

**Minutes of the meeting of Trust Board on
6th February 2020**

Present

Sir Michael Rake*	Chair
Mr Matthew Shaw	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Chris Kennedy	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Rosalind Smyth	Non-Executive Director
Sanjiv Sharma	Medical Director
Professor Alison Robertson	Chief Nurse
Phillip Walmsley	Interim Chief Operating Officer
Helen Jameson	Chief Finance Officer
Caroline Anderson	Director of HR and OD

In attendance

Cymbeline Moore	Director of Communications
Dr Shankar Sridharan	Chief Clinical Information Officer
Stephanie Williamson	Interim Director of Built Environment
Peter Hyland	Director of Operational Performance and Information
Richard Collins	Director of Transformation
Dr Renee McCulloch*	Guardian of Safe Working
Eric*	GOSH patient
Liviu*	Eric's father
Jenny Rivers*	Deputy Director of Research and Innovation
Dr Paul Gissen*	Professorial Research Associate – Genetics and Genomics Medicine Department
Dr Tim Liversedge*	Deputy Chief of Service, Operations and Images
Ciara McMullin*	Head of Nursing and Patient Experience, Operations and Images
Nick Towndrow*	General Manager, Operations and Images
Louisa Desborough*	
Dr Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)

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

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

215	Apologies for absence
215.1	Apologies for absence were received from James Hatchley, Non-Executive Director
216	Declarations of Interest
216.1	No declarations of interest were received.

217	Patient Story
217.1	The Board received a patient story from Eric who was ten years old and had been a GOSH patient for three years. Eric is a keen member of the Young Person's Forum (YPF) and had recently finished his treatment. The Board watched a video of Eric ringing the bell at the end of his treatment. Eric said that his first memories of GOSH involved needles which he did not enjoy however he said staff were able to distract him. Eric said that he enjoyed meeting other patients on wards. He said he felt that food could be improved on the wards as well as ensuring there were activities available to all age groups. Eric showed the Board his 'Beads of Courage' which were different coloured and shaped beads which he collected following each hospital event. The beads helped Eric to explain his treatment and experience to others and to better understand it himself.
217.2	Prof Alison Robertson, Chief Nurse asked Eric whether he had been given the opportunity to provide feedback and he confirmed that he had. Prof Robertson asked Eric's father whether there were any changes which could be made which would improve the experience for families. Liviu said that he had had a good experience at GOSH however as Eric had shared care with his local hospital there was a marked difference between GOSH and that Trust. He said that it was important for all hospitals to reach the same standards.
218	Minutes of Meeting held on 27 November 2019
218.1	The meetings of the previous meeting were approved .
219	Matters Arising/ Action Checklist
219.1	The actions taken since the previous meeting were noted.
220	Chief Executive Update
220.1	Mr Matthew Shaw, Chief Executive said that the Trust's decision to share the external report commissioned by GOSH from the Royal College of Surgeons into the Urology Service at the November public Trust Board meeting had resulted in significant media interest including staff being approached by media at their own homes, which was unacceptable. Mr Shaw said that it was vital to continue to be open and transparent however this must be balanced with the duty to protect staff.
221	Update on the R&I Strategy with a focus on Research Hospital
221.1	Dr Paul Gissen, Professorial Research Associate for Genetics and Genomic Medicine gave a presentation on the use at GOSH of the first available therapy for Batten Disease. Trials had begun at GOSH in 2013 with the first patient having been recruited in 2014 and as it was a rare disease, only 5 research patients had been recruited by GOSH in that time. Due to the support of the GOSH clinical ethics committee it had been possible to use the drug before it had been approved for six patients on a compassionate basis. Patients travelled long distances to GOSH and treatment was required fortnightly which was a substantial commitment for families and therefore GOSH's work to train other sites to use the drug was vital.

221.2	Discussion took place around the financial implication of the drug and Helen Jameson, Chief Finance Officer said that as the drug was new it was funded separately. The drug had been invented by a commercial company which operated in the field of rare diseases and a per-patient fee was negotiated with the company however the primary driver was the impact on patients which was significant. Lady Amanda Ellingworth said that the research story had highlighted the reasons that families were often keen to be referred to GOSH and the expectations they had of the Trust.
221.3	The Board discussed the research related BAF risks and Professor David Goldblatt, Director of Research and Innovation said that the risks would be reviewed to ensure that they fully reflected the risks in the area. Dr Anna Ferrant, Company Secretary confirmed that the Risk Assurance and Compliance Group would be reviewing the BAF risks in light of the refreshed strategy.
222	Directorate presentation: Operations and Imaging Directorate
222.1	Dr Tim Liversedge, Deputy Chief of Service said that the Operations and Images Directorate worked across 14 theatre areas as well as providing anaesthesia in other areas of the Trust and other centres. He said that GOSH patients were often extremely complex which was borne out by data which showed that GOSH had the greatest case mix severity for admitted care activity. He said that the team focused on patient experience and felt this was reflected in Friends and Family Test results for the directorate.
222.2	The directorate was experiencing challenges in recruiting to very specialist roles in particular in nuclear medicine and work was taking place to improve systems and processes to lead to improved flow and scheduling. Dr Liversedge said he felt that teams required additional pre-emptive funding in order to develop capacity.
222.3	Akhter Mateen asked about the impact of the Electronic Patient Record and Dr Liversedge said that he and Ciara McMullin, Head of Nursing and Patient Experience for the Directorate had both been heavily involved in developing the system prior to go live and added that in general it seemed that teams with greater engagement prior to go-live were experiencing greater benefits at an earlier stage. Nick Towndrow, General Manager said that there had been challenges in radiology due the way Epic interacted with other systems and work was required around scheduling and access to data in Epic. He said that progress had been made so theatre utilisation data was now available and similar work was now required in radiology.
222.4	The Board discussed the experiences of similar teams in another local Trust which had gone live with Epic at around the same time as GOSH and it was confirmed that a meeting was taking place to share learning, Dr Liversedge said that it was vital that resources continued to be committed to developing Epic.
222.5	Chris Kennedy asked for an update on intraoperative MRI (iMRI) and queried the impact of the suboptimal positioning. Phillip Walmsley said that the location of the iMRI meant that there was a greater staffing requirement. Nick Towndrow said that cases involving iMRI took longer due to the increased scanning requirement and therefore increased capacity was required to complete the same number of cases and associated costs were increased. Matthew Shaw said that there was significant benefit to patients through reduced interventions.

222.6	Ciara McMullin said that the directorate had the lowest staff turnover rate after one year at approximately 13% and health and wellbeing sessions had been launched for theatre staff which had been extremely beneficial. Consideration was being given to undertaking a research project on the resulting reduction in staff sickness.
222.7	Matthew Shaw said that it was extremely challenging for Operations and Images to make efficiencies and therefore it was vital to drive up the utilisation of assets and take opportunities to become more commercial.
222.8	Sir Michael welcomed the emphasis on team working in the directorate. <i>Sir Michael Rake left the meeting and Akhter Mateen took the Chair.</i>
223	CQC Inspection Report 2019
223.1	Action: Mr Matthew Shaw, Chief Executive said that the Trust welcomed the outcome of the report notwithstanding the ambition to become outstanding in all areas and highlighted the considerable work that was taking place in pharmacy which had been ongoing since before the inspection. It was noted that the Council of Governors had expressed some concern around the rating of 'requires improvement' for the 'safe' key line of enquiry, however it was emphasised that it was important to triangulate data from across the Trust to identify improvements. Matthew Shaw said that a safety strategy was being developed to support the Trust become outstanding in this area. The strategy would be multiyear and would be reviewed by the QSEAC in April and then Trust Board.
223.2	Matthew Shaw said that it was important to triangulate data from across the Trust to identify improvements and add there had been many successes in 2019 such as the directorate restructure and the Epic implementation. He said that it was important to recognise the progress that had been made since the last CQC inspection. Prof Robertson agreed that the report was positive overall and was reflective of the journey the Trust was on. The CQC preparation meetings would continue with the aim of embedding the work into business as usual.
223.3	Dr Anna Ferrant, Company Secretary said that the negative commentary from the CQC report would also be drawn into an action plan and it was confirmed that the QSEAC would receive regular reports on the completion of the action plan.
223.4	Dr Sanjiv Sharma, Medical Director confirmed that the Trust was compliant with the timelines set out in the actions plans which would be presented to the Camden Health and Social Care Scrutiny Committee.
224	Above and beyond framework – Our five-year strategy to advance care for children and young people with complex health needs
224.1	Matthew Shaw said that following feedback from the Trust Board, finance was an explicit part of the strategy as was sustainability and the document was aligned with the people strategy and transformation strategy. Akhter Mateen noted that there were a number of other strategies that underpinned the work of the Trust such as the quality strategy such as the Quality Strategy and asked

225.2	<p>whether these had been aligned. Dr Sharma confirmed that the Quality Strategy was currently being revised to align with the framework.</p> <p>Chris Kennedy welcomed the strategy and asked how it had been received when it had been discussed in the Trust. Matthew Shaw said that the formal launch would be in March 2020 however it had been presented to the Senior Leadership Team and the HR and OD team and positive feedback had been received. Cymbeline Moore, Director of Communications said that whilst some external communication would take place, the focus of the launch would be around internal engagement as it was vital that this was embedded in the Trust.</p>
225.3	<p>Akhter Mateen noted that discussions had taken place around potentially replacing one of the Always Values with 'Always Kind' and asked if this would go ahead. Caroline Anderson, Director of HR and OD said that the organisation was very connected to the existing values and therefore it had been agreed that 'Always Kind' behaviours would be connected to the existing values.</p>
225.4	<p>The Board approved the Above and Beyond strategic framework.</p>
225.5	<p>Matthew Shaw thanked Louisa Desborough, Strategic Partnerships Adviser to the Chief Executive for her work on the strategy.</p>
226	Update on Business Plan and Budget 2020/2021
226.1	<p>Peter Hyland, Director of Operational Performance and Information said that business planning guidance for 2020/21 had been very recently released and the Trust had established internal business planning round which enabled each clinical and corporate directorate to build their own business plan including opportunities for review and challenge around risks and opportunities.</p>
226.2	<p>Chris Kennedy, Non-Executive Director noted that staffing was a key feature of financial planning and highlighted that there were currently a number of vacancies in the Trust. He asked how the planning process had been refined for 2020/21 to ensure that the correct posts were in place to deliver the required activity. Helen Jameson, Chief Finance Officer said that a more detailed process had been used than in previous years and added that as the Trust had not delivered the block contract it was important that staffing ratios were accurate. Matthew Shaw emphasised that the vacancy rate was not in place to restrict nurse or doctor recruitment which was continuing, including internationally. He said it was important to review the overall vacancies in clinical and non-clinical posts to ascertain the appropriate whole time equivalent level. Chris Kennedy said that although a budget should be challenging it should also be achievable.</p>
226.3	<p>Peter Hyland said that there would be a focus on commercialisation in year including in terms of digital transformation along with continuing to embed research in the organisation.</p>
226.4	<p>Discussion took place around the Trust's commitment around RTT and it was confirmed that a commitment had been made to reach 86% by the end of 2019/20 and discussions were taking place around 52 week waits.</p>
226.5	<p>Action: It was agreed that a verbal update on the latest planning position with regard to the control total would be provided at the Finance and Investment Committee meeting on 18th February and discussion would take place about how the Board would be informed of progress as delegated authority was</p>

	required for the Chief Executive, Chief Finance Officer and Interim Chief Operating Officer to make the necessary draft submissions.
227	Brexit Update
227.1	Phillip Walmsley, Interim Chief Operating Officer said that the UK had left the EU on 31 st January 2020 and an 11 month implementation period was now in place. National guidance was to stand down Trust Brexit Steering Group meetings until October 2020.
227.2	Akhter Mateen highlighted the importance of supporting staff and asked if there were sufficient sources of advice available. Phillip Walmsley said that good support was being provided by HR. No feedback had been provided by procurement around issues or changes in procurement processes.
228	Integrated Quality and Performance Report – December 2019
228.1	Phillip Walmsley said that the Trust had reported 27 patients waiting over 52 weeks, 13 of which were dental patients. The service had paused to external referrals following agreement with NHS England however approximately 60% of activity was internally referred and therefore demand remained greater than capacity. A meeting had taken place with NHS England to consider whether London Trusts could collaborate to increase productivity. A lack of paediatric dentists was a national issue. A new management process was being established to ensure that harm reviews could take place to minimise risks to patient safety.
228.2	Neurosurgery had reported 7 patients waiting over 52 weeks due to the waiting list for Selective Dorsal Rhizotomy (SDR). The Trust had been commissioned for treatment of 24 patients however there was demand for 54; commissioners had acknowledged the additional demand and commissioning levels would be increased for 2020/21 but this would not be an immediate change.
228.3	Discussion took place around the importance of sharing resources across the Trust to ensure that activity could be accepted. Initial theatre utilisation metrics should approximately 67% utilisation however further work was required to map this against the proportion of staffed beds.
228.4	Dr Sanjiv Sharma, Medical Director reported that there had been a drop in the number of incidents closed in December. This had been an area of focus for January 2020 and there had been an improvement.
228.5	Data for Duty of Candour stages 2 and 3 remained below target and it had been agreed that additional letter templates would be created to support teams with discussions taking place with Epic in February to consider opportunities to streamline the process.
228.6	Action: Prof Alison Robertson, Chief Nurse said that there had been a change in guidance for Friend and Family Tests and it was agreed that a briefing would be provided at the next meeting.
228.7	Action: It was agreed that a view on data quality for the metrics provided in the Integrated Quality and Performance Report would be provided in the next report.

228.8	The Board welcomed the improvement in PDR performance.
229	Finance Report - Month 9 (December) 2019
229.1	Helen Jameson, Chief Finance Officer said that the Trust was £600,000 ahead of control total in year and continued to forecast that it would meet the control total at year end. IPP activity had increased substantially above plan in December however it was anticipated that activity in January 2020 would have reduced. NHS clinical income which was not subject to a block contract was behind plan by £500,000.
229.2	Akhter Mateen asked for a steer on the risk associated with the capitalisation of Epic costs following the auditors' review. Helen Jameson said that this was approximately £1million.
229.3	Discussion took place around IPP debtor days and Akhter Mateen queried the level of data days at year end 2018/19 and the potential impact of IFRS 19. Helen Jameson said that debtors days had been lower than at year end 2019/20 however they had remained broadly in line. The Trust was required to provide an evidence base around the provisioning policy and it was anticipated that the auditors would consider the policy to be overly prudent.
230	Safe Nurse Staffing Report (October – December 2019)
230.1	Prof Alison Robertson, Chief Nurse said that a programme of international nurse recruitment had begun and 110 nurses had been interviewed with conditional offers made to 88 candidates. A target had been set to recruit 50 international nurses into post taking into account attrition rates. A briefing would be provided on next steps for these posts.
230.2	A nursing workforce assurance group had been established and had held its first meeting. The group would focus on reviewing matters such as workforce intelligence and rostering.
230.3	The Trust remained below target for nurse retention. The Royal College of Nursing had published a report on nursing in London citing a key consideration as the cost of living which had been increasing over the last 3-4 years.
230.4	Kathryn Ludlow, Non-Executive Director said that it was important to learn from areas of good practice such as the health and wellbeing initiatives implemented in the operations and images directorate. Prof Robertson agreed that there were areas of good practice across the Trust and said that it was important to support line managers to develop core line management skills.
231	Healthcare Worker Flu Vaccination Checklist
231.1	Prof Robertson said that the Trust was required to report its plan to ensure that all frontline staff were offered the recommended flu vaccine and to ensure that the highest possible level of vaccine coverage was achieved.
231.2	

	The Board discussed Coronavirus and it was noted that meetings took place three time per week and considered national guidance and communications with staff.
232	Guardian of Safe Working Report Q3 2019/20
232.1	Dr Sharma congratulated Dr Renee McCulloch on her appointment as Associate Medical Director for Workforce which included Guardian of Safe Working within its remit.
232.2	Dr McCulloch said that Junior Doctors in Rheumatology had begun to provide exception reports and it had shown that the team were working hard giving evidence for requiring additional staff in the area.
232.3	Vacancy rates remained broadly in line with previous quarters and was often dependent on the flow of doctors through the Medical Training Initiative Scheme which was outside GOSH's control.
232.4	It had been shown that 50% of GOSH rotas were non-compliant with the revised terms and conditions of service which had been in place since October 2019. Rotas had not changed and in many cases junior doctors were satisfied with their rotas. Chris Kennedy asked how it would be possible to know in advance about non-compliance and Dr McCulloch confirmed that while the Trust had been aware in advance it had not been possible to recruit additional junior doctors in the required timeframe.
233	Board Assurance Committee reports
233.1	<u>Quality, Safety and Experience Assurance Committee update – January 2020 meeting</u>
233.2	The Board noted that a full report had been provided to the Council of Governors at their February meeting.
233.3	<u>Finance and Investment Committee Update –December 2019</u>
233.4	Akhter Mateen said that the committee had reviewed the Trust's ability to meet the control total and operational planning. Two directorate reviews had taken place and both had reported that the operational structure was working well.
233.5	<u>Audit Committee Assurance Committee Update – January 2020 meeting</u>
233.6	Akhter Mateen said that the Better Value and Financial Sustainability Board Assurance Framework risks had been reviewed and a discussion had taken place on data quality. Cyber security would continue to be a standing agenda item. Three internal audit reports had been received, all of which had been rated amber/green which was positive. Discussion had taken place with Internal Audit about undertaking a culture audit in 2020/21 which would be the first such audit at GOSH.
233.7	<u>People and Education Assurance Committee Update – December 2019 meeting</u>
233.8	It was noted that a full report had been provided to the Council of Governors at their February meeting.

234	GOSH Arts Proposal for Board Creative Health Champion
234.1	The Board endorsed the appointment of Lady Amanda Ellingworth, Non-Executive Director as Board Creative Health Champion.
235	Council of Governors' Update – December 2019 meeting
235.1	Sir Michael Rake, Chair said that constructive meetings continued to take place particularly in terms of the private meetings with Governors in advance of the meeting. He said focus had been placed on discussing the CQC report and a presentation had been received on the business planning process.
236	Any other business
236.1	There were no items of other business.