

**Minutes of the meeting of Trust Board on
7th February 2019**

Present

Sir Michael Rake	Chairman
Mr Matthew Shaw	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Mr Chris Kennedy	Non-Executive Director
Ms Kathryn Ludlow	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Professor Rosalind Smyth*	Non-Executive Director
Dr Sanjiv Sharma	Acting Medical Director
Ms Alison Robertson	Chief Nurse
Ms Helen Jameson	Chief Finance Officer

In attendance

Mr Matthew Tulley	Director of Development
Ms Cymbeline Moore	Director of Communications
Mr Peter Hyland	Director of Operational Performance and Information
Professor Paolo De Coppi*	Head of Stem Cells and Regenerative Medicine and Professor of Paediatric Surgery
Alfie*	GOSH patient
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Mr Paul Gough	Staff Governor
Mr Colin Sincock	Public Governor
Ms Jenny Rivers*	Deputy Director of Research and Innovation

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

*** Denotes a person who was present by telephone*

156	Apologies for absence
156.1	Apologies for absence were received from Ms Alison Hall, Acting Director of HR and OD and Professor Andrew Taylor, Acting Chief Operating Officer. It was noted that Mr Peter Hyland, Director of Operational Performance and Information was in attendance in Professor Taylor's stead.
157	Declarations of Interest
157.1	No declarations of interest were received.
158	Delivery of the Research Hospital (with a focus on the Zayed Centre for Research)
158.1	Professor Paolo De Coppi, Head of Stem Cells and Regenerative Medicine and Professor of Paediatric Surgery gave a presentation about the innovative work being undertaken at GOSH including the transplantation of tracheas which had been seeded with stem cells from the recipient patient. The treatment of the

	tracheas had taken place at a laboratory at another centre as there was insufficient capacity in the GOSH laboratories. Professor De Coppi said that with the opening of the Zayed Centre for Research and the Good Manufacturing Practice (GMP) facility researchers would not be reliant on the availability of other centres and materials would not need to be moved offsite. Professor De Coppi said that this research included two patents which would be valuable in the new centre.
158.2	Sir Michael Rake, Chairman highlighted that this work required close engagement with patients and families and asked about their reaction to the interventions taking place. He said that the Clinical Ethics Committee was instrumental particularly when working with patients who may not survive and it was vital to be very open and publish data even when outcomes were not positive.
158.3	Professor De Coppi said that foetal surgery such as for spina bifida currently took place at UCLH with a GOSH team however other sites in North America had developed specialist foetal surgery units within children's hospitals. He said he felt that a similar approach should be taken at GOSH and added this this would provide considerable benefit to the Trust in terms of providing both pre and post-natal care.
158.4	Ms Alison Robertson, Chief Nurse said that although she understood the potentially positive impact, GOSH did not have a maternity service which could support a foetal surgery team if required.
158.5	Professor David Goldblatt, Director of Research and Innovation said that it was important to ensure that research governance structures were such that whatever innovative treatment was being pursued, the relevant structures were in place. He suggested that consideration should be given to the opportunity cost of GOSH Children's Charity funding being primarily used for development projects to ensure that research was being optimally supported.
159	Patient Story
159.1	The Board received a patient story in person from Alfie, an 11 year old patient who received a bone graft treatment for his cleft lip and palate. Alfie provided the voiceover for an animated film designed to help patients and families understand more about cleft lip and palate and how it is treated.
159.2	Alfie said that he had been an inpatient on two wards and had found that doctors and nurses had shown excellent compassion. He said that he didn't feel scared during his stay because he knew that the team would help him. Alfie said that he enjoyed the food and was particularly happy that suitable food was provided given the treatment that a patient had received. He had only been able to eat soft food following his operation and this was provided.
159.3	Alfie said that although toys and activities were available for younger children, there were not many activities available for older children or teenagers. He added that it would be beneficial if the toys and activities provided encouraged children and young people to socialise with one another.
159.4	Mr Alison Robertson, Chief Nurse asked whether Alfie felt that a video or booklet would more appropriate for children and young people to gain an understanding about their treatment and Alfie suggested that it was important to have a range of materials as younger children would find a video easier to understand whilst

159.5	teenagers may prefer to read. The Chair and the Board thanked Alfie for attending the meeting with his father and presenting his views.
160	Minutes of Meeting held on
160.1	The minutes were approved by the Board.
161	Matters Arising/ Action Checklist
161.1	The actions taken since the last meeting were noted.
162	Chief Executive Update
162.1	Mr Matthew Shaw, Chief Executive said that the Executive Team was establishing a development programme which would begin in March 2019 supported by The King's Fund. Discussion would take place around masterclasses for the Board supported by both the Advisory Board and King's Fund.
162.3	A Brexit Steering Group had been established and a number of Executive Directors were involved. It was possible that weekly returns to the centre would be required on progress being made. Current concerns were the availability of isotopes, reagents and drugs following Brexit and the Trust would be writing to suppliers to understand their supply chain and seek assurance.
162.4	Mr Shaw said that GOSH continued to host the North Thames Paediatric Network and this was likely to continue for the next three years.
162.5	Action: Mr James Hatchley, Non-Executive Director highlighted that mental health was a key feature of the NHS Long Term Plan and said it would be helpful for the Board to receive an update on the vision for mental health provision at the Trust. Mr Shaw said that he had spoken at a meeting for the mental health services across the Trust to discuss their strategy going forward and agreed that the Chief of Mental Health Services should be invited to the Board to discuss the strategy. He added that there was a clear need for an increase in inpatient beds for patients with both physical and mental ill health as there were currently very few nationally.
162.6	Action: Mr Shaw said that the Executive Team would be developing a position statement in the context of the NHS Long Term Plan and this would be presented to the Board.
162.7	Mr James Hatchley, Non-Executive Director noted that ULCH were developing a proton beam therapy centre and asked about the access that GOSH would have to this resource. Mr Shaw said that there would be two national proton beam centres and access would be prioritised through a national multidisciplinary team meeting. He said that GOSH had excellent links with UCLH and many of the Trust's patients transitioned to the centre at an early age.
163	GOSH Operational Plan 2019/20
163.1	Mr Peter Hyland, Director of Operational Performance and Information presented a paper which set out the initial approach which had been taken to developing the

163.2	<p>Trust's financial and operational plans for 2019/20. The plans had been discussed at the Finance and Investment Committee on 1st February and the deadline for the first submission was 12th February 2019 before final submission on 4th April 2019.</p> <p>Mr Hyland highlighted to the Board that as the Trust was planning for a reduction in activity in the four weeks post EPR go-live, it was expected that RTT performance would be reduced by 0.7% and therefore it was likely that the target would not be achieved in April 2019. He added that it was anticipated that GOSH would return to compliance with the target during the financial year. Mr Akhter Mateen, Non-Executive Director queried the likely response from the regulators who had the ability to impose fines for non-compliance and Mr Hyland said that the matter had been highlighted to NHS England who had requested the Trust's recovery plan once it was available.</p>
163.3	<p>Mr Mateen queried the scale of the reduction in activity and how long this would be for and Mr Hyland said that there would be an initial reduction in outpatients of 40% in week one which would improve over the subsequent three weeks. Ms Helen Jameson, Chief Finance Officer confirmed that overall activity would remain the same but would be re-profiled over the year.</p>
163.4	<p>Ms Jameson said that the Control Total for 2019/20 was a £3.7surplus and assumptions for meeting this included a £20million better value programme which was very challenging.</p>
163.5	<p>The Board agreed to work towards trying to meet the control total and to delegate authority to the Chief Executive and Chief Finance Officer to approve the draft for submission on 12th February. The Board confirmed it was satisfied that adequate governance measures were in place to ensure the accuracy of information included within the plans.</p>
164	Integrated Quality Update Report – 31 December 2018
164.1	<p>Dr Sanjiv Sharma, Acting Medical Director presented the report and requested feedback on its new format. He said that there had been an increase in unplanned admissions to ICU and a decrease in arrests outside ICU which showed improving recognition of deteriorating patients. There had been one new Serious Incident in the period which was related to information governance and two serious incident reports were overdue and would be finalised by 15th February 2019.</p>
164.2	<p>Ms Alison Robertson, Chief Nurse said that complaints data had been moved into the patient experience section so that it could align with the FFT and PALs data to support the triangulation of themes. She also commented that Heads of Nursing and Patient Experience would be asked to report their actions arising from FFT/Complaints/PALs feedback to the Patient and Family Experience and Engagement Committee. In future reports specialties would be asked to provide updates on actions arising from PALS and FFT feedback.</p>
164.3	<p>There had been an increase in complaints in October however half of the eight complaints in the heart and lung directorate were as a result of one specific service and a known issue.</p>
164.4	<p>Ms Robertson said that it had been challenging to reach the Trust agreed 25% response rate for FFT and heads of nursing had been asked to present an action plan for meeting t their directorate target. Once improvement is evident focus will shift to understanding the information and acting on feedback.</p>

164.5	A concerning number of complaints had been related to core aspects of nursing care and therefore a 'core care' programme had been introduced and practice educators had undertaken audits on 18 wards to establish compliance with fundamental aspects of care. A four week programme was developed focusing on improving nursing practice and a post programme audit showed improvements in the majority of areas.
164.6	Mr Matthew Shaw, Chief Executive said that GOSH was in the top quartile nationally for being a high incident reporting organisation which was positive. He said that it was challenging to complete serious incident reports within deadlines and additional resources had been provided. Mr Shaw emphasised the importance of ensuring these deadlines were met as it was part of a family's expectation of the Trust.
164.7	Mr James Hatchley, Non-Executive Director expressed some concern about whether the process for disseminating learning from serious incidents reached all appropriate staff given issues such as shift patterns and access to computers during a busy clinical shift. He said that it was important to be leading in terms of learning. Dr Sharma said that there were opportunities to maximise learning from datix, serious incidents and mortality and a group was being established to work on this. He added that learning should be a section in the integrated quality report.
164.8	Mr Hatchley highlighted the excellent reduction in cardiac arrests outside of ICU. He queried whether this was as a result of action taken by the Trust or other factors. Dr Sharma agreed that this was multifactorial but action taken by the Trust had contributed to the improvement.
164.9	Mr Akhter Mateen, Non-Executive Director highlighted the FFT comment about a parent who was not able to contact the Trust for a number of months. Ms Robertson said that work was taking place in outpatients around the system for ensuring that patients and families were able to get through on the telephone or have their call returned. She added that this was a recurrent theme and work was taking place with Heads of Nursing who had responsibility for patient experience to discuss how best to support them to lead in this area. Ms Robertson confirmed that all feedback was provided to the relevant teams for a response.
164.10	Mr Chris Kennedy, Non-Executive Director asked how far the patient portal within the electronic patient record would support patient experience work. Ms Robertson said it had potential to support this work but it was vital to ensure it was carefully managed and consistently used across specialties with some general principles developed.
165	Learning from Deaths Mortality Review Group - Report of deaths in Q2 2018/2019
165.1	Dr Sanjiv Sharma, Acting Medical Director said that the Mortality Review Group have been developed in 2012 and comprised clinicians from different specialties review all deaths in the Trust for potentially modifiable factors and learning points.
165.2	During Q2 (2018/19), 18 deaths had been reviewed and no modifiable factors were identified. A statutory child death review process had been introduced and the Trust was required to be compliant by September 2019. Dr Sharma said that due to the complexity and national profile of GOSH patients and the requirement to receive correspondence from external parties, the timeframes for reporting would be extremely challenging. Work was taking place with NHS England and

	NHS Improvement to support the Trust to achieve the standards set.
166	Finance Update – 31 December 2018
166.1	Ms Helen Jameson, Chief Finance Officer said that the Trust was in line with plan at month 9 and continued to report that the Control Total would be met. GOSH was ahead of its income target by £3.6million and NHS clinical income remained ahead of plan offset by reduced IPP activity which was behind plan by £0.6million year to date. Ms Jameson said the debt was being closely monitored and one overseas territory had agreed to pay. Cash remains strong.
167	Integrated Performance Report - 31 December 2018
167.1	Mr Peter Hyland, Director of Operational Performance and Information presented the report and said that it continued to be challenging to meet the diagnostic waits target. He said that patients who had waited longer than 6 weeks would be seen by the end of February 2019. Sir Michael Rake, Chair asked how far a shortage of radiologists and issues in radiology contributed to the challenge of meeting targets. Mr Hyland said that although high staff turnover was unhelpful, and an excellent assistant service manager had left the team, there were a number of administration issues which continued to be managed.
167.2	Mr Hyland said that the Trust had achieved the 92% RTT target for a 12 th consecutive month compared to a national position of approximately 88% however there had been one breach of the 52 week wait in month. The patient had been referred from another Trust at over 60 weeks however from 2019/20 a fine would be levied against the Trust for these breaches. The Board emphasised the importance of challenging any fines to GOSH when breaches had been outside the Trust's control.
167.3	There had been an increase in cancelled operations in the last quarter however good work had taken place on flow which had led to an overall decrease in cancellations.
168	CQC Readiness Update
168.1	Dr Sanjiv Sharma, Acting Medical Director said that the CQC had given notification that they would be inspecting the Trust in 2019 however given the challenge of the EPR roll-out they had agreed to defer the inspection to the second half of the year. The inspection would focus on at least one core service and well led however the readiness programme which had been developed would ensure that CQC readiness was part of business as usual.
168.2	A mock inspection programme was being implemented which would be based on the CQC Key Lines Of Enquiry (KLOEs) and directorates would be paired up to inspect each other with information then being shared within team. This method would facilitate peer review and sharing of good practice as well as ensuring that staff understood the KLOEs.
168.3	Sir Michael Rake welcomed the approach to embed CQC as business as usual and Mr Matthew Shaw, Chief Executive said that it was vital that teams ensured that basic practices were in hand such as the completion of mandatory training and PDRs.

169	Well Led Assessment Action Plan
169.1	Mr Matthew Shaw, Chief Executive said that action plans arising from previous inspections had been reviewed and any gaps added to an overall action plan. The executive team had begun collating evidence against each of the 8 KLOEs along with narrative and explanation of any gaps.
170	Safe Nurse Staffing Report (November and December 2018)
170.1	Ms Alison Robertson, Chief Nurse said that actual versus planned nursing hours had reduced since August 2018. In November six wards recorded having lower actual hours than the recommended 90% parameter however in all cases there had been an appropriate level of care hours per patient per day indicating that this was likely to be caused by an increased level of acuity leading to reduced levels of activity.
170.2	Sir Michael Rake asked for a steer on the success of the induction process for new nurses and the morale amongst the large groups of newly qualified nurses who had joined the Trust is the last two years. Ms Robertson said that nurses receive a good introduction to the Trust with a two week period during which they receive the corporate and local inductions. Work was taking place to look at the attrition rate per cohort and identify if there were any particular points within the two year professional development programme at which nurses chose to leave. Approximately 62% of the first large cohort of nurses introduced to the Trust were still in post and they would be individually invited to a career clinic to discuss how the Trust could continue to support their career development in order to retain this group of experienced nurses.
170.3	A retention plan would be presented to the Board in April and NHS Improvement would be visiting the Trust to run a challenge session to help GOSH ensure that appropriate areas for focus had been identified. Ms Robertson said that the highest area of vacancy and turnover was IPP and the team were keen for the Trust to explore international recruitment, which would require considerable planning.
170.4	Professor Rosalind Smyth, Non-Executive Director asked if the team had sufficient insight into the reasons for nurses leaving the Trust. Ms Robertson said that work had taken place to substantially change the leavers' survey for all staff. Feedback from these surveys had been triangulated with areas of high turnover to support work around teamwork and leadership however feedback was not always as granular as it could be. It was anticipated that the new survey coupled with exit interviews would provide better insight.
170.5	Lady Amanda Ellingworth, Non-Executive Director asked if there was sufficient capacity to give IPP the nursing workforce focus that was required and Ms Robertson said that the substantive Deputy Chief Nurse had now been appointed which meant that the Assistant Chief Nurse for Workforce would have additional capacity to do this as we can now proceed to substantively recruiting to this post.
170.6	Mr James Hatchley, Non-Executive Director asked if work was taking place to highlight the proportion of nurses from non-UK EU countries in different bands and directorates. It was greatest acknowledged that the greatest proportion of EU

	staff at GOSH were in the Estates and Facilities and that work was underway to consider any deficits in nursing.
171	Corporate Governance Update
171.1	<u>Review of the Quality and Safety Assurance Committee (QSAC)</u>
171.2	Dr Anna Ferrant, Company Secretary said that following feedback received in the Quality and Safety Assurance Committee effectiveness discussion had taken place around ensuring that the views and experiences of patients were considered in reporting. Respondents to the effectiveness review had also requested more benchmarking information and reference to external reviews both of GOSH and other Trusts. In order to acknowledge the inclusion of patient and family experience the Committee recommended that the committee be renamed the Quality, Safety and Experience Assurance Committee (QSEAC). Dr Ferrant said that the Terms of Reference and workplan had been updated to reflect the feedback from the survey. It was agreed that reference to staff experience would be removed from paragraph 2.7 of the Terms of Reference.
171.3	The Board approved the Terms of Reference, workplan and revised committee name.
171.4	Dr Ferrant said that the Committee had only been able to spend a small proportion of its time considering matters related to workforce, culture and service innovation. It was proposed that a separate committee was established in order to focus on these issues. It had not been agreed whether this would be a working group or an assurance committee.
171.5	Sir Michael Rake said that although he was reluctant for there to be a large number of committees this was a key area for the Trust. He suggested that the group was in place for a year and then reviewed.
171.6	Professor Rosalind Smyth, Non-Executive Director expressed concern around the cross working between the committees. She said that the impact of decisions made at one committee would often require consideration by other committees from a different perspective. She said it would be challenging to separate workforce and cultural considerations from quality discussions. Mr Matthew Shaw, Chief Executive agreed that co-ordination between committees was an important factor but said that he was extremely supportive of introducing a workforce group. He said that given the results of the staff survey and the importance of the cultural change programme taking place at the Trust the time available as part of the QSAC agenda was inadequate. Mr Akhter Mateen, Non-Executive Director added that the only actions arising from internal audit recommendations which remained outstanding were those related to workforce and agreed that additional work was required in this area.
171.7	Sir Michael said that there would inevitable be some overlap as part of any governance structure and added that he felt this was a key area for GOSH.
171.8	Action: The Board agreed to establish the committee which would be known as the People and Education Assurance Committee. The decision would be reviewed after a year.
171.9	Professor Smyth said that the Board had received a number of draft versions of an education strategy in the past and one issue had been around the need to

	draw together the required training for the GOSH workforce and the ability to commercialise external training opportunities. Professor Smyth recommended that these matters were considered separately.
171.10	<u>Final Board Assurance Framework (BAF) Risk Statements for 2019-20</u>
171.11	The Board had requested that the Audit Committee chair review the proposed new BAF risks which had been developed by the Risk Assurance and Compliance Group. Mr Mateen said that he felt the key issue was that the assurance committees had sufficient capacity to review the risks as required but noted that some risks were likely to be on BAF for a limited time. Discussion had taken place at the Audit Committee about increase in risks on the Board Assurance Framework from 12 to 18 however KPMG had confirmed that this remained low compared to other Trusts.
171.12	The Board approved the final BAF risk statements for 2019/20.
171.13	<u>Appointment of a Chief Information Officer/ Chief Clinical Information Officer (CCIO)/ or Chief Research Information Officer (CRIO) to the Board (non-voting)</u>
171.14	Mr Shaw said that the Secretary of State for Health had recently emphasised the importance of Trusts making good use of their data and had recommended that Board should consider including the Chief Information Officer on the Board. Mr Shaw said that the position would be on a non-voting basis but would give the CIO, CCIO or CRIO the authority to attend all Board meetings and relevant assurance committee meetings in the same way as other non-voting Directors.
171.15	Sir Michael Rake said that although it was important to hear from individuals who were close to issues, the Board was already large and it was vital that effective discussions and decision making could taking place. He suggested that the CIO, CCIO or CRIO was invited to all or part of the meeting.
171.16	Mr Chris Kennedy, Non-Executive Director said that if taking part in Board discussions would encourage the individual to take different action in the organisation then it would be a beneficial use of time.
171.17	Professor Smyth said that given the impact of technology she felt it was important that someone attended the Board and that careful consideration should be given as to who this should be.
171.18	Action: The Board agreed that the CIO, CCIO, CNIO or CRIO would be invited to attend the Board meeting (on a non-voting basis) and discussion would take place outside the meeting to determine who this would be.
171.19	<u>Consideration of appointment of an Associate Non-Executive Director on the Board</u>
171.20	Mr Shaw asked the Board to consider whether an Associate Non-Executive Director with experience in workforce was required on the Board in order to drive through the cultural change programme.
171.21	Mr Mateen said that in the context of succession planning he felt this would be beneficial however if the individual was only involved in the People and Workforce Assurance Committee it would be a considerable challenge to become sufficiently familiar with the organisation.

171.22	Sir Michael reiterated that a larger Board meant that it was challenging to have appropriately involved discussions and Professor Smyth said that the majority of Non-Executive Directors who had experience working in large organisations had worked on workforce and culture issues.
171.23	The Board agreed that the proposal would not be taken forward.
171.24	<u>External Well Led Effectiveness Review at GOSH</u>
171.25	Dr Ferrant said that NHS Improvement guidance on 'Developmental reviews of leadership and governance using the well-led framework' encouraged providers to carry out externally facilitated reviews using the well-led framework every three years in addition to the CQC regulatory assessments of well led which should be used to inform the external inspection.
171.26	Dr Ferrant proposed that a review was undertaken in the first quarter of 2020/21 and although this was a longer time frame than suggested in the guidance the CQC inspection would be taking place in autumn 2019 and the additional time would provide newly appointed substantive Board members sufficient time to develop an understanding of the remit of their role and the Trust.
171.27	Sir Michael Rake said that it was vital that the Trust had time to focus on business as usual and suggested that the outcome of the CQC inspection should be received before a further review was scheduled. The Board noted the importance of undertaking an externally facilitated well led review and agreed to revisit this following the CQC inspection in 2019.
172	Board Assurance Committee reports
172.1	<u>Quality and Safety Assurance Committee update – January 2019 meeting</u>
172.2	Lady Amanda Ellingworth, Chair of the QSAC highlighted that a full update had been provided to the Council of Governors' meeting. She thanked Mr James Hatchley who had stepped down from the committee for his work and support over the past few years.
172.3	<u>Audit Committee – January 2019</u>
172.4	Mr Akhter Mateen, Chair of the Audit Committee said that prior to the committee meeting he had undertaken a walkround of the EPR training centre with Mr Hatchley which had been impressive. He added that EPR would continue to be reviewed at each Audit Committee and Board meeting. Mr Hatchley said that there had been a mix of a number of different roles at the EPR training centre and clinicians were embedded in various areas of the team. The Epic team was also embedded with the GOSH team.
172.5	Three internal audit reports were received all with a rating of significant assurance with minor improvement potential and a report on data quality and GDPR had been received which highlighted the large number of email search requests that were being received by the Trust. Mr Chris Kennedy, Non-Executive Director said that although the email searches involved substantial resources, agreement had not been reached on the process for the very large requests. Sir Michael Rake, Chairman said that Ms Kathryn Ludlow, Non-Executive Director was providing support in this area to consider when it was necessary to receive external

	direction.
172.6	<u>Finance and Investment Committee Update – December 2018</u>
172.7	Mr Hatchley said that a full update had been provided at the Council of Governors' meeting the day before and that all information was included in the written report to the Board.
173	Code of Conduct for Board Directors
173.1	Dr Anna Ferrant, Company Secretary said that the Trust Board was required to have a Code of Conduct under Monitor's Code of Governance and the document had been revised in light of the changes to the Constitution.
173.2	Action: The Board approved the revised Code of Conduct and Dr Ferrant confirmed that she would circulate it to the Board for signing.
174	Any other business
174.1	There were no items of other business.