

**Minutes of the meeting of Trust Board on
3rd April 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
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
Professor David Goldblatt*	Director of Research and Innovation
Dr Shankar Sridharan	Chief Clinical Information Officer
Ms Claire Williams*	Interim Head of Patient Experience and Engagement
Ms Lynn Shields*	Director of Education
Dr Daljit Hothi*	Associate Medical Director
Dr Andrew Long*	Deputy Medical Director and Responsible Officer
Ms Karen Panesar*	Speak Up Project Lead
Ms Sarah Ottoway*	Associate Director of HR and OD
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)

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

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

11	Apologies for absence
11.1	No apologies for absence were received.
12	Declarations of Interest
12.1	No declarations of interest were received.
13	Minutes of Meeting held on 7 February 2019

13.1	The minutes of the previous meeting were approved .
14	Matters Arising/ Action Checklist
14.1	The actions taken since the last meeting were noted.
15	Chief Executive Update
15.1	Mr Matthew Shaw, Chief Executive said that he had met with the Minister of State in the Department of Health and Social Care to discuss apprenticeships and had also raised the issue of the change to specialist tariff which would be very challenging for the Trust.
15.2	Mr Shaw welcomed Dr Shankar Sridharan, Chief Clinical Information Officer and Ms Caroline Anderson, Director of HR and OD to their first Board meeting and thanked Ms Alison Hall, Deputy Director of HR and OD for her work as Acting Director.
16	Patient Story
16.1	The Board received a patient story via video from Sophie whose baby Verity was admitted to GOSH at four weeks old. Although Sophie had been very happy with Verity's care she said that she had previously been admitted to her local hospital where she had been provided with a private space to breastfeed however this had not been the case at GOSH. When Sophie arrived on the ward the team had been extremely busy and had not spoken to her for the first hour. No food had been provided and she was only told about food vouchers for breastfeeding mothers until two days into her stay. Sophie said that having had a caesarean section she was not comfortable walking around the hospital alone or leaving Verity for long enough to go to the Lagoon. A swipe pass had not been provided to the ward for her to use.
16.2	Sophie said that only one parent was able to sleep in Verity's room however this was an issue when both parents, who lived a long distance from GOSH, were required to be at the Trust early in the day to be taught about Verity's treatment.
16.3	Ms Claire Williams, Interim Head of Patient Experience and Engagement said that the family had not been aware of any of the facilities available as they had not received the standard orientation when they arrived on the ward and this provided a poor start to their experience. She said that work was taking place to expand the information available on the bedside entertainment system so that families were able to access the information required. Ms Williams said that meals were not provided to families as standard but this could happen in exceptional circumstances and the catering team could have been contacted for this. Work was taking place to improve breastfeeding facilities, however facilities remained available. Accommodation for families was under discussion and a working group had been created to ensure that there was a consistent policy in place.
16.4	Discussion took place around accommodation and Mr Matthew Shaw, Chief Executive said that it was important for staff to be aware of the reasons for the accommodation policy as there were also practical considerations for parents staying in the room such as space and access to the patient in case of an

16.5	<p>emergency. Ms Williams said that passes to access the ward were available however they were often accidentally taken home by families so wards struggled to maintain a supply.</p> <p>Lady Amanda Ellingworth, Non-Executive Director confirmed that progress with actions arising from patients stories was reported to the Quality, Safety and Experience Assurance Committee.</p>
17	Final GOSH Operational Plan 2019/20
17.1	Ms Helen Jameson, Chief Finance Officer said that the Trust had been through its annual business planning and budget setting cycle based on the contracts which had been negotiated and agreed in principle but not yet signed with NHS England and the Clinical Commissioning Groups. A breakeven control total had been issued which assumed the delivery of a £20million Better Value programme which was very challenging.
17.2	Professor Andrew Taylor, Acting Chief Operating Officer said that work was taking place to ensure that activity could be delivered within the current bed base and that the correct numbers of nursing staff were in the correct areas.
17.3	Mr Peter Hyland, Director of Operational Performance and Information said that since the version that had previously been seen by the Board, the activity reduction resulting from the implementation of the Electronic Patient Record had been profiled. He confirmed that activity remained the same over the year as a whole. He said that a commitment had been made to meet the RTT target by the end of the financial year. Mr Hyland added that the diagnostic standard would be delivered in May however this was also challenging due to the very small number of breaches which could take place before the overall target was not reached.
17.4	Sir Michael Rake, Chair noted the extremely challenging financial environment and emphasised the importance of driving efficiencies and continuing to discuss the tariff changes. He said that the patient story highlighted the importance of being able to provide additional services to patients and families and therefore it was vital to continue to lobby.
17.5	The Board approved the 2019/20 plan which accepted the control total.
17.6	Action: Mr Chris Kennedy, Non-Executive Director noted that £14million of Better Value schemes, including those rated as high risk, had been identified. He requested that the remaining proportion of the target to be identified was categorised within the plan to show how challenging it would be to achieve.
17.7	Ms Kathryn Ludlow, Non-Executive Director said that it was important to continue to discuss quality in related to Better Value schemes at QSEAC given the importance of reaching a significant target.
18	GOSH Draft Clinical Strategy
18.1	Dr Sanjiv Sharma, Acting Medical Director said that there were four areas which would be the clinical focus over the coming year: cancer, cardiac surgery, neuro and rare diseases. He said that the focus in each area would be around strengthening specialist and highly specialist services. Discussions around plans

18.2	<p>for cancer services were taking place across London and GOSH was a key part of these discussions.</p> <p>Mr Matthew Shaw, Chief Executive said that it was important to set out the organisation's current position and priorities and added that these would require refreshing following the review of the strategy.</p>
19	GOSH Draft Leadership Strategy
19.1	Ms Lynn Shields, Director of Education presented the draft strategy which was aligned with the national framework for developing people and improving care. The framework focused on four key areas of leadership capability: inclusive and compassionate leadership, talent management, systems leadership and change leadership. Sir Michael Rake welcomed the approach said that the strategy was critical to support the culture change that was required.
19.2	Mr Chris Kennedy, Non-Executive Director queried how the strategy was being received when discussed with leaders. Ms Shields said that in her experience the response had been positive and Professor Alison Robertson, Chief Nurse said that much of the strategy was about bringing together activity which was already taking place in a coherent way.
19.3	Lady Amanda Ellingworth, Non-Executive Director noted that the delivery of the strategy was reliant on a grant from GOSH Children's Charity (GOSHCC) and asked for a steer on the level of risk associated with this. Ms Shields said that the strategy had been presented to GOSHCC who were supportive. A full proposal on the ambition to develop a GOSH Learning Academy is scheduled to go to the Grants Committee in June 2019. .
19.4	Mr Kennedy noted the staff survey results in relation to the high levels of bullying and harassment experienced by staff at the Trust and asked how the strategy supported leaders to have difficult conversations. Dr Daljit Hothi, Associate Medical Director said that it was vital that leaders were trained and supported to model the required behaviours and were empowered to be motivated as part of the wider hospital team. She said that whilst the Trust employed a large number of expert clinicians who were well placed to lead clinically, these individuals often did not feel that were equipped with leadership expertise.
19.5	Ms Caroline Anderson, Director of HR and OD said that it was important that the strategy aligned with HR processes to ensure that it was integrated into the Trust.
20	New and Novel Medicines
20.1	Dr Sanjiv Sharma, Acting Medical Director said that due to the complex needs of many GOSH patients clinical teams were innovative in their approaches and used treatments which had not been trialled or extensively tested. He said that this was largely in circumstances when patients would otherwise continue with a chronic illness or die. Dr Sharma said it was vital that robust governance processes were in place to consider the use of these treatments and consent must be taken in each case.
20.2	Mr James Hatchley, Non-Executive Director queried whether the Clinical Ethics Committee should be one of the committees with which there should be liaison

	<p>during decision making. He queried whether using unlicensed drugs was within the Trust's insurance provision. Dr Sharma said that work was taking place to ensure that the Ethics Committee could consider such matters in a more formalised way.</p> <p>Professor Rosalind Smyth, Non-Executive Director said that the early access to drugs programme had been driven by the UK but initially had not included children. Young people had been clear that it was vital for children and young people to have the same opportunities for early access to drugs. Professor Smyth encouraged the Trust to continue to engage with children and young people about this matter.</p> <p>Professor David Goldblatt, Director of Research and Innovation said that it was important for the Drugs and Therapeutics Committee to be aware of repeated requests for the same drug as this should be undertaken through a trial.</p>
20.3	
20.4	
21	2018/19 National Cost Collection Presubmission (formerly Reference Costs)
21.1	Ms Helen Jameson, Chief Finance Officer said that the mandated reference cost collection had been replaced by the requirement for the Trust to submit Patient Level Costing Data for inpatient and outpatient activity. GOSH had been an early adopter of the new standard and had submitted this data for a number of years.
21.2	The Board approved the costing process and agreed to delegate to the Finance and Investment Committee to approve the 2018/19 National Patient Level Costing Collection submission on behalf of the Trust Board going forward.
22	Integrated Quality and Performance Update Report – 28 February 2019
22.1	Dr Sanjiv Sharma, Acting Medical Director presented the report which was in a new style, including quality and performance metrics in one report to support the triangulation of issues. He said that work continued around delayed discharges and the causes of this were multifactorial. The Nursing Director of Operations was leading on work to improve repatriation to local hospitals. Dr Sharma added that 22 experienced nurses had been recruited to PICU and NICU which was very positive.
22.2	Sir Michael Rake noted the central venous line infections had increased by 150% and asked for a steer on the causes and implications of this. Professor Alison Robertson, Chief Nurse said that in general GOSH had good and stable levels of CVL infection and that this particular increase was the result of one patient who was extremely unwell and contracted a number of infections.
22.3	Sir Michael noted that completion of the WHO checklist continued to be below target and Dr Sharma said that following clinical audits it was clear that the checklist was completed however this was not always recorded. He said that following Epic go-live this was a mandatory field in the system and therefore recording would be required which would improve documentation.
22.4	Action: Ms Kathryn Ludlow, Non-Executive Director noted the issues that had taken place with the occlusion and flow issues of BD pumps. It was agreed that consideration would be given to whether there should be any legal recourse due to the delays and potential patient safety issues.

22.5	Professor Robertson confirmed that the response rate target for the Friends and Family Test (FFT) had been achieved for the first time in February 2019 and was on track to also be achieved in March although all the data had not been received. Support could now be focused on the two directorates which had not achieved the target and Professor Robertson emphasised the importance of receiving patient and family feedback as seen by the patient story which had originated as feedback in the FFT.
22.6	Professor Andrew Taylor, Acting Chief Operating Officer said that the 92% RTT target had been achieved for the 14 th consecutive month which was extremely positive however it continued to be challenging to meet the discharge summary and clinical letter turnaround time targets. It was confirmed that improvement in this metric would be supported by Epic.
22.7	Professor Rosalind Smyth, Non-Executive Director noted the on-going high levels of staff turnover and sickness in the IPP directorate and asked about the work that was being undertaken in this area. Professor Robertson said that good work had taken place to be clear about the reasons for staff staying and leaving and added that a lot of nurses in the IPP team were newly qualified and moved to other areas of the Trust rather than elsewhere. She said that the team were keen to explore international recruitment however this was a medium term option as the time taken from job offer to achieving NMC registration could be considerable.
22.8	Mr Chris Kennedy, Non-Executive Director asked if sufficient recruitment activity was taking place given the level of turnover and Professor Robertson said that the Trust recruited throughout the year. Professor Taylor added that the profile of nurses at GOSH was much more junior than other Trusts.
22.9	Action: Professor Smyth welcomed the style of the report but requested trend information or a summary of trend where specific work was taking place.
23	Finance Update – 28 February 2019
23.1	Ms Helen Jameson, Chief Finance Officer said that at month 11 the Trust was £0.8million behind the control total having released £3.1million from contingency in the year to date. Clinical income was ahead of target by £8.4million, however pay and non-pay spend was higher than target as a result of implementation of the national Agenda for Change pay award and provision for IPP bad debt respectively.
23.2	The Trust continues to forecast that it would meet its control total at year end however this would require control on expenditure in month.
23.3	Discussion took place around IPP debt and Ms Jameson reported that GOSH had not received a payment from one territory with a particularly high level of debt for two months. Mr Matthew Shaw, Chief Executive said that he had met with the health attaché who had assured the Trust that payment would be made.
24	GOSH Staff Survey Results 2018 and Action Plan

24.1	Ms Caroline Anderson, Director of HR and OD said that in 2018 all staff were invited to take part in the staff survey both online and in a paper format and responses were received from approximately 50% of the workforce.
24.2	A number of significant events had recently taken place at the time of the survey which could have influenced feedback such as the clinical operations restructure, the chief executive resignation announcement and the change to some bank pay rates. GOSH scores had been below average across nine of the ten themes when compared to other specialist Trusts and average in the remaining theme. Two themes were significantly below average.
24.3	Ms Anderson emphasised the importance of developing a people strategy and highlighted that visible leadership was key. She suggested that a 'pulse' survey should be taken between annual surveys so that the direction of responses could be ascertained.
24.4	Professor Rosalind Smyth, Non-Executive Director noted that in some areas GOSH had been the worst amongst comparators. She asked whether these areas required a specific action plan. Ms Anderson said that she felt the survey response was an outcome caused by issues within all themes and that work should take place through the actions plans being developed. Mr Matthew Shaw, Chief Executive said that it was important for staff to be assured that action would be taken as a result of the survey responses.
24.5	Mr Chris Kennedy, Non-Executive Director said that he felt a response rate of 50% was low and said it should be expected that all leaders were encouraging staff to complete the survey.
25	Safety and Reliability Improvement Programme Update – Speak Up
25.1	Dr Andrew Long, Deputy Medical Director and Responsible Officer said the aim of the programme was to support staff to feel confident to speak up in the moment for the safety of patients and colleagues. Twenty volunteer safety champions had been appointed and were working alongside the freedom to speak up ambassadors.
25.2	Ms Karen Panesar, Speak Up Project Lead said that the workshops had been piloted in the Brain Directorate where 93% of had been trained, exceeding the target and good feedback had been received. Training for staff would be paused during EPR roll out and during this time focus was being placed on training volunteers. Following roll out it was anticipated that 80% of staff as a whole would be trained. Dr Long said that a culture survey was undertaken in the Brain Directorate and the results differed positively from those in the whole Trust staff survey.
25.3	Approximately 300 training sessions were scheduled to take place between June and August 2019 and Dr Long said it was vital that these went ahead. He said that the second part of the programme 'Promoting Professional Accountability' would begin later in the year.
26	CQC Readiness Update (including well led update)
26.1	Dr Sanjiv Sharma, Acting Medical Director said that the CQC would be visiting the Trust in the second half of the year. Work was taking place to identify gaps

26.2	<p>arising from the provider survey which had been completed and directorates had been paired up to inspect one another to share learning and best practice.</p> <p><u>Well Led</u></p>
26.3	<p>Dr Anna Ferrant, Company Secretary said that different elements of well led requirements would be presented to the Board at each meeting. Mr Matthew Shaw, Chief Executive said that the Trust was going to work with NHS Improvement on an informal Well Led assessment however this was likely to be at a similar time as the CQC inspection. Discussion took place around whether an informal well led inspection should take place and Sir Michael Rake said that it was important to be mindful of the pressures on the Executive Team at a busy time for the Trust. He said it was vital to ensure that these matters became part of business as usual.</p>
27	Safe Nurse Staffing Report (January and February 2019) including Retention Action Plan for Nursing
27.1	<p>Professor Alison Robertson, Chief Nurse said that no unsafe shifts had been declared in the reporting period. Care hours per patient per day had increased based on the same period last year as a result of either greater acuity of patients or greater activity which was staffed at the same level.</p>
27.2	<p>Key areas in terms of nurse vacancies were IPP and Sky ward which had bed closures as a result, however there had been positive recruitment of a number of experienced nurses to NICU and PICU.</p>
27.3	<u>Retention action plan for nursing</u>
27.4	<p>Along with recruitment focus was being placed on retention and the Trust had joined the Capital Nurse programme which worked to ensure nurses remained in London and it had been highlighted that 25% of nurses left the role in the first year. Mr Chris Kennedy, Non-Executive Director suggested that it was important to maintain contact with former staff and to encourage former staff to return to GOSH.</p>
27.5	<p>Four primary drivers of staff leaving the Trust had been highlighted in the exit survey: career development, work-life balance, a supportive workplace and support for newly qualified nurses. The action plan that had been developed to address these four drivers had been presented to NHS Improvement and the team was awaiting feedback.</p>
27.6	<p>Professor Rosalind Smyth, Non-Executive Director welcomed the excellent work that had taken place on the retention plan. She said that the Trust did not employ as many Advanced Nurse Practitioners or Nurse Consultants as other Trusts and there was likely to be a reduction in the flow of people from abroad and the action plan could be used to support this work as well as support more senior nurses beyond bands 5 and 6.</p>
27.7	<p>Mr Matthew Shaw, Chief Executive agreed that excellent work had taken place and said that similar work was required around allied health professions and developing a modern workforce.</p>
28	Workforce Equality Objectives Update 2018/19

28.1	Ms Sarah Ottoway, Associate Director of HR and OD said that a key objective was to increase the overall visibility of the Trust Board and Senior Leadership within the Trust. She said that within recent months there had been a positive change in the visibility of senior members of the Trust. Three staff inclusion forums had been established each with an executive sponsor who would support the development of the equality agenda going forward.
28.2	Professor Rosalind Smyth, Non-Executive Director noted that in band 5 – 6 roles 57% of applicants were from a BAME background however only 27% of appointed individuals were from a BAME background. She asked whether there was an underlying reason for this and whether any additional action was being taken. Ms Ottoway said that the data was being reviewed and added that it was important to consider the progression from shortlisted to appointed. Work had taken place on unconscious bias but more was required. Professor Alison Robertson, Chief Nurse said it was important that this work also took place in nursing as throughout London the majority of nursing roles were held by people from a BAME background however at GOSH the nursing profile was 80% white staff. She said that it was vital that recruitment of all potential staff was maximised.
28.3	<u>Equality, Diversity & Inclusion: Update against service delivery Equality Objectives</u> Professor Robertson said that extensive work had taken place to be clear about the demographics of the patient population. She added that the objectives had been developed in 2016 and they required revision based on feedback.
28.4	
29	Gender Pay Gap Report
29.1	Ms Sarah Ottoway, Associate Director of HR and OD said that the Trust had been required to report data related to the gender pay gap in line with all employers with greater than 250 staff. The Trust's gender pay gap remained, driven by the demographics of the workforce. The gap was similar to other children's hospitals but more pronounced than specialist Trusts. Ms Ottoway said that if the medical workforce was excluded, the Trust's gender pay gap was positively skewed. Sir Michael Rakesaid it was imperative that staff of all genders were provided with equal opportunities to be promoted and received equal pay for an equal role. He said that work should take place to agree an appropriate target for the Trust. Ms Ottoway said that GOSH had the ability to influence Local Clinical Excellence Awards and in 2018/19 women had been more successful in achieving awards and overall the same proportion of full and part time employers achieved awards.
29.2	
30	London North Genomic Laboratory Hub Governance
30.1	Ms Helen Jameson, Chief Finance Officer said that as the lead contractor of the London North Genomic Laboratory Hub (GLH), NHS England had confirmed that the senior management team of GLH would report to a responsible office at GOSH. Ms Jameson said that at the time of the operational restructure the GLH had been located within the Medicines, Therapies and Tests Directorate however as a result of the size and scope of the service and the associated

30.2	<p>impact on the management team's time it was proposed that the GLH moved out of this directorate to sit alongside the directorate structure reporting to the Chief Finance Officer.</p> <p>Action: Mr James Hatchley, Non-Executive Director queried whether GOSH would have oversight of individuals in their non-GOSH workplaces as the Trust would have responsibility for the governance of the GLH. Ms Jameson said that subcontracting arrangements would be in place and therefore action could be taken as required through the contract. It was agreed that Mr Hatchley and Ms Jameson would discuss the matter further outside the meeting.</p>
30.3	<p>The Board agreed that subject to the discussion outside the meeting they were satisfied with the proposed arrangements.</p> <p><i>Professor David Goldblatt left the meeting.</i></p>
31	GOSH Trust Board work-plan
31.1	Dr Anna Ferrant, Company Secretary presented the revised workplan and said that the matters for consideration by the Board had been mapped to the key lines of enquiry within Well Led. The Board agreed to provide any comments to the Company Secretary and noted that this was a live document and subject to change as the year progressed..
32	Board Assurance Committee reports
32.1	<u>Finance and Investment Committee Update February 2019</u>
32.2	Mr James Hatchley, Chair of the Finance and Investment Committee said that a considerable part of the Committee's discussion had been around the control total and tariff. The Committee had also discussed the positive move to a new procurement provider and considered work to ensure that bed base was maximised relative to tariff.
33	Update from the Council of Governors' meeting on 6 February 2019
33.1	Dr Anna Ferrant, Company Secretary said that Governors had received an excellent presentation on the Children's Cancer Centre development. The appointment of a Lead and Deputy Lead Governor would be considered at the next meeting as would the appraisal results of two Non-Executive Directors.
34	Declarations of Interest Register – Trust Board members
34.1	Dr Anna Ferrant, Company Secretary said that the register of Directors' interests was a live document and requested that any amendments or updates were provided on an on-going basis.
34.2	Under NHS England guidance all the Trust's decision making staff were required to provide a declaration of interest return. Mr Matthew Shaw, Chief Executive said that given the commercial sensitivity of many projects in which Trust staff were involved it was important to have an open register. The staff register would be reported at the May 2019 Board meeting.

35	Guardian of Safe Working
35.1	Dr Renee McCulloch, Guardian of Safe Working presented the first annual report from the Guardian of Safe Working service. She said that positive work had taken place and there was an active and engaged core group of junior doctors who had contributed significantly to the collection of exception reporting. However there remained national issues around the recruitment and retention of the junior medical workforce. Dr McCulloch said that use of exception reporting was part of the NHS long term plan and work was taking place to embed it further.
35.2	GOSH rotas were compliant when the Trust was at full establishment however significant pressure was placed on the system when gaps occurred. The vacancy rate for junior doctors was an aggregated Trust wide rate which did not reflect the differences in various areas. Dr McCulloch said that the impact on junior doctors when there were gaps could be substantial.
35.3	A plan was in place to improve rest facilities which had been an issue. The Modernising Medical Workforce Group had also been established in response to the issues raised by the Guardian of Safe Working and this was positive.
35.4	Action: It was agreed that discussion would take place outside the meeting to consider where the report would be uploaded to the website along with a narrative.
35.5	Professor Rosalind Smyth, Non-Executive Director welcomed the work that had taken place and asked when a further survey would be taking place which would show the resulting improvement. Dr McCulloch said that a survey about flow at work would be conducted as well as a survey about the wellbeing of junior doctors. Ms Caroline Anderson, Director of HR and OD suggested that pulse surveys would be useful in this situation as it provided more real time feedback and encouraged staff to engage with surveys on a more regular basis.
35.6	Mr Matthew Shaw, Chief Executive said that the overall vacancy rate had decreased substantially over the year which was extremely positive.
36	Register of Seals
36.1	The Board endorsed the use of the company seal.
37	Any Other Business
37.1	There were no items of other business.