

**Minutes of the meeting of Trust Board on
23rd November 2022**

Present

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
Dr Shankar Sridharan	Chief Clinical Information Officer
Margaret Ashworth*	Interim Chief Finance Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Renee McCulloch	Associate Medical Director and Guardian of Safe Working
Luke Murphy*	Head of PALS
Matteo*	Parent of GOSH patients
Clarissa Pilkington*	Chief of Service, Blood, Cells and Cancer
Anupama Rao*	Deputy Chief of Service, Blood, Cells and Cancer
Esther Dontoh*	General Manager, Blood, Cells and Cancer
Emma Gilbert*	Interim Head of Nursing and Patient Experience
Darren Darby*	Deputy Chief Nurse
Quen Mok	Governor (observer)
Jacqueline Gordon	Governor (observer)
Mark Hayden	Governor (observer)
Constantinos Panayi	Governor (observer)
Sapna Talreja	Governor (observer)
1 member of GOSH staff	

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

122	Apologies for absence
122.1	Apologies for absence were received from Sir Michael Rake, Chair. Amanda Ellingworth, Deputy Chair chaired the meeting.
123	Declarations of Interest
123.1	No declarations of interest were received.
124	Minutes of Meeting held on 21 September 2022

124.1	The Board approved the minutes of the previous meeting.
125	Matters Arising/ Action Checklist
125.1	Minute 92.4: John Quinn, Chief Operating Officer said that a key driver of last minute cancellations was bed closures and discussions were taking place with Chiefs of Service about ways to minimise this. Amanda Ellingworth, Chair said that feedback had been received from staff on the walkround prior to Trust Board that the Trust was not sufficiently proactive in terms of reminding patients and families about their appointments and this was contributing to instances of 'was not brought'. John Quinn said that GOSH was part of a national 'was not brought' initiative which considered how Trusts were performing and ways in which processes could be strengthened.
125.2	Minute 94.4: Staff had raised the issue of a delayed replacement of a fridge during a previous walkround and John Quinn confirmed that the case for replacement would be heard at Capital Investment Group on 30 th November 2022.
126	Chief Executive Update
126.1	Matthew Shaw, Chief Executive said that the GEMS awards (GOSH Exceptional Members of Staff) had been relaunched at an Extraordinary Big Brief in October and would celebrate an outstanding individual and team each month. Children's hospitals across England continued to be extremely busy and PICU occupancy levels had been very high with almost all Children's Hospital Alliance Trusts at 100% capacity. Matthew Shaw said that GOSH had a large number of PICU beds and it was important to ensure they remained open and patients could be accepted.
126.2	GOSH had been successful in being awarded funding for the National Institute of Health Research Biomedical Research Centre for the coming 5 years which was extremely positive. Work was taking place to close the existing BRC at the end of December 2022 and open the new BRC in January 2023. The Board welcomed this achievement.
127	Feedback from NED walkrounds
127.1	Suzanne Ellis, Non-Executive Director said that she had visited International and Private Care wards and outpatients. Staff were engaged and managing well with the substantial increase in activity reporting that they felt supported by the hospital. Colleagues had emphasised the importance of continuing to recruit staff in order increase capacity and had reported that the service was able to recruit excellent staff however they often chose to specialise and move to other areas of the Trust. Whilst it was positive that GOSH was able to retain these colleagues it was important to continue to recruit. Suzanne Ellis said that discussion had taken place with staff about whether systems and processes were in place to enable the team to continue to increase activity and they had confirmed that they were.
128	Patient Story

128.1	Matteo attended the Board via Zoom to give a patient story about his 10-year-old daughters' experience of food at GOSH when they were inpatients receiving Bone Marrow Transplants. Ophelia had been admitted to GOSH first and had been offered her meals in the normal way, choosing from a menu the previous day. The food had been poor quality and poorly prepared and Ophelia had not been able to eat the meals. Matteo said that his food had also been poor quality and he had chosen to buy and cook his own food despite the stress of doing so whilst caring for a sick child. This had continued for several weeks until a pilot had launched whereby Ophelia had been able to choose her meals on the day and they had been well prepared. Ophelia had been able to eat this food and as a result had not needed as much nasogastric feeding. She had recovered well within a week. Giada had been admitted to GOSH at a later date when the pilot scheme had already begun and had never stopped eating throughout her stay. She had not received as much nasogastric feed and was able to leave hospital two weeks before her sister.
128.2	Matteo emphasised the importance of children and young people's ability to enjoy food for both psychological and physical wellbeing throughout their time in hospital. He said that he felt that the focus of the standard meal provision was on staff convenience, in terms of ordering the food the previous day, the preparation of the meal and the time the meal was served. He said that feedback from patients in the form of uneaten food had not been considered. Under the pilot, patients had been able to provide feedback and this was incorporated into future meals. Staff were not able to taste test the food that they had produced for patients so there had been no quality assurance process. Matteo said that regardless of whether the pilot was taken forward it was vital that the patient was at the centre of the process and that their feedback was considered. He highlighted that nutrition was a vital part of a patient's medical treatment.
128.3	Action: The Board agreed that the pilot scheme should be rolled out as business as usual and that the Board would have a range of patient meals for lunch at the next Trust Board meeting.
128.4	Gautam Dalal asked whether the same foods were available under the previous meal provision and the pilot scheme and Matteo said that his daughters had preferred simple foods during their time in hospital and they had been available under both schemes so it had been possible to make a direct comparison. He said that on one occasion the team had provided salmon which hadn't ordinarily been available however the key difference for his daughters had been better quality, better prepared food.
128.5	Tracy Lockett, Chief Nurse said that NHS England was clear that food for children and young people was a priority and added that it was important to learn from the pilot and scale up the work.
128.6	The Board thanked Matteo for his extremely valuable feedback.
129	Directorate presentation: Blood, Cells and Cancer
129.1	Clarissa Pilkington, Chief of Service for Blood, Cells and Cancer said that the Directorate was comprised of a wide range of medical specialties and made a substantial contribution to research and innovation in the Trust. Focus was being

129.2	placed on psychological safety to ensure that teams were reviewing complaints and incidents with a view to learning and embedding changes in practice.
129.3	Concerns continued around the environment on Safari Outpatient Daycare Unit which was a suboptimal environment which had an adverse impact on patient, family and staff experience. It was anticipated that improvements would be experienced in 2023 as air conditioning had been installed in some areas, but other estate issues remained. There was limited capacity to isolate patients which could lead to delays and the ward was in an isolated location which had relatively frequent issues with lifts. There had been challenges meeting the Directorate Control Total and almost 50% of the identified Better Value schemes were rated as high risk.
129.4	GOSH was currently the only centre in the world carrying out thymic transplants and the BCC Lead Practice Educator had designed and written the only module in the UK for treatment of children and young people with a particular cancer treatment. Clarissa Pilkington said that the Children's Cancer Centre was key to the Directorate's progress and there had been excellent clinical engagement in creating the vision and design. The team had also continued to meet the 100% targets for cancer waits which was a significant achievement.
	Matthew Shaw congratulated the team on their work in a challenging year. He acknowledged the challenges around Safari Daycare for patients, staff and families and said that it was important to reflect as a Board on the redevelopment decisions which had been taken throughout the years and whether they had addressed the most critical estates needs at the time. He added that work was taking place to review Palliative Care funding and a business case was currently being written to submit to NHS England. John Quinn said that although cancer services in the directorate were high profile there were a number of other world class services such as dermatology. He added that BCC was the first directorate in the Trust to deliver the 'Referral to Treatment' target which was a significant achievement.
130	Feedback from NED walkrounds
130.1	Chris Kennedy had visited Mildred Creek Unit and the team had been positive about their upcoming decant and had been engaged in the process. Members of staff had been engaged and inspiring and a positive discussion had taken place with the team. Matthew Shaw said that NHS England would be visiting to review the unit at the end of November 2022. The service model was unusual compared to other centres and consideration was required about how this would be delivered in future. A mental health strategy was being developed which would be very important in supporting this decision making. Russell Viner agreed that there were very few centres nationally which could support patients with both complex mental and physical health needs and said this was an important resource.
130.2	Action: Kathryn Ludlow said that she had taken part in a walkround of the hospital at night and had been impressed by the work of the Clinical Site Practitioners. She had also met a vascular access nurse and noted that there were only 4 in the Trust which was a barrier to improved productivity. Matthew Shaw said that one of the business cases which was being prioritised was around venous access as there was recognition of the improvements this would make. Kathryn Ludlow said that she had visited the gastroenterology wards and staff highlighted challenges in the way the estate was set out. A parent had been very positive about the treatment received at GOSH but felt that communication

130.3	<p>between teams was challenging. Staff reported that patients' discharge were being delayed by local services requesting additional evidence about the care package required.</p> <p>Action: It was agreed that a report would be considered at QSEAC on the outreach clinics undertaken by GOSH and the model of care involved as well as consideration of the level of risk under the mode. Suzanne Ellis would attend the QSEAC discussion if possible.</p>
131	Integrated Quality and Performance Report (Month 6 2022/23) September 2022 data
131.1	Sanjiv Sharma, Chief Medical Officer said that there had been a rise in overdue Serious Incident actions between August and September which had been caused by a large number of actions becoming due and these were being reviewed. The Duty of Candour policy had been updated in October 2022 and the timeframes were being updated to ensure they were achievable.
131.2	Tracy Lockett said that there had been an increase in the number of complaints received with 75 received year to date for 2022/23 against 78 received for the whole of 2021/22. There had also been an increase in PALS contacts around cancellations and discussion was taking place at EMT.
131.3	Caroline Anderson, Director of HR and OD said that there had been an increase in staff turnover which was consistent with the NHS as a whole and this was being monitored. There had also been an increase in staff sickness however this remained below the level of other Trusts.
131.4	Action: John Quinn said that a high level of activity was taking place in the hospital however RTT remained broadly stable. Chris Kennedy expressed some concern that activity was high and would increase further during winter and it was agreed that this would be discussed at the Finance and Investment Committee. Matthew Shaw said that good progress had been made on delayed discharge which had reduced by a third but activity continued to increase as did the waiting list and focus was being placed on long waiting patients. Sanjiv Sharma said that colleagues in the Integrated Care System were keen for GOSH to support the system by accepting patients from other organisations, particularly younger children. He said that whilst the Trust was clear that patients must receive the best care it was important to balance this with ensuring that complex patients who could only be treated at GOSH could access services. Matthew Shaw said that there was a tension between moving forward with the Trust's strategy and serving the local population.
131.5	Russell Viner highlighted that mandatory training by honorary contract holders was extremely low and Caroline Anderson confirmed that a proposal was being developed on how this would be managed.
132	Finance Report (Month 7 2022/23)
132.1	John Beswick, Chief Finance Officer said that the month 7 position was £5.5million adverse to plan year to date. Income was ahead of plan and pay costs had reduced however there was pressure on non-pay spend.
132.2	Margaret Ashworth, Interim Chief Finance Officer said that the Trust had been

	discussing the process for reforecasting the year end outturn in year with NHS England and this had now been confirmed. The Trust was planning to deliver a £16million Better Value programme and focus was now being placed on the delivery of existing schemes. There was a good level of confidence that the programme would be delivered. There had been a deterioration in cash however this had been mitigated by a focus on debtors.
132.3	Chris Kennedy welcomed the low level of bank and agency spend and Margaret Ashworth said that this would continue to be monitored.
132.4	Suzanne Ellis highlighted that as a result of the Trust's financial circumstances a number of business cases had been paused and asked how the team was ensuring that essential cases were considered. Matthew Shaw said that cases which related to quality and safety had been prioritised and the team had requested they be developed into Full Business Cases. John Quinn confirmed that they would be considered as part of the current business planning cycle and a similar process had been developed for capital spend.
133	Learning from Deaths report- Child Death Review Meetings – Q2 2022/23
133.1	Sanjiv Sharma said 26 patient deaths had been reviewed as part of the child death review process. He said that the process was complex at GOSH as a result of the involvement of professionals from throughout the patient's care pathway. As GOSH provided national services these professionals were often located throughout the country. The Child Death Review Meetings identified one case in which there were modifiable factors in terms of national learning outside of GOSH and no cases in which modifiable factors had been identified in the care provided at GOSH. Areas for improvement in practice were identified in 12 cases and areas of excellent practice identified in 18 cases.
133.2	Chris Kennedy asked how the national learnings were disseminated and Sanjiv Sharma confirmed that learning for outside of GOSH is shared with NHS England to take forward. Gautam Dalal asked how the Trust worked with a patient's family when a modifiable factor was identified and Sanjiv Sharma said that previously a modifiable event had been found to meet the threshold for a Serious Incident and this had been communicated with the family and investigated in the usual way.
134	Guardian of Safe Working
134.1	Renee McCulloch, Associate Medical Director and Guardian of Safe Working said that the vacancy rate for whole time equivalent posts was increasing over the previous 18 months and was currently 13%. There had also been an increase in exception reporting as a result of encouraging particular teams to report to provide an overview of their working patterns. Work was taking place to understand bank usage in the context of the vacancy rate and the proportion of a vacant post which was being filled by bank staff.
134.2	GOSH rotas were complex with many interdependencies as a result of a large number of small and highly specialised teams. Only a small number of areas were able to stand up their own rotas.
134.3	Action: Renee McCulloch said that it was important to ensure that onboarding processes were as efficient as possible particularly as the vacancy rate was increasing. She added that there were challenges in filling posts in some areas as

	<p>a result of the reduction in European colleagues applying for roles in the UK. Matthew Shaw said that a plan on the way in which the junior doctor vacancy rate would be reduced would be brought to PEAC. He said that the General Medical Council would be changing national policy to pilot allowing hospitals to sponsor doctors to enter the specialist register and it was possible that GOSH could act as a pilot site for this. It was agreed that this would be considered.</p>
135	Nursing Workforce Assurance Report
135.1	<p>Tracy Lockett said that a varied approach was being taken to nurse recruitment and this had been successful with the Trust's vacancy rate being 9% in September which was one of the lowest in the North Central London Integrated Care System. There were some hotspots with higher-than-average vacancies including Bear Ward and work was taking place with the Head of Nursing for the Directorate.</p>
135.3	<p>Action: Amanda Ellingworth, Chair highlighted that there had been 20 Datix reports related to safe staffing levels and noted that this would encompass a variety of issues on a spectrum of severity and it was difficult to ascertain the actual level of risk which was related to each one. It was agreed that consideration would be given to how this data could be presented in a more helpful way to show the issues and associated risk trending over time. Tracy Lockett said that she was meeting with Heads of Nursing and Clinical Site Director to set out the meaning of unsafe in the GOSH context.</p>
136	Health Inequality Update
136.1	<p>Darren Darby, Deputy Chief Nurse said that there had been good progress on the initial programme of work and GOSH had been working with the Children's Hospital Alliance and the Integrated Care System. Three key initial projects had been established to support a better understanding of the patient population and a health inequalities dashboard had been developed in order to review deprivation data. All patients had now been profiled against key metrics. Data was also being collected around digital access and whether patients were able to access videoconferencing equipment. The final project was a health inequalities education programme and this had been presented to the GOSH Learning Academy Board.</p>
136.2	<p>The programmes of work would be undertaken by five working groups. Their focus would reflect the national priorities and would be overseen by a steering group and an assurance framework would be implemented with assurance reports would be provided to the Board going forward.</p>
136.3	<p>Russell Viner noted that 58-60% of GOSH's patients were from the lowest socioeconomic groups and said that it was also important to consider whether patients from lower socioeconomic groups also received intensive and technology dependent treatment in the same way as their peers from other socioeconomic groups. He added that it was important to consider a pathway-based approach.</p>
136.4	<p>Suzanne Ellis welcomed the work that had taken place so far and said that it was important to also consider staff from a wellbeing perspective. She emphasised the importance of ensuring there was appropriate diversity of the steering committee and working groups and added that consideration should be given to involving the Council of Governors in this area.</p>

137	Annual Planning 2023/24
137.1	Action: John Beswick said that the annual plan was being developed and would be presented to the Board for approval at the end of March 2023. He said that it was important that the plan was appropriate for GOSH and its patients, but he added that it must also form part of the required position for the integrated care Board. John Quinn said that planning guidance had not yet been received and a note would be sent to the Board on the impact of the guidance once it had been published.
138	Seen and Heard annual report 2022
138.1	Caroline Anderson said that the Trust had continued to move forward with the priorities set out in the Seen and Heard Framework despite the challenging context, and excellent work had been undertaken by the staff networks which had supported this progress. She said that work had taken place to develop internal career pathways and this remained a priority going forward. A new diversity and inclusion lead had been appointed and would join the Trust on 4 th December 2022.
138.2	Matthew Shaw agreed that incremental change had been made but said that it was important to improve progress. Discussions had taken place with another London Trust about their work in this area and Matthew Shaw said that it was vital that GOSH continued to challenge itself to do more.
138.3	Chris Kennedy asked for a steer on the accuracy of the data and Caroline Anderson said that in general good quality data was being collected however there were hotspots which required additional focus, particularly around disability and long-term sickness. She said that it was clear from the staff survey that considerably higher numbers of staff self-declared a disability than was captured by the Trust. Amanda Ellingworth emphasised the importance of staff feeling safe to make these declarations as well as those related to LGBTQ+ status.
139	Update on Board Assurance Framework
139.1	<u>Quality, Safety and Experience Assurance Committee – November 2022</u>
139.2	The Board noted the update from the QSEAC.
139.3	<u>Audit Committee</u>
139.4	Gautam Dalal, Chair of the Audit Committee said that a good quality and succinct paper had enable a particularly nuanced discussion on BAF risk 1: Financial Sustainability.
139.5	<u>Finance and Investment Committee Update – September 2022</u>
139.6	Suzanne Ellis, Chair of the Finance and Investment Committee said that a full update from the September meeting had been given at the November Council of Governors’ meeting. The next FIC meeting was being held on 25 th November 2022.
139.7	<u>People and Education Assurance Committee Update – September 2022 meeting</u>

139.8	Kathryn Ludlow, Chair of the PEAC said that a full update had been given at the November meeting of the Council of Governors.
140	Council of Governors' Update
140.1	Amanda Ellingworth said that Sir Michael Rake's tenure as Chair would end on 23 rd October 2023 and the process to appoint a new Chair had been approved by the Council at the meeting.
140.2	Action: Suzanne Ellis said that an update had been received about the improvements made to Wi-Fi in the hospital however negative feedback continued to be received from patients and families. She asked when follow up action would be taken. Matthew Shaw said that there was a disconnect between the perception of the ICT team and patient and families and it was agreed that a Directorate story would be given by the ICT team on the work that had taken place. Amanda Ellingworth emphasised the important of Wi-Fi availability to patients and families.
141	Register of Seals
141.1	The Board endorsed the use of the Company Seal.
142	Any Other Business
142.1	Caroline Anderson gave an update on the nursing strike action as information had been becoming available during the meeting. GOSH was one of 23 hospitals in London which had voted for strike action by the Royal College of Nursing. No strike dates were available yet however it was anticipated that this would take place prior to Christmas. Business continuity was being reviewed at a directorate level and two new groups had been established to review areas which would be derogated. She said that GOSH supported staff to take lawful action within the parameters of the Trust being able to provide safe essential care. The Trust would continue to work with staff and their union representatives.