



NHS

**Great Ormond Street
Hospital for Children**
NHS Foundation Trust

**Minutes of the meeting of Trust Board on
1st February 2023**

Present

Sir Michael Rake	Chair
Amanda Ellingworth	Non-Executive Director
Chris Kennedy	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
Prof Sanjiv Sharma	Chief Medical Officer
John Beswick	Chief Finance Officer
Caroline Anderson	Director of HR and OD

In attendance

Cymbeline Moore	Director of Communications
Jason Dawson	Director of Space and Place
Dr Shankar Sridharan	Chief Clinical Information Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Claire Williams*	Head of Patient Experience
Kerry*	Mother of GOSH patient
Tim Liversedge*	Chief of Service, Core Clinical Services
Ade Ifederu*	Deputy Chief of Service, Core Clinical Services
Amparo Piquer*	Head of Nursing and Patient Experience, Core Clinical Services
Ruth Leighton*	General Manager, Core Clinical Services
Ella Vallins*	Head of Strategy and Planning
Renee McCulloch*	Associate Medical Director and Guardian of Safe Working
Jacqueline Gordon	Governor (observer)
1 member of GOSH staff	

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

152	Apologies for absence
152.1	Apologies for absence were received from Suzanne Ellis, Non-Executive Director.
153	Declarations of Interest
153.1	No declarations of interest were received.
154	Minutes of Meeting held on 23 November 2022
154.1	The Board approved the minutes of the previous meeting.

155	Matters Arising/ Action Checklist
155.1	Action: Minute 125.1 – An update would be provided by the Chief Operating Officer at the next meeting.
155.2	Minute 137.1 – John Quinn, Chief Operating Officer confirmed that the latest planning guidance had been received on 27 th January 2023 and some uncertainties remained. The internal planning process would continue with the existing assumptions and updates would be made as clarification was received. John Beswick, Chief Finance Officer said that there would be a move from block contracts to incorporate payment by results. Work was taking place to identify the tariff for services falling outside the block and the process for payment for volume-based activity.
156	Chief Executive Update
156.1	Matthew Shaw, Chief Executive thanked staff for their work to prepare for industrial action and confirmed that the hospital had been safely staffed throughout the period. Good relationships had been maintained with staff and unions. Matthew Shaw apologised to patients and families whose appointments had been cancelled during this time and acknowledged the inconvenience this would cause.
156.2	GOSH continued to perform well in terms of activity when benchmarked against others however further work was required in order to make progress against the backlog of patients. He said that industrial actions was likely to continue for some time and the British Medical Association was currently balloting junior doctors.
156.3	Discussions were taking place with NHS England about a technical error in GOSH's funding and meetings were also scheduled with the North Central London (NCL) Integrated Care Board (ICB). Matthew Shaw said that in-year resolution of this issue was vital for the current year and future years.
157	Patient Safety Statement and Transformation: How We Listen, Lead and Learn
157.1	Sanjiv Sharma, Chief Medical Officer said that discussion had taken place at the QSEAC about the good progress that had been made as part of the patient safety improvement programme and the work that was taking place to focus on learning both when things go wrong and from good practice. Learning was also being taken from external events such as the Ockenden Review and assurance sought around processes at GOSH and gaps identified. Amanda Ellingworth, Chair of the QSEAC confirmed that the QSEAC had discussed the patient safety statement and recommended it to the Board for approval.
157.2	Suzanne Ellis, Non-Executive Director had provided questions outside the meeting and had asked for a steer on the launch plan for the patient safety statement. Sanjiv Sharma said that the statement would be on the Trust's website and would form part of all activity at the Trust. The three subheadings: listen, learn and lead would form key guidance throughout the safety communications programme as they were easily accessible. Russell Viner said that he was very supportive of the patient safety statement but it was vital that it was embedded in

157.3	the Trust's leadership programmes and in learning such as that delivered by the GOSH learning academy. The Board approved the patient safety statement.
158	Finance Report - (Month 9 - December 2022 data)
158.1	John Beswick, Chief Finance Officer said that the year-to-date deficit at month 9 was £18.5million. Income was above plan however pay and non-pay costs were also above plan. The Better Value programme had identified schemes to the value of £16million and had delivered £11million.
158.2	It was anticipated that the Trust would meet the projected year end outturn as a result of some closing items which were being reviewed with the Integrated Care Board (ICB). Sir Michael Rake asked about the progress that had been made on the technical error which had been identified in GOSH's funding and John Beswick said that it was anticipated that additional funding would be received in month 11 which would bring the Trust back to budget. A meeting was scheduled with the ICB to discuss this further. He added that it was important that there was recurrent resolution to the matter and this had not yet been confirmed.
158.3	Matthew Shaw said that whilst the Trust would not achieve its full Better Value programme it was clear that delivering more than the £16million that had been identified was likely to negatively impact quality and safety. Sir Michael Rake emphasised that whilst the Trust must work efficiently the Board would not take decisions which would prejudice safety.
159	Patient Story
159.1	Claire Williams, Head of Patient Experience said that Alice, aged 2, had first come to GOSH for a bone marrow transplant in 2018 which had gone well however following a deterioration Alice was readmitted in September 2018 and had died in November 2018. Alice's mother Kerry raised a complaint in March 2019 and following the complaint investigation, NHS England commissioned an external review to optimise learning from the complaint.
159.2	Kerry said that the experience during Alice's first admission for her bone marrow transplant had been positive and both the environment and staff were excellent. When Alice was readmitted, she was transferred to GOSH from the local hospital by emergency ambulance and had been admitted to a ward that Kerry had not been familiar with. The admission was for three months, and the environment was not at the expected standard. Kerry said that this was very concerning given the levels of cleanliness that had been required during Alice's bone marrow transplant and she had not felt listened to by staff or that her concerns had been taken seriously.
159.3	Claire asked Kerry how her experience had changed when Alice had been admitted to ICU and Kerry said that staff had not spoken to her in advance about the differences she would experience when on ICU. She had not been able to hold or cuddle Alice as she would have liked. Kerry gave examples of where communications had not been optimal or supportive, and she felt she had not been listened to when raising issues about Alice's care.
159.4	Kerry said that she had been given conflicting information which she had found confusing and had not prepared her for Alice's death. She said that she remained

	<p>unclear as to the differences this would have led to in Alice's care. She said that she had been given important and serious clinical information about Alice's condition during casual conversations and the different options for moving forward had not been set out. Kerry said that had she been given choices, she was likely to have chosen a different pathway for Alice at the end of her life. Once Alice had died, Kerry had been required to make arrangements for a cold cot to be brought to her home. She said that she had not felt supported by staff through either providing information or practical support.</p>
159.5	<p>Kerry said that having Alice at home following her death was extremely traumatic and she had been frightened to pick Alice up. She also had two other children and home which led to additional challenges which would all have been made significantly easier with the involvement of a hospice.</p>
159.6	<p>Kerry said that during Alice's stay in hospital she had experienced a lack of compassion by some staff. She had not felt listened to during her stay and this had been exacerbated by the complaint response she had received. Kerry said that although she was satisfied with the progress that was now being made, she had had to be extremely tenacious throughout the process and she felt many parents could not have managed this.</p>
159.7	<p>Following the external review Kerry said that she had been very relieved that her concerns had been recognised and had been able to start grieving which she had been not previously been able to do when had been focused on ensuring that learning was identified from the case. Claire Williams confirmed that the Trust was committed to learning and would be working with Kerry going forward.</p>
159.8	<p>Matthew Shaw acknowledged that there were a number of areas in which the Trust had not reached the required standard and apologised to Kerry for her and Alice's experience. He said that as well as having the technical capability to treat patients, it was vital that staff were able to provide the best possible experience to patients and families at GOSH and this included providing compassionate care. He said that one of the Trust's values was 'always expert' and this could be unhelpful as collaboration and discussion with patients, parents and carers was also a critical element of treating patients. He said that GOSH had an obligation to move forward with cultural improvement and ensure that staff were able to work well with patients, families and one other.</p>
159.9	<p>Chris Kennedy said that Kerry's story had been hugely powerful. He noted that she had not felt listened to and asked whether it would have been helpful if a mechanism were in place to escalate concerns independently of the ward at the time. Kerry said it would have been and Matthew Shaw said that discussions were taking place about ways in which parents could flag concerns to someone who was independent of the ward who would review the issue independently. This had been adopted in Australia and work would be required to adapt this to an NHS system.</p>
159.10	<p>Russell Viner noted that many of the concerns raised by Kerry were around communication, and he confirmed that this was an area the Board was determined to improve. He highlighted that Kerry had a very different experience in different areas of the hospital and said that it was important to unify the culture across the organisation notwithstanding the older and newer parts of the estate.</p>
159.11	<p>Gautam Dalal, Non-Executive Director said that a large number of GOSH patients were under a number of different specialties and asked if there was one person</p>

159.12	<p>with overall responsibility for the patient's care in these cases. Sanjiv Sharma agreed that many patients at GOSH had complex conditions and it was important that there was a point of contact to coordinate their care. He said that this patient story highlighted the importance of recognising parents as experts in their children's care.</p> <p>Sir Michael Rake said that the key discussions at Board were around culture and safety and emphasised that Kerry's story was making an impact on the workings of the hospital. He said that although many areas of the hospital were high stress environments it was vital that staff were able to understand the experience of patients and families. The Board thanked Kerry for continuing to engage with the Trust and for her willingness to provide a patient story to the Board.</p>
160	Directorate presentation: Core Clinical Services
160.1	<p>Tim Liversedge said that two previous directorates had merged to create Core Clinical Services (CCS) which was largest directorate with over 1400 members of staff, the largest group of which was Allied Health Professionals. CCS supported activity across the hospital and Tim Liversedge said that it was important that the team was appropriately resourced to do this. Within the directorate GOSH was an expert centre for neuroradiology and osteogenesis imperfecta as well as minimally invasive autopsies. Tim Liversedge reported that following Pandemic, the workforce as a whole was fatigued and it was important that the team was able to continue to go above and beyond to ensure that the backlog of patients was being treated.</p>
160.2	<p>Action: Chris Kennedy asked what could be done to improve theatre utilisation. He noted that the directorate had been involved in planning for the Children's Cancer Centre and asked to what extent the team was satisfied with the plan. Tim Liversedge said that theatre utilisation was complex and related to the flow of patients through the hospital as a whole. He said he felt that confirming beds the day before admission and starting lists on time would be helpful. He added that it was important to focus on efficiency which he felt had dwindled following the COVID19 pandemic. He suggested that it would be important to grow day care beds to ensure that these patients did not require the use of overnight beds and it was agreed that this would be discussed at Finance and Investment Committee.</p>
160.3	<p>Tim Liversedge said that in terms of Children's Cancer Centre planning there remained a number of issues which were out of scope and he was confident that they were well understood but they continued to require action. It provided an opportunity to invest in teams who had previously felt undervalued which had contributed to leadership and culture concerns. Tim Liversedge said that moving teams into an improved estate and feeling that the organisation valued their impact would lead to an improvement.</p>
160.4	<p>The Board discussed staffing challenges and Tim Liversedge said that in some areas such as radiography funding was available to recruit to posts but vacancies remained as it was not possible to recruit sufficiently experienced people. He said that it would be helpful to have the ability to overrecruit in some areas where there were staffing challenges and the hospital required a quick response to demand.</p>
160.5	<p>Russell Viner asked for a steer on diagnostic waits and Tim Liversedge said that there were waiting time challenges in some areas of diagnostics and that</p>

	although the time for reporting scans was excellent, there continued to be waits. He said that North Central London diagnostic waiting times compared adult and paediatric services which were very different as diagnostics for paediatric cases was considerably more complex.
160.6	Suzanne Ellis had submitted a question asking whether supplier relationships were sufficiently strong to mitigate the risk around supply chains and Tim Liversedge said that work to identify different suppliers was continuous and resource intensive which impacted on clinical teams. He said that cost inflation pressure was a particular issue in the laboratories, and it was anticipated that there would be a 5-10% increase in costs overall.
160.7	Amanda Ellingworth asked whether Governance structures in the directorate were sufficiently mature to be relied upon and Tim Liversedge said that structures were inconsistent throughout the directorate. Some were well embedded whilst others were in the development stages and some teams required considerable support to understand reporting and the way in which this could move towards high reliability.
160.8	Gautam Dalal highlighted the considerable activity taking place across CCS and asked how data was being used to measure performance. Tim Liversedge said that the metrics which were currently being used were likely to be those which could be readily measured and discussions were taking place to identify the most useful metrics and the performance team would support the development of the data to provide assurance.
161	GOSH Clinical Strategy
161.1	John Quinn, Chief Operating Officer said that workshops and multidisciplinary team meetings had taken place to feed into the development of the strategy and Research had taken place on the literature, data and horizon scanning of the direction of paediatric medicine. Four cross cutting themes had been developed which covered the organisation as a whole rather than the focus on key specialties as in the previous clinical strategy. Clinical feedback and feedback from Governors had highlighted the importance of 'the child first and always'.
161.2	Following Board approval work would take place to socialise the strategy throughout the hospital and develop a document which was clear for patients, families and staff as well a communications plan. Objectives and Key Results (OKRs) were also being implemented and a plan for this would be considered by the Board at its March meeting.
161.3	Chris Kennedy strongly endorsed the four areas of focus and Gautam Dalal asked how the Clinical Intelligence Unit would be developed. John Quinn said that a proof of concept was being developed within the innovation team and work would then take place to identify how it would be used as part of business as usual.
161.4	The Board approved the clinical strategy.
162	Guardian of Safe Working Report Q3 2022/23
162.1	Renee McCulloch, Associate Medicate Director and Guardian of Safe Working said that the Trust's junior doctor vacancies continued to increase and work was

	<p>taking place to reduce delays in onboarding international medical fellows and increase recruitment. Focus would also be placed on improving processes for sponsorship of international colleagues.</p> <p>162.2 Agreement had been reached with the Local Negotiating Committee (LNC) that the schedules of all GOSH's junior doctors, including those for whom the Guardian of Safe Working would not traditionally apply, would be subject to a fine by the Guardian if working hours were breached.</p> <p>162.3 Discussion took place around the junior doctor strikes and Renee McCulloch said that all trainees would have the opportunity to strike. Sanjiv Sharma said that although the action was currently around pay and conditions, it was anticipated that safety would become a bigger part of the strike and the organisation was able and prepared to evidence safe services at the Trust.</p>
163	Integrated Quality and Performance Report (Month 9 - December 2022 data)
163.1	John Quinn said that December 2022 had been a challenging month which included strikes and reduced activity over the Christmas period and this was reflected in some areas of data. Patient experience and safety metrics had not been affected but there had been an impact on activity. Referral to treatment and other access targets were improving however this would be further impacted by more planned strikes. The Trust benchmarked well against others in terms of access, but John Quinn said that it was important to continue to make improvements in order to treat the backlog of long waiting patients.
163.2	Action: Russell Viner said that the dashboard indicated Infection Prevention and Control was rated green but highlighted that the IPC metrics were red year to date. Tracy Luckett, Chief Nurse said that there had been an increase in all IPC metrics which had been discussed with the Director of Infection Prevention and Control. All organisations were seeing this increase which was likely to be a result of the increase in activity, later presentation of illness and patients coming from the community who were more unwell. This was being monitored and discussed at QSEAC. Deep dives were taking place to identify any trends and this would also report into QSEAC.
164	Board Assurance Committee reports
164	<u>Quality, Safety and Experience Assurance Committee update – January 2023 meeting</u>
164.1	Amanda Ellingworth, Chair of QSEAC said that the Board had covered many of the subjects discussed at Board. The Medical Director's Office was being restructured and the Chief Medical Officer would focus on being more outward facing. A Chief Medical Officer's Report was presented at each meeting including intelligence from external organisations and opportunities to learn from this.
164.2	An external review would be taking place of the safeguarding service to receive assurance and the committee had also received updates on ward accreditation, patient experience and space and place. A new Freedom to Speak Up Guardian would be joining the Trust in March.
164.3	<u>Finance and Investment Committee Update – January 2023</u>

164.4	Chris Kennedy, Member of the Finance and Investment Committee said that the majority of the meeting had been focused on the Children's Cancer Centre. The Full Business Case had been completed in line with NHS England template. Chris Kennedy said that focus was being placed on building a world class building and it would also be important to develop a plan for operational activity.
164.5	<u>Audit Committee Assurance Committee Update – January 2023 meeting (including Board Assurance Framework Update)</u>
164.6	Gautam Dalal, Chair of the Audit Committee said that following the Trust Board risk meeting in December 2022 the BAF risk on culture had been revised as the previous risk statement had been time specific. The Committee had recommended the revision to the Board for approval. The Board approved the updated risk statement.
164.7	Deep dives had taken place on the research and innovation and business continuity risks and the committee received excellent presentations on these areas.
164.8	The Committee also received an update on Epic and how it had been implemented in other organisations. Feedback had been received from another local Trust and this had been very useful.
164.9	<u>People and Education Assurance Committee Update – December 2022 meeting</u>
164.10	Kathryn Ludlow, Chair of the PEAC said that two meetings had taken place since the last Board. Staff stories had been received at both meetings from Clinical Site Practitioners and union representatives.
164.11	The Committee had reviewed the refreshed people strategy and one page summary of the strategy. The Freedom to Speak Up Guardian continued to work part time at GOSH in advance of the new guardian taking up the post. The Committee noted the excellent work of the current guardian who had moved the service forward significantly.
164.12	There had been an increase in turnover and the committee had asked for data to be cut by area to highlight gaps.
165	Council of Governors' Update – November 2022 meeting
165.1	Sir Michael Rake said that Governor meetings continued to focus on their involvement in the Children's Cancer Centre and they were particularly interested in sustainability.
166	Any other business
166.1	There were no items of other business.