

**Minutes of the meeting of Trust Board on
30th September 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
Professor Rosalind Smyth	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Dr Vinod Diwakar	Medical Director
Ms Dena Marshall	Interim Chief Operating Officer
Mr Ali Mohammed	Director of Human Resources and OD
Ms Juliette Greenwood	Chief Nurse
Mrs Claire Newton	Chief Finance Officer

In attendance

Mr Matthew Tulley	Director of Redevelopment
Ms Cymbeline Moore	Director of Communications
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Lisa Kelly	Deputy Chief Operating Officer
Miss Charlotte Archer-Gay	GOSH Patient
Mr Phillip Archer	Parent of a GOSH patient
Mrs Archer-Gay	Parent of a GOSH patient
Mr Russ Platt	Head of Engagement and Delivery (North East London), NHS England
3 members of the public	

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

114	Apologies for absence
114.1	Apologies for absence were received from Mr Robert Burns, Director of Planning and Information.
115	Declarations of Interest
115.1	No declarations of interest have been received.
116	Patient Story
116.1	Miss Charlotte Archer-Gay, GOSH patient told the Board about her largely positive experience at GOSH, beginning in 2011. Miss Archer-Gay said following her diagnosis of Nephrotic Syndrome and a long period of spending the week in hospital and going home at weekends, the use of home dialysis had enabled a significant improvement in her quality of life and allowed her to continue to attend school on a full time basis.
116.2	Action: Miss Archer-Gay said that while she was staying in hospital although she

116.3	<p>had been given activities by the play specialists, she had not been offered the use of the hospital school. It was agreed that the Chief Nurse would follow this up.</p> <p>Action: Miss Archer-Gay said that her experience would have been improved if she had not had to walk to theatres in a gown that opened at the back and Ms Juliette Greenwood, Chief Nurse said that this highlighted the possible use of 'dignity suits' and agreed to follow this up with the Medical Director.</p>
116.4	The Board noted that the family had experienced long waits for transport provided by GOSH and had had to contact the Trust in order to request an appointment to change dialysis when one had not been made.
116.5	The Board thanked Miss Archer-Gay and her family for attending the meeting and noted the patient story.
117	Minutes of Meeting held on 22nd July 2015
117.1	The minutes were approved .
118	Matters Arising/ Action Checklist
118.1	Action: Minute 76.9: Dr Vinod Diwakar, Medical Director said that the outcomes of the questionnaire from the International League Against Epilepsy international survey in which GOSH had participated were currently being analysed and an update would be provided at the next meeting.
118.2	Action: Minute 83.6: Ms Dena Marshall, Interim Chief Operating Officer said that a full update would be provided in February 2016, as part of the broader business planning process for 2016/17, which would identify where there were any systemic gaps between demand and capacity.
119	Chief Executive Report
119.1	<p>Dr Peter Steer, Chief Executive provided an update on the following matters:</p> <ul style="list-style-type: none"> • Dr Steer had attended two recent Charity events: the Topping Out Ceremony; and the naming ceremony for the Zayed Centre for Research into Rare Disease in Children both of which were positive events with good engagement from donors. • The continuing complex NHS environment and financial challenges facing GOSH. Dr Steer acknowledged the work of Mrs Claire Newton, Chief Finance Officer to engage with work on the NHS specialist tariff. • The Trust is continuing to wait for the release of the paediatric oncology network review which was likely to influence activity in oncology. • An emerging piece of work on risks around the Trust's access policy.
119.2	The Board noted the update.
120	Update on risks on Board Assurance Framework
120.1	Dr Anna Ferrant, Company Secretary presented the updated Board Assurance Framework which gave an overview of the 15 Board Assurance risks. She said that all the risks had been reviewed by risk owners and the Risk Assurance and Compliance Group (RACG) with additional vigour around levels of assurance. It

	was reported that two new risks had been identified around data quality and the access policy. It was noted that the Board had agreed to suspend RTT and related diagnostic reporting due to insufficient confidence in the underlying data being reported.
120.2	Action: Dr Ferrant added that risk appetite had been reviewed and would be brought back to the Board to be agreed.
120.3	It was reported that the risk around achieving the digital strategy had been incorporated into risk 9 which covered the implementation of the Electronic Patient Record.
120.4	Action: It was noted that an error had been made in the placement of the NHS funding risk on the 'gross score' matrix which should have remained at a likelihood and consequence scores of 5.
120.5	Action: Mr Charles Tilley, Non-Executive Director requested that risks be shown in the context of the Trust's business model and this would be considered at the next Audit Committee meeting.
120.6	Action: It was agreed that the Electronic Patient Record project would be reviewed at the November meeting of the Audit Committee.
120.7	The Board noted the update.
121	Redevelopment Update
121.1	Mr Matthew Tulley, Director of Redevelopment said that the construction market in London was currently very strong with associated high inflation and therefore discussions would be taking place throughout October with the contractor to agree reasonable costs. Mr Tulley said there was a risk of slippage in the timescales.
121.2	Mr Akhter Mateen, Non-Executive Director queried why no progress had been made with the Queen's Square Neurosciences project. Mr Tulley said that this was a complex project and progress had been made around its potential implementation however the strategic outline case was still being discussed.
121.3	Action: Baroness Blackstone, Chairman said that it was important to discuss the redevelopment of the frontage building as set out in the masterplan as this would involve significant additional funds being raised by the GOSH Children's Charity.
121.4	Action: It was agreed that the Non-Executive Directors would be given a tour of the Premier Inn Clinical Building at an appropriate point in the construction process.
121.5	The Board noted the update.
122	Acute transport procurement tender
122.1	Mrs Claire Newton, Chief Finance Officer said that the current contract had ended and the tender was being considered at Board level due to the cost over five years and the decision made to accept a tender at a higher cost than the lowest submission. Mrs Newton said that this was due to the types of ambulances proposed for use by the two tenders.

122.2	Action: Mrs Newton said that the cost of the previous five year contract was broadly the same as that proposed and agreed to provide the exact figures to the Board.
122.3	The Board approved the tender recommendation.
123	Quality and Safety Update – as at 31st August 2015
123.1	Dr Vinod Diwakar, Medical Director said that there had been a rise in the number of Central Venous Line (CVL) infections since the last report. He said that each case had been reviewed and there had been no theme arising however retraining was being provided to nursing staff on the use of the care bundle.
123.2	It was noted that there had been an increase in arrests outside ICU which had been reviewed and was due to an increase in acuity of patients throughout the hospital. Dr Diwakar said that there had been no increase in the early warning score for a number of arresting patients and therefore it would be necessary to review the early warning system used to ensure it was appropriate.
123.3	Mr Akhter Mateen, Non-Executive Director requested an update on discharge summary completion which had seen a reduction in performance since June 2015.
123.4	Dr Diwakar said that the Quality Improvement project to improve completion rates in discharge summaries had been piloted in low performing areas and successfully rolled out to a large number of areas of the Trust following adaptation for each specialty. He added that in some areas there were issues with the time it was taking for discharge summaries to get into the post and this was being considered further. It was noted that was an area of concern to the Members' Council and was being given considerable attention.
123.5	The Board noted the update.
124	Targets and Indicators Update – as at 31st August 2015
124.1	Ms Dena Marshall, Interim Chief Operating Officer said that there had been a been a reduction in 31 day cancer waits performance due to the failure of a CT scanner for one patient who could be offered a follow up appointment within 31 day target.
124.2	Action: It was agreed that theatre utilisation data would be circulated to the Board and added to future reports.
124.3	Mr Akhter Mateen, Non-Executive Director asked why the number of complaints was not RAG rated.
124.4	Ms Juliette Greenwood, Chief Nurse said that the Trust encouraged patients and families to complain and give feedback in this way and the aim was to reduce the severity of complaints rather than the overall number.
124.5	Ms Marshall said that some progress had been made around the number of beds being closed and added that all bed closures must be approved by the Interim Chief Operating Officer. In recent weeks,, however, the number of bed closures had started to increase again. Ms Marshall said that the limiting factor about keeping beds open was nurse recruitment and retention. She added that work was on-going in this area, led by the Chief Nurse.

124.6	Action: It was agreed that an update on nurse recruitment and retention would be given at the next meeting.
124.7	The Board noted the update.
125	Workforce Metrics & Exception Reporting – as at 31st August 2015
125.1	Mr Ali Mohammed, Director of HR and OD said that pay spend to date was on budget and roughly flat with the number of whole time equivalents in the Trust decreasing. He said that a large number of requests for posts had been considered, however only 24 had been approved. Mr Mohammed confirmed that there would be an increase in spend on administration due to the support provided on the work on waiting times.
125.2	It was noted that the ‘time to hire’ metric had been included in the report following a significant improvement in the time taken to recruit a member of staff.
125.3	The Board noted the report.
126	Financial Performance – as at 31st August 2015
126.1	Mrs Claire Newton, Chief Finance Officer said that the Trust’s net deficit was currently better than plan, due to non-recurring factors, although significantly worse than at the same point in 2014/15.
126.2	Mrs Newton highlighted the current IPP debtor status which was high. She said that this was likely to be as a result of the summer period combined with the Eid festival and reported that a similar trend was experienced in 2014/15 which had been significantly reduced by Christmas. It was confirmed that the majority of debt was with long standing customers who recognised that the debt was owed and had a good record of previous payments.
126.3	Action: Mr David Lomas, Non-Executive Director noted that there had been a reduction in outpatient activity based on the figures for 2014/15 and it was agreed that the drivers for this would be discussed at the Finance and Investment Committee. It was noted that there had been some efficiencies made in outpatients, accounting for some of the reduction.
126.4	Mrs Newton said that Monitor were changing the method used to derive the 2016/17 tariff and were looking to implement marginal prices for activity growth. It was reported that the paediatric top up was likely to be redistributed across all specialist services which would be extremely detrimental to paediatric services.
126.5	Dr Peter Steer, Chief Executive said that a working group had been formed with NHS England to look at a three year view. He added that it was vital to draw on previous work which looked at the need for a paediatric top up payment.
126.6	Baroness Blackstone emphasised the need to work with other paediatric Trusts.
126.7	The Board noted the update.
127	CQC National Children’s Inpatient and Day Case Survey results 2014
127.1	Ms Juliette Greenwood, Chief Nurse said that this was the first nationally mandated

	survey for children and young people.
127.2	Ms Greenwood said that GOSH had performed less well in: choice of admission date, food and being able to talk to someone about concerns. It was noted that neither GOSH nor any other children's hospital had been in the top 5 performing Trusts. Ms Greenwood confirmed that an action plan was in place and the Patient and Family Experience and Engagement Committee would be monitoring its completion.
127.3	Ms Mary MacLeod, Non-Executive Director noted the 30% response rate achieved by GOSH and asked how this compared to other surveys.
127.4	Ms Greenwood said that there was concern around the small sample size and also the long delay in receiving the results. She said that it was vital to drive on-going local patient and parent engagement with feedback provided in real time.
127.5	Action: Dr Vinod Diwakar, Medical Director highlighted the good score achieved around pain management. He said that this was a significant achievement and requested that the information was cascaded to the team.
127.6	The Board noted the results.
128	Play at GOSH
128.1	Action: It was agreed that this paper would be considered by the Clinical Governance Committee and deferred to the next Trust Board meeting.
128.2	Baroness Blackstone, Chairman requested the addition of information such as which children were shown to benefit most based on age, clinical area etc.
129	Staff Friends and Family Test
129.1	Mr Ali Mohammed, Director of HR and OD presented the report and highlighted the positive results for the recognition of the Always Values.
129.2	The Board noted the update.
130	Update on learning reported at the Learning, Implementation and Monitoring Board
130.1	Ms Juliette Greenwood, Chief Nurse said that following a review of the Trust's Clinical Governance structure, the Learning, Implementation and Monitoring Board had been disbanded and replaced by the Patient Safety and Outcomes Committee.
130.2	It was noted that assurance processes had been strengthened and particular focus was being placed on learning.
130.3	The Board noted the update.
131	Safe Nurse Staffing Report – July & August 2015
131.1	The Chief Nurse told the Board that some incidents had been reported on Datix in relation to staffing however there had been no unsafe staffed shifts recorded. Ms Greenwood said that staffing levels had been stretched due to the policy that beds

	must remain open unless approved for closure by the Interim Chief Operating Officer.
131.2	It was reported that focus was being placed on retention and career pathways and updates would be given at Senior Management Team meetings and Executive Team meetings.
131.3	The Board noted the report.
132	Emergency Preparedness
132.1	Ms Lisa Kelly, Deputy Chief Operating Officer presented the paper and the Board agreed that excellent progress had been made.
132.2	Action: It was agreed that an update would be given at the next Audit Committee meeting including an update on the robustness of the recent live test particularly around fire and evacuation.
132.3	The Board noted the update.
133	Membership and Recruitment Strategy
133.1	Dr Anna Ferrant, Company Secretary presented the updated strategy which had been split into recruitment, engagement and communication sections. She told the Board that it was important to recruit an engaged membership.
133.2	Baroness Blackstone, Chairman said that the Trust's membership numbers were good and supported the process of face to face recruitment by the membership team and the Members' Council.
133.3	The Board approved the strategy.
134	Register of Seals
134.1	The Board endorsed the use of the company seal.
135	Finance and Investment Committee Update - September 2015
135.1	Mr David Lomas, Non-Executive Director presented the update which was noted by the Board.
136	Any Other Business
136.1	The Board endorsed the appointment of Ellen Schroder as Co-Chair of the Clinical Ethics Committee and Jim Linthicum as Vice Chair. It was noted that Ms Mary MacLeod, Non-Executive Director was stepping down from her role as co-chair but would continue as a member of the committee.
136.2	Baroness Blackstone thanked Ms Mary MacLeod, Non-Executive Director for her work to Chair the Ethics Committee and to organise two excellent conferences.
136.3	The Board noted that the GOSH staff nursery had been inspected by OFSTED and a rating of 'good' would be awarded. The Board congratulated the team involved.

