

**Minutes of the meeting of Trust Board on
18th September 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
Professor Andrew Taylor	Acting Chief Operating Officer
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
Ms Claire Williams*	Interim Head of Patient Experience and Engagement
Ms Emma James*	Patient Involvement and Experience Officer
Mr Richard Collins*	Director of Transformation
Dr Allan Goldman*	Chief of Service - Medicines, Therapies and Tests
Mr Steven Tomlin*	Chief Pharmacist
Mr Chris Longster*	General Manager – Medicines, Therapies and Tests
Mr Anthony Murphy*	Interim Recovery Lead, Pharmacy
Ms Stephanie Williamson*	Deputy Director of Development
Mr Crispin Walkling-Lea*	Head of Healthcare Planning
Mr Anthony Sullivan*	General Manager, Brain
Mr William McCready*	Children's Cancer Centre Programme Manager
Mr Nick Martin*	Head of Sustainability and Environmental Management
Ms Mani Randhawa*	Lead Nurse, Quality
Mr Peter Hyland	Director of Operational Performance and Information
Dr Anna Ferrant	Company Secretary
Ms 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*

124	Apologies for absence
124.1	Apologies for absence were received from Mr Chris Kennedy, Non-Executive Director and Dr Shankar Sridharan, Chief Clinical Information Officer.

125	Declarations of Interest
125.1	No declarations of interest were received.
126	Patient Story
126.1	Ms Claire Williams, Interim Head of Patient Experience and Engagement introduced Hannah to the Board. Hannah had been coming to GOSH for approximately 8 years as the sibling of a GOSH patient. Hannah said that after initially feeling somewhat isolated, she had become a member of the Young People's Forum and been involved for two years which she had found to be an extremely valuable experience as she had felt able to voice her opinions and had encouraged other young people to do the same. She now felt more confident in her understanding of her brother's medical condition which had impacted all areas of her family's life.
126.2	Hannah emphasised the importance of GOSH in families' lives and reiterated the sense of belonging that the YPF had provided and the importance of understanding her brother's medical condition. GOSH had been able to provide training on ways to support her brother's condition in an emergency which her local Trust had not and this had made Hannah feel part of her brother's care.
126.3	Hannah emphasised that GOSH staff must 'think triple', meaning considering the patient, parents <u>and</u> siblings. She said that siblings have a unique view in many areas of a patient's life which even parents do not have providing an understanding of the impact of a condition on the patient's life. Hannah suggested that a sibling's forum could be established which could either be used to research the barriers experienced by other siblings in the Trust or be similarly structured like the YPF.
126.4	Sir Michael Rake, Chair thanked Hannah on behalf of the Board and said that she had given an excellent overview of the impact of GOSH on patients, families and siblings lives. Mr Matthew Shaw, Chief Executive agreed and said that the Trust was proud of the contribution that the YPF made to the Trust and recognised that care did not always extend to families and social situations which was often important to the patient.
126.5	Ms Williams said that the Trust would be working with Hannah to understand the experiences of other siblings.
126.6	<u>Draft Patient Experience and Engagement Framework (for information)</u>
126.7	Ms Alison Robertson, Chief Nurse said that the draft patient experience and engagement framework was also part of the paper and requested any comments were passed to her in advance of the document being presented to Board for approval in November.
127	Minutes of Meeting held on 18 July 2019
127.1	The minutes of the previous meeting were approved .
128	Matters Arising/ Action Checklist
128.1	The actions taken since the previous meeting were noted.

129	Chief Executive Update
129.1	Mr Shaw said that the EPR system had gone live on time on 19 th April and substantial progress had been made with moving towards 'business as usual'. He said that the Trust had worked extremely hard and some metrics were now the best they had been. Culture remained the priority and Speaking Up for Safety training rates remained positive with approximately 65% of staff having been trained or signed up for training and evidence of the process having been used.
129.2	Work continued to update the strategy and a consultation with staff was in progress to receive feedback on the work that had taken place so far. Good attendance continued at 'Mat's big briefing' sessions which was a positive way to be open with staff.
129.3	Workforce Race Equality Standard data had been published for 2019 and would be discussed later in the agenda however it was clear that the organisation did not have the level of diversity and inclusion required which was best for the Trust.
129.4	Mr Shaw highlighted the recent inquest into the death of a patient where the parents felt the Trust had not been transparent in dealing with them. Mr Shaw expressed profound disappointment and said that there were lessons to be learned from this case. He apologised again for the care that Amy Allan received which did not meet the expected standards at GOSH.
130	Sustainability Transformation Partnership Finance Return
130.1	Ms Helen Jameson, Chief Finance Officer said that as part of the NHS Long Term Plan, providers had been asked to submit their projections on expenditure, income, workforce, efficiencies and activity for the next five years. The base case for the Children's Cancer Centre modelling had been used to provide the plan and the Non-Executive Director members of the Finance and Investment Committee had attended workshops to allow further discussion. Modelling had shown the Trust achieving a breakeven Control Total for each year and the key assumption and challenge was around meeting the savings delivery requirement and maximising income. The Trust had recently been issued with a draft Control Total of breakeven which was in line with plan.
130.2	Mr James Hatchley, Non-Executive Director said that substantial work was taking place on the Long Term Financial Model in the context of the Children's Cancer Centre. He added that a critical part of this work was ensuring that the Trust was able to change its culture around the way it worked to release efficiencies however it was vital to understand that the outturn was significantly support by IPP activity.
130.3	The Board agreed to delegate authority to the Executive Team to sign off the finance return.
131	Pharmacy
131.1	<u>Feedback from NED walkround in pharmacy</u>

131.2	Mr Hatchley said that the Chief Pharmacist was the national Brexit lead for pharmacy and a plan would be in place for the anticipated challenges of Brexit. He said that the team had reported that the Executive support for pharmacy had been valuable however there continued to be issues around procurement and the continued use of paper. Issues in pharmacy with Epic were on-going and the US Epic team had been at the Trust working on this.
131.3	Ms Kathryn Ludlow, Non-Executive Director said that she had been informed that there were national issues with the manufacturing of total parenteral nutrition (TPN) and therefore it was challenging for GOSH to outsource its TPN manufacture, which was substantial, in order to create capacity.
131.4	<u>Pharmacy presentation</u>
131.5	Professor Allan Goldman, Chief of Service for Medicines, Therapies and Tests said that the pharmacy transformation project had begun in 2017 in response to waiting times and culture within the team. The reviewer became embedded within the department for six months in order to carry out the review. Following this, the Pharmacy Transformation Board had been established.
131.6	Professor Goldman said that staff in pharmacy were extremely dedicated and had excellent expertise and the Trust had underestimated the level of production of both TPN and CIVAS at GOSH which was substantially greater than other units nationally. A new Chief Pharmacist had been appointed who had been instrumental in changing the culture in the department.
131.7	Epic had been extremely challenging as the team had already been working at capacity and another London Trust which had gone live with Epic had experienced similar issues. Sir Michael asked whether there was a timeframe for the improvements being made by the Epic team and Mr Steven Tomlin, Chief Pharmacist said that the US Epic team were clear that rapid changes were required and understood the impact on the Trust. A report would be provided on 20 th September about the action that would be taken. Mr Shaw said that he had met with the Chief Executive of Epic to ensure that resources were deployed to GOSH and another London Trust which she had committed to do.
131.8	Professor Rosalind Smyth, Non-Executive Director queried whether the pharmacy issues with Epic could have been anticipated based on the experiences of other Trusts and whether there was learning to be gained from other Trusts outside the UK. Mr Tomlin said that other organisations did have issues and added that GOSH would be advising that no other Trust went live before the pharmacy issues had been fixed.
131.9	Following the critical report arising from the MHRA inspection the Trust had appointed an interim recovery lead which had been extremely positive. A restructure had been undertaken and leads appointed for each area. Manufacturing had been reduced as far as possible which provided capacity to make other changes. The MHRA had returned for a follow up inspection and were satisfied that improvements had been made but work continued.
131.10	Mr Anthony Murphy, Interim Recovery Lead said that the quality system had been overly complex and leadership was required in a number of areas, particularly around people management. Weekly quality meetings had been established and the team was skilled and enthusiastic to move forward.

131.11	On her walkround to pharmacy, Ms Ludlow said that she had been advised that CIVAS had previously been manufactured in a specific and specialist environment and would now be made on wards. She asked whether this had safety implications. Mr Tomlin said that this had been an important decision in terms of workload on wards, which was being monitored, however in some cases such as first doses, manufacturing already took place at ward level. Ms Robertson said that substantial work had taken place to ensure nursing staff were IV competent and in the event that wards were under pressure they had the ability to request additional staff to short shifts around IV times. No feedback had been received that the change had been overly burdensome.
131.12	The Board discussed Brexit and Mr Hatchley queried whether additional resources were required for this issue. Mr Tomlin said that weekly Brexit meetings were taking place internally and nationally paediatric pharmacists had worked with the Department of Health to review each medicine used in paediatric care including the manufacturing ingredients. A key issue was around the freezer capacity to store additional drugs. Mr Tomlin said that there were often shortages of drugs and Brexit would exacerbate this and it was vital that there was a plan in place to manage the issue. He added that GOSH had specific issues as there were a large number of drugs which were only used at the Trust and therefore it was important to be clear about the stock which was being held.
131.13	Mr Hatchley asked how concerned families were being communicated with and Mr Tomlin said that the first meeting with the Department of Health would be taking place on 19 th September and additional guidance would be issued after this. The current guidance continued to be to advise patients and families not to stockpile medication. Mr Tomlin added that he felt the Trust was doing all it could.
131.14	Ms Ludlow asked whether, given the pharmacy issues with the EPR and associated costs to the hospital, this had been discussed with Epic. Mr Shaw gave assurance that this would be discussed.
131.15	Sir Michael said that despite ongoing issues the Board recognised the excellent work which was taking place in pharmacy and the improvements which were being made.
132	Board Assurance Framework Update
132.1	Dr Ferrant said that the Risk Assurance and Compliance Group (RACG), which was chaired by the Chief Executive, had reviewed all risks on the Board Assurance Framework making a number of proposals to the Board.
132.2	<u>BAF Risk 1: Financial Sustainability</u>
132.3	The RACG had proposed that the likelihood net score was reduced to 3 from 4 in recognition of the work that had been done to future proof Trust finances and as a result of current finances being in line with plan. Mr Akhter Mateen, Non-Executive Director said that he did not agree with the proposed change as there was also a recommendation for an increase in the risk scores for Better Value and IPP which were key components of the Trust's financial sustainability. Mr Hatchley agreed and added that he felt the environmental challenges were so great it was not possible to say that the likelihood had reduced.

132.4	The Board agreed that the risk score would not be changed.
132.5	<u>BAF Risk 2: Better Value</u>
132.6	Mr Mateen said than in terms of financial impact a £20million would be catastrophic and therefore he suggested that the risk score should be increased to 4x5.
132.7	<u>BAF Risk 3: IPP Contribution</u>
132.8	The RACG had proposed that as the IPP target had not been achieved in quarter 1 of 2019/20 the score should be amended to 3x5. Mr Mateen said he felt that the impact would not be this great however he suggested that the likelihood score should be increased to 4.
132.9	Action: It was agreed that the proposals from the RACG would be reconsidered by the RACG and reviewed again at the November Trust Board meeting.
132.10	Dr Ferrant said that the risk appetite scores had been reviewed and stress tests were being undertaken on BAF risks to be assured that the controls in place were working.
132.11	Mr Hatchley said he felt that the red rated risks were key areas for focus for the Board and Executive Team. Mr Mateen said that whilst some red risks were unique to GOSH the majority would be common to many Trusts.
133	Preparations for Brexit
133.1	Professor Andrew Taylor, Interim Chief Operating Officer said that the Trust had been asked to complete a self assessment of 69 areas of which 2 had been rated amber for GOSH and the remaining areas were green. It was anticipated that the amber areas would soon be rated green.
133.2	Sir Michael noted that preparations for Brexit in terms of workforce had been rated green and emphasised that it was important to be clear about the medium term as well as short term impact. Professor Smyth highlighted that the impact on workforce in research was significant and the UCL GOS Institute of Child Health was working hard to ensure that it was clear that staff were valued and was working nationally to highlight issues. Sir Michael said that it was vital that these issues were clear particularly for a Trust such as GOSH which was reliant on research.
133.3	Mr Mateen queried how the impact could be articulated given that the Board Assurance Framework Brexit risk had a net risk score of 20 and Professor Taylor said that the underlying questions within each area of the EU exit template were very specific. Dr Sharma said that the medical workforce was very reliant on an international workforce which would skew the way that Brexit impacted the Trust.
134	Children's Cancer Centre Outline Business Case
134.1	Mr Shaw said that the Outline Business Case had been developed following the agreement of the project principles and parameters at the joint Board to Board meeting between the Trust and the GOSH Children's Charity (GOSHCC). The project would include provision for cancer services, pharmacy and the school all

	within a budget of £250million. Mr Shaw added that if the OBC was approved by the Board and GOSHCC the Trust would enter into the Pre-Construction Services Agreement (PCSA) design agreement with the design partner and funding would be allocated to progress the decant works.
134.2	Sir Michael said that the key principles were that the project was affordable as the Trust could not take on debt. He said that it was essential that the project delivered what was required and had the necessary flexibility.
134.3	Mr Hatchley said that the financial case had been reviewed at the Finance and Investment Committee and highlighted that the development would increase the Trust's running costs and GOSH had responsibility for any budget overruns. He added that whilst the commercial case for the development was good the Trust still had short term issues of sustainability and delivery of better value. Ms Jameson agreed that short term challenges were substantial but said that the running costs of the building would need to be covered by savings and additional income associated with increased activity.
134.4	Mr Mateen suggested that learning was taken from the successful way that the EPR implementation was managed including the oversight, user involvement and milestones. He noted that the gateway review had highlighted the importance of detailing benefits realisation at the outset. Mr Matthew Tulley, Director of Development said that gateway reviews would be ongoing to provide additional assurance and a large number of user groups would be involved in the design and would be regularly engaged.
134.5	Mr Hatchley confirmed that the OBC had been recommended for approval by the Finance and Investment Committee.
134.6	The Board approved the Outline Business Case.
135	Update on implementation of Electronic Patient Record
135.1	Mr Richard Collins, Director of Transformation said that the EPR programme had moved from the planned 'stabilisation' phase into the 'optimisation' phase which would continue until October 2020. Key areas of focus continued to be pharmacy along with the impact of depth of coding.
135.2	Professor Smyth expressed concern about the issues in pharmacy and asked for a steer on the impact on the rest of the hospital. Mr Collins said that the impact was limited as the issues were primarily related to prescribing rather than dispensing. Mr Shaw said that patients were experiencing longer delays to receive their medication and the team were doing well but it was a challenging situation. Ms Jameson said that the finance team were working with pharmacy to support inventory control.
135.3	Mr Collins said that in terms of discharge summaries, whilst teams had initially struggled with Epic, around 97% of summaries had been sent to patients and parents and only approximately 192 were outstanding. He stated that this was excellent progress. Professor Taylor said that turnaround times for clinic letters were the best they had ever been and Epic gave clarity about the point at which issues occurred in the process. Following go live, clinic letter turnaround time had been 33 days and it was currently 3 days. He said that Epic had already proved to be transformational in this respect.

135.4	Mr Hatchley asked about the impact on billing and Ms Jameson said that estimates for drugs were still being used at month 5 however the results of a stock take would be available shortly and an update would be provided to the Finance and Investment Committee. There had also been a reduction in depth of coding and a change in the activity profile and work was taking place to ascertain whether this was a real change or related to Epic. It would be important to work with commissioners when discussing contracting for 2020/21 as the current year's results would not be representative of activity. Ms Jameson said that it was important to keep this under review as the Trust was required to give notice to commissioners around changes of coding.
135.5	Mr Mateen said that he had been on a walkround to Squirrel Ward and had spoken to two patients and parents who had been complementary about their experience with the MyGOSH patient portal. He noted that the report highlighted a backlog of reporting test results in Regional Genetics and queried if there was a financial penalty or patient experience impact. Ms Jameson said that getting used to Epic had slowed the work of the team and whilst there was no financial penalty it was important to ensure that patients had access to their test results as soon as possible. She said that updates would be provided to the Quality, Safety and Experience Assurance Committee and weekly updates were being provided on the number of outstanding results. She said that the team was working well to close reports.
136	IPP walkround feedback
136.1	Lady Amanda Ellingworth, Non-Executive Director said that during a walkround when discussing the vacancy and turnover rates with staff in IPP they had reported that some NHS staff were personally challenged by the ethos of working with private patients however the team felt that there had been some stabilisation in the medical workforce. Staff had also queried whether the Trust was doing all that was possible to encourage UK based private patients to be treated at GOSH. Sir Michael said that staff were also very keen for the Board to reiterate that IPP was vital in order to support NHS services and doctors and nurses were all NHS employees.
137	Integrated Quality and Performance Report – August 2019
137.1	Professor Taylor said that the Trust had retained its 100% performance against cancer waiting times throughout the Epic go live period however, as planned, RTT had reduced. The trajectory for RTT was planned for recovery by April 2020 and waiting times were currently challenging in dental due to a shortage of consultants. Discussion had taken place with NHS England about GOSH pausing referrals which would be accepted by other centres. Professor Taylor added that PDR rates were currently at 91% and statutory and mandatory training compliance was at 94%.
137.2	The number of incidents being closed month on month was increasing however due to the number of historical overdue incident investigations the proportion of incidents closed within 45 working days was skewed and remained below 50%.
137.3	Ms Robertson said that a large number of complaints and PALS contacts were related to communication and it was anticipated that this would improve with the full implementation of MyGOSH. To date 5000 families had signed up to MyGOSH which was significant when compared to other organisations which

	had implemented Epic and it had the potential to make substantial patient experience improvements.
137.4	The Trust received a low number of complaints relative to its size however those received could be complex. There were currently 17 open complaints, none of which were red, however 2 red complaints had been received in year. The outcome of red complaints was monitored and were considered at the 'closing the loop' meeting which facilitated information dissemination.
137.5	The response rate and satisfaction from Friends and Family Tests responses in Research and Innovation had reduced and it was thought that this was primarily as a result of the delays patients were experiencing as a result of pharmacy delays. Satisfaction rates had reduced in IPP in recent months and was lower than the rest of the organisation which was being reviewed and was discussed further under the safe staffing report.
137.6	Mr Hatchley noted that there had been an increase in medication incidents causing harm and Ms Robertson said that whilst a number of Datix reports were for near misses, there had been an increase.
137.7	Mr Hatchley queried whether, following the patient story, staff who communicate with patients were also trained to work with siblings. Ms Robertson said that this had been somewhat of a hidden issue which had not yet been the subject of patient experience work. She said that work was taking place to develop a three year patient experience action plan alongside GOSHCC and a workstream focus would be around siblings.
137.8	Dr Sharma said that performance in reviewing high risks in line with the risk management strategy had improved as a result of completing the review of overdue high risks. Completion of both conversations and letters in relation to Duty of Candour were now at 100% and work had moved on to ensuring that investigations were completed within the required timeline.
137.9	Sir Michael queried what action was being taken to improve last minute non-clinical hospital cancelled operations. He said that this significantly impacted patient experience and also had a detrimental effect on theatre utilisation and efficiency. Professor Taylor said that it was likely that utilisation metrics would have reduced as a result of the decision taken to reduce activity over the EPR go live period. He confirmed that a patient flow project was ongoing which was complex and agreed that it was vital to be as efficient as possible. Dr Sharma said that some patients were cancelled for clinical reasons and therefore work was taking place to improve the use of pre-operative clinics to ensure that patients were seen with enough notice to make decisions about going ahead with interventions and utilising theatre slots in the event that rescheduling was required.
138	Finance Report - Month 4 (July) 2019
138.1	Ms Jameson said that at month 4 the Trust was £400,000 behind plan and this at increased to £600,000 behind plan year to date. Although IPP activity is behind plan there has been a substantial increase in activity in August and the pipeline was strong. The Trust was not currently delivering the Better Value programme at the required level and this was currently partially offset by vacancies (£4million year to date). Ms Jameson said that cash remained strong and the capital programme continued to be delivered.

138.2	IPP debt had reduced as had debtor days and a marked improvement in regular payments had been noted from one territory.
138.3	Focus was being placed on forecast outturn and forecasting was taking place on a monthly basis with directorates along with reviews of the outturn. The finance paper would become more forward facing and actions plans were requested at performance meetings where directorates were not meeting their forecast outturns.
138.4	Mr Mateen asked whether there was a risk to the provider sustainability funding (PSF) for quarter 2 and whether Epic was impacting pass-through. Ms Jameson said that it was likely that the required position would be reached if IPP continued on their improved trajectory. She said that estimates continued to be used for drugs however the results of a stock take would soon be available which would provide accurate information. Ms Jameson added that less income was being received from areas with cost and volume contracts and it was not yet clear whether this was a result of a change in activity or a reduction in depth of coding. The impact was approximately £0.5million year to date and the Trust was continuing to be able to identify changes in coding during the commissioner flex period.
139	Better Value Update
139.1	Mr Richard Collins, Director of Transformation said that delivery of the £20million Better Value programme remained a significant risk and challenge. The programme had not delivered full savings at month 4 however this had been largely offset by vacancies. Schemes totalling a potential value of approximately £20million had been identified however they had not been fully worked up or signed off and had therefore been risk rated accordingly.
139.2	Sir Michael said that Mr Kennedy had submitted comments and had highlighted the risk to the programme and asked what action would be taken. Mr Kennedy had asked for a steer on the likelihood that the programme would be achieved. Mr Collins said he felt it was likely that the programme would be achieved however this would be with non-recurrent schemes, some of which would be around vacancies.
139.3	Professor Smyth said paediatric care was likely to transform in the coming years and asked how plans were being developed to adapt to this. She said that there would be increased monitoring of patients remotely and this was not reflected in current thinking around Better Value or longer term financial sustainability. Mr Shaw said that as part of the strategy refresh staff were being asked to consider how ways of working could be changed. He said that following the work to refresh the strategy work to move forward to consider further the transformation of services and clinical work.
139.4	Ms Jameson said that the Trust continued to forecast that the control total would be met and alternative plans were being reviewed which could support this. She added that it was important to work with NHS Improvement around the tariffs as the tariff had significantly affected income, and in conjunction with the increased running costs resulting from the opening of the Zayed Centre for Research 2019/20 was a challenging year for GOSH.
140	Safe Nurse Staffing Report (June and July 2019)

140.1	<p>Ms Alison Robertson, Chief Nurse said that the paper had been discussed at the People and Education Assurance Committee alongside the retention plan. She said that her visible leadership walkround had visited IPP and had found that staff were very supportive of one another and keen to work through issues. There had been an increase in moderate harm incidents and complaints had increased in recent months including red complaints demonstrating that the directorate was being challenged in maintaining patient experience and safety. The Board had expressed concern about the level of staff turnover and vacancies and Ms Robertson said that the directorate had recruited to five nurse associate roles to support skill mix and the Trust had partnered with UCLH to explore international recruitment. Establishments would be reviewed Trust wide which would include IPP and particularly Butterfly Ward as acuity of patients on the ward had changed and there was a gap between their establishment and that of other oncology wards in the Trust. Butterfly and Hedgehog Wards had been merged due to staffing levels and the beds would not be reopened until it was safe to do so. A large number of newly qualified nurses would begin in post on 23rd September and some would be working in IPP. Sir Michael asked whether it was beneficial to induct a large number of newly qualified nurses at one time and Ms Robertson said that the number was lower than it had been in previous years and that whilst it was more ideal to induct nurses throughout the year organisations were tied to university schedules when newly registered nurses qualified, primarily in September.</p>
140.2	<p>Mr Hatchley noted that the government bursary to cover university fees for nursing had been abolished in 2016/17 and asked if there had been an impact on the number of trainees as a result. Ms Robertson said that nationally there were approximately 40,000 nursing vacancies and the workforce was not sufficient to fulfil the 10 year plan. She said that the loss of the bursary had changed the profile of applicants and fewer mature students were joining programmes however funding had recently been announced for continuing professional development.</p>
140.3	<p>Lady Ellingworth queried the length of time that IPP beds would be closed and Ms Robertson said that although international recruitment would be helpful it was likely to take 6-9 months before additional staff would enable the beds to be reopened. Professor Taylor said that there would be a total reduction of 20 IPP beds and discussions were taking place as to whether some beds could be accommodated elsewhere in the organisation. It was anticipated that 5 beds could be opened by the beginning of January 2019.</p>
141	Sustainability Management Plan
141.1	<p>Mr Nick Martin, Head of Sustainability and Environmental Management gave a presentation on the Sustainable Development Management Plan (SDMP) which showed where GOSH's services had an environmental impact and presented opportunities to reduce this and bring health benefits to patients, staff and communities.</p>
141.2	<p>Action: Discussion took place around the potential declaration of a climate emergency which had already been done by more than 100 local authorities and two NHS Trusts and it was agreed that work would take place to understand the implications and responsibilities so that this could be considered by the Board at its November meeting. Sir Michael said that he was supportive of declaring a</p>

141.3	<p>climate emergency but agreed that it was important to have all the information before considering the decision.</p> <p>The Board approved the SDMP for adoption by the Trust for 2020-2023.</p>
142	Children and Young Person's Inpatient Survey Results
142.1	Ms Robertson presented the report which outlined key findings from the CQC Children and Young People's Patient Experience Survey 2018 focusing on areas for improvement. The data had been collected from patients who were discharged from GOSH in November and December 2018 but unfortunately the survey was not open to patients over 16 years of age and results were not received broken down by ward or directorate.
142.2	The report was positive for GOSH with a higher than average response rate and placed sixth in terms of the positive score ranking in this benchmarked pool. Particularly good results were around staff speaking to children and young people about their worries and in terms of providing accommodation for families. Less positive was a deterioration in the score for patients feeling able to talk to a doctor or nurse without a parent or carer present. This linked well with the transition work focusing on 'growing up and gaining independence' and the areas for improvement would inform the patient engagement and experience framework action plan.
142.3	Sir Michael asked if feedback was provided to the respondents and Ms Robertson said it was important to be more proactive in terms of 'you said, we did' and confirmed that the results would be presented to the Young People's Forum. She added that the Trust would be developing a similar survey in Arabic to gain feedback from international patients.
143	Well Led Action Progress Update
143.1	Dr Ferrant said that the work to close actions related to Well Led was taking place in three parts: actions arising from the independent governance review in 2016; actions arising from the negative commentary in the CQC Well Led report in 2018; and an iterative Executive Team workplan. The outstanding action from 2016 would be closed through the Board development programme.
143.2	Ms Ludlow asked how the Board development work was being taken forward and Mr Shaw said that all Non-Executive Directors had now had 1:1 interviews with the King's Fund. This had shown that they were keen to undertake development for the Board as a whole and the King's Fund had proposed a potential programme of work. Further discussion and agreement on a way forward would take place as the Trust Board Strategy Day in October. The Executive Team was taking part in regular development sessions with the King's Fund.
144	Workforce Equality
144.1	<u>Workforce Disability Equality Standard 2019</u>
144.2	Ms Caroline Anderson, Director of HR and OD said that the information held by the Trust relating to workforce disability Equality Standards 2019 was poor and the infrastructure to collect the relevant information was not in place. Information

	was collected on appointment but there was no facility in place to update this information. HR self-service would be rolled out throughout the Trust which would give the opportunity to review meaningful data.
144.3	<u>Workforce Race Equality Standard 2019</u>
144.4	Ms Anderson said that the workforce race equality data had been concerning to the Executive Team and it was clear that improvement was required. She said that the historic lack of focus on people issues within the organisation had led to a lack of experience of management, issues with the processes for recruitment and management of the workforce.
144.5	Ms Mani Randhawa, Lead Nurse for Quality who was a founding member of the BAME staff forum said that the forum had been launched with the Chief Nurse as the Executive sponsor and work had focused on working with the senior leadership and executive team to embed the forum into the Trust. A number of events and cultural celebrations had been taking place and the first AGM was scheduled for October.
144.6	Ms Ludlow said that the paper had been discussed at the People and Education Assurance Committee and concerns had been raised that alongside results being worse than those of other Trusts, in some areas they continued to deteriorate. Ms Anderson said that focus was being placed on ascertaining the drivers of these issues and working with communications to develop a brand which highlighted the Trust's aspirations in this regard. Mr Shaw said that data showed that people from a BAME background experienced difficulties in moving forward in their careers and Professor Smyth said that it was vital that actions were taken such as ensuring there was BAME representation on all interview panels and specific leadership programmes to support staff from a BAME background. Ms Robertson said that a new Head of Nursing for Workforce would be in post by the end of September 2019 and a key part of her role would be to support the BAME staff forum to review Trust recruitment processes.
144.7	Action: Ms Anderson said that GOSH was far behind other organisations in this work and said it was vital that the Board and Executive Team were supportive. It was agreed that the Board would undertake unconscious bias training.
144.8	Ms Randhawa invited the Board to the BAME forum AGM on 31 st October at which there would be a talk on cultural intelligence.
145	Revised Assurance and Escalation Framework
145.1	Dr Ferrant said that the assurance and escalation framework had been updated in light of the directorate restructure and changes to the risk management strategy. The review had also considered the greater opportunities for staff, patients and families to raise concerns.
145.2	Lady Ellingworth said that the Risk Action Group (RAG) meetings were a key part of the risk management process and highlighted that there had previously been variation in the way the groups worked between directorates. She asked if this had been resolved. Dr Sharma said that the Quality and Safety team were attending as many RAG meetings as possible to support them to become standardised however work was still required. Professor Taylor said that action plans were being developed and reviewed at performance reviews for risks which had been on registered for more and one year.

145.3	Lady Ellingworth asked for assurance that compliance work took place throughout the year rather than just when an inspection was due and Dr Ferrant confirmed that although the compliance framework was focused on managing information around inspections, it was vital that teams were quality assuring their position against requirements on an on-going basis.
145.4	The Board approved the revised assurance and escalation framework.
146	Board Assurance Committee reports
146.1	<u>Quality, Safety and Experience Assurance Committee update – July 2019 meeting</u>
146.2	Lady Ellingworth said that the QSEAC continued to review its way of working to ensure that it was receiving assurance and a meeting was taking place to discuss the agenda and contents of papers on 19 th September. Professor Smyth who was a member of the committee said she felt progress was being made in the working of the committee.
146.3	<u>Finance and Investment Committee Update – July 2019</u>
146.4	Mr Hatchley said that a number of matters which had been discussed at the Committee had also been reviewed by the Trust Board. Thorough discussion had taken place around Better Value and the Long Term Finance Model and focus was placed on the block contract for the current financial year and forecasting and contracting in 2020/21.
146.5	Directorate reviews had begun and this had included corporate for the first time.
146.6	The Committee continued to undertake post implementation reviews of large projects in order to learn financial lessons.
146.7	<u>People and Education Assurance Committee Update – July 2019 and September 2019</u>
146.8	Ms Ludlow said that the new committee allowed valuable time to focus on people and culture issues. Discussion had taken place around receiving staff stories at the meeting in the way that the Board received patient stories.
146.9	The Committee had discussed placing a focus on line management as GOSH had a young workforce who were, in general, managerially inexperienced.
146.10	Mr Hatchley said that it had been proposed that a small proportion of committee time was used to consider people successes of which there were many in the Trust.
146.11	Mr Mateen said that whilst there had not been an Audit Committee meeting since the last update to Board, preparations were taking place for the annual Trust Board Risk Meeting in October followed by the Audit Committee.
147	Council of Governors' Update – July 2019

147.1	Sir Michael said that Governors were keen to be involved and to find a balance of involvement. It had been agreed that the Governors would hold a private meeting prior to the Council meeting. Meetings continued to take place between the Chair, the Lead Governor and the Deputy Lead Governor which were open and positive. At the meeting in July the Council had approved the reappointment of Mr Hatchley as a Non-Executive Director for three years.
148	Trust Board Terms of Reference
148.1	Dr Ferrant said that the Terms of Reference had been updated to reflect changes to roles in the Executive Team. It was proposed that whilst the Audit Committee continued to monitor data quality and security an annual update would be received by the Trust Board in recognition of the critical nature of these matters.
148.2	The Board approved the revised Terms of Reference and Workplan.
149	Schedule of Matters Reserved for the Board
149	Dr Ferrant said that the Code of Governance required the Trust to hold a formal schedule of matters which defined the powers reserved to both the Board and the Council of Governance. The document had been updated to reflect the decision making powers and monitoring responsibilities of the Board and the Council.
149.1	Action: It was noted that monitoring of education and training was now within the remit of the People and Education Assurance Committee as well as the Trust Board.
149.2	Subject to the above amendment, the Board approved the schedule of matters.
150	Register of Seals
150.1	The Board endorsed the use of the company seal.
151	Any Other Business
151.1	<u>Feedback from walkround on Squirrel Ward</u>
151.2	Professor Smyth said that they had been shown around by the Charge Nurse and the ward offered a good environment with parents who were happy with their child's care despite the challenging clinical work taking place. Mr Mateen said that he had spoken to parents who had previously been on another ward and it was clear that the facilities were much improved on Squirrel.