

**Minutes of the meeting of Trust Board on  
18<sup>th</sup> July 2019**

**Present**

Sir Michael Rake	Chair
Mr Matthew Shaw	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Ms Kathryn Ludlow	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Prof Rosalind Smyth	Non-Executive Director
Dr Sanjiv Sharma	Medical Director
Professor Alison Robertson	Chief Nurse
Ms Helen Jameson	Chief Finance 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
Ms Emma James*	Patient Involvement and Experience Officer
Mr Lee Hudson*	Chief of Mental Health
Mr Richard Collins*	Director of EPR
Ms Lynn Shields*	Director of Education
Dr John Hartley*	Director of Infection Prevention and Control
Ms Helen Dunn*	Deputy Director of Infection Prevention and Control
Mr Jon Schick*	PMO Programme Director
Dr Renee McCulloch*	Guardian of Safe Working
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)
Two members of the public	

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

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

<b>87</b>	<b>Apologies for absence</b>
87.1	Apologies for absence were received from Mr Chris Kennedy, Non-Executive Director 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.
<b>88</b>	<b>Declarations of Interest</b>
88.1	No declarations of interest were received.

<b>89</b>	<b>Directorate presentation from Mental Health Chief of Service</b>
89.1	Mr Lee Hudson, Chief of Mental Health Services gave a presentation on GOSH's mental health strategy and the national picture for mental health services. He said that when people experienced a medical problem the risk of deteriorating mental health was amplified and the team was working on integrating mental and physical health care. Mr Hudson said that mental health concerns in the workforce was a significant issue and stigma remained around mental health across the world.
89.2	The NHS 10 year plan highlighted mental health services however this was primarily focused on provision within schools rather than hospitals such as GOSH. Mr Hudson said that in the first instance this was likely to lead to increased pressure as GOSH treated very unwell patients who were often not able to attend school in the traditional way. Education around mental health was generally poor for the majority of healthcare professionals and GOSH had launched a simulation for mental health scenarios which had been successful. A nurse training day had also been developed and delivered.
89.3	Sir Michael Rake, Chair queried whether sufficient psychologist support was present in the Trust and Dr Hudson said that the service had grown over time in the absence of a specific strategy. He said that psychologist provision was high quality however there were many complex families who were involved with GOSH and support from psychologists was insufficient to manage this. He said that psychiatry and family therapy support was also required in these instances however Dr Hudson said he felt that insufficient numbers of psychiatrists were employed by the Trust.
89.4	Mr James Hatchley, Non-Executive Director asked how many CAMHS beds the Trust had and highlighted the significant national issue of eating disorders. He queried whether other services were available in London and whether the Trust refused referrals due to tariff issues. Dr Hudson said that there were currently seven beds in the Mildred Creek Unit however across London 50% of beds for young people were filled with children and young people from outside London. GOSH admissions were only for patients from 7 – 14 years of age and there were only seven units in England and Wales which operated in this way. NHS England were changing provision for patients over 15 years to be locally led however it was not yet clear how this would be done.
89.5	Mr Hatchley said that it was important to be clear about the Trust's mental health services strategy in the medium term and how focus would be placed on this. Mr Shaw said that GOSH had unique expertise in supporting patients with both physical and mental health concerns. He added that consideration must be given to whether partnering with specialist London mental health Trusts would produce key improvements for children and young people's mental health. He said that a meeting would be taking place to discuss this further.
89.6	The Board congratulated the team on the Mildred Creek Unit having received an initial rating of 'outstanding' following an inspection by NHS England.
<b>90</b>	<b>Minutes of Meeting held on 22 May 2019</b>
91.1	The minutes of the previous meeting were <b>approved</b> .

<b>92</b>	<b>Matters Arising/ Action Checklist</b>
92.1	The actions taken since the previous meeting were noted.
<b>93</b>	<b>Chief Executive Update</b>
93.1	Mr Shaw said that an area of focus had been people. Good engagement was taking place with staff and there had been increased attendance at staff briefing sessions as well as over 50% of staff reading the refreshed weekly newsletter. Members of the Executive Team were also regularly writing blogs, however work continued to be required to improve engagement further.
93.2	Speaking up for safety training was continuing positively and approximately 35-40% of staff had been trained within the first month.
93.3	A consultation had been launched by NHS England on children's cancer services and a joint response would be submitted with the Children's Alliance.
93.4	The official opening of the Zayed Centre for Research had taken place on 1 <sup>st</sup> and 2 <sup>nd</sup> July 2019 and was attended by representatives from the Abu Dhabi Royal Family. The building provided an excellent research opportunity through the mix of clinical and academic staff who would occupy the space.
<b>94</b>	<b>Patient Story</b>
94.1	The Board received a patient story via video of three families' experiences over the EPR go live period. Parents in the video had been aware of the Epic go live date as a result of the clock in the main reception counting down to go live and the posters which had been placed on walls and lift doors. Parents reported that some delays and cancellations had been experienced following go-live particularly in terms of medication although it was noted that this was improving and staff had been helpful about updating families when delays occurred. Some families reported that it had not been clear how the roll out of Epic would impact them and some staff had not been able to provide support with signing up to the MyGOSH portal. Parents felt that a few staff had been stressed over the go-live period. They had also noted that MyGOSH for inpatients was not yet available and therefore the platform could not be accessed whilst using the GOSH wifi.
94.2	Dr Shankar Sridharan, Chief Clinical Information Officer said that the roll out of the EPR system had been an extremely significant transformation and had replaced over 370 individual IT systems. Issues had been experienced initially with delays in pharmacy which had partly been related to the use of a new system but also due to double diligence. Delays had been mitigated by welcoming approximately 150 visiting doctors and nurses from Epic in the US. The Trust already had the highest national uptake of MyGOSH however the inpatient version was not being rolled out until August as it had been vital to prioritise the parts of the system which were implemented at go live.
94.3	Dr Sridharan said that parents had experienced issues with the Trust's wifi however as a site which operated within London school gateway for safeguarding, certain restrictions were required. He said that it was possible to be given greater access by ward administrators. Sir Michael agreed that the work which had taken place to implement EPR was considerable as was the size

94.4	of the transformation. He said that although excellent progress had been made overall delivery of the benefits would take time.
94.5	Ms Alison Robertson, Chief Nurse said that the patient story indicated that it would have been beneficial to provide verbal briefing for families. Dr Sridharan said that the Trust had been asked to provide a briefing to NHS England to support other Trusts going through an EPR implementation.
94.6	Mr Akhter Mateen, Non-Executive Director asked how communication with families would take place when upgrades to Epic were required. Dr Sridharan said that improved guidance about communication had been produced and added that down times had been shortened for upgrades and a 'pause' to the service would be required rather than a longer outage which would be communicated throughout the Trust.
	Mr Hatchley noted that communication had been a key theme of complaints and PALS contacts for some time and said that it had been anticipated that Epic would support an improvement. Dr Sridharan said that there as had been an excellent uptake of the MyGOSH service, this would also support communications in the longer term.
<b>95</b>	<b>Electronic Patient Record (EPR) Programme Update</b>
95.1	Mr Richard Collins, Director of EPR said that the programme was currently in the planned stabilisation phase following go-live on 19 <sup>th</sup> April 2019. Epic had been successfully adopted across the Trust however there were areas where introduction of the new system continued to be a greater challenge to staff. Mr Collins said that there were challenges in pharmacy and interventional radiology.
95.2	Mr Mateen asked for a steer on the key challenges and Mr Collins said that it was important to ascertain why some colleagues were not using the system as designed and to change this through education.
<b>96</b>	<b>Children's Cancer Centre (CCC) Update</b>
96.1	Mr Matthew Tulley, Director of Development said that work was taking place to set out the workstreams which were required to deliver the plans agreed by GOSH Children's Charity and the GOSH Board. The Outline Business Case was being written in the 'five case model' which was the standard HM Treasury model. Mr Tulley said it was anticipated that chapters of the business case would be issued for review and comment to enable a familiar outline business case to be issued in September 2019.
96.2	Following discussions with NHS Improvement it had been confirmed that as a predominantly charity-funded project, HM Treasury and Department of Health approvals were not required. However NHS Improvement did require approval and timeframes for this were under discussion. In the event that both the Hospital and Charity Boards approved the business case in September 2019, design work would recommence in October 2019.
96.3	Ms Shaw said that plans were on track compared to the agreements made at the Board to Board meeting in May 2019 and documents would be shared in a workshop at the beginning of September.

96.4	Sir Michael highlighted the importance of continuing to work within the £250million budget and emphasised that the Trust could not agree to take on debt. Mr Hatchley said that it was important to ensure that the Charity Trustees were comfortable that the project would deliver what was required within the budget and to consider the certainty that was in place over costs and issues such as inflation and value of sterling.
<b>97</b>	<b>Gastroenterology Review Update</b>
97.1	Dr Sanjiv Sharma, Medical Director said that following the invited review of the Gastroenterology Service by the Royal College of Paediatrics and Child Health in 2017 a number of Freedom of Information requests were submitted to the Trust including one request to release the first draft of the report. GOSH had denied the request on the basis that it was part of the process of working towards the final report and in recognition of the importance of creating an environment in which a report could move through draft versions to create the most accurate possible outcome. The FOI request had been referred to the Information Commissioner's Office and the Trust had been required to release the first draft. This had been done on 5 <sup>th</sup> June 2019.
97.2	As part of the process of preparing for the disclosure of the draft report it was identified that the copy of the RCPCH report which was submitted to the Trust Board did not include five of the seven appendices and that this was the same version of the report which was shared with regulators. In order to be transparent the full report including all appendices, which did not change the body of the report, were included in the Board papers.
97.3	The action plan resulting from the RCPCH review was monitored through the Patient Safety and Outcomes Committee and those actions which were overdue would be addressed by the time of the next QSEAC meeting.
97.4	Mr Shaw highlighted the good work of the Gastroenterology Team who were working with other local centres to support the development of a network for paediatric gastroenterology in London.
<b>98</b>	<b>GOSH Learning Academy: Charity Grants Case</b>
98.1	Ms Lynn Shields, Director of Education presented the paper and said that the full grants case had been presented to the GOSH Children's Charity Grants Committee on 25 <sup>th</sup> June and set out the vision for the development of a Learning Academy and the impact it would have on the hospital and its patients.
98.2	Professor Rosalind Smyth, Non-Executive Director welcomed the ambition and high level vision to work with the UCL GOS Institute of Child Health (ICH) but highlighted that the paper did not include analysis of the current provision of external facing courses. She said that the ICH current operated 12 masters' courses and a large number of short courses and suggested that the total income from GOSH Learning Academy could be substantially more than the £1million anticipated.
98.3	Ms Shields said that GOSH currently offered 10 post graduate courses in partnership with a university which supported 400 candidates and it was hoped that this number would be built upon. A learning academy group had been established with GOSH Children's Charity which also had ICH involvement.

98.4	Ms Helen Jameson, Chief Finance Office said that the financial risk would be around sustainability going forward and said that it was vital that the Trust established itself as a leader in the area. GOSH currently paid approximately £1million as an apprenticeship levy but accessed only a small proportion of this. The education tariffs were being reviewed by the NHS and Health Education England and as a result, key areas would change for GOSH going forward.
98.5	Mr Hatchley queried whether the Trust had sufficient skills in house to enable GOSH to fully commercialise the work which was taking place. He added that this was also a cultural shift. Sir Michael agreed that the commercialisation of the project must remain under continuous review. Dr Sharma said that good governance and continuous open communication with the Charity was key.
98.6	Ms Caroline Anderson, Director of HR and OD said that the people strategy which was being developed included considerable work on reshaping the workforce and added that education would be instrumental in this. The Virtual Learning Environment provided opportunities beyond London.
<b>99</b>	<b>Integrated Quality and Performance Report – May 2019</b>
99.1	Dr Sharma presented the report and said that during the period of the EPR roll-out there had been a reduction in statutory and mandatory training and PDR rates and focus was being placed on improving this. Discussion had taken place with CQC around their data request given the Epic implementation. Mr Peter Hyland, Director of Operational Performance and Information said that a section of the information request was around data quality and any issues would be fully articulated. The data requested was up to and including June 2019 however the Trust had offered to submitted July 2019 data in order to show improvement following EPR implementation.
99.2	Dr Sharma highlighted that the timeliness for closing the incident required improvement. This had been discussed with directorates and was being monitored at performance review meetings.
99.3	Ms Alison Robertson, Chief Nurse said that following EPR go-live it had become difficult to measure the Friends and Family Test response rate accurately and work was taking place between the performance and patient experience teams to correct this. The rate of respondents who were likely to recommend GOSH had also fallen in three directorates and work was taking place to understand the cause.
99.4	Mr Hyland said that discharge summary performance had reduced following go-live and this was being tracked on a daily basis with teams focusing on the backlog which had already been reduced from approximately 1500 letters to 75. A number of discharge summaries had been sent but not recorded within Epic due to the way in which the summaries had been sent through the system. In some cases this had been appropriate and other cases required a change of practice with education continuing within teams.
99.5	Dr Sharma said that the Medicines and Healthcare products Regulatory Agency (MHRA) had inspected pharmacy and found significant areas for improvement in the manufacturing process. The Trust was in frequent discussion with the MHRA. The team had experienced a number of challenges with EPR and Epic had brought a number of team members from the USA to work on this.

99.6	<b>Action:</b> Mr Hatchley requested that further information was provided around the PALS contacts in directorates as a percentage of the volume of activity. Ms Robertson confirmed that this was discussed in greater detail at the Patient and Family Engagement and Experience Committee (PFEEC) where directorates were invited to present the information.
99.7	<b>Action:</b> It was agreed that the staff data for the research and innovation directorate would be reviewed as the paper reported a vacancy rate of -71%.
99.8	Mr Mateen highlighted the PDR completion rate which was below the 90% target in seven of nine corporate directorates and five of eight clinical directorates. Mr Shaw agreed that this was not acceptable and said it was important to improve performance in basic areas such as this.
<b>100</b>	<b>Infection Control Annual Report 2018/19</b>
100.1	Dr John Hartley, Director of Infection Prevention and Control presented the report and said that the Trust had invested in antimicrobial stewardship through expansion of the team and activity taking place in 2018/19. Dr Hartley confirmed that the full QCUIN for this area had been met.
100.2	Audit days had been in place since October 2018 with all link members of staff having completed hand hygiene, point prevalence audits and developed associated action plans. Refreshed education had taken place around the audit process and peer auditing and this had led to a reduction in hand hygiene compliance. There had been a reduction in needle stick incidents which was likely to be as a result of the roll-out of safer sharps. The Trust had experienced its first increase in anti-microbial resistance in 2018/19.
100.3	Lady Amanda Ellingworth, Non-Executive Director queried whether the Infection Control team had all it needed to undertake its role effectively and Dr Hartley said that the team was high performing however he suggested that additional resources were required in estates and facilities to ensure that the environment, primarily around water and ventilation, was optimal.
100.4	Mr Hatchley asked for a steer on GOSH's infection control activity in comparison to that of other Trusts and Dr Hartley said that he felt GOSH's activity was high quality. Ms Helen Dunn, Lead Nurse for Infection Prevention and Control said that despite this it was important to learn from, and collaborate with, other organisations.
100.5	Ms Dunn gave a summary of the 'Gloves Are Off' campaign which had worked to reduce the use of non-sterile gloves. It had been shown through audits that one of the most common reasons for failure in hand hygiene audits was due to staff wearing gloves in place of washing their hands. Staff had been asked to risk assess the use of gloves and this had resulted in a reduction of 3.7million gloves being ordered with a cost saving of £90,000 and a reduction of waste of 18 tonnes. This had been a news item in the British Medical Journal and had showcased how improvements could be made through infection control. Focus in 2019/20 would be placed on isolation precautions.
100.6	The Board welcomed the work that was taking place and <b>approved</b> the annual report for publication on the GOSH website.

<b>101</b>	<b>Month 2 2019/20 Finance Report</b>
101.1	Ms Helen Jameson, Chief Finance Officer said that at month 2 the Trust was £0.5million behind control total as a result of income being £3million below plan. NHS income which was not on a block contract was below plan by £3million and reduced activity in IPP had led to it being £1.9million behind plan year to date. Cash remained strong.
101.2	Ms Jameson said that costs would not be recovered on cost and volume areas of the contract as a result of reduced depth of coding due to staff continuing to become familiar with EPR. She said that this would impact on negotiations for 2020/21 and it had been indicated to NHS England and Improvement that the Trust would look to remove the first few months of the financial year from negotiations.
101.3	Mr Mateen highlighted the reduction in IPP debtor days and queried whether activity in the directorate was increasing. Ms Jameson said that debtor days had continued to reduce due to approximately £11million having been paid in year. She said that whilst activity had not deteriorated, it had also not recovered following the period presented in the report.
101.4	Ms Kathryn Ludlow, Non-Executive Director highlighted that pay was underspent by £1.9million year to date and queried the impact this would have on income. Ms Jameson said that whilst it would impact on the ability to open beds to deliver activity, the block contract and reduction in activity for the Epic roll out mean that the impact had been considerably reduced.
101.5	Lady Ellingworth asked whether modelling had taken place of the potential implications of the pension tax issue for senior staff. Ms Anderson said that whilst it was too early to be able to model in the impact, work was taking place to ascertain which members of staff were likely to be affected.
<b>102</b>	<b>Safe Nurse Staffing Report (April and May 2019)</b>
102.1	Ms Alison Robertson, Chief Nurse presented the report and said that actual versus planned hours were within the recommended range however two Directorates had been outside this range and work was taking place to ascertain why. Care hours per patient per day had been higher than average due to the planned reduction in patient activity during the Epic launch along with a planned increase in nurses to support the clinical areas at this time.
102.2	The Trust had rolled out SafeCare which linked to the rostering system allowing measurement of staffing against patient acuity. Work was taking place in HR to review temporary staffing as there had been an increase in requests. Ms Robertson added that band 6 vacancies remained above the Trust's target.
102.3	Mr Mateen noted that the net of the Trust's joiners and leavers was approximately equal and queried the impact of the recruitment of newly qualified nurses while more experienced nurses left the Trust. Ms Robertson said that overall GOSH had a younger and more junior workforce than other Trusts. She said that for this reason a key focus of the Nurse retention plan was around retaining band 5 and band 6 nurses. Professor Smyth said that despite the good fill rate for shifts the Trust was not able to open all beds and therefore further work was required. Ms Robertson said that PICU and NICU had made good



102.4	<p>progress in recruitment including more experienced nurses and improvements would be seen once these individuals began to join the Trust.</p> <p>Mr Mateen asked whether the Trust continued to attract nurses internationally and Ms Robertson said although GOSH had not traditionally relied on this approach, an international recruitment group had been established to look at the potential for filling vacancies in areas with higher than average vacancy rates such as IPP, theatres and critical care.</p>
102.5	Mr Shaw said that the outcome of the review of the change to the specialist bank rate would be presented to the Executive Management Team in the coming weeks.
<b>103</b>	<b>Better Value Update</b>
103.1	Mr Jon Schick, PMO Programme Director presented the report and said that over £10million in schemes had now been approved and assigned to cost centres. Discussions had taken place with members of staff who had offered ideas following the extraordinary big briefing by the Chief Executive and a presentation would be provided to the Young People's Forum in recognition of the importance of developing an inclusive programme. Schemes continued to be identified however some were higher risk in terms of likely delivery. Mr Schick confirmed that there was a good level of confidence that better value schemes were not adversely impacting quality and safety due to the governance processes in place.
103.2	Mr Shaw said that following the appointment of a Transformation Director good progress was being made. Lady Ellingworth emphasised the importance of developing a multiyear programme and highlighted that only half the required schemes had been identified at this point in the year. She asked whether additional external support was required. Mr Schick said that the Trust was working with the Advisory Board and with individuals with experience in the airline industry and considerable work had taken place to learn from other Trusts. Ms Jameson said that work was taking place over the summer to review the details of the plan, the differences between GOSH and other Trusts and the reasons for those differences. Mr Schick said that benchmarking was taking place specifically against children's providers.
<b>104</b>	<b>Guardian of Safe Working report Q1 2019/20</b>
104.1	Dr Renee McCulloch, Guardian of Safe Working said that exception reporting was not culturally well embedded within the Junior Doctor workforce. She said that in general junior doctors felt that they were working as part of a team to complete tasks however reports were helpful to indicate areas which required follow up.
104.2	The work of the task and finish group which reviewed the work of Junior Doctors on the MEGGA rota had approved the implementation of a new rota across eleven specialties as a result of concerns expressed by Junior Doctors around the extent of work out of hours was almost complete.
104.3	Professor Smyth asked for a steer on the issues raised by trainees and fellows and whether these were aligned. She said that fellow posts were not being filled as readily as previously and suggested that different models of working were

104.4	<p>required such as increased responsibilities for Advanced Nurse Practitioners and reduced reliance on doctors from overseas. She said that it was important to scope the future impact of a reduction in fellows which was likely to place a considerable strain on junior doctors. Dr McCulloch said that as fellows and junior doctors shared the same rota the issues were often similar. She said that the junior doctor rota gap was approximately 7% which was less than nationally.</p> <p>Mr Mateen asked whether it was possible to create an automated system to enable some exceptions to be automatically captured and Dr McCulloch said that whilst this would be extremely helpful it was important to have relationships with junior doctors and to understand their issues. Ms Kathryn Ludlow, Non-Executive Director asked whether there was a sense of the Trust's compliance with the 2016 Junior Doctor contract Terms and Conditions if all required exception reports were submitted and Dr McCulloch said that it was likely that a number of Junior Doctors were working above their contracted hours and added that this was particularly likely where there were rota gaps.</p>
104.5	Dr Sharma thanked Dr McCulloch for her work on rota issues across specialties particularly around hospital at night which had been a longstanding issue.
<b>105</b>	<b>Learning from Deaths Mortality Review Group - Report of deaths in Q4 2018/2019</b>
105.1	Dr Sharma said that 29 deaths had been reviewed since the last report and two cases had been found to have modifiable factors. A 'Closing the Loop' Group had been established in order to more effectively disseminate learning across the Trust.
105.2	Sir Michael asked how far the issues raised in the mortality reviews affected clinicians at other Trusts and Dr Sharma said that a national mortality review processes was beginning in September which would ensure that learning was highlighted nationally. Mr Hatchley asked whether learning could also be facilitated through Epic and Dr Sharma said that while this could support the dissemination it was vital to communicate the learning. He said that Closing the Loop included representatives for different areas of the hospital to make this more efficient.
<b>106</b>	<b>Responsible Officer Annual Report 2018/19</b>
106.1	Dr Sharma said that appointment of a revalidation and appraisal support lead had been extremely positive and work had taken place to refresh the list of appraisees for whom GOSH was the designated organisation. All appraisals were undertaken using a specific IT system and it was important to ensure that individuals with honorary contracts were using the system to provide an overview of completion rates.
106.2	Lady Ellingworth noted that revalidation had been deferred for 21 individuals and queried the reasons for this. Dr Sharma said that in some cases it was around the quality of the appraisal as the Trust was being more robust about the quality required and the number of appraisals required between revalidation.
<b>107</b>	<b>Safeguarding Annual Report 2018/19</b>

107.1	Ms Alison Robertson, Chief Nurse said that specific work had taken place in 2018/19 to ensure that recommendations arising from the two reviews of safeguarding were complete. More integrated working was taking place between the safeguarding and social work teams, including the CLIC Sargent social work team who support haematology and oncology families. There had been a reduction in the number cases referred however cases were often complex and time consuming.
107.2	An internal audit of safeguarding arrangements had provided a rating of significant assurance with minor improvement potential.
107.3	<b>Action:</b> Lady Ellingworth welcomed the helpful report and asked for a steer on the timescales for the 2019/20 priorities and Ms Robertson said that this would be agreed and monitored at the strategy safeguarding meeting. Lady Ellingworth requested that the next annual report show progress against the priorities.
<b>108</b>	<b>Board Assurance Committee reports</b>
108.1	<u>Audit Committee update – May 2019 meeting</u>
108.2	Mr Mateen said that the May 2019 meeting had been focused on the recommendation of year end documents to the Board for approval and confirmed that a verbal update had been provided at the May Trust Board meeting.
108.3	<u>Quality, Safety and Experience Assurance Committee update – July 2019 meeting</u>
108.4	Lady Ellingworth said that the committee welcomed the work to separate the culture and education part of QSEAC's agenda into a People and Education Assurance Committee. She added that the work of the committee would be more in line with the Trust's priorities going forward.
108.5	<u>Finance and Investment Committee Update –June 2019</u>
108.6	Mr Hatchley confirmed that he had provided a full report to the Council of Governors' meeting the previous day.
108.7	<u>People and Education Assurance Committee Update – July 2019 (verbal) including update on BAF culture risk</u>
108.8	Ms Kathryn Ludlow, Chair of the People and Education Assurance Committee said that this had been the committee's first meeting and work would take place at the next meeting to agree the Committee's priorities. A discussion had taken place on the BAF culture risk and it was felt that this was not correctly expressed given the changes made by the new Director of HR and OD and the establishment of the PEAC. The Board noted the update on the BAF culture risk.
<b>109</b>	<b>Council of Governors' Update – July 2019 (Verbal)</b>
109.1	Sir Michael said that the Council of Governor meeting had taken place on 17 <sup>th</sup> July and a presentation had been received on Epic. The Council had approved a second term for Mr James Hatchley, Non-Executive Director.

<b>110</b>	<b>Revised Standing Financial Instrcutions and Scheme of Delegation</b>
110.1	Ms Jameson said that it had been agreed that the SFIs and scheme of delegation would be reviewed and considered by the Board on an annual basis. Mr Mateen said that he was satisfied with the content of the documents which had been circulated to him, Mr Hatchley and Mr Kennedy outside the meeting. He said that the approval of capital overspend on an individual overspend basis was good practice.
110.2	The Board <b>approved</b> the revised SFI and Scheme of Delegation.
<b>111</b>	<b>Register of Seals</b>
111.1	The Board <b>endorsed</b> the use of the company seal.