

**Minutes of the meeting of Trust Board on  
22<sup>nd</sup> May 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
Dr Sanjiv Sharma	Medical Director
Professor Alison Robertson	Chief Nurse
Ms Helen Jameson	Chief Finance Officer
Professor Andrew Taylor	Acting Chief Operating Officer
Ms Caroline Anderson	Director of HR and OD

**In attendance**

Mr Matthew Tulley	Director of Development
Ms Cymbeline Moore	Director of Communications
Dr Shankar Sridharan	Chief Clinical Information Officer
Ms Claire Williams*	Interim Head of Patient Experience and Engagement
Mr Christopher Jephson*	Consultant Paediatric ENT Surgeon
Dr Tim Liversedge*	Consultant Paediatric Anaesthetist
Dr Cho Ng*	Consultant Intensivist
Ms Sarah Newcombe*	Chief Nursing Information Officer
Mr Richard Collins*	EPR Programme Director
Ms Herdip Sidhu-Bevan*	Director of Nursing Operations
Mr Luke Murphy*	Freedom to Speak Up Guardian
Mr Peter Hyland	Director of Operational Performance and Information
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Mr Colin Sincock	Public Governor (observer)

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

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

<b>49</b>	<b>Apologies for absence</b>
49.1	Apologies for absence were received from Professor Rosalind Smyth, Non-Executive Director.
<b>50</b>	<b>Declarations of Interest</b>
50.1	No declarations of interest were received.
<b>51</b>	<b>Minutes of Meeting held on 3 April 2019</b>
51.1	The minutes of the previous meeting were <b>approved</b> .

<b>52</b>	<b>Matters Arising/ Action Checklist</b>
52.1	Minute 22.4 – Dr Sanjiv Sharma, Medical Director said that the Trust owned almost 400 BD pumps and issues had been experienced whereby the pumps were becoming blocked. The pumps were maintained by the Trust however software updates were required which were being undertaken by the supplier, and the pumps had now been deemed not fit for purpose. A programme for replacement was on-going with higher risk areas being replaced first. Dr Sharma confirmed that this was not impacting on patient care.
<b>53</b>	<b>Chief Executive Update</b>
53.1	Mr Matthew Shaw, Chief Executive said that in addition to the well attended monthly staff briefing, an extraordinary briefing had been held in May which was attended by approximately 650 staff. The ‘speak up’ programme was being rolled out across the Trust. This was a cultural change programme which had been piloted in the Brain Directorate and results had been positive.
53.2	<b>Action:</b> A meeting had taken place with the Director of Policy and Strategy at NHS England to discuss specialised commissioning and tariff changes. A productive discussion had also taken place with the MP for Holborn and St Pancras and it was agreed that he would be invited to a future Board meeting.
53.3	The Board watched the ‘Speak Up For Safety’ video and Ms Alison Robertson, Chief Nurse said that in parallel with this work the conflict resolution policy had been revised and was being relaunched with a new name of the ‘Safe and Respectful Behaviour Policy’.
<b>54</b>	<b>Patient Story</b>
54.1	The Board received a patient story from ten year old Kai who had been a GOSH inpatient for nine weeks whilst he waited for a heart transplant. Kai’s story was about his experience over this time.
54.2	Kai said that he liked having the same school teacher each day and that in general he liked the food although sometimes his mother had to buy food as the menu was different than the meals he would eat at home. Kai said that the food was always hot but was often not as well presented at the weekends. He said in some cases when staff were talking about his treatment he overheard the conversations and he said that he would have preferred that conversations were either held with him or out of earshot.
54.3	Kai said that he could not use the hospital’s internet as he would at home. He could not play the computer games he was used to which involved talking to his friends via a headset through the game and he couldn’t access YouTube or music in the same way as he would at home. He said that there were also a large number of restrictions on the parents’ Wi-Fi settings. The teen room had been repurposed and the toys available in the play room were for very young children.
54.4	When EPR had gone live Kai heard about it through hearing nurses’ discussions rather than through posters however Kai’s mum had to leave the hospital to sign Kai up to My GOSH as the Wi-Fi was too poor in the hospital.

54.5	Ms Claire Williams, Interim Head of Patient Experience and Engagement said that Kai had found the Wi-fi restrictions extremely challenging however the Trust was required to consider safeguarding restrictions and therefore it would not be possible for him to speak to his friends online through computer games or play certain games. Ms Williams said that work had taken place to review the usage of the teen room on Bear Ward and as approximately 80% of patients on the ward were small children and babies the room was not being used sufficiently and had become a discharge room which was working well. Consideration was being given to establishing an adolescent cupboard with more age appropriate games.
54.6	Ms Williams said that work was taking place to review the issues Kai had with communication around EPR and overhearing discussions about his treatment.
54.7	Dr Shankar Sridharan, Chief Clinical Information Officer said that it was vital to manage patients' expectations around internet usage. He said that it was Kai's perception that the Trust's wifi did not work however this was due to deliberate decision making around online safeguards.
54.8	Lady Amanda Ellingworth, Non-Executive Director queried whether there was a distinction made between inpatients and long stay patients. Dr Sridharan said that Epic could be used to identify these patients to support making their stay as similar to life outside the hospital as possible.
54.9	<b>Action:</b> It was agreed that a future patient story would focus on patients and families' experiences over the time that EPR went live.
<b>55</b>	<b>GOSH Foundation Trust Annual Financial Accounts 2018/19 and Annual Report 2018/19</b>
55.1	Ms Helen Jameson, Chief Finance Officer said that the Trust made a £30.8 million surplus in 2018/19, exceeding the control total by approximately £100,000. Cash was strong at year end and the accounts had been produced in line with International financial reporting standards, including IFRS 9 and 15.
55.2	Mr Akhter Mateen, Chair of the Audit Committee said that the Audit Committee had reviewed the documents and had recommended the Annual Accounts and Annual Report for approval. He said that the External Auditors would finish their work on 23 <sup>rd</sup> May 2019 and anticipated that report on the Annual Accounts would be unmodified with no further notes on matters such as value for money.
55.3	Some minor amendments to the Annual Report had been passed to the Company Secretary and would be made prior to signing. Mr Mateen said that the Head of Internal Audit Report had provided a rating of significant assurance with minor improvement potential in line with previous years.
55.4	The Board <b>approved</b> the following documents: <ul style="list-style-type: none"> <li>• Annual Accounts and Annual Report 2018/19</li> <li>• Annual Governance Statement</li> <li>• Audit Committee Annual Report</li> <li>• Draft Head of Internal Audit Opinion</li> <li>• Representation letter.</li> </ul>

<b>56</b>	<b>Quality Report 2018/19</b>
56.1	Dr Sanjiv Sharma, Medical Director thanked Ms Meredith Mora, Clinical Outcomes Development Lead for her work on the Quality Report which highlighted the good work which had been taking place throughout the organisation. Mr Mateen said that at the end of the report a number of issues had been raised by the London Borough of Camden and requested that engagement took place with the Council at an earlier stage to prevent this in future. Dr Sharma said that more open and frequent communication was beginning to take place with Camden Council.
56.2	Mr Mateen said that the Quality Report had been reviewed by the Audit Committee and recommended to the Board for approval. An unqualified opinion had been issued for the 31 day cancer wait metric however a qualified opinion had been provided on RTT and the errors found were in line with those found in the previous year. External Auditors indicated that if they had given an opinion on the locally selected indicator of PICU delayed discharges it was likely that it would have been unmodified.
56.3	The Audit Committee had discussed the improvement that was required in order to receive a clean opinion on RTT and it was likely that EPR would support some improvement however discussion had taken place with the external auditors around the possibility that, following substantial work which was well regarded within the NHS, GOSH would continue to receive a modified opinion. Professor Andrew Taylor, Acting Chief Operating Officer said that three of the five errors identified were a result of the Trust being too cautious and adding patients to an RTT pathway when this was not necessary. He added that this was a complex process for a tertiary and quaternary centre such as GOSH.
56.4	The Board <b>approved</b> the Quality Report.
<b>57</b>	<b>Compliance with the Code of Governance 2018/19</b>
57.1	Dr Anna Ferrant, Company Secretary said that Foundation Trusts were required to report against Monitor's Code of Governance each year in the Annual Report on a comply or explain basis. A review had been undertaken against each of the Code's provisions and had found that the Board had applied the principles and met the requirements of the Code of Governance during 2018/19 with the exception of three provisions where alternative arrangements were explained.
57.2	The Board <b>approved</b> the statement to be included in the Annual Report.
<b>58</b>	<b>Compliance with the NHS provider licence – self assessment</b>
58.1	Dr Ferrant said that the NHS Provider Licence was NHS Improvement's primary tool for regulating providers of NHS services and Foundation Trust Boards were required to annually declare compliance or otherwise with a number of licence conditions and a requirement under the Health and Social Care Act.
58.2	Dr Ferrant said that NHS Improvement required that the Trust take into account the views of the Governors when considering whether the Trust's compliance in the relevant areas. Governors had been satisfied with the Trust's responses but had queried whether, given the financial environment and tariff challenges, the Trust could confirm the availability of sufficient resources. It had been highlighted

58.3	to Governors that the statement was essentially a going concern statement and the Chair of the Audit Committee had confirmed that the Trust intended to sign the Annual Accounts on a going concern basis.  The Board <b>agreed</b> the Trust's response to the four conditions taking into account the views of the Governors.
<b>59</b>	<b>Quality Priorities 2019/20</b>
59.1	Dr Sharma said that the paper set out the 2019 quality priorities based on both the national and local context. He added that it was important to document these in advance of the development of the Quality Strategy.
59.2	The Board <b>approved</b> the identified priorities.
<b>60</b>	<b>Revised Risk Management Strategy</b>
60.1	Dr Sharma said that the strategy had been updated to reflect the new organisational structures, clarify reporting lines for reviewing risks and clarify the roles of committees. Risk appetite statements had been updated following the discussions at Trust Board in December 2018.
60.2	<b>Action:</b> Mr Mateen said that this was a helpful paper and requested that a process flow diagram was added to the end of the strategy to show the inputs from the point at which risks were identified at risk action groups.
60.3	<b>Action:</b> It was noted that a top three risks exercise had not taken place recently and it was agreed that this would be done in 2019.
60.4	<b>Action:</b> The Board requested that a paragraph was added around the triangulation of system wide and external risks.
<b>61</b>	<b>Board Assurance Framework (BAF) Update</b>
61.1	Dr Ferrant said that the assurance committees reviewed the BAF at each meeting throughout the year including deep dives on risks within the Committee's remit on rotation. The BAF was also presented to the Board regularly for information.
61.2	The Audit Committee had reviewed the EPR risk and had recommended that the risk was reworded to focus on stabilisation following the period of implementation.
61.3	The Board discussed the medicines management risk and it was noted that this would be updated at the July Risk Assurance and Compliance Group to refresh the required actions.
<b>62</b>	<b>Update on implementation of EPIC (with clinical team input)</b>
62.1	Mr Richard Collins, EPR Programme Director said that the EPR programme had gone live as planned on 19 <sup>th</sup> April 2019 and there had been broad agreement that the go-live had been successful. As had been planned for there were a large number of issues raised since go-live however this had been fewer than anticipated. Approximately 8000 issues had been closed and around 830

62.2	<p>remained open. As with all go-lives printing had been an issue, primarily related to printer mapping and print outs being sent to different devices than anticipated.</p> <p>Mr Collins introduced some clinicians to the Board to provide first hand experiences of the go live process. Dr Cho Ng, Paediatric Intensivist said that there had previously been an electronic system in CICU and PICU which did not allow users to make changes. This had led to a large number of updates beginning on computers during go-live slowing the system down. Dr Tim Liversedge, Paediatric Intensivist said that an issue had arisen where an update had unexpectedly shut down a number of stations however there had been an extremely quick response from the EPR team which gave confidence to staff in the area. Ms Sarah Newcombe, Chief Nursing Information Officer said that there had been a substantial impact on nurses due to the change in documentation processes.</p>
62.3	<p>Mr Shaw said that the team had worked excellently and the go-live felt controlled and organised and Dr Liversedge said that it was vital to maintain the drive across the Trust as this was the beginning of a long term project. Ms Alison Robertson, Chief Nurse said that staff had responded well and were positive at this early stage but she added that teams were at an early stage of a very new way of working and had worked extremely hard. She said it was important to recognise this when considering beginning new strands of work. Sir Michael agreed but said that it was important to build on the positive cultural aspects of the programme.</p>
<b>63</b>	<b>Integrated Quality and Performance Report – March 2019 including focus on clinical outcomes</b>
63.1	<p>Dr Sharma said that the report covered data up to March 2019 and therefore did not include data from the EPR go-live period. He said that there had been a reduction in the rate of reporting and the reason for this was not yet clear. As a whole the Trust had reached the target for Friends and Family Test completion and this would allow focus to be placed on two directorates which required additional support. Rates continued to be monitored through performance reviews.</p>
63.2	<p>Improved tracking of action plan completion for complaints was being introduced which would facilitate improved reporting to the Board. Improvement was required in the completion of statutory and mandatory training and actions plans for this were being monitored. Over 130 audits had been completed in year which was positive and indicated that the Trust was interrogating its performance.</p>
63.3	<p>A Never Event had been declared as a result of a retained object during a complex surgery involving a number of teams. Mr James Hatchley, Non-Executive Director asked if there had been a failure of the WHO checklist and Dr Sharma said that the patient had been very unwell and the second count of materials had been performed after the patient had been moved out of theatres and into critical care. The use of the WHO checklist meant that the retained object was therefore discovered very quickly.</p>
63.4	<p>Sir Michael highlighted the continued red rated theatre utilisation and last minute non clinical cancellations and asked whether Epic had contributed to this performance. Professor Andrew Taylor, Acting Chief Operating Officer said that although epic had contributed there were delays London wide in cardiac surgery</p>

63.5	<p>and GOSH continued to work with network to improve this. Professor Taylor said that the Trust had met the RTT target in the period of the report but highlighted that the result for April would be 90.2% which was below target as a result of reduced activity for Epic go-live. There had also been some deterioration in diagnostic waits, due in part to reduced activity and in part as a result of a scanner being out of use. The margin for error at GOSH was a very small number of patients before the target was breached.</p> <p>Sir Michael asked whether the targets for theatre utilisation were realistic and Professor Taylor said that improvement was required and added that the data provided by Epic would be considerably more granular to address this.</p>
<b>64</b>	<b>Learning from Deaths Mortality Review Group - Report of deaths in Q3 2018/2019</b>
64.1	Dr Sharma said that 29 children had died over the reporting period and case record reviews had been completed in all cases. It had been found that two cases had modifiable factors and a root cause analysis investigation was being undertaken for one case. The Trust was recruiting staff to work towards compliance with the Child Death Review Statutory and Operational Guidance (England) which was required by 29 <sup>th</sup> September 2019. Significant changes would be required to adapt current GOSH processes to support the new guidance.
64.2	Sir Michael noted that one of the modifiable factors was around a disagreement in the clinical care plan between teams and asked for a steer on the contribution this had made to the death. Dr Sharma confirmed that this was not the cause of the outcome however the communication difficulties were identified during the review as not having provided best practice for the patient.
<b>65</b>	<b>Month 1 2019/20 Finance Report</b>
65.1	Ms Helen Jameson, Chief Finance Officer said that the Trust was required to achieve a breakeven position for 2019/20 and was £0.1million behind the control total at month one. This was due to underperformance against NHS Clinical Income on non-block contracts by £0.4million and IPP income being behind plan by £0.5million. Pay and non-pay spend were both underspent in month offsetting the reduced income position.
65.2	A reduction in depth of coding was being experienced following EPR go-live which would be impacting income which was not on a block contract. Dr Sridharan agreed that this was an issue and said it was important to be consistent about reminding clinicians of the importance of coding. Ms Jameson said that this could also impact contract negotiations for 2020/21 as the complexity of care could look less than that delivered in year. It was vital to support the pharmacy team who were working extremely hard to ensure income and expenditure for drugs costs can be accurately reflected in the accounts. Mr Chris Kennedy, Non-Executive Director raised a concern that IPP activity was behind plan at such an early point in the year.
65.3	Sir Michael reiterated the importance of improving the utilisation of assets as had been discussed at the last Board meeting and ensuring that assets continued to be utilised at an appropriate level throughout the year including at times such as throughout the school summer holidays. Dr Sharma said that he had met with

65.4	<p>the Chiefs of Service earlier in May and had asked for this to be discussed within services. An electronic staff absence system would enable better tracking.</p> <p>Ms Jameson said that changes were being made to the way Trusts were able to carry out capital spending. She said that although GOSH was fortunate to benefit from substantial donated assets, it was possible that there could be unintended consequences of any new rules.</p>
<b>66</b>	<b>Safe Nurse Staffing Report (March 2019)</b>
66.1	Ms Alison Robertson, Chief Nurse said that the implementation of Healthroster was complete in all clinical areas along with the introduction of Safecare which allowed nurses to measure the roster against patient acuity. This would enable better review of establishment if rises in acuity appeared to be a continuing trend. Activity data was linked to Epic so a near real time measure could be used in bed meetings.
66.2	Allocate rostering system had been rolled out which would ensure that shifts were allocated in an open and transparent way and give greater visibility of the way that rosters were managed across the Trust. Nurses were able to request shifts supporting their ability to develop their own work-life balance.
66.3	The nursing vacancy rate increased in March 2019 from 1.9% to 5.6% partly due to increased turnover but also due to budget which had traditionally been recorded against bank lines having been transferred to the substantive establishment to ensure consistency of vacancy reporting.
66.4	Ms Robertson highlighted that focus had been placed on reducing activity throughout the Epic go-live period however it had been extremely challenging to ensure that the nursing workforce as a whole had been Epic trained without a reduction in activity. It was possible that this had contributed to the increased cancellations in March.
66.5	Mr Hatchley asked about the impact of the children's hospital which was opening in Dublin on nurse recruitment from Ireland given that this was a key source of nurse recruitment for GOSH. Ms Robertson said that the Dublin children's hospital had not yet opened however the previous intake of nurses had not been especially focused on the recruitment of Irish nurses. She remarked that the highest numbers of EU nurses were working in critical care and this this had been drawn to the attention of the head of Nursing and Matrons.
66.6	<u>Nurse Establishment Review</u>
66.7	Following the Directorate review work had taken place to review establishments with Heads of Nursing. Some longer term deficits had been identified and it was shown that approximately 20 additional posts were required. Directorates had been challenged to review their service delivery and models of care to work towards recruiting smaller numbers of nurses. Mr Mateen queried whether this challenge had also been put to the Directorates which were sufficiently staffed and Ms Robertson confirmed that a review had been undertaken on a line by line basis.
66.8	Lady Amanda Ellingworth, Non-Executive Director asked what was being done to change the way Allied Health Professionals worked and Ms Robertson said that a skills mapping exercise was taking place with the Chief Allied Health



	Professional and that over the next six months each nursing group would also have been reviewed.
<b>67</b>	<b>Annual Reports</b>
67.1	<u>Annual Freedom to Speak Up Report 2018/19</u>
67.2	Mr Luke Murphy, Freedom to Speak Up Guardian said that the number of cases reported had increased substantially from 13 to 68 based on the previous year. It was likely to be due to the focus senior staff were placing on the importance of being open and speaking up. Work had taken place to better categorise the themes that were raised and discussion had taken place at the Quality, Safety and Experience Assurance Committee about the cases that were raised as a result of poorly articulated performance management. Ms Caroline Anderson, Director of HR and OD said that the recommendations made in the paper were helpful and timely and would be included in the People Strategy.
67.3	Sir Michael asked to what extent the Trust could provide training in this area and Ms Anderson said that there was training available through schemes such as the Leadership Academy which was focused on upskilling individuals in these areas and there was specific training around difficult conversations.
67.4	Mr Murphy said that the Trust had appointed a Head of Employee Relations which had been extremely valuable. He said that many of the issues raised were not unique to the Freedom to Speak Up service and had also been raised in fora such as the staff survey.
67.5	The Board welcomed the report.
67.6	<u>Annual Health and Safety and Fire Report 2018/19</u>
67.7	The Board noted the report.
67.8	<u>Annual Sustainability Report 2018/19</u>
67.9	Mr Matthew Tulley, Director of Development presented the report, the format of which reflected the guidance provided by the NHS sustainability unit. He said that the Trust had appointed a dedicated sustainability manager which had been beneficial. The Trust remained on track to deliver its targeted CO2 emissions reduction despite temporary issues with the estate's energy infrastructure. A key success during the year had been the launch of the GOSH clean air framework which had been downloaded over 500 times.
67.10	Discussion took place around Great Ormond Street itself and the substantial traffic that used the street. It was suggested that the London Borough of Camden Health Scrutiny Oversight Committee could review whether changes could be made to the traffic regulations on the road to support the clean air framework and ensure the street was safer for staff, patients and local residents.
<b>68</b>	<b>Guardian of Safe Working report Q4 2018/19</b>
68.1	Dr Sharma said that exception reporting had reduced significantly from 50 reports in quarter 3 to 13 in quarter 4 which was lower than other Trusts. The

	Trust continued to encourage junior doctors to be high reporters however reports tended to come from specific individuals.
68.2	The GOSH vacancy rate for junior doctors was around 10% against a national average of 20% however gaps in rotas continued to have a substantial impact. Excellent progress had been made in junior doctor sleeping facilities.
68.3	Sir Michael asked for a steer on the Junior Doctor morale and Dr Sharma said it was currently good and juniors were engaged in the modernising workforce and junior doctor 24/7 work. He added that their views were valuable as they had worked across a number of organisations and had seen what worked well and less well.
68.4	<b>Action:</b> Lady Ellingworth noted that the paper invited Board members to join meetings of the Junior Doctor Forum and it was agreed and she and Ms Kathryn Ludlow, Non-Executive Director would discuss the response to this invitation outside the meeting. Sir Michael said that he was also keen to attend a meeting.
68.5	<b>Action:</b> It was agreed that trend data would be added to the report.
<b>69</b>	<b>Board Assurance Committee reports</b>
69.1	<u>Audit Committee update – April 2019 meeting and May 2019 (verbal)</u>
69.2	Mr Mateen said that he provided the update on the April meeting to the Council of Governors at their April meeting. The May meeting, which had taken place directly prior to the Trust Board meeting, had reviewed the year end documents and undertaken a deep dive on the IPP risk, discussing diversifying referrals and improvement of metrics such as nursing recruitment and retention. Debtors had grown considerably over the course of the previous year and levels were becoming concerning.
69.3	<u>Quality, Safety and Experience Assurance Committee update – April 2019 meeting</u>
69.4	Lady Ellingworth said that a deep dive of the medicines management risk had been undertaken and this would be revisited as a result of the Audit Committee's request for the risk to be reconsidered on a regular basis.
69.5	<u>Finance and Investment Committee Update –March 2019</u>
69.6	Mr Hatchley said that the committee had considered the tariff, block contracts for activity and focus was being placed on the significant challenge of achieving the Better Value target. Consideration was also given to key projects such as the Children's Cancer Centre and Epic implementation.
<b>70</b>	<b>Council of Governors' Update – April 2019</b>
70.1	Sir Michael said that the Council continued to be a constructive and engaged group. A new Lead and Deputy Lead Governor had been elected and Sir Michael said that he would be meeting with these individuals. A review would take place of the NED and Governor buddying system to consider improvements which could be made.

<b>71</b>	<b>Declaration of Interest Register – Trust staff</b>
71.1	<b>Action:</b> Dr Ferrant presented the live declaration of interests register for staff. The declaration of interest and gifts and hospitality policy had been aligned with that of NHS England and the updated policy would be circulated to the Board. Under the revised policy decision makers were required to make an annual declaration including where this was a nil return. This currently involved approximately 650 staff but would be widened to include all budget holders.
71.2	Sir Michael emphasised the importance of being clear that submitting a declaration did not negate the need to take action if a conflict were to arise and Dr Ferrant confirmed that she reviewed all returns and those causing potential concern were considered by the Declarations Working Group. Individuals could be asked to adhere to a management plan.
<b>72</b>	<b>Any other business</b>
72.1	Professor Andrew Taylor, Acting Chief Operating Officer said that an external organisation had been employed to undertake a test of security when moving around restricted areas of the Trust and improvements were required.
72.2	There were not items of any other business.