

**Minutes of the meeting of Trust Board on
28th January 2015**

Present

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| Baroness Tessa Blackstone | Chairman |
| Mr Julian Nettel | Interim Chief Executive |
| Ms Mary MacLeod | Non-Executive Director |
| Ms Yvonne Brown | Non-Executive Director |
| Mr John Ripley | Non-Executive Director |
| Professor Rosalind Smyth | Non-Executive Director |
| Mr David Lomas | Non-Executive Director |
| Mr Charles Tilley | Non-Executive Director |
| Dr Catherine Cale | Interim Co-Medical Director |
| Professor Martin Elliott | Co-Medical Director |
| Mr Ali Mohammed | Director of Human Resources and OD |
| Mrs Liz Morgan | Chief Nurse and Families' Champion |
| Mrs Claire Newton | Chief Finance Officer |

In attendance

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| Mr Robert Burns | Director of Planning and Information |
| Mr Matthew Tulley | Director of Redevelopment |
| Dr Anna Ferrant | Company Secretary |
| Ms Victoria Goddard | Trust Board Administrator (minutes) |
| Ms Cymbeline Moore | Director of Communications |
| Professor Sir John Tooke | Vice Provost (Health), Head of the UCL School of Life & Medical Sciences |

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

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| 169 | Apologies for absence |
| 169.1 | Apologies for absence were received from Ms Rachel Williams, Chief Operating Officer. |
| 169.2 | Baroness Blackstone, Chairman welcomed Dr Peter Steer, Chief Executive to his first public meeting of the Trust Board. |
| 170 | Declarations of interest |
| 170.1 | No declarations of interest were received. |
| 171 | GOSH, UCL and world class status: Harnessing academia to eclipse the world's best for the benefit of population health and wealth |
| 171.1 | Professor Sir John Tooke, Vice Provost (Health), Head of the UCL School of Life & Medical Sciences said that GOSH and UCL were interdependent if they were to achieve their aspiration of world class status. Professor Tooke outlined the research achievements of the two organisations and noted that in terms of child health research publication, UCL Partners ranked second in the world after Harvard Medical School and Massachusetts General Hospital. The partnership also ranked highly in terms of citation impact. |

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| 171.2 | Professor Tooke told the Board that it was vital to be leaders in setting a new benchmark for success by working with new advancing medicine in order to be predictive and aiming to develop personalised medicine. He added that GOSH was in a positive place to lead this work as a result of the Centre for Research into Rare Disease in Children and the successful bid to become a NHS Genomics Medicine Centre. Professor Tooke cautioned that there was a deficiency in informatics capability but added that the NHS provided a positive framework for the work as a whole. |
| 171.3 | Professor Tooke said that it was important to look at education long term, particularly in the current climate to ensure that education strategies were not only responding to short term workforce challenges, but also looked to develop innovative individuals. |
| 171.4 | Professor Tooke emphasised that there would be significant changes to services in the next ten years and it was vital that GOSH sustained its world class status and sought to move ahead of international competition. |
| 171.5 | Baroness Blackstone asked for a steer on Professor Tooke's view of GOSH's weaknesses. |
| 171.6 | Professor Tooke cautioned that it would prove impossible for GOSH to be world class in every domain. He suggested that the Trust should focus on achieving excellence in areas that cut through many specialties such as genomics and rare disease. |
| 171.7 | Professor Tooke said that GOSH could make better use of partnership working with UCL and network effectively with other academic medical centres in the UK. |
| 171.8 | Dr Steer asked what an academic partner could bring to the informatics agenda in comparison to GOSH as a health partner. |
| 171.9 | Professor Tooke said that the difficulties lay in each partner looking for a slightly different outcome which did not necessarily work together. He added that being able to capture data once and use it in a number of ways would be more efficient but would raise other issues such consent to use the data in this way. |
| 171.10 | It was noted that the Biomedical Research Centre (BRC) renewal provided the opportunity to focus on bringing partnerships together with maximum effect as the collective BRC funding was significant and partnership working was important to leverage this. |
| 171.11 | The Board noted the update. |
| 172 | Minutes of Meeting held on 26th November 2014 |
| 172.1 | The minutes were approved . |
| 173 | Matters Arising/ Action Checklist |
| 173.1 | The actions taken were noted . |
| 174 | Chief Executive Report |

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| 174.1 | Dr Peter Steer, Chief Executive reported that the Executive Team had taken part in a positive half day meeting which had focused on ensuring the quality and safety agenda was the top priority and that it was clear that finance, education, ICT and redevelopment which must run in parallel and had interdependencies. |
| 174.2 | Dr Steer said that the team discussed Simon Stevens' five year NHS plan and agreed that it was important to develop considered new partnerships. |
| 174.3 | The Board noted that the Trust would be subject to a planned CQC inspection from 14 th April 2015 and Dr Steer stressed that it was important to get as many benefits as possible from the process. |
| 174.4 | Action: It was agreed that a discussion about readiness for the CQC inspection would take place at the March Trust Board meeting. |
| 174.5 | The Board noted the update. |
| 175 | Strategic Objectives – Progress with goals |
| 175.1 | Mr Robert Burns, Director of Planning and Information presented an update on progress in the following areas in progress with goals in each of the Trust's objectives. |
| 175.2 | Mr John Ripley, Non-Executive Director expressed some concern about the year to date performance, and that each individual quarter had been rag rated red in patient experience. He queried whether the overall performance could be amber rated if patient experience, a key factor in the Trust's performance, was red. |
| 175.3 | Baroness Blackstone said that she was concerned that the report showed a large proportion of amber and red ratings. |
| 175.4 | Mr Burns said that it was important to note that the Trust had set high targets and was endeavouring to be considered the leading children's hospital in the world in each area. Baroness Blackstone asked that the targets were reconsidered and emphasised that it was important that they were achievable. |
| 175.5 | Professor Smyth said that the Trust was world leading in a number of areas but agreed that it was important to look closely at the areas which had been rated red. |
| 175.6 | Action: It was agreed that an update would be considered at the next meeting and that a list of acronyms would be provided with the paper. |
| 175.7 | Baroness Blackstone commented that the hospital was often extremely warm and this presented inefficiencies in energy usage. |
| 175.8 | Mr Tulley said that a site wide energy audit would be completed in the next week to assess where energy was being used. He added that the Trust's total energy usage was on a downward trend despite the increase in the overall size of the hospital. |
| 176 | Equality and Diversity Annual Report 2014 |
| 176.1 | Mr Ali Mohammed, Director of HR and OD said that work had been on-going to focus on raising appraisal rates among black and minority ethnic staff. He said that work should move on to look at whether this has had an impact on the mix of staff |

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| | in the hospital. |
| 176.2 | Mrs Liz Morgan, Chief Nurse told the Board that the Family Equality Group (FEG) was working to support staff in recognising the culture and customs of families. She added that the Chaplaincy Team had reported that they felt that families should receive chaplaincy support earlier. |
| 176.3 | Mrs Morgan said that work was on-going to understand the needs of children with a learning disability. It was noted that the Members' Council had received a presentation of the work in this area and significant progress had been made. |
| 176.4 | The Board discussed whether it was appropriate to ask families about their religion when coming to hospital. Mrs Morgan said that the FEG had discussed the issue and felt that information, collected sensitively, would allow staff to better support families. |
| 176.5 | Action: The Board stressed that religion was often a private matter for families and it was agreed that Mrs Morgan would confirm which information which the Trust was required to collect so that the level of priority which should be given to this could be determined. |
| 177 | Performance Report |
| 177.1 | Action: It was agreed that consideration would be given to the format of future performance reports outside the meeting. |
| 177.2 | <u>Quality and Safety</u> |
| 177.3 | Mr Robert Burns, Director of Planning and Information said that following discussion with Monitor, it had been noted that the requirement to report cases of Clostridium Difficile (C. Diff) only existed when cases were as a result of a lapse in care. Mr Burns said that it was still necessary to learn from these cases but the Trust would no longer exceed the di minimis target for C.Diff cases. |
| 177.4 | Mr Burns noted the 18 week referral to treatment time performance in admitted patients had been below target in four of the previous five months. He told the Board that this was as a result of a focus on the Trust's longest waiting patients. |
| 177.5 | <u>Targets and Indicators Report</u> |
| 177.6 | Action: Mr David Lomas, Non-Executive Director said that in the current environment it was important to monitor the number of patient refusals and requested that this metric was reinstated to the targets and indicators report. This was agreed. |
| 177.7 | Action: It was agreed that in future reports the Trust's staff turnover rate would be reported both in its current format and excluding the turnover as a result of the expiration of fixed term contracts. |
| 177.8 | <u>Workforce</u> |
| 177.9 | Mr Mohammed said that the Trust's agency spend continued to be low however issues with the nursing bank were being looked at. |
| 177.10 | It was reported that although PDR rates had risen, they were unlikely to reach 95% |

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| | by year end. Mr Mohammed said it was important to reinforce the importance of completing appraisals. |
| 177.11 | The Board discussed the levels of red and amber ratings for statutory and mandatory training within the divisions and stressed that it was a staff member's responsibility to ensure training was up to date. Mr Mohammed confirmed that training was easily accessible on line. |
| 177.12 | Action: It was agreed that Mr Mohammed would consider whether it was possible to remove safeguarding adults from statutory and mandatory training as much of the information was covered under safeguarding children. |
| 177.13 | <u>Finance</u> |
| 177.14 | Mrs Claire Newton, Chief Finance Officer said that the overall financial position was similar to that of previous months. She said that activity during December had been lower than in 2013/14. |
| 177.15 | Mr David Lomas, Non-Executive Director noted that overall staff numbers had risen by approximately 5% whilst activity had dropped and headcount in non-clinical activity had risen faster than in clinical activity. |
| 177.16 | Mrs Newton said that each post had been reviewed individually by a vacancy review panel but agreed that staff numbers should also be considered in the round. |
| 177.17 | The Board noted the performance updates. |
| 178 | Monitor Self Certification Q3 2014/15 |
| 178.1 | Mrs Claire Newton, Chief Finance Officer told the Board that the Executive Team were confident that there would be no further breaches of referral to treatment time targets. She therefore recommended the Monitor return for approval. |
| 178.2 | The Board approved the Quarter 3 'In-Year Governance Statement' prior to submission to Monitor. |
| 179 | Update on patient experience at GOSH: |
| 179.1 | <u>Friends and Family Test Results</u> |
| 179.2 | Mrs Liz Morgan, Chief Nurse said that the Trust had been set a CQUIN target for 25% completion rate which had been achieved in December and also had 'an overall likelihood to recommend GOSH' of 99%. |
| 179.3 | <u>PALS report Q3 2014/15</u> |
| 179.4 | It was reported that contact with the PALS team had continue to increase however the severity of issues was reducing. Mrs Morgan said that a key theme arising from issues was around giving families information, involving them in decision making and responding to queries. |
| 179.5 | <u>Complaints Report Q3 2014/15</u> |
| 179.6 | It was reported that there had been a significant increase in the number of complaints with communications arising as a key theme. |

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| 179.7 | Dr Catherine Cale, Co-Medical Director said that the complaints team had been helpful in highlighting where there had been more than one complaint made about an individual to allow early intervention by the Medical Directors. |
| 179.8 | Action: It was agreed that GOSH social media accounts should be monitored as there was often high activity around particular cases which was distressing and difficult for staff. |
| 180 | Safe Nurse Staffing Report – December 2014 |
| 180.1 | Mrs Morgan said that Nurse Recruitment was continuing to be a challenge across the country. She added that focused work had taken place on both recruitment and retention which had proved successful with vacancies decreasing steadily. |
| 180.2 | It was confirmed that there had been no reports of any unsafely staffed wards during December. |
| 180.3 | The Board noted the update. |
| 181 | Redevelopment Update (including sustainable development plan) |
| 181.1 | Mr Matthew Tulley, Director of Redevelopment reported that the Premier Inn Clinical Building was progressing well and the second public consultation for the Centre for Research into Rare Diseases in Children (CRRDC) was due to close on 29 th January 2015. Mr Tulley said that budget for the CRRDC was under pressure and the team would be considering how to bridge the current cost plan to the budget. |
| 181.2 | Mr Tulley told the Board that the Trust was seeking to improve its sustainability and was involved with a project with Camden Council and the Greater London Authority to improve air quality in Great Ormond Street. |
| 181.3 | The Board noted the update. |
| 182 | Overview and plans for the Well Led Governance review at GOSH |
| 182.1 | Dr Anna Ferrant, Company Secretary reported that the Trust was required to carry out Board governance reviews every three years under Monitor guidance “Well-led framework for governance reviews: guidance for NHS Foundation Trusts”. |
| 182.2 | Dr Ferrant stated that the Audit Committee had recommended that GOSH carry out an externally led well led assessment in 2015/16 and an internal evaluation for 2014/15. |
| 182.3 | The Board approved the Audit Committee recommendations. |
| 183 | Members’ Council Update – November 2014 |
| 183.1 | The Board noted the update. |
| 184 | Update from the Audit Committee in January 2015 |
| 184.1 | Mr Charles Tilley, Chair of the Audit Committee said that there had recently been a lot of changes to the Board Assurance Framework (BAF) and it was important that |

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| | the Committee focused on this area, particularly the link between mitigated risk and risk appetite. |
| 184.2 | Mr Tilley said that the Committee had requested a table top business continuity review by April 2015 along with the collation of learning from business continuity incidents as a review had not been undertaken since 2012. |
| 184.3 | The Board noted the update. |
| 185 | Update from the Clinical Governance Committee in January 2015 |
| 185.1 | The Board noted the update. |
| 186 | Update from the Finance & Investment Committee in January 2015 |
| 186.1 | The Board noted the update. |
| 187 | Register of Seals |
| 187.1 | The Board endorsed the use of the company seal. |
| 188 | Any other business |
| 188.1 | The Board congratulated Professor Rosalind Smyth on being awarded a CBE. |