

**Minutes of the meeting of Trust Board on  
21<sup>st</sup> September 2022**

**Present**

Sir Michael Rake	Chair
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Professor Russell Viner	Non-Executive Director
Gautam Dalal	Non-Executive Director
Matthew Shaw	Chief Executive
Tracy Lockett	Chief Nurse
John Quinn	Chief Operating Officer
Margaret Ashworth	Interim Chief Finance Officer
Caroline Anderson	Director of HR and OD

**In attendance**

Cymbeline Moore	Director of Communications
Dr Shankar Sridharan	Chief Clinical Information Officer
Margaret Ashworth	Interim Chief Finance Officer (Designate)
Dr Sophia Varadkar	Deputy Medical Director
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Beverly Bittner-Grassby	Governor (observer)
Jackie Gordon	Governor (observer)
1 member of GOSH staff	
Dr Mary Mathias*	Haemophilia Consultant
Dr Jenny Rivers*	Deputy Director of Research and Innovation
Lauren Tedaldi*	Research Communications Manager
Hannah*	Mother of a GOSH patient
Lynn Shields*	Director of Education
Dhimple Patel*	GOSH Nurse Apprentice
Laurence O’Sullivan-Whiting*	Workforce Development Lead – Apprentices
Alice Knight*	Practice Facilitator
Helen Dunn*	Director of Infection Prevention and Control

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

<b>86</b>	<b>Apologies for absence</b>
86.1	Apologies for absence were received from Sanjiv Sharma, Medical Director. Sophia Varadkar, Deputy Medical Director was in attendance in their stead.
<b>87</b>	<b>Declarations of Interest</b>
87.1	No declarations of interest were received.
<b>88</b>	<b>Minutes of Meeting held on 7 July 2022</b>

88.1	Minute 72.1 – Minute to be updated to reflect that the previous Chief Finance Officer left the Trust in July 2022 rather than June.
88.2	Subject to this amendment the Board <b>approved</b> the minutes of the previous meeting.
<b>89</b>	<b>Matters Arising/ Action Checklist</b>
89.1	Action 24.10: The RACG had considered the Board action about the Children’s Cancer Centre BAF risk and the risk around it continuing to be relevant and fit for purpose. The RACG had proposed the following wording be added to the end of the risk statement: “Risk of time elapsing and the building remaining relevant and fit for purpose.” This was <b>approved</b> by the Board.
<b>90</b>	<b>Patient Story: Experience of GOSH as Research Hospital</b>
90.1	The Board received by patient story via Zoom from Hannah, mum of GOSH patient Charlie, aged 7, who had been diagnosed with a rare form of Haemophilia B from birth. Hannah said that Charlie was also factor 9 deficient and had become allergic to factor 9 which was very challenging and lots of time had been spent considering different options for Charlie’s treatment. Charlie had been given the opportunity to become the first patient to receive a new drug via a pen injector as part of a research trial. Hannah said that the trial had been discussed for several years and Charlie had begun to receive the drug in May 2022. The drug had been life altering for Charlie who had previously had an internal bleed in a muscle or joint every two weeks and now had had one incident between May 2022 and September 2022 and had been able to go on holiday.
90.2	Hannah said that the drug had enabled Charlie to be more active and to have his portacath removed which led to a significant reduction in risk of infection and sepsis.
90.3	Hannah said that she had a good relationship with Charlie’s clinical team and trusted their advice however it had been challenging being with Charlie alone, a long way from home and without another adult to rely on. She said that it had been difficult to rely on nurses to look after Charlie when she needed to leave the hospital.
90.4	Mary Mathias, Haemophilia Consultant said that Charlie had a very rare complication of a rare condition and there were fewer than 10 people in the UK with the same complication. She said that with the support of the Research and Innovation Team Charlie had been enrolled on the trial at an early stage and had been the first boy enrolled in the world.
90.5	Russell Viner, Non-Executive Director asked whether taking part in the trial had been an additional burden to the family or had felt like a seamless part of Charlie’s care. Hannah said that the clinical team had always been clear about what would be required and she had been prepared for a more challenging process than had materialised. She said that the requirements had been more flexible than she had envisaged and the team had been very supportive.
90.6	Amanda Ellingworth, Non-Executive Director highlighted the difficulty of having a sick child and asked whether Hannah had been given access to psychological support. Hannah said that as haemophilia was in her family she had been aware

	of the condition and when she had been overwhelmed the clinical team had been helpful in providing information in an understandable way. She added that as the team made her feel empowered in the ability to support her son and were always available she had not required access to psychological support.
<b>91</b>	<b>Chief Executive Update</b>
91.1	Matthew Shaw, Chief Executive said that the 2022/23 pay award had been substantially below the level of inflation and it was possible that industrial action would be taken in some areas. With the support of the GOSH Charity, the Trust had developed a hardship fund to enable staff to apply for a grant of up to £500 to help with immediate and unexpected costs.
91.2	The Trust's activity continued to be high, however this was not reflected in Referral to Treatment performance which was declining. Consideration was being given to the additional steps the Trust could take to improve performance. GOSH continued to have discussions to ensure that national policy was reflective of the needs of child health and to highlight that paediatric waiting lists were growing at a faster rate than that of adults.
91.3	GOSH had been judged to be the third best children's hospital worldwide. All the leading organisations had been research hospitals which had underlined the importance of focusing on research. A Partnership Board had been established with UCLH to support strategic alignment of services and drive opportunities in patient care particularly around oncology care and foetal pathways.
91.4	James Hatchley, Non-Executive Director said that he had had the honour of representing GOSH at the funeral of Her Majesty The Queen. He said that he had remembered the work done by the Trust to support patients and families throughout The Queen's patronage of GOSH.
<b>92</b>	<b>Integrated Quality and Performance Report (Month 4 2022/23) July 2022 data</b>
92.1	John Quinn, Chief Operating Officer said that some changes had been made to the format of the IQPR and an executive summary had been added in response to Board feedback. Of the 26 metrics which had been RAG rated, 15 had been rated green which was positive and a balanced scorecard was being developed.
92.2	Sophia Varadkar said that there was good performance in the quality and safety metrics and there continued to be a good level of incident reporting. Focus continued on high-risk reviews and serious incident investigations and improved ways of working had begun with respect to Duty of Candour. The number of cases requiring the application of Duty of Candour were small and were being actively managed. Work had taken place to update the policy which would be presented to the Policy Approval Group in October 2022. Sophia Varadkar highlighted the need to focus on good clinical practice rather than statutory requirements.
92.3	Tracy Lockett, Chief Nurse said that there continued to be a positive response rate to the Friends and Family Test with over 95% of respondents reporting they were likely to recommend GOSH however there had been a small reduction in the response rate. There had been a considerable increase in complaints during July 2022 however this had since reduced.

92.4	<b>Action:</b> Suzanne Ellis, Non-Executive Director asked for a steer on the drivers of last-minute cancellations and it was agreed that John Quinn would provide this information at the next meeting.
92.5	Russell Viner welcomed the format and clarity of the report. He noted that there had been a reduction in performance against Duty of Candour in July and asked what had driven this. He noted that there had been a change in the way the data was presented from percentages to absolute numbers. Sophia Varadkar highlighted that the number of cases involved was very small and therefore a small change was likely to skew the percentages. Matthew Shaw confirmed that a weekly meeting took place to review all cases which were subject to Duty of Candour.
92.6	Sir Michael Rake, Chair said that Non-Executive Directors had visited Safari Ward which was a cancer outpatient ward. He said that although staff were doing all they could, the environment was challenging and it was a clear demonstration of the need for the Children's Cancer Centre development.
92.7	Amanda Ellingworth highlighted that the overdue actions arising from serious incidents had remained broadly unchanged and asked what was required to reduce this. Sophia Varadkar confirmed that August data showed that the metric would be green rated for the first time. She added that in some cases actions required a deadline extension and careful review took place to ensure that this was appropriate.
92.8	Suzanne Ellis welcomed the transparency of the report and noted that dental consultant availability had been challenging for several years and said that notwithstanding the national nature of the issue it was important that GOSH took local action. John Quinn said that the recruitment process was ongoing, but challenges remained in the area. A pan London project to increase capacity and reduce waiting times had been developed prior to the COVID19 pandemic and John Quinn said that it was important for a similar partnership response. Matthew Shaw said that focus must also be placed on prevention to reduce the number of tooth extractions required in children and young people.
92.9	John Quinn said that the referral to treatment metric was reducing on a weekly basis. He said that in many areas of the hospital performance was improving however there was a decline in some large services. He said that a number of actions were being taken to improve the position.
92.10	<b>Action:</b> James Hatchley noted the substantial improvement in the format of the report and suggested that an annual review take place to ensure it was capturing the relevant metrics. He highlighted that no pharmacy metric had been included. It was agreed that an annual review of the metrics included in the report would take place.
<b>93</b>	<b>Finance Report (Month 5 2022/23) August 2022 data</b>
93.1	Margaret Ashworth, Interim Chief Finance Officer said that the Trust's position year to date was £4.8million adverse to plan. NHS and other clinical income was £5.6million favourable to plan however International and Private Care (I&PC) income, pay costs and non-pay costs were all adverse to plan. A deep dive into Better Value would take place at Finance and Investment Committee on 30 <sup>th</sup> September 2022. I&PC income had increased however debtor days had also increased and focus was being placed on reducing this.

93.2	James Hatchley suggested that, given the potential for continued reduction in cash, additional planning was required in this area. He highlighted that the end of year audit would consider going concern and said that scenario planning would be required to ensure there was clarity around year end.
93.3	<b>Action:</b> Suzanne Ellis asked what was driving the increase in EPR costs and it was agreed that this would be discussed outside the meeting.
<b>94</b>	<b>Feedback from NED walkrounds</b>
94.1	Sir Michael Rake said that he had visited cancer wards which had been an impressive view of GOSH's abilities. He welcomed the opening of Lion Ward in October and said that staff had been positive about Epic.
94.2	Kathryn Ludlow, Non-Executive Director said that colleagues in the area had been impressive. They had raised that the team were increasingly supporting patients who were undergoing palliative care as parents had chosen to remain at GOSH rather than move to a hospice due to the good relationship with the Trust. Tracy Lockett said that staff had received additional training in recognition of this but agreed that there was an impact on teams. Matthew Shaw said that patients had often been in hospital for a long time and it was important that families had a choice however this could be challenging for staff. He said that there was not currently good space for palliative care patients, however this would be significantly improved in the Children's Cancer Centre.
94.3	Chris Kennedy, Non-Executive Director said that the team had been positive about their engagement in the design of the Children's Cancer Centre. They had requested information about DRIVE and using Epic to for data purposes.
94.4	<b>Action:</b> Amanda Ellingworth said that she had visited Pelican Ward. The lift had been out of order but was in the process of being fixed and the team had been anxious about the delayed replacement of a fridge. It was agreed that John Quinn would look into this. Suzanne Ellis said that staff on Pelican Ward had highlighted their work to improve patient pathways which they did not feel had been sufficiently recognised. They had been keen to ensure that patient pathways were considered holistically. Chris Kennedy said that the walkround had provided an insight into the complexities of managing the decant for the Children's Cancer Centre. Russell Viner said that although considerable focus was appropriately being placed on the Cancer Centre it was important to ensure that other areas which would not be impacted by the new space had the estate and facilities that they required.
<b>95</b>	<b>GOSH Learning Academy Midpoint Review</b>
95.1	Lynn Shields, Director of Education said that the GOSH Learning Academy (GLA) had received funding from the GOSH Charity after a successful case for investment was developed. An initial grant of £21million had been made and £15million had been released in 2019 with further release of funding dependent on the outcome of an external review which was in progress.
95.2	The GLA's strategic objectives had been successfully delivered and a clear link had been demonstrated between education and patient safety. The GLA had invested in a dedicated patient safety education role which was one of the first nationally. A scholarship award had also been established which had challenged

	educational inequalities.
95.3	The Board welcomed the work which had taken place and noted that the targets set had been exceeded in many areas. Gautam Dalal, Non-Executive Director asked how far work had progressed to use technology to support other organisations to manage their own learning. Lynn Shields said that GOSH had established a partnership with another London Trust in which their learning had been hosted in GOSH's Virtual Learning Environment (VLE) at the same cost as for GOSH staff.
95.4	Russell Viner highlighted the focus that was placed on GOSH as a research hospital and suggested that the same focus should be placed on the Trust as a learning organisation. He asked whether sufficient progress was being made in developing the Advanced Clinical Practitioner role given the shortage of clinicians in some areas. Lynn Shields said that the Trust was very active in terms of advanced practice and two education leads were in place in this area. The team had been in discussion with partner organisations about the potential to deliver an advanced clinical practitioner course in house. Lynn Shields said that education was a planet in the Trust's strategy alongside research and added that it was important that there was parity between the two areas.
95.5	Tracy Lockett acknowledged the excellent work in this area and said that it was important to ensure that the education provided was relevant and appropriate for the organisation. Learning was gathered from complaints, incidents and gaps in services and the GLA was supporting in these areas.
95.6	The Board welcomed the GLA's outcomes and congratulated the team on the success of the planet.
95.7	<u>Update on apprenticeships at GOSH</u>
95.8	Laurence O'Sullivan-Whiting, Workforce Development Lead – Apprentices said that a good range of GOSH staff accessed apprenticeships and it was an important way in which the Trust was able to recruit staff from the local population and identify new talent. Alice Knight, Practice Facilitator said that the programme had made a considerable contribution to workforce diversity. A programme had been established to enable healthcare support workers to become Registered Nurses and the first cohort would qualify in February 2023.
95.9	Dhimple Patel, GOSH Nursing Apprentice said that she had previously worked at GOSH for 14 years as a Healthcare Support Worker and had joined the apprenticeship to become a Registered Nurse. She said that was a respected member of her team and very much valued the educational opportunity.
95.10	Gautam Dalal asked whether volunteers formed part of the work around apprenticeships and Lynn Shields said that the team worked with a number of local groups and a proportion of any unspent levy could be invested in the local community at year end.
95.11	Sir Michael Rake highlighted the importance of good quality apprenticeship programmes to drive quality and diversity particularly in areas where there was a shortage of skills.

<b>96</b>	<b>Nursing Workforce Assurance Report</b>
96.1	Tracy Lockett said that there had been a small increase in nursing turnover however levels remained low overall. There had previously been challenges around recruitment in theatres however a recruitment pipeline had now been established and new staff were ready to begin in post. The Trust had been shortlisted for a nursing workforce award and consideration was being given to the ways in which GOSH could influence external stakeholders about the cost of living and transport. Kathryn Ludlow noted that the wellbeing fund had been established for one off emergency costs and highlighted that staff with ongoing financial concerns would need additional support. Matthew Shaw said that whilst, with the support of the GOSH Charity, the Trust could provide specific help it was not able to provide additional support and the uptake of the wellbeing payments was being monitored giving consideration to the way in which need was assessed. Caroline Anderson, Director of HR and OD said that the Trust was aiming to provide a more holistic support package including providing guidance, access to benefits, citizen's advice, and opportunities for careers and progression.
96.2	Russell Viner said that there had been some criticism of the UK's recruitment of international nurses and asked whether Trust was providing education to nurses which would benefit home countries on their return. Tracy Lockett said that GOSH was part of the pan London international nursing recruitment collaborative which agreed the principles for this recruitment. She confirmed that a recruitment package was offered to nurses which included education and training.
96.3	Chris Kennedy noted that there had been a substantial reduction in the vacancy rate in International and Private Care (I&PC) in June 2022 and asked what had driven this. He asked whether staff morale had increased in the area. John Quinn said that parts of Hedgehog Ward had closed which had reduced the establishment. Additional leadership had been introduced in I&PC to improve wellbeing and this would be monitored as activity increased. Tracy Lockett said that a new Head of Nursing would also be joining the Directorate in October 2022 and she was an excellent and experienced leader.
96.4	<u>Safe Nursing Establishment Review August 2022</u>
96.5	Tracy Lockett said that the review had taken place including deep dives into Bear, Pelican and Koala/Possum to ensure that the correct skill mix was in place to protect safe staffing. Some areas were experiencing in increase in demand for High Dependency Unit capacity and this was being monitored by Heads of Nursing to ascertain whether an increase in establishment was required.
<b>97</b>	<b>Learning from Deaths report- Child Death Review Meetings – Q1 2022/23</b>
97.1	Sophie Varadkar said that the mortality rate remained broadly static and in line with the anticipated level. In quarter one there had been 23 mortality review meetings and themes had been identified in terms of referral processes from local hospitals to GOSH and the value of preadmission discussions to support teams before patients arrive. The Learning from Deaths report was now being published on Our GOSH so would be available for staff to review.
97.2	<b>Action:</b> Gautam Dalal asked whether Learning from Deaths Reports incorporated the requirement from NHS England and Improvement to review patient mortality over a longer period as a result of avoidable deaths. It was agreed that the

	Medical Lead for Child Death Reviews would provide an update at the next meeting. Sophie Varadkar said that PICANET ensured that there was continuous review of data to consider themes and benchmarking and identify an increase in deaths outside of an expected range.
<b>98</b>	<b>Infection Prevention and Control Annual Report 2021/22</b>
98.1	Helen Dunn, Director of Infection Prevention and Control said that there had been continued management of infection control as a result of the COVID19 pandemic throughout the year and the team had been supporting Occupational Health with staff risk assessments. A large number of updates had also been released by NHS England about the management of patients and the team had managed the implementation of these requirements.
98.2	Work had been taking place to rebuild the sepsis training programme and this had gone live following the publication of the annual report. The first paediatric infection prevention and control academic module had also been published.
98.3	A key success had been around the detection of adenovirus on Robin and Fox Wards and work had taken place to undertake screening of the environment. The team was satisfied that sufficient mitigations were in place.
98.4	Work around the recording of care bundle compliance was required and learning was being taken from the success with the sepsis work which highlighted the importance of the ensuring that documentation was easily accessible and usable.
98.5	Kathryn Ludlow asked how the annual report was shared in the organisation and Helen Dunn said that it had been presented to the Infection Prevention and Control Committee and the Executive Management Team. She said that next year more standardised reporting would take place across the Integrated Care System.
98.6	Amanda Ellingworth asked how the effectiveness of committees reporting into the IPC committee was assessed and Helen Dunn said that reports were provided to the IPC committee which also reviewed its subcommittees' Terms of Reference.
98.7	Russell Viner asked whether artificial intelligence systems were in place which could identify patients who were at risk of deterioration and Shankar Sridharan, Chief Clinical Information Officer said that there was a related module of Epic which the Trust owned and models had be built and would receive information governance input.
98.8	Matthew Shaw said that there had been an improvement in governance processes between infection control and estates and facilities and there was improved joint working. This had ensured that there was visibility of estates issues which impacted infection control.
98.9	The Board <b>approved</b> the report for upload to the GOSH website.
<b>99</b>	<b>Emergency Preparedness Resilience and Response Annual Report 2022/23</b>
99.1	John Quinn, Chief Operating Officer said that the Emergency Planning Officer had completed a self-assessment against the NHS core standards for emergency preparedness resilience and response and the assurance meeting would be taking place on 27 <sup>th</sup> September. The self-assessment would be peer reviewed by



99.2	<p>another North Central London Trust as well as review by NHS England and the Integrated Care Board.</p> <p>Sir Michael Rake highlighted the fire which had taken place in the staff nursery and asked how this was being managed. Zoe Asensio Sanchez, Director of Space and Place said that there had been a considerable progress on oversight of fire safety which was now escalated to the Executive Management Team meeting on a weekly basis. She said that important learning opportunities had arisen from the fire and John Quinn confirmed that the Emergency Planning Officer, the fire officer and the fire, health and safety manager worked closely together.</p>
99.3	<p><b>Action:</b> Suzanne Ellis, Non-Executive Director noted that there had recently been a cyber-attack on a platform which hosted a number of applications used by NHS Trusts. She said that it was important that this was used as a learning event and it was agreed that an update would be provided.</p>
<b>100</b>	<b>Board Assurance Committee reports</b>
101.1	<u>Quality, Safety and Experience Assurance Committee – July 2022</u>
101.2	<p>Amanda Ellingworth, Chair of the QSEAC said that the safeguarding report had shown that the team had successfully met its targets and mitigated its risks. The Committee had discussed the impact of Better Value on quality and had asked the People and Education Assurance Committee to review the impact on staff.</p>
101.3	<p>A deep dive into medicines management had taken place and the committee noted the progress that was being made. Some estates work was required in pharmacy and KPIs had not been identified; the committee had requested that these were in place by the next meeting.</p>
101.4	<u>Finance and Investment Committee Update – July 2022</u>
101.5	<p>James Hatchley, Chair of FIC gave an update which was noted.</p>
101.6	<u>People and Education Assurance Committee Update – September 2022 meeting</u>
101.7	<p>Kathryn Ludlow, Chair of PEAC said that the focus of the meeting had been on health and wellbeing and there was substantial work taking places in this area. Staff continued to access the wellbeing hub and occupational health however the results of the pulse survey was declining in all nine questions.</p>
101.8	<p>Matthew Shaw said that this continued to be a concern and it was challenging to separate the cause of the results into internal and external factors given the significant challenges in the external environment. Amanda Ellingworth said that it was important to benchmark the Trust's results to ensure that GOSH was not falling below other organisations. Caroline Anderson said that the Pulse survey was benchmarked across both North Central London and London. She added that Trusts were anticipating a downturn in staff survey results.</p>
101.9	<p>Kathryn Ludlow said that psychology support had previously been provided to staff by the wellbeing hub which had been funded by the GOSH Charity however this had not been renewed. Kathryn Ludlow expressed some concern about the reduction in provision at a time when other Trusts were increasing support for staff. The Freedom to Speak Up Guardian (FTSUG) would be leaving the Trust in</p>

101.10	<p>December 2022 and they had been instrumental in raising the profile of the service. There had been an increase in concerns being raised during the time the FTSUG had been in post which was positive and the PEAC would now begin to focus on the action that was being taken because of issues being raised. Caroline Anderson said that as the wellbeing hub was integrated into the wider occupational health service, she did not feel that staff would suffer a detriment as a result of the reduction in psychology support.</p> <p><b>Action:</b> Amanda Ellingworth requested that the Board undertake unconscious bias training and that consideration was given to the way in which the Board made decisions.</p>
<b>102</b>	<b>Review of Standing Orders</b>
102.1	Anna Ferrant, Company Secretary said that a recommendation had been made to formally adopt electronic communication and decision making for the Trust Board and its committees going forward which would align the standing orders with those of the Council of Governors which had been updated in July 2018.
102.2	It was also proposed that the standing orders of the Trust Board were removed from the Constitution for the purpose of making timely changes as amendments would be approved by the Board which met on a more frequent basis.
102.3	The Board <b>approved</b> the recommended changes.
<b>103</b>	<b>Any other business</b>
103.1	Sir Michael Rake said that James Hatchley would be stepping down from the Board as he had reached the end of his term. He thanked James for his commitment, involvement, support and knowledge from which GOSH had greatly benefitted during his tenure.