medical Director
Ms Dena Marshall	Interim Chief Operating Officer
Mr Ali Mohammed	Director of Human Resources and OD
Ms Juliette Greenwood	Chief Nurse and Families' Champion
Mrs Claire Newton	Chief Finance Officer

In attendance

Mr Robert Burns	Director of Planning and Information
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Meredith Mora*	Clinical Outcomes Development Lead
2 members of the public	

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

23	Apologies for absence
23.1	Apologies for absence were received from Professor Martin Elliot, Professor Rosalind Smyth and Mr Matthew Tulley.
24	Declarations of Interest
24.1	No declarations of interest have been received.
25	Minutes of Meeting held on 25th March 2015
25.1	The minutes of the meeting of 25 th March 2015 were approved .
26	Matters Arising/ Action Checklist
26.1	The actions that had been taken were noted .
27	Chief Executive Report
27.1	Dr Peter Steer, Chief Executive gave an update on the following areas: <ul style="list-style-type: none"> The announced CQC inspection had taken place in the week of 13th April 2015 following which high level feedback had been provided. Dr Steer said that following the announced inspection, inspectors undertook three unannounced inspections focusing on particular areas.

27.2	<ul style="list-style-type: none"> • Biomedical Research Centre (BRC) Director - Professor David Goldblatt will be stepping down from his role as Director of the BRC and GOSH was working with UCL and the Institute of Child Health (ICH) to appoint a new Director who would take forward the funding renewal application for 2016. • International Nursing Day • Living through research awareness week • No waste week • Children's Hospitals International Executive Forum (CHIEF) conference – Dr Steer met with a number of Chief Executive's from other Children's Hospitals and received case reports. <p>The Board noted the update.</p>
28	Annual accounts and annual report 2014/15
28.1	<u>NHS Foundation Trust Final Accounts</u>
28.2	Mr Charles Tilley, Chair of the Audit Committee gave an overview of discussions which had taken place at the May meeting of the Audit Committee on the Trust's Annual Accounts, Annual Report and Quality Report.
28.3	It was reported that the Trust's External Auditors Deloitte had reviewed the Annual Accounts focusing on receivables and valuation of the estate as well as providing good assurance on levels of debt. Mr Tilley said the committee had discussed the matter of confirming the Trust's position as a going concern and it had been agreed that its definition would be limited to twelve months given the uncertainty around future tariff proposals. It had also been agreed that references to being a going concern 'for the foreseeable future' would be removed.
28.4	Mr Tilley told the Board that Deloitte had confirmed that the accounts were fair, balanced and understandable to external members of the public.
28.5	It was confirmed that on the Quality Report, Deloitte would provide a qualified opinion on the 18 week referral to treatment data; an amber report on discharge summaries and an unqualified opinion on cancer waits.
28.6	Mr Tilley confirmed that the Trust's Internal Auditors had provided a Head of Internal Audit Opinion of 'significant assurance with minor areas for improvement'.
28.7	<u>Annual Governance Statement</u>
28.8	Mr Tilley said that the Audit Committee had agreed that the Chair of the Clinical Governance Committee should be satisfied with the content of the Governance Statement and should also review the Quality Report prior to consideration by the Trust Board.
28.9	The Executive Team confirmed that there was no additional information that should be brought to the attention of the Chief Executive prior to his signing the Annual Governance Statement.
28.10	Mrs Newton said that Dr Steer was also required to sign the Accounting Officer's Statement and she confirmed that she was assured that all points had been satisfied.

28.11	Action: It was agreed that any comments on the Annual Report would be provided to the Company Secretary by 26 th May 2015.
28.12	<u>Representation Letter</u>
28.13	Mrs Newton reported that the Board was required to approve the letter which confirmed that the annual report and accounts had been properly prepared without the omission of material facts to the best of the Executive Team's knowledge. It was confirmed that the Audit Committee had recommended the letter for approval by the Board.
28.14	The Board agreed that all necessary and relevant information had been provided to the auditor.
28.15	The Board approved the following documents: <ul style="list-style-type: none"> • NHS Foundation Trust Annual Accounts • Annual Report 2014-15 • Annual Governance Statement • Head of Internal Audit Opinion. • Representation letter
29	Quality Report 2014-15
29.1	Dr Catherine Cale, Co-Medical Director said that feedback on the Quality Report had been provided by the Audit Committee and additional information would be included about a never event that occurred in 2006.
29.2	Action: It was agreed that the wording of the section on the identification of patients should be amended to ensure it was clear that there were a number of clinical reasons why patients could not be identified in the way which was set out in the policy.
29.3	The Board approved the report subject to the above amendment.
29.4	Action: Baroness Blackstone, Chairman said that it was important to ensure that documents were as concise as possible in order to ensure that they were able to be read by the public and asked that an exercise was undertaken prior to the preparation of the 2015/16 documents to reduce the length.
30	Annual Report of the Audit Committee 2014-15
30.1	The Board approved the report.
30.2	The Board thanked the finance and performance teams for their work to prepare the year end documents and noted Deloitte's comments on the high quality of the teams.
31	Progress against strategic objectives
31.1	Mr Robert Burns, Director of Planning and Information said that the aim was to be exceptional in all areas and therefore had considered the best possible benchmarking data.
31.2	Mr Burns said that the Trust had 82 clinical outcome measures which were listed on

	the website and publically available. He added that the quality report highlighted three areas where GOSH's outcomes were world class. He added that good progress had been made however there were some areas which required improvement to demonstrate GOSH's status as a world leading children's hospital.
31.3	Action: It was agreed that an opening statement would be included to clarify which organisations the Trust was using as benchmarking comparisons.
31.4	The Board noted the update.
32	Lampard Report
32.1	Ms Juliette Greenwood, Chief Nurse presented the report and said that Monitor had requested that Trusts report back on the recommendations that were applicable to the Trust and the Charity.
32.2	The Board supported the approach set out in the action plan.
33	Performance Summary Report (Quality and Safety and Targets and Indicators)
33.1	Dr Catherine Cale, Co-Medical Director said that discharge summary completeness rates had fallen since the last report. She said that there were specific and reasonable reasons for this in some areas and that this was discussed with each division at performance review meetings. It was reported that an electronic solution to increase the ease with which summaries could be completed was being rolled out across the Trust and focus was being maintained.
33.2	Dr Cale said that central venous line (CVL) infections continued at the lowest ever Trust rate and this was being sustained despite a complex mix of patients.
33.3	Ms Dena Marshall, Interim Chief Operating Officer said that ICU bed spells were below plan for April and further work would be done to ascertain the reasons.
33.4	Mr David Lomas, Non-Executive Director noted that 20 beds had been closed during April and asked for an explanation of the reasons for this.
33.5	Ms Marshall said that there had been an issue with plumbing in the Southwood building which had resulted in a ward being closed to ensure a comprehensive fix was implemented. Ms Greenwood added that some beds had been closed due to levels of staff and acuity of patients. Ms Marshall said that a bed management project was being initiated to look at a pan Trust solution.
33.6	Ms MacLeod queried the increase in respiratory arrests outside ICU. Dr Cale said that this had been investigated and was due to wards having moved around the hospital and using different but appropriate systems to reach support.
33.7	The Board noted the update.
34	Workforce Update
34.1	Mr Ali Mohammed, Director of HR and OD said that there had been a significant reduction in the 'time to hire' metric which had reduced from 14 weeks to 8 weeks. He said it was now clear which areas were within the Trust's control.

34.2	It was reported that data quality for staff sickness had been tested as GOSH reported low levels. It was confirmed that GOSH reported the data in the same way as other Trusts.
34.3	Ms MacLeod asked whether turnover could be shown for nursing workforce by week. She emphasised the pressures faced by staff working with acutely sick children as well as the importance of reducing turnover in the current financial environment.
34.4	Action: Mr Mohammed said that work had been done between GOSH and Guy's and St Thomas' NHS Foundation Trust to look at the burnout rate of ICU staff. It was agreed that Mr Mohammed and Ms Greenwood would discuss this outside the meeting.
34.5	Mr Akhter Mateen, Non-Executive Director queried the low rate of fire safety training and Mr Mohammed agreed that it was important to reduce this. He added that the majority of staff had undertaken initial training and required refresher training.
34.6	Ms Yvonne Brown, Non-Executive Director noted the high turnover rate in finance and IT.
34.7	Mrs Claire Newton, Chief Finance Officer said that a number of finance staff had left the Trust within a short period of time which had led to a high turnover rate. She added that some IT work had been outsourced and then brought back in-house.
34.8	The Board noted the update.
35	Finance Update
35.1	Mrs Newton said that the Trust was within budget for month one of 2015/16 however there were a number of potential issues to consider going forward. It was reported that International Private Patient (IPP) income continued to be below the projected level but with signs that good improvement would be made in coming months.
35.2	Mrs Newton told the Board that staff figures had increased significantly based on the same point in 2014/15. She said that almost half the additional staff were Healthcare Assistants (HCAs) and had been recruited as a result of the initiative to alter the staff mix of nurses to HCAs. Mrs Newton added that 27 of the additional 170 staff were consultants whose recruitment had been directly related to business cases.
35.3	Mr Mateen queried the RAG rating of the current year variance as he noted that it would be possible to continue with spend greater than income, but better than plan. Mrs Newton emphasised that the budget reflected anticipated productivity and efficiency savings as well as other previously agreed reasons for change.
35.4	The Board noted the update.
36	Patient Experience Update including
36.1	<u>PALS Q4 Report</u>

36.2	The Chief Nurse reported that there had been a steady increase in complex PALS contacts in line with the complexity of patients at the Trust. She said that future reports would look at lessons learnt and would break down PALS contacts within divisions.
36.3	Action: The Board discussed the issue of patients and families smoking in front of the hospital in no smoking areas. It was suggested that Camden Council should be approached to consider Great Ormond Street becoming a no smoking road and contacting other Trusts to look at how they managed the issue.
36.4	<u>Friends and Family Test</u>
36.5	It was reported that the Trust had achieved its quarter 4 CQUIN target for survey completion rates which had increased since the last survey.
37	Annual Complaints Report 2014-15
37.1	Ms Marshall said that there had been an increase in low grade complaints and the continuing overall theme of complaints was communication. It was reported that in 2014/15, 59% of complaints were about communication.
37.2	Ms Marshall said that learning from complaints was shared at Learning, Implementation and Monitoring Board (LIMB) meetings and high level learning points were disseminated through the Trust.
37.3	The Board noted the update.
38	IPSOS Mori Outpatient survey results
38.1	Ms Greenwood said that as this was the third time the Trust had taken part in the survey, it was now possible to look at trends. She added that the outpatient improvement project was looking at a number of issues which had arisen from survey results.
38.2	Action: It was agreed that an update would be given on the outcomes of the implementation of the outpatient improvement project.
38.3	Action: It was agreed that the Co-Medical Director would ensure that procedures were being followed to escalate when consultants were late for clinics.
38.4	Dr Peter Steer, Chief Executive said it was vital to set out standards of professionalism and the consequences for failing to meet these.
38.5	Baroness Blackstone emphasised the importance of ensuring that outpatient clinics began early in the morning to ensure that the Trust's facilities were being used efficiently.
38.6	The Board noted the update.
39	Safe Nurse Staffing Report
39.1	Ms Greenwood confirmed that there had been no incidents of unsafe shifts or areas of unsafe activity during the period of the report. She said that recruitment was on going and noted the national shortage of children's nurses and the challenging

	market.
39.2	Mr Charles Tilley, Non-Executive Director asked why average fill rate of registered to unregistered staff often exceeded 100%. Ms Greenwood said that in some cases this would be due to 'over-skilling' on a ward but was often due to acuity of patients.
39.3	Action: It was agreed that a narrative should be provided in the paper on the meaning behind the figures provided.
40	Safeguarding Annual Report 2014-15
40.1	Ms Greenwood presented the report which highlighted the increasing number of complex Serious Case reviews (SCRs) which GOSH was involved in. She said that there was improved compliance with training but further work could be done.
40.2	Ms MacLeod said that a quarterly safeguarding report was reviewed by the Clinical Governance Committee and told the Board that she reviewed all SCRs prior to their submission and was assured that all learning was considered by the Learning Implementation and Management Board to be cascaded throughout the Trust.
40.3	The Board discussed the importance of ensuring that an organisation was taking the lead in a SCR but ensuring that the responsibility did not rest with GOSH for longer than was appropriate. The Chief Executive emphasised that the team were a small resource who did not have the benefit of being confined to the work within a local community.
40.4	The Board noted the update.
41	Annual Risk Report 2014-15
41.1	Dr Catherine Cale, Co-Medical Director said that there had been an increase in incident reporting and timeliness of reporting.
41.2	Dr Cale said that under the Duty of Candour regulations the Trust had an obligation to inform families when incidents had occurred. She emphasised the importance of recording where families had been given this information and ensuring that families were informed appropriately without placing an undue burden on staff.
41.3	The Board noted the update.
42	Review of Quality Governance Framework
42.1	Mr Robert Burns, Director of Planning and Information said that the Trust had conducted a self-assessment against available evidence. He added that action plans were in place in the required areas to increase data quality across the organisation.
42.2	The Board noted the update and approved the findings of the review.
43	Register of Seals
43.1	The Board endorsed the use of the company seal.

44	Audit Committee update – April 2015 meeting
44.1	Mr Charles Tilley, Chair of the Audit Committee said that it had been agreed that a Risk Management Meeting would take place in July and added that he would work with the Audit Committee’s independent member and Mr Mateen to look further at the Trust’s risk framework.
45	Clinical Governance Committee update – April 2015 meeting
45.1	Action: Mrs Mary MacLeod, Chair of the Clinical Governance Committee said that a patient story had been received by the Committee which had described a family’s frustrations at accessing a number of services within the Trust as well as support services such as transport. It was agreed that the patient story would be circulated to Board members.
45.2	Dr Peter Steer, Chief Executive said that Health Education North Central and East London (HENCEL) had undertaken a further positive visit to the Trust. Dr Cale said that feedback had been largely positive and the written reports were expected in the next few weeks.
46	Finance and Investment Committee Update – April 2015
46.1	Mr David Lomas, Chair of the Finance and Investment Committee said that the Committee’s areas of attention from the last meeting were productivity and efficiency and the financial plan for 2015/16.
47	Members’ Council Update – April 2015
47.1	The Board received the update and noted that Claudia Fisher had been elected as Lead Councillor.
48	Any Other Business
48.1	Action: It was noted that the GOSH BBC Documentary series was scheduled to begin in July 2015. It was agreed that the Director of Communications would send dates to the Board and Members’ Council.
48.2	Baroness Blackstone told the Board that it was Dr Catherine Cale’s last Board meeting as Co-Medical Director as well as Professor Martin Elliott who had sent apologies. She thanked Dr Cale and Professor Elliott for their great contributions to the Board in many areas and read out a statement that Professor Elliott had provided in his absence.