

**Minutes of the meeting of Trust Board on
26th May 2020**

Present

Sir Michael Rake	Chair
Lady Amanda Ellingworth	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
Phillip Walmsley	Interim Chief Operating Officer
Sanjiv Sharma	Medical Director
Professor Alison Robertson	Chief Nurse
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
Professor David Goldblatt	Director of Research and Innovation
Stephanie Williamson	Interim Director of Built Environment
Richard Collins	Director of Transformation
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Daljit Hothi	Associate Medical Director for Well-Being, Leadership and Improvement
David de Beer	Associate Medical Director for Safety
Renee McCulloch	Associate Medical Director and Guardian of Safe Working
Luke Murphy	Freedom to Speak Up Guardian
Chris Ingram	Fire, Health and Safety Manager

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

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

31	Apologies for absence
31.1	No apologies for absence were received.
32	Declarations of Interest
32.1	No declarations of interest were received.
33	Minutes of Meeting held on 1st April 2020
33.1	The Board approved the minutes of the previous meeting.
34	Matters Arising/ Action Checklist
34.1	Actions take since the last meeting were noted.

35	Chief Executive Update
35.1	Matthew Shaw, Chief Executive said that as part of the response to the COVID-19 pandemic GOSH had been playing a broader role in supporting the local care system. Non-urgent activity had been paused and the majority of outpatient activity had become virtual, as well as accepting patients who would usually have been admitted to other North Central London hospitals.
35.2	Matthew Shaw welcomed Professor Russell Viner to the Board and welcomed his valuable input into GOSH's ambition to improve child health and ascertain its place in the STP.
35.3	The annual Risky Business conference would be taking place online as a three hour learning event entitled 'Lessons from COVID-19 – making sense of the pandemic.'
35.3	Sir Michael Rake, Chair congratulated GOSH on its work throughout the pandemic. He said that he attended a virtual meeting of Chairs in the STP and there had been recognition of the support provided by the Trust.
36	GOSH Foundation Trust Annual Financial Accounts 2019/20 and Annual Report 2019/20
36.1	Helen Jameson, Chief Finance Officer thanked the finance team for their hard work to complete the accounts and year end remotely. She said that GOSH had ended the year c£9800,000 k ahead of the control total and had therefore secured provider sustainability funding (PSF) for the year. This position included £1.6million of COVID-19 costs which had been agreed by NHS England. Due to the pandemic the valuers of the Trust's land and buildings included a 'material uncertainty' clause in its valuation which had led to a note from the auditors. The auditors had not yet completed their work but did not anticipate any material changes and expected to issue a clean opinion subject to completion of their work.
36.2	Akhter Mateen, Chair of the Audit Committee said that the Audit Committee had reviewed the year end documents and recommended them to the Board for approval subject to the completion of the auditors' work. An area of focus for the auditors had been around going concern in the current environment and the committee had discussed this and were satisfied that the Trust would continue to operate as a going concern for the next 12 months. The Quality Report would not be subject to external audit and would not be included in the Annual Report for 2019/20.
36.3	The internal auditors had provided a Head of Internal Audit Opinion of 'partial assurance with improvements required' partly as a result of the number of partial assurance reports received throughout the year including the review of access and activity data which had been considered at the May Audit Committee meeting. The team had identified some breaches which had contributed to the overall opinion.
36.4	Sir Michael asked to what extent the assumptions around the going concern statement had recognised the shortfall in IPP income and the availability of government funds to close the gap. Helen Jameson said that the modelling assumed that the Trust would be reimbursed until the end of October and IPP

36.5	<p>income was assumed to continue at its current, lower rate. The modelling also assumed that research activity did not increase and that there was an increase in costs related to activity being brought back online. Akhter Mateen said that the Audit Committee had been satisfied that the modelling was appropriately prudent.</p> <p>The Board approved the following documents:</p> <ul style="list-style-type: none"> • Annual Accounts and Annual Report 2018/19 • Annual Governance Statement • Audit Committee Annual Report • Draft Head of Internal Audit Opinion • Representation letter.
37	Compliance with the Code of Governance 2019/20
37.1	<p>Anna Ferrant, Company Secretary said that Foundation Trusts were required to report against NHS Improvement’s Code of Governance each year in the Annual Report on the basis of compliance with the provisions or an explanations where there were areas on non-compliance. A review of the provisions had found that the Trust had met all the requirements of the Code of Governance during 2019/20 and within the report explained the reduction in the number of Non-Executive Directors following Professor Rosalind Smyth stepping down from the Board.</p>
37.2	<p>The Board approved the statement for inclusion in the Annual Report.</p>
38	Compliance with the NHS provider licence – self assessment 2019/20
38.1	<p>Anna Ferrant said that the Foundation Trust Boards were required to declare annually to NHS Improvement that it was compliant with a small number of licence conditions and one requirement under the Health and Social Care Act. As a result of the COVID-19 pandemic, no guidance had been released by NHS Improvement for 2019/20 however the work had continued to be undertaken in order to assure the Board. The Executive Team had recommended that compliance could be confirmed for all required areas.</p>
38.2	<p>The document had been reviewed by the Council of Governors at the meeting in April 2020. Governors had asked for clarity about the progress with work to close recommendations arising from the CQC inspection and the implementation of the cyber strategy. The Council had agreed the responses recommended by the Executive Team for all conditions.</p>
38.3	<p>The Board agreed the Trust’s responses to all required conditions taking into account the views of the Governors.</p>
39	Draft Quality Report 2019/20
39.1	<p>Sanjiv Sharma, Medical Director presented the draft Quality Report and said that it had been agreed by the Audit Committee that the final version would be considered by the QSEAC at its July meeting and approved by the Board in July. He said that the Chair of the Joint Health Overview and Scrutiny Committee had provided positive feedback having reviewed the draft report.</p>
39.2	

39.3	<p>Sir Michael requested an update on progress with the EPR programme and Richard Collins, Director of Transformation said that there remained some data challenges and work on this continued however it was clear that many of the adjustments made by the Trust in order to continue as much activity as possible during the pandemic would not have been possible without an EPR. This had been recognised by staff and good feedback had been received on this.</p> <p>Action: It was agreed that an EPR update would be presented at the July meeting of the Trust Board which would set out the current status of the programme and the benefits realisation thus far.</p>
40	CQC Always Improving Update
40.1	<p>Sanjiv Sharma said that work related to CQC requirements continued to take place as part of 'business as usual' and more than 50% of actions arising from the CQC report had been closed. There was one overdue action related to the enforcement notice that had been received around medication rooms and remedial action had been instigated with a view to completion by the end of May.</p>
41	Integrated Quality and Performance Report – Month 1 2020/21
41.1	<p>Sanjiv Sharma said that there had been a deterioration in the incident closure rate during April. Incident trajectories had now been developed for each directorate and additional support had been provided. Individuals in the quality and safety team had returned from clinical duties and sick leave which would also support improvement.</p>
41.2	<p>WHO checklist documentation compliance remained low and targeted training would take place. Sanjiv Sharma said he that anticipated that improvement would be reported at the next meeting.</p>
41.3	<p>James Hatchley, Non-Executive Director queried whether any additional KPIs required monitoring in the context of restarting elective services and Matthew Shaw said that the Executive Team would be considering the metrics which were most appropriate for focus and the first draft of this was likely to be available at the July meeting.</p>
41.4	<p>Alison Robertson, Chief Nurse said that there had been a reduction in the number of complaints and PALS contacts received which reflected the success of the information hub. The Patient and Family Engagement and Experience Committee had been re-established as had monthly meetings with Heads of Nursing to review patient experience within the Directorates.</p>
41.5	<p>Phillip Walmsley, Interim Chief Operating Officer thanked the information team and emergency planning officer for their work to respond to information requests which were being managed seven days a week. He said that there had been a 50% reduction in activity and work was taking place to model a later potential surge in activity. Chris Kennedy, Non-Executive Director asked whether there would be regulatory implications resulting from the Trust's failure to meet waiting targets such as RTT and Phillip Walmsley said that he was in contact with NHS England to clarify the expectations in this regard. Matthew Shaw said that it was likely to take some considerable time to begin to meeting waiting list standards and it was important to be clear about the reasons for the priorities which were set and to build good relationships with NHS England.</p>

42	Quality Strategy
42.1.	Daljit Hothi, Associate Medical Director for Well-being, Leadership and Improvement said that the strategy set out the direction in which GOSH would develop staff and services with the common purpose of continuously delivering high quality clinical care. She said that focus was being placed on quality assurance and innovation along with collaboration. Staff were witnessing the impact of delivering change at pace through the COVID-19 pandemic and it was important to capitalise on this.
42.2	Akhter Mateen, Non-Executive Director expressed some concern about some of the timeliness included in the strategy and suggested that some of the work such as clinical teams having defined standards of work should be in place as soon as possible. He noted that this action was scheduled for 80% completion in five years' time. Daljit Hothi said that timelines had been modified to take into account work on the pandemic and therefore strategic timelines began at year 2. She said that staff would be encouraged to develop their own outcome measures and be innovative in the way that they moved forward with quality assurance. Sanjiv Sharma said that as part of this and other related strategies there was significant work for the Trust and it was important to balance this work and prioritise the key areas.
42.3	The Board approved the strategy.
43	Safety Strategy
43.1	David de Beer, Associate Medical Director for Safety said that the safety strategy was aligned with the Trust's overall strategy and also with the NHS patient strategy and focused on developing a just and kind culture with safety as the top priority. Learning also required pro-active sharing and implementation. The strategy aimed to support the cultivation of a safety culture and to ensure that role specific education was available for all staff. An innovative approach to the investigation of senior incidents would be implemented involving patient, family and staff support alongside the investigation itself. David de Beer said that it was important to learn from incidents as well as share information nationally and internationally to advance safety.
43.2	David de Beer said that focus would be placed on transparency and partnership and there would be a renewed emphasis on duty of candour. James Hatchley noted the work that had been on-going with the Cognitive Institute and asked how this would be embedded into the strategy. He queried whether the infection control and clinical audit teams were sufficiently resourced in respect of the strategy. David de Beer said that embedding 'speaking up for safety' was a key part of the strategy's operational plan as well as the 'learn not blame' initiative from the Doctors' Association. The Infection Control Team had worked extremely well and it would be important to review the requirements of the team including the expectations of the CQC to ascertain whether additional resources would be required. Alison Robertson said that the team had recently received additional resources for a period of at least 12 months including a senior educator. She said that it was vital that responsibility for infection control was recognised as being held jointly with the directorates. Alison Robertson added that the Head of Patient Experience had met with David de Beer and Daljit Hothi to ensure that the strategies were aligned with the patient experience strategy.

43.3	Sanjiv Sharma said that following approval of the strategies operational delivery plans would be developed for each of the areas and these would be considered by the QSEAC with Clinical Audit involvement to ensure that work was moving ahead as anticipated. It was possible that additional clinical audit resource would be required for this.
43.4	Russell Viner, Non-Executive Director welcomed the focus on openness and transparency and working with families. He suggested that it was often challenging to develop KPIs from this type of important work and Daljit Hothi said that the team had been working with behavioural scientists to consider how surveys and narratives could be used to establish how far staff had been working with kindness and openness. Caroline Anderson, Director of HR and OD said that a number of metrics were tracked through the staff survey and could provide an annual evidence base and consideration was also being given to undertaking more regular 'pulse' surveys.
43.5	The Board approved the strategy.
44	Update on Data Kite Marking for Board Reports
44.1	Phillip Walmsley said that data quality kitemarking had been introduced in 2016 following the previous data quality review and had been recently updated. He said that it was fundamental to achieving the Trust's data quality plan and would provide greater visibility and ownership of the data that was being published in the Integrated Quality and Performance Report.
44.2	Action: Akhter Mateen noted that there was the intention to audit each indicator subject to the kite-mark on a three yearly basis and queried how this would be done. Phillip Walmsley said that both internal audit and clinical audit would be used as well as independent reviews of RTT by NHS England. Akhter Mateen said that he was supportive of the proposed way forward which if done well would restore confidence in the data. It was agreed that this would be discussed in more detail at the next meeting of the Audit Committee.
45	Month 1 2020/21 Finance Report
45.1	Helen Jameson, Chief Finance Officer said that the Trust's position at month 1 was a £6.4million deficit which had been offset by an accrual for the NHS top up payment related to spend as a result of the COVID-19 pandemic resulting in a breakeven position for month 1. This deficit position was a result of £0.4million increase in costs and £6million reduction in income. Pay and non-pay were above plan and these costs were partly offset by low levels of clinical supplies linked to reduced elective activity.
45.2	Previous contracting arrangements had been replaced by a block arrangement and a revised version of the capital plan had been submitted to the STP. It was anticipated that this would be agreed by 31 st May.
45.3	Akhter Mateen highlighted that IPP debtor days had increased considerably in April to 273 days. He said that discussion had taken place on this at the Audit Committee and the team was working with embassies and in particular one embassy to reduce debtor days. He said that it was important to keep this under review particularly due to the extremely low current oil price. Helen Jameson

	confirmed that active discussions were taking place with the health attaché from one territory. James Hatchley said that although the NHS top up was filling the current shortfall it was important to consider how the Trust would move to business as usual.
46	Guardian of Safe Working Annual Report 2019/20
46.1	Renee McCulloch, Associate Medical Director said that the medical workforce had moved to revised rotas for COVID-19 on 23 rd March which had supported absence cover for a 30% absence rate in the junior doctor workforce and had involved a considerable change in demand. She said that going forward it would be important to improve reviewing and recording data on absences, rota gaps, and vacancy and bank spend.
46.2	Following changes to junior doctors' terms and conditions in 2019 some non-compliance with rotas in ICU had materialised. This had not been due to a deterioration but as a result of changes to requirements and a review of the establishment would take place to make improvements.
46.3	It continued to be challenging to integrate exception reporting into the workforce and a survey of junior doctors had shown that they did not feel supported to report and were not clear on the value that reporting could add. Renee McCulloch said that whilst the reporting tool was not fit for use as an assurance mechanism it was helpful as a guide in terms of where there were issues that required further investigation.
46.4	The Trust's average vacancy rate was good in comparison to other Trusts' however there were areas at GOSH where the vacancy rate was significantly higher and this was having a substantial impact.
46.5	Action: Matthew Shaw said that it was important to work to engage the junior doctors and Sir Michael said that when he had attended the Junior Doctor Forum it was clear that they were a dedicated group however discussions had not been not been about key issues. It was agreed that representatives of the Junior Doctor Forum would be invited to the People and Education Assurance Committee.
47	Learning from Deaths Mortality Review Group - Report of deaths in Q2 and Q3 2019/2020
47.1	Sanjiv Sharma said that twenty seven children had died at GOSH between 1st July and 30th September 2019 and case record reviews had been completed for all cases by the Mortality Review Group. Two cases were identified as having modifiable factors in the child's care at GOSH that may have contributed to vulnerability, ill health or death.
47.2	Both cases were reviewed by the Executive Incident Review Meeting and one was subject to a Root Cause Analysis investigation and the other was declared a serious incident.
47.3	The Mortality Review Group also highlighted excellent care provided for children, young people and their families at GOSH including at the end of life. The review process found particularly positive aspects of care in eleven cases.

48	Safe Nurse Staffing Report (April 2020)
48.1	Alison Robertson said that national safe nurse staffing reporting had been suspended as a result of the pandemic and therefore an incomplete data set was being reported for the period. The pandemic had required GOSH nursing staff to work in new ways and in different wards and teams and some nursing staff had volunteered to work in other organisations. The Trust had followed NHS England and Improvement principles and Nursing and Midwifery Council regulatory guidance to ensure that safe staffing measures were maintained.
48.2	Sir Michael asked for a steer on the morale of nursing staff and their views on the PPE that was being provided to them. Alison Robertson said that the infection control team and practice educators had done excellent work in staying ahead of the national guidance and in general nurses had been comfortable with the changes that were being made and understood the rationale for those changes.
49	Annual Freedom to Speak Up Report 2019/20
49.1	Luke Murphy, Freedom to Speak Up Guardian said that there had been an increase in contacts in recent months. This had previously been around 10 contacts per month, which was in line with other Trusts of a similar size, but had increased as a result of contacts related to subcontractor OCS as well as the COVID-19 pandemic.
49.2	OCS staff had been raising concerns and Luke Murphy said that as key colleagues it was important to continue to receive these concerns despite their not being GOSH staff. OCS had agreed to meet with staff who were now receiving improved support from their union.
49.3	Issues raised related to COVID-19 were primarily around the way in which departments were allocating staff working in the office and working at home which had also been the subject of a number of questions at the CEO 'Big Brief' all staff session.
49.4	The Board noted that the term of office for the Freedom to Speak up Guardian was coming to an end. They thanked Luke Murphy for the work he had done and queried the transition arrangements. Luke Murphy said that he believed a fixed term role was beneficial to the Trust in terms of the independence of the role from the management structure. He said that the post had been advertised as a full time role and the transition arrangements would be dependent on circumstances of the appointed individual. He added that a full time role would be beneficial in terms of the accessibility of the service.
50	Gender Pay Gap Report 2019/20
50.1	Caroline Anderson, Director of HR and OD said that in common with all other organisations employing more than 250 staff GOSH was required to report Gender Pay Gap data. Data showed that at 31 st March 2019 GOSH had a gender pay gap whereby the average pay for male employees was £4.35 higher than the female hourly rate. Both the average and median pay gap had reduced since the previous year. The pay gap was driven by the composition of the

	workforce in which nursing and administrative and clerical professions were predominantly female and women comprised 77% of the overall workforce.
51	Annual Health and Safety and Fire Report 2019/20
51.1	Action: Chris Ingram, Fire, Health and Safety Manager said that progress with safer sharps had slowed as a result of procurement staff who would have sourced products moving to source PPE for the COVID-19 pandemic. Matthew Shaw, Chief Executive highlighted the importance of moving forward with safer sharps in order to protect staff. He requested that the project was presented to the Executive Management Team meeting within two months in order to support progress.
51.2	Discussion took place around the challenges that had been experienced in recruiting a substantive fire officer. Chris Ingram said that the Trust's former fire officer was supporting the work and he was confident that the post would be filled but this was taking time.
51.3	James Hatchley requested that consideration was given to the implication on fire evacuation of social distancing.
52	Board Assurance Committee reports
52.1	<u>Audit Committee update – April 2020 meeting and May 2020 (verbal)</u>
52.2	Akhter Mateen, Chair of the Audit Committee said that the May 2020 meeting had primarily been focused on year end and a detailed discussion around cyber security had also taken place in April and May. The results of the Audit Committee effectiveness survey had also been received which had been positive. Some respondents had reported that there was some overlap between the work of the Audit Committee, Board and Finance and Investment Committee. Whilst some overlap was unavoidable, this would be kept under review.
52.3	The meeting in April had discussed some amendments to the Internal Audit plan for 2020/21 and it had been agreed that there would be minimal contact in quarter 1 in order to allow sufficient capacity for work related to the pandemic. Three reviews over the year would focus on the impact of COVID-19 on the control environment.
52.4	<u>Quality, Safety and Experience Assurance Committee update – April 2020 meeting</u>
52.5	Amanda Ellingworth, Chair of the QSEAC said that work continued to ensure that the committee was focused on assurance. Acknowledgement of this work was reflected in the positive responses provided to the QSEAC effectiveness survey.
52.6	<u>Finance and Investment Committee Update –March 2020</u>
52.7	James Hatchley, Chair of the Finance and Investment Committee said that the committee had requested updates to directorate reporting and to develop a standard format for reporting and presenting. The Committee had reviewed the feedback from the effectiveness survey which had achieved a 100% response rate and valuable feedback had been provided with small findings.

52.8	<u>People and Education Assurance Committee – February 2020</u>
52.9	Kathryn Ludlow, Chair of the PEAC said that the Women’s Forum had reported to the committee and highlighted that each of the staff forums would be developing an annual report.
53	Council of Governors’ Update – April 2020
53.1	Sir Michael said that the Council continued to be a constructive and supportive group and the private pre-meetings continued to be valuable. Governors had been clear that they wanted to provide practical support to the Executive Team during the pandemic. He added that discussion had taken place around the re-appointment of the Lead and Deputy Lead Governor roles and the Council had requested recruitment to the Deputy Lead Governor role given that the same Lead Governor would remain in post until the election.
54	Declaration of Interest Register
54.1	Anna Ferrant, Company Secretary said that the Declaration of Interest and Gifts and Hospitality Policy had been revised in line with NHS England’s model Conflict of Interest Policy. The policy requires ‘decision making staff’, those who are more likely to have a decision making influence on the use of taxpayers’ money to annually make a declaration, whether this be an update of an existing declaration or a nil return. The Trust had identified approximately 700 decision makers and along with declarations or nil returns made by other staff, there had been approximately 900 declarations made on the online system which was a substantial increase on previous years.
54.2	All declarations were reviewed by the Company Secretary and where there was an actual or potential conflict a management plan was required.
54.3	The Board noted the declaration of interest register and the register of gifts and hospitality.
55	Any other business
55.1	There were no items of other business.