



NHS

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

**Minutes of the meeting of Trust Board on
8th June 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
Suzanne Ellis	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
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Luke Murphy*	Deputy Head of Patient Experience
Sylvia Chegra	Associate Director Patient and Family and Site Services
Joshua*	GOSH patient
Kristel*	Joshua's mother
Katya Herman*	Music Therapist
Jatinder Olk*	Head of Quality
Chris Ingram*	Fire, Health and Safety Manager
Renee McCulloch*	Associate Medical Director for Workforce and Guardian of Safe Working
Kiera Parkes*	Guardian of Safe Working
Jacqueline Gordon	Governor (observer)

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

17	Apologies for absence
17.1	Apologies for absence were received from Jason Dawson, Interim Director of Space and Place. Sylvia Chegra, Associate Director Patient and Family and Site Services was in attendance in his stead.
18	Declarations of Interest
18.1	No declarations of interest were received.
19	Minutes of Meeting held on 30 March 2023

19.1	The Board approved the minutes of the previous meeting.
20	Matters Arising/ Action Checklist
20.1	Actions taken since the previous meeting were noted.
21	Patient Story
21.1	Joshua, a GOSH patient and Kristel, Joshua's mother joined the Board to discuss their experiences of using music therapy at GOSH during admissions to the hospital. Joshua said that most of his negative experiences in the hospital had been associated with being admitted to a different ward where staff did not know him as well. He said that when he was in hospital, he missed college and seeing his friends and this additional layer of challenge was difficult. Kristel said that Joshua did not have a formal diagnosis, and this was challenging when being admitted to wards which primarily treated patients with specific diagnoses. She said that two of her children were GOSH patients and on one occasion were admitted at the same time. This had been very difficult to manage and receiving respite when her children were receiving music or play therapy had been extremely important.
21.2	Joshua said that music therapy had been extremely important for lifting his mood and he felt that it was a period of light during a difficult time. He said that at his first admission he had been very anxious and stressed and the new environment had been challenging and this had been helped by music therapy.
21.3	Katya Herman, Music Therapist said that she worked across the hospital with patients of all ages both to improve their experience of being in hospital and also for therapeutic purposes such as singing with respiratory patients. Joshua had started to play the saxophone, and this was helpful as a physiotherapy exercise which had helped with breath control and stronger breathing by strengthening his diaphragm. Matthew Shaw, Chief Executive said other centres were doing innovative work around the use of music and there was more that GOSH could do in this regard.
21.4	Katya said that she saw patients on a referral basis but there was not sufficient capacity to see all patients. Patients with a learning disability, regular or long admissions and those with anxiety about procedures were prioritised as well as younger patients whose parents were not able to stay with them as much.
21.5	Tracy Luckett said that an excellent annual report had been produced by the music therapy service and discussion was taking place about additional support that could be provided in this area.
22	Chief Executive Update
22.1	Matthew Shaw thanked staff and management teams for their hard work to prepare for, and recover from, periods of strike action which had been challenging and was a distraction from the Trust's ongoing objectives. The Trust's waiting list benchmarked well, but there were a number of long waiting patients which was not acceptable and focus was being placed on reducing this number. Sir Michael Rake said that the Board was extremely supportive of the Executive Team's work in this regard and the focus on minimising disruption to patients.

23	Quality Report 2022/23
23.1	Jatinder Olk, Head of Quality said that the priorities set out in the report were developed by the Quality Review Group which was composed of a wide group of stakeholders in a variety of different roles. The priorities represented their key areas for improvement and there had been excellent engagement across the Trust.
23.2	Matthew Shaw highlighted that over half of services now had publicly available outcomes which was the most of hospitals internationally. This was beneficial to patients and families and for international referrals and it was important to continue to focus on this for other specialties.
24	GOSH Foundation Trust Annual Financial Accounts 2022/23 and Annual Report 2022/23
24.1	John Beswick, Chief Finance Officer said that the Audit Committee had met in the morning prior to Trust Board and reviewed the accounts. The Trust's external audit partner had reported that their work was not yet concluded however the work on significant risks had been finalised and no material issues had been identified. It was anticipated that the accounts would be signed in the next few days.
24.2	The Audit Committee had discussed the approach to bad debt provisioning and the judgement involved in the calculation made. The external auditor had felt that the provisioning level was too high as a result of an overly prudent policy however it remained within a materially acceptable range and the Audit Committee and management team was satisfied that an appropriate policy was in place. Two other areas of provisioning had been discussed: the potential financial implications of an ongoing legal case and an amount payable from the Integrated Care System (ICS) however neither had been material, either individually or as whole. Learning had been identified around the adoption of IFRS16.
24.3	Gautam Dalal, Audit Committee Chair said that no matters had been raised by Internal Audit or Counter Fraud which required the attention of the Board. The committee had also reviewed the Internal Audit plan for 2023/24 and discussed the importance of reviewing the Children's Cancer Centre programme and development of a new service. A debrief on year-end processes would take place at the next Audit Committee meeting.
24.4	Subject to the completion of the external audit the Trust Board approved the following documents: <ul style="list-style-type: none"> • GOSH Foundation Trust Annual Financial Accounts 2022/23 • Annual Report 2022/23 • Annual Governance Statement • Assurance Committee Annual Reports • Draft Head of Internal Audit Opinion • Draft Letter of Representation
24.5	The Board agreed to delegate authority to the Audit Committee in the event that any changes were required to the above documents.
24.6	The Board thanked the teams involved for their work to prepare the year end

	documents.
25	Compliance with the NHS provider licence – self assessment 2022/23
25.1	Anna Ferrant, Company Secretary said that the Executive Team had reviewed the evidence set out against four conditions of the Foundation Trust Licence and one requirement under the Health and Social Care Act and had proposed that the Trust was compliant with the conditions. The self-assessment had been presented to the Council of Governors at its May 2023 extraordinary meeting and the Council had been satisfied with the evidence provided and the proposal that the Trust was compliant with all conditions.
25.2	The Board agreed the Trust’s response to the four conditions of the Foundation Trust licence.
26	Integrated Quality and Performance Report – Month 1 2023/24
26.1	John Quinn, Chief Operating Officer said that the periods of industrial actions had had a substantial impact on operational performance and senior management capacity. Notwithstanding the Trust’s good RTT performance, there were a number of long waiting patients and focus was being placed on reducing these. In some specialties such as dental, mutual aid had been sought from other organisations. GOSH’s performance against cancer targets remained good.
26.2	Sanjiv Sharma said that focus was being placed on the timely closure of incident reviews. Changes had been made to the Risk Management Policy and these were being embedded in directorate areas.
26.3	Tracy Lockett said that the Trust continued to perform well in Friends and Family Test feedback both in terms of the response rate and the experience reported. There had been a deterioration reported in terms of experience, but this had recovered in month 1. Feedback was being received about the impact of waits and cancellations and this was being monitored by the Executive Team.
26.4	Caroline Anderson, Director of HR and OD said that focus was being placed on honorary contract holders and verifying their current training status with substantive organisations. This work was ongoing.
27	Month 1 2023/24 Finance Report and update on GOSH 2023/24 Budget
27.1	John Beswick said that there was an adverse variance to plan in month 1 as a result of the reduction in Elective Recovery Funding due to the staff strikes. Discussion was taking place with NHS England about the way in which this funding would be recovered. Contribution from Better Value had also been delayed as management attention was focused on industrial action.
27.2	Action: Matthew Shaw said that John Beswick had been asked by the London region to develop a methodology for calculating losses as a result of strikes. Chris Kennedy, Non-Executive Director said that the delay to Better Value would lead to a loss of early year savings which would result in a full year variance. He said that it was important that this was also represented in the calculation.
27.3	Amanda Ellingworth, Non-Executive Director asked whether GOSH was managing the strikes efficiently in comparison to other organisations and John

27.4	<p>Beswick said that GOSH was disproportionately impacted as all cohorts of staff who were eligible to strike were doing so at GOSH.</p> <p>Suzanne Ellis, Non-Executive Director highlighted that there had been a reduction in genomics funding and John Beswick said that this was a timing issue. He said that the contract had not been signed and had therefore not been recognised.</p>
28	Nursing Workforce Assurance Report
28.1	<p>Tracy Lockett said that the nursing vacancy rate was currently 8.2% which was positive however turnover was increasing, and work was taking place to develop ways to reduce this. Chris Kennedy said that it was important to capture data on staff who were leaving the nursing profession as opposed to leaving GOSH and that this must be escalated to the Government. Tracy Lockett said that the Nursing Board had agreed to take forward the 'stay' retention framework. Discussion with staff had shown that key drivers of turnover were cost of living and travel to a central London site. The Trust was doing what it could to influence around travel and consideration would be given to how both the local and national system could be influenced. Caroline Anderson said that GOSH had an unusually young workforce and this also led to a higher turnover. She said that a combination of solutions would be required.</p>
28.2	<p>Action: Sir Michael Rake emphasised the importance of supporting staff with travel where this was a barrier to working at GOSH and it was agreed that this would be explored.</p>
28.3	<p>Suzanne Ellis highlighted that some wards had extremely high turnover in excess of 40% and said that it was important to move forward with support in these areas. Tracy Lockett said that the nursing workforce team was working with those wards and focus was being placed on wellbeing.</p>
28.4	<u>Nursing Establishment Review</u>
28.5	<p>Tracy Lockett said that the review had taken place and had identified areas in which the establishment itself required further consideration and areas in which focus would be placed on the skills mix of nursing colleagues.</p>
29	GOSH Staff Survey Results / Action Plan 2022
29.1	<p>Caroline Anderson said that four key themes for focus had been identified from the 2022 staff survey results: wellbeing, education, progression and reward and recognition. She said that relationships with line managers was key and listening events would be taking place throughout the Trust, however these had been delayed by strikes. Teams had developed their action plans, and these were being managed as part of Directorate Performance Reviews.</p>
29.2	<p>Amanda Ellingworth asked for a steer on the timeframe required for the Trust's actions to have a real impact. She expressed some concern about making substantial changes to the action plan as opposed to ensuring that existing ongoing action taken was comprehensive and managed through to conclusion. Caroline Anderson said that the improvement made in previous years' staff survey results had been maintained and it was important to now ensure that teams took ownership of the programmes of work.</p>

29.3	Suzanne Ellis asked how the Trust could encourage high performance team culture and Amanda Ellingworth asked how focus could be placed on the teams which required the most support. Caroline Anderson said that teamwork at GOSH was strong and recognition was important in this regard. She added that quarterly metrics would be available which would identify where particular teams required support.
30	Annual Reports
30.1	<u>Annual Health and Safety and Fire Report 2022/23</u>
30.2	Chris Ingram, Fire, Health and Safety Manager said that positive progress had been made in 2022/23 particular with respect to the safer sharps project as a result of additional capacity in clinical procurement. There had been an increase in RIDDORs in line with the increase in the number of staff onsite and this would continue to be monitored by the Health and Safety Committee.
30.3	The Trust had employed an Authorised Engineer for Fire Safety (AE) and this independent expertise had been important particularly around the Children's Cancer Centre. The AE had provided a very positive annual report which included two recommendations, the implementation of which was being discussed at the Fire Safety Committee. Chris Ingram said that there had been a reduction in the number of false fire alarms resulting in the London Fire Brigade coming to site. This was positive but had led to a natural reduction in familiarity of the LFB with the GOSH site. A Memorandum of Understanding was in place to ensure that they were on site quarterly however scheduling the visits was proving challenging. The Board emphasised the importance of ensuring that the MOU was adhered to.
30.4	Action: Chris Ingram said that unfortunately the Fire Officer post was vacant and was proving challenging to fill as a result of the strong external market for fire officers where salaries were not in line with Agenda for Changing banding for the role. Matthew Shaw emphasised the importance of the Fire Officer role and said that consideration would be given to the way in which one could be successfully recruited.
30.5	Suzanne Ellis noted that there was no specific budget for Health and Safety and asked whether sufficient support was provided by other areas. Chris Ingram confirmed that it was and that he was able to escalate any issues as they arose. The Board welcomed the progress made.
30.6	<u>Guardian of Safe Working Report Q4 2022/23 and Annual Report 2022/23</u>
30.7	Action: Renee McCulloch, Associate Medical Director for Workforce and Guardian for Safe Working said that minimum staff numbers on rotas had been set for each specialty which was a new way of working for doctors and calculations of annual leave and study leave had been included. Vacancy rates had been higher in 2022/23 and this had been attributed to workforce issues nationally and also issues with recruiting doctors from Europe. Delays were also being experienced in terms of international colleagues joining the Trust. Sir Michael Rake asked whether the NHS was connected with the Home Office in order to support international recruitment and Sanjiv Sharma said that a number of national bodies were involved in the process to support junior doctors working at GOSH and feedback had been about the rate at which applications could be processed. The Trust was also working with the Children's Hospital Alliance to

	raise the issue which disproportionately impacted specialist organisations. It was agreed that this would be raised with the Trust's local MP. Renee McCulloch said that the Trust had connected with the General Medical Council and proposed a role as a pilot organisation as GOSH had a large number of international medical graduates. It was agreed that the matter would also be raised with the Shadow Secretary of State for Health and Social Care.
30.8	Caroline Anderson asked for a steer on the morale of Junior Doctors and Renee McCulloch said that the group was very aware of the disruption during periods of industrial action and was focused on patient safety.
30.9	Action: Chris Kennedy said that considerable work was taking place around the use of artificial intelligence in rota design and he agreed to discuss this with the Chief Clinical Information Office outside the meeting.
30.10	<u>Freedom to Speak Up Guardian Annual Report 2022/23</u>
30.11	Kiera Parkes, Freedom to Speak Up (FTSU) Guardian said that there had been a small reduction in cases raised in 2022/23 and the time made available had been used as an opportunity to promote the service and engage with staff. It had been challenge to collate robust demographic data to identify groups which may face barriers to contacting the service and work was taking place with the staff networks to identify any additional support required.
30.12	There was good awareness throughout the Trust of ways in which concerns could be raised however Kiera Parkes emphasised the importance of continuing to demonstrate that the Trust was a listening organisation and concerns were welcomed.
30.13	The National Guardian's Office would be releasing data for 2022/23 which would enable benchmarking to take place and a staff survey subscore for FTSU had been developed and the data related to this would be reviewed.
30.14	Sir Michael Rake said that the ability to raise concerns in a safe environment was a key component of culture and said that an understanding of the barriers to staff raising concerns was key. He said that this was a critical area which would support the Trust's cultural aims.
31	Board Assurance Committee reports
31.1	<u>Audit Committee update – March 2023 meeting and June 2023 (verbal)</u>
31.2	Gautam Dalal said that alongside discussion of the year end documents at the meeting prior to Trust Board, the committee had undertaken deep dives into data quality. He said that he and Suzanne Ellis had visited the ICT team and gained a good understanding of the priorities and progress being made.
31.3	<u>Quality, Safety and Experience Assurance Committee update – March 2023 meeting</u>
31.4	Amanda Ellingworth, Chair of the QSEAC said that the committee had received an internal audit report on the harm review process which had provided a rating of partial assurance. The Executive Management Team was focused on improving the process and ensuring it was embedded in clinical teams and this would be re-audited. A mental health risk was being added to the Board Assurance

	Framework and a presentation had been received on the options appraisal for the provision of High Dependency care across the Trust.
31.5	<u>People and Education Assurance Committee – May 2023 meeting</u>
31.6	Kathryn Ludlow, Chair of PEAC said that turnover across the hospital was increasing and a deep dive would be received on this at the next meeting. Good progress was being made by the GOSH Learning Academy which had moved into its next phase of work and was recruiting to key posts. Presentations had also been received from directorates on their action in response to staff survey results.
31.7	<u>Finance and Investment Committee – March 2023 and May 2023 meetings</u>
31.8	Suzanne Ellis, Chair of FIC said that many of the matters discussed at the previous meetings had also been covered by the Board. The committee discussed sustainability and the carbon baseline, and a good discussion had taken place. A business case was being developed which would provide the options for moving forward. There was good staff engagement in this area.
31.9	An update on procurement had been received and the committee had asked that sustainability was considered going forward. Suzanne Ellis said that it was important that consideration was given to Environment, Social and Corporate Governance (ESG) matters in all activity undertaken at GOSH.
32	Council of Governors’ Update – April 2023 and May 2023
32.1	Sir Michael Rake said that the Council of Governors had approved the appointment of the new Chair and had welcomed a presentation on research from Russell Viner. Presentations would be provided at a future meeting about the International and Private Care and its importance in supporting NHS services and the complexities of developing new services.
33	Any other business
33.1	There were no other items of business.