

**Minutes of the meeting of Trust Board on
15th July 2020**

Present

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| Sir Michael Rake | Chair |
| Lady Amanda Ellingworth | Non-Executive Director |
| James Hatchley | Non-Executive Director |
| Chris Kennedy | Non-Executive Director |
| Kathryn Ludlow | Non-Executive Director |
| Akhter Mateen | Non-Executive Director |
| Matthew Shaw | Chief Executive |
| Phillip Walmsley | Interim Chief Operating Officer |
| Sanjiv Sharma | Medical Director |
| Professor Alison Robertson | Chief Nurse |
| Helen Jameson | Chief Finance Officer |
| Caroline Anderson | Director of HR and OD |

In attendance

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| Cymbeline Moore | Director of Communications |
| Dr Shankar Sridharan | Chief Clinical Information Officer |
| Stephanie Williamson | Interim Director of Built Environment |
| Richard Collins | Director of Transformation |
| Anna Ferrant | Company Secretary |
| Victoria Goddard | Trust Board Administrator (minutes) |
| Renee McCulloch* | Associate Medical Director and Guardian of Safe Working |
| Grace* | GOSH Patient and Chair of the Young People's Forum |
| Toby* | GOSH Patient and member of the Young People's Forum |
| Claire Williams* | Head of Patient Experience and Engagement |
| Adeboye Ifederu* | Chair of the BAME Forum |
| Lakiesha Ward* | Member of the BAME Forum |
| Musfira Bukht* | Member of the BAME Forum |
| Renee Barrett* | Member of the BAME Forum |
| Helen Vigne* | Head of EPR Programme |
| Nick Martin* | Head of Sustainability and Environmental Management |
| Andrew Long* | Associate Medical Director and Responsible Officer |

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

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| 68 | Apologies for absence |
| 68.1 | Apologies for absence were received from Professor Russell Viner, Non-Executive Director. |
| 69 | Declarations of Interest |
| 69.1 | No declarations of interest were received. |

| 69 | Patient Story |
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| 69.1 | Grace, Chair of the Young People's Forum had been a GOSH patient for 6 years. She had been involved in a number of GOSH activities during lockdown but had felt that it was difficult to be involved at the same level when meetings and workshops took place over video conference. Grace said that she was due to transition to adult services however the COVID-19 pandemic had made progress with this uncertain. She had noticed that there had been improved communication between teams during the pandemic which she welcomed. |
| 69.2 | Toby said that he had been a GOSH patient since 2005 under a number of different teams. He said he felt that in terms of the work of the YPF the group had been able to achieve most of its required business over videoconference. Toby had visited the hospital for appointments during lockdown as well as having appointments via videoconference. He said that initially there had been some challenges with online appointments however they now worked well. |
| 69.3 | Grace said that it had been important to keep busy over lockdown and she felt that this had been beneficial to her mental health. Toby said that his physical health had improved throughout lockdown and he was now able to be more active than in previous day to day life and had found new ways to socialise with friends and families. |
| 69.4 | Sir Michael Rake, Chair asked whether Grace and Toby had recommendations for the Trust irrespective of the pandemic. Grace said that it was vital to begin conversations around transition at an earlier stage to ensure sufficient time was available to discuss the matter. Grace said that her discussions about transition had been inconsistent between specialties and had begun at the age of 17 which she felt was too late. She said that MyGOSH was helpful to support communications and it was important that this was used to the best of its ability consistently across specialties. |
| 69.5 | Toby said that in previous discussions with the YPF prior to the pandemic members had not been keen to move forward with online consultations however having experienced these appointments the benefits were clear to members and they recommended continuing with them particularly for patients who lived elsewhere in the country. |
| 69.6 | Amanda Ellingworth asked for a steer on the way in which the Board could better engage with the YPF and Grace recommended that members of the Board attend a meeting. She said that many teams had found the YPF's input valuable on many different matters. |
| 69.7 | Alison Robertson, Chief Nurse said that transition was a key issue for young people and work continued to be required on this complex area. She said that it was important that teams took responsibility for carrying out discussions at the appropriate time and added that it was vital to recruit to the Clinical Nurse Specialist for Adolescent Medicine or utilise the post in a different way to actively support the directorates to introduce and embed transition arrangements into their services.. |
| 69.8 | <p>Action: Sir Michael Rake said that the use of videoconferencing meant it was more practical for Board members to attend additional meetings such as this and recommended that Board members attend a meeting of the YPF where possible.</p> |

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| 70 | Minutes of Meeting held on 26 May 2020 |
| 70.1 | The Board approved the minutes of the previous meeting. |
| 71 | Matters Arising/ Action Checklist |
| 71.1 | Actions take since the last meeting were noted. |
| 72 | Chief Executive Update |
| 72.1 | Matthew Shaw, Chief Executive said that Zoe Asensio-Sanchez, Director of Estates and Facilities and the Built Environment would be joining the Trust on 3 rd August. He thanked Stephanie Williamson, Interim Director of Built Environment for her work with the Trust over seven years. |
| 72.2 | The Trust had undergone an inspection to assess its digital maturity. GOSH had been HIMMS accreditation at level 6 which was an excellent achievement. It was anticipated that within a fortnight the Trust could achieve level 7 for outpatients which would be the first such achievement for a UK Trust. Matthew Shaw, Chief Executive thanked Helen Vigne, EPR Programme Manager and Sarah Newcombe, Chief Nursing Information Officer who had been instrumental in this achievement. |
| 73 | Integrated Quality and Performance Report – May 2020 including focus on clinical outcomes |
| 73.1 | Sanjiv Sharma said that the paper had been considered at the QSEAC and Council of Governors. He highlighted that work was taking place to improve the position of open incidents and there had been an improvement shown in June data. It was anticipated that all pre-2020 incidents would be closed by the end of July. |
| 73.2 | A national report on Freedom to Speak Up (FTSU) had been published which showed GOSH was in the top ten in terms of most improved use of the FTSU service. As planned the Freedom to Speak Up Guardian had left the role at the end of the fixed term contract and interviews were taking place in the week beginning 20 th July. |
| 73.3 | James Hatchley welcomed the reduction of PICU and NICU refusals to zero and queried whether, notwithstanding the reduction in activity, there was learning which would support this position going forward. He noted there had been an increase in mortality and asked for a steer on the drivers. Sanjiv Sharma said that the demand for PICU had reduced through the pandemic which had enabled the Trust to develop an approach of ‘never say no’ to a patient which required a paediatric environment. A combination of factors had led to the increase in deaths including receiving very unwell patients from other Trusts whose deaths were expected but would ordinarily having taken place in a different hospital. Late presenting patients had also died at GOSH. Sanjiv Sharma said that there did not appear to be any themes. |
| 73.4 | Akhter Mateen, Non-Executive Director highlighted that training metrics were deteriorating and asked for a steer on the drivers. Sanjiv Sharma said that |

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| 73.5 | <p>training was moving to digital platforms but in some cases this was challenging and modifications were required to enable this.</p> <p>Phillip Walmsley, Interim Chief Operating Officer said that GOSH's RTT performance was higher than the national average, however diagnostic performance was lower but was in line with that of other paediatric hospitals as there were specific paediatric diagnostic issues. Length of stay over 50 days had increased largely as a response to COVID-19 and the difficulties in repatriating patients internally. A substantial improvement in discharge summaries had been achieved.</p> |
| 73.6 | <p>Average theatre utilisation was 90% as a result of limited available lists, some of which were overrunning considerably.</p> |
| 74 | Infection Control Board Assurance Framework (NHS England) |
| 74.1 | <p>Helen Dunn said that the Infection Control Board Assurance Framework had been developed by the CQC and commissioners in response to COVID-19. It was being monitored by the Infection Control Committee which reported to the Patient Safety and Outcomes Committee and was split into ten key required standards.</p> |
| 74.2 | <p>Key risks were around PPE and fit testing and these issues had been managed throughout the pandemic but had been challenging. Testing is a key area for focus and ensuring laboratory resources were available was vital. The way in which the built environment was managed would be key going forward, particularly in terms of ventilation and the Infection Control team was working with the estates team.</p> |
| 74.3 | <p>Akhter Mateen noted that there were some instances in which the Trust's cleaning contractor was required to provide evidence of staff training and Helen Dunn said that many contracted staff had been trained by GOSH however evidence was required to be provided by the contractor. Alison Robertson, Chief Nurse said that the Infection Control Team were disciplined in ensuring the appropriate evidence was in place and the required information was managed.</p> |
| 73.4 | <p>Action: It was agreed that the Board would send a letter of thanks to Dr John Hartley who had recently stepped down as DIPC.</p> |
| 74 | BAME Forum Discussion |
| 74.1 | <p>Adeboye Ifederu, Chair of the BAME Forum said that he had met with Sir Mike Rake and had an open discussion. Given the on-going Black Lives Matter protests and the raised profile of inequality experienced by people of colour in many countries including the UK people had been provided with the opportunity to reflect. Adeboye Ifederu said that it was important for the Board to consider the real changes that could be made in the Trust as issues of inequality impacted staff and patients. He challenged the Board to take action given that this matter was core to GOSHs principles.</p> |
| 74.2 | <p>Renee Barrett, Member of the BAME Forum highlighted the challenge of understanding the day to day experiences of people of colour if this was not an individual's own experience. She suggested that Board members and members of the Senior Leadership Team develop a buddying system and buddy with a</p> |

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| 75.3 | <p>person of colour. Renee Barrett welcomed the nurse listening events which were helping to drive the diversity and inclusion agenda.</p> <p>Adeboye Ifederu said that the magnitude of the issue was clear but he was assured that moving forward together would lead to positive changes. Lakiesha Ward agreed that collective effort was required to work on an agreed set of actions to create the most effective change. Adeboye Ifederu said that although BAME forum meetings were productive and collaborative and showed a good appetite for this work, this was not always in line with people's day to day experience at GOSH.</p> |
| 75.4 | <p>Alison Robertson, executive sponsor of the BAME forum encouraged Board members to influence within their roles and use their position to speak about the importance of diversity and inclusion. Three listening events for nurses had been held and feedback was being presented to the Nursing Board in September. Themes would be developed into an action plan which would be monitored as part of the overall nursing workforce development plan. She said that it was important to begin to move ahead with actions. Caroline Anderson, Director agreed and said that preparatory discussions had been taking place over recent months and work was now taking place to draft the diversity and inclusion strategy 'Seen and Heard' which would focus on ensuring that all staff had the same leadership focus and opportunities.</p> |
| 75.5 | <p>Akhter Mateen asked for a steer on the barriers to becoming an antiracist organisation which valued diversity and inclusion. Adeboye Ifederu said from discussions with BAME colleagues that there was a clear theme of issues with career development and the recruitment process. Renee Barrett said that it was important for GOSH to be more vocal and visible about its support for these issues and Lakiesha Ward said that it was important to normalise these types of conversations. Musfira Bukht, Member of the BAME Forum said that all GOSH staff had their individual strengths from which the Trust could benefit.</p> |
| 75.6 | <p>Chris Kennedy, Non-Executive Director asked how GOSH could ensure that there was representation of diversity of lived experience at points where real decision making took place. Adeboye Ifederu said that the BAME forum was becoming involved with policy setting but said that day to day it was important that individuals did not accept being involved in meetings, projects and workshops where there was a lack of diversity.</p> |
| 75.7 | <p>Action: It was agreed that members of the BAME forum would be invited back to the Board to discuss progress before Christmas.</p> |
| 75.8 | <p>Matthew Shaw said that despite the constructive discussions there remained poor experiences for some staff from a BAME background at GOSH. He emphasised the importance of being clear with staff about expectations.</p> |
| 76 | Finance Report Month 2 2020/21 |
| 76.1 | <p>Helen Jameson, Chief Finance Officer said that as a result of the COVID-19 pandemic the NHS had moved to a new commissioning systems in which block payments were made along with top up payments retrospectively covering additional COVID costs. The block contract had been based on the requirements of acute Trusts taking into account winter pressures and GOSH required a substantial top up to this payment. At month two year to date, £10million had been requested of which £8.6 million had been approved and the remaining</p> |

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| 76.2 | <p>£1.4million was based on the changes to bad debt provision. Cash remained strong. As a considerable proportion of the Trust's drugs were associated with home care this had not reduced in line with the reduction in activity.</p> <p>Akhter Mateen asked whether any additional payments associated with IPP debt had been received since the Finance and Investment Committee and Helen Jameson confirmed that it had and further receipts were anticipated.</p> |
| 77 | Electronic Patient Record (EPR) Programme Update |
| 77.1 | <p>Helen Vigne, Head of EPR Programme said that since go-live the Trust had continued to work to maintain the momentum and develop user experience. Some challenging areas such as pharmacy had received considerable focus and were now in a more stable position. Shankar Sridharan, Chief Clinical Information Officer said that prior to the introduction of Epic GOSH's digital maturity had been poor however the Trust had become the first in Europe to have been assessed at level 6 in both inpatients and outpatients in terms of digital maturity and it was anticipated and outpatients could move to level 7 which was a significant achievement.</p> |
| 77.2 | <p>The optimisation phase of the EPR programme had been on-going for approximately one year and 64% of Epic usability had now been turned on which was the joint highest in Europe. The team were able to quickly turn on usability during the pandemic to support continued activity.</p> |
| 77.3 | <p>Alison Robertson emphasised the importance of MyGOSH and its consistent use throughout the specialties. She said that discussion around this would be a standing item at the Patient and Family Engagement and Experience Committee going forward and would be driven through directorate performance reviews. She asked for a steer on the improvements made in pharmacy and Helen Vigne said that the majority of issues had been solved and the team's use of Epic was now in a stable position. Work was taking place with the Epic team to implement new software developments to further improve the position.</p> |
| 77.4 | <p>Sir Michael Rake said that overall the implementation of Epic had been a considerable success however during Non-Executive Director walkrounds some staff had expressed concern about its use. Shankar Sridharan said that many staff who were challenged by beginning to use Epic had welcomed its benefits throughout the pandemic as it had enabled them to work differently.</p> |
| 77.5 | <p>Chris Kennedy welcomed the EPR yearbook but expressed some concern that the benefits of Epic were proving difficult to quantify and were likely to be underperforming. He said it was important to capture all benefits even where they were not financial. Shankar Sridharan said that work was showing that Epic was reducing length of stay and unnecessary tests which was being quantified.</p> |
| 77.6 | <p>Kathryn Ludlow, Non-Executive Director highlighted strong concerns which were raised by a member of nursing staff on a walkround to CICU and asked if they had been alleviated. Richard Collins, Director of Transformation said that Epic involved a change in practice in some areas which had been challenging for some staff to adapt to. Alison Robertson said that in response to that walkround she had followed up with the member of staff. A number of Epic users across critical care met with the Nursing Information Officers to discuss and work through issues. She said that it was important that staff had faith in the system and used it as designed rather than implementing workarounds.</p> |

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| 78 | Safe Nurse Staffing Report (April/ May 2020) |
| 78.1 | Alison Robertson said that staff who had been redeployed around the Trust throughout the reporting period were now returning to their usual specialties in order to resume activity which had been paused due to the pandemic. A large number of staff had been upskilled throughout the period and it was important to maintain those competencies going forward. The health and wellbeing of nursing staff remained a key consideration and Alison Robertson said that it would be important to maintain the measures which were put in place via the Health and Well-being Hub to ensure nursing staff received ongoing support. |
| 78.2 | GOSH had welcomed 62 aspirant nurses all of whom had Newly Qualified Nurse (NQN) conditional offers of employment for September 2020. Health Education England had reported that funding for these posts would end on 31 st July 2020 and a funding proposal had been submitted to the Operational Board and Executive Management Team to bridge the gap and support a smooth transition in the NQN roles in September. A larger proportion of this group had declared themselves as being from a BAME background which indicated more positive results from increased efforts to recruit from local feeder universities. |
| 78.3 | The nursing establishment review would be considered by the Board in September 2020 and work continued through the Nursing Workforce Assurance Group to use data in order to understand and plan the workforce. |
| 79 | Learning from Deaths Mortality Review Group - Report of deaths in Q4 2019/2020 |
| 79.1 | Sanjiv Sharma presented the report and highlighted the addendum which had been added which spoke to a recent spike in crude mortality data. |
| 79.2 | James Hatchley asked whether work took place to review comparable data with other paediatric Trusts and Sanjiv Sharma said that GOSH was part of a national group looking at PICU mortality and 96% of deaths at GOSH occurred within PICU. In the event that GOSH was an outlier in mortality in any area this would be highlighted by PIKANET which provided a very early warning where mortality in a clinical area fell outside confidence intervals. GOSH had not triggered this warning even when taking into account the increase in deaths. |
| 80 | Safeguarding Annual Report 2019/20 |
| 80.1 | Alison Robertson confirmed that the report had been considered by the QSEAC. She said that the volume and complexity of work was considerable. The Named Doctor had retired and an interim was in place with interviews taking place in week beginning 20 th July 2020. The job description had been amended and advertised internally after a round of unsuccessful external recruitment. |
| 80.2 | The Named Nurse had expressed her intention to retire and a strong and diverse pool of applications had been received. |
| 81 | Sustainability Annual Report 2019/20 |
| 81.1 | Nick Martin, Head of Sustainability and Environmental Management said that the Trust continued to work towards a goal of carbon neutrality by 2030. A patient centred approach was being taken in terms of working towards declaring a |

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| 81.2 | climate emergency. The GOSH Children's Charity were supportive of this and were discussing approaching donors to develop a funding plan. Work had taken place with the Young People's Forum who had a clear commitment to support the Trust in this area and were considering how best to become involved. |
| 81.3 | Action: Sir Michael Rake requested that sustainability was discussed by the Board again at a time which was more appropriate to declare a climate emergency. |
| 81.4 | James Hatchley highlighted the positive environmental impact of patients being treated remotely and without the need to travel and the probable large reduction in the use of paper due to staff working from home. He suggested that these new behaviours could be capitalised upon to promote good sustainability practices. |
| 81.5 | Stephanie Williamson, Director of Development noted that there had been a 43% reduction in the CO ₂ produced by the Trust which was primarily as a result of phase 2 which had been planned as the most sustainable building. She highlighted the potential scale of progress with sustainability that could be made in the Children's Cancer Centre. |
| 82 | Guardian of Safe Working report Q1 2020/21 |
| 82.1 | Renee McCulloch, Associate Medical Director and Guardian of Safe Working said that as part of the major incident planning for the pandemic a rota was built in order that the hospital could be flexible and responsive to patient need whilst providing a 'stand by system' for absence cover of 30%. Junior doctors had worked extremely hard over this time and had supported the Trust by working in other specialties and not taking annual leave over a six week period. |
| 82.2 | Throughout the process it had become clear that improved data and monitoring of staff was required and a new system for monitoring doctor absences had been established which had not previously been in place. A new senior medical officer post had been developed which was a leadership role which would support the distribution of work overnight in the event of absences. Work was taking place to ensure that a team approach was in place at night. |
| 82.3 | PICU and CATS rotas remained non-compliant in respect of 2016 terms and conditions and plans were in place to increase establishment for September 2020. The CAMHS rota which was extremely complex was under review. The doctors on this rota worked across a number of Trusts and activity was increasing. |
| 82.4 | Sir Michael Rake welcomed the support and flexibility provided by junior doctors throughout the pandemic. |
| 83 | Responsible Officer Annual Report 2019/20 |
| 83.1 | Dr Andrew Long, Associate Medical Director and Responsible Officer said that he would be retiring at the end of 2020 and welcomed the appointment of Dr Phil Cunningham, Consultant Anaesthetist who would take over the role in 2021. |

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| 83.2 | As a result of the COVID-19 pandemic NHS England had confirmed that medical appraisals should be cancelled from March 2020 and no Annual Organisational Audit was required for 2019/20. Prior to the pandemic GOSH's medical appraisal rate had been over 90%. |
| 83.3 | Good and clear guidelines for revalidation were in place and the system gave good notice of approaching revalidation dates. Individuals who did not yet meet the standard were provided with advice about additional requirements. The most frequent cause of referral was as a result of delays in receiving 360 degree patient feedback which had been particularly challenging over lockdown. Andrew Long said he felt that a robust process had been developed and the majority of appraisers were leading good quality appraisals. Those who did not meet this standard were undertaking refresher training. |
| 83.4 | The Board thanked Andrew Long for his work at GOSH. |
| 84 | Annual Quality Report 2019/20 |
| 84.1 | Sanjiv Sharma presented the Quality Report which had been presented to the Council of Governors and was recommended for approval by the QSEAC. Due to the COVID-19 pandemic the report was not required however it had been developed in order to maintain focus on the quality agenda. There was also no requirement for inclusion in the annual report or external audit. Sanjiv Sharma reported that the Quality Report 2019/20 had been shortlisted for an HSJ Patient Safety Award. |
| 84.2 | The Board approved the Quality Report 2019/20. |
| 85 | Board Assurance Committee reports |
| 85.1 | <u>Audit Committee update – May 2020 meeting</u> |
| 85.2 | The Board noted the update. |
| 85.3 | <u>Quality, Safety and Experience Assurance Committee update – July 2020 meeting</u> |
| 85.4 | It was noted that an update had been provided at the Council of Governors' meeting. The Board noted the update. |
| 85.5 | <u>Finance and Investment Committee Update –July 2020</u> |
| 85.6 | The Board noted the update. |
| 85.7 | <u>People and Education Assurance Committee Update – June 2020</u> |
| 85.8 | Action: The Board noted the update. It was agreed that a summary of the confidential PEAC session would be presented to the confidential Board where appropriate. |
| 86 | Council of Governors' Update – July 2020 (Verbal) |
| 86.1 | Sir Michael Rake said that a positive meeting had taken place and Governors were keen to continue to engage with the Non-Executive Directors. A revised buddying system had been approved. |

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| 87 | Revision to the Trust Constitution |
| 87.1 | Anna Ferrant, Company Secretary said that it had been agreed in principle by the Council of Governors in 2018 that the constituency boundaries would be changed to ensure they aligned with current electoral boundaries and that the proportion of Governors on the Council was in line with the distribution of GOSH outpatients throughout England and Wales. The Council had also agreed in 2018 to implement phasing of elections and the next election, beginning in November 2020. |
| 87.2 | In order to enact the changes the Trust's constitution was required to be updated and the Constitution Working Group met on 1 st July 2020 to discuss these changes. It was agreed that the changes would be recommended to the Board and Council for approval along with the recommendation to provide for the flexibility to hold an AGM and AMM virtually including any required virtual membership voting at a meeting to ensure essential business can be maintained under social distancing rules. When a mapping exercise had taken place it had shown that one new constituency, 'Patients from the Rest of England and Wales', had a gap of only 17 members between the minimum number required and actual members. The Constitution Working Group had proposed that the minimum number of members in this class was reduced to 100 from 150. The Membership Engagement Recruitment and Representation Committee (MERRC) would also focus on recruiting and engaging with members in this class. |
| 87.3 | The Board approved the following proposals made by the Constitution Working Group: <ul style="list-style-type: none"> • Changes to the way public and patient/carer members are allocated to classes to align with current electoral boundaries through approval of the following annexes of the constitution: <ul style="list-style-type: none"> ○ Annex 1 – public constituency ○ Annex 3 – Patient/carer constituency ○ Annex 4 – Composition of the Council of Governors • Temporary transition arrangements for implementing phased elections through approval of annex 11 – composition of the Council of Governors – transitional period • Amendment to annex 10 to allow the Trust to hold a virtual AGM and AMM including virtual voting. • Revision of the minimum number of members in 'Patient – GOSH rest of England' to 100. |
| 88 | Register of Seals |
| 88.1 | The Board endorsed the use of the company seal. |
| 89 | Any other business |
| 89.1 | There were no items of other business. |