

**Minutes of the meeting of Trust Board on
16th September 2020**

Present

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
Professor Russell Viner**	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

Cymbeline Moore**	Director of Communications
Dr Shankar Sridharan**	Chief Clinical Information Officer
Zoe Asensio-Sanchez**	Director of Estates, Facilities and Built Environment
Richard Collins**	Director of Transformation
Mark Sartori**	Trustee, GOSH Children's Charity
Claire Williams* **	Head of Patient Experience and Engagement
Carolyn Akyil* **	Head of Nursing and Patient Experience, Sight and Sound Directorate
Elizabeth Jackson* **	Chief of Service, Sight and Sound
Chris Jephson* **	Deputy Chief of Service, Sight and Sound
Helen Dunn* **	Director of Infection Prevention and Control
Anna Ferrant**	Company Secretary
Victoria Goddard**	Trust Board Administrator (minutes)

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

*** Denotes a person who was present via teleconference*

98	Apologies for absence
98.1	No apologies for absence were received.
99	Declarations of Interest
99.1	No declarations of interest were received.
100	Minutes of Meeting held on 15 July 2020
100.1	The Board approved the minutes of the previous meeting.
101	Matters Arising/ Action Checklist
101.1	The actions taken since the last meeting were noted.

102	Chief Executive Update
102.1	Matthew Shaw, Chief Executive said that the North Central London STP had agreed to implement temporary changes to paediatric services over the autumn and winter period in order to minimise disruption caused by a potential second surge of the COVID-19 pandemic. GOSH would be working to support the system by accepting a broader range of elective and day case services and there would be a review in the coming months to assess the effectiveness of these arrangements.
102.2	Focus continued to be placed on returning to business as usual and GOSH was progressing well in this regard when benchmarked with other London Trusts however considerable work was required to treat a backlog of patients.
102.3	The Trust's 'Above and Beyond' Strategy would be officially launched later in September. Engagement had taken place in the development of the strategy and a plan was in place to embed it into the organisation.
102.4	A substantive Chief Operating Officer would be joining the Trust at the end of 2020 and Matthew Shaw welcomed Zoe Asensio Sanchez to the Trust in her role as Director of Estates, Facilities and Built Environment.
102.5	The Executive Team were in the process of agreeing and implementing a plan to work towards achieving a rating of 'outstanding' at the next CQC Well Led Inspection which was expected around 2022. This would include inviting a Well Led assessment in quarter 1 2021/22 undertaken by an external assessor and it was proposed that a short-life working group was established to draft and recommend the procurement document for appointing the external assessor. The group would include two Non-Executive Directors and Amanda Ellingworth and Akhter Mateen agreed to take part in the group.
103	Patient Story
103.1	The Board received a patient story by video from Samih, aged 16 who described his experience at GOSH as a blind patient. He said that it was difficult to navigate the hospital as he was not able to see the arrows or maps, however staff were friendly and helpful even when the hospital was very busy. He said that he had previously been nervous around needles and particularly when having a blood test and staff had been able to help him with this.
103.2	Samih said that he had not been aware that he would begin to receive his own hospital letters at the age of 16 and he said that it would be helpful to be told as well as to be prepared for the responsibilities he would have to take for his health as he got older at an earlier stage. Samih said that it would be helpful to be told about projects and services at GOSH by email or in person when he was in the hospital as posters were not as effective for visually impaired people.
103.3	Samih said that it was important that staff were confident about working with children and young people with a visual impairment in order to help the individual feel confident about their visit.
103.4	Claire Williams, Head of Patient Experience and Engagement said that there had been a focus on sign posting using bold colours and large graphics in the Sight and Sound Hospital development and different colours were being used to

	identify different floors. Quiet spaces and a sensory garden were also being developed. The development team had been working towards a deaf aware quality mark accreditation.
103.5	Work was taking place to review Samih's feedback and it was possible that volunteers could support people with additional needs to navigate the hospital and they would also be able to give additional information that patients and families could otherwise access from posters.
103.6	Amanda Ellingworth, Non-Executive Director welcomed this work and added that people with additional needs such as sight and hearing impairments or a learning disability accessed the hospital as a whole and it was vital to consider the hospital's environment in terms of its accessibility for all patients and families.
104	Diversity and Inclusion Strategy and Health and Wellbeing Strategy
104.1	Caroline Anderson, Director of HR and OD said that the People Strategy had been published in November 2019 and as part of this there had been a commitment to developing a Diversity and Inclusion Strategy and a Health and Wellbeing Strategy supported by programmes of work to ensure that the overall strategy was delivered. Although the development of the strategies themselves had been delayed by the pandemic, the response to the pandemic had provided an opportunity to accelerate and consolidate much of the planned work to create a solid foundation.
104.2	Following feedback received from the chaplaincy team the health and wellbeing strategy would now be called 'Mind, Body and Spirit'. Caroline Anderson said that both frameworks would include specific metrics to measure success including those measured in WRES and WDES surveys and staff survey. It was confirmed that a new staff forum would be established for oversight as well as formal assurance being provided through the People and Education Assurance Committee.
104.3	Sir Michael Rake, Chair welcomed the progress that had been made and asked whether there were sufficient resources in place to complete the work. Caroline Anderson said that a wide variety of people throughout the Trust would be involved in the work and added that it was important that it was recognised as a Trust wide project.
104.5	James Hatchley, Non-Executive Director said that there was considerable investment made in terms of staff wellbeing and it was vital that the KPIs also measured the extent to which staff used and valued each offering to ensure that resources were being focused appropriately.
104.6	The Board approved the Diversity and Inclusion Strategy and Health and Wellbeing Strategy.
105	Board Assurance Framework Update
105.1	Anna Ferrant, Company Secretary said that the Risk Assurance and Compliance Group (RACG) had reviewed BAF risk 2: Recruitment and Retention and proposed the reduction of the likelihood score from three to two resulting in a net score of 10.

105.2	Akhter Mateen, Non-Executive Director suggested that whilst he was supportive of the work that had taken place and the success particularly in terms of recruitment, more time was required in order to have clarity over retention levels particularly when the pandemic had reduced to manageable levels. Matthew Shaw said that it was now clear that COVID-19 would be a consideration in the medium term and this was affecting behaviours in terms of moving between organisations. GOSH's turnover had reduced to 14% which was within target for the first time. Akhter Mateen confirmed that he was satisfied that the net risk score should be within the amber range and Anna Ferrant said that the risk would continue to be reviewed and receive focus.
105.3	James Hatchley asked if's GOSH's reduction in turnover was in line with that of other Trusts and Matthew Shaw confirmed that it was.
105.4	The Board approved the reduction in the likelihood score to two.
106	Directorate Presentation: Sight and Sound Directorate
106.1	Phillip Walmsley, Interim Chief Operating Officer said that the Sight and Sound Directorate had done excellent work to support the organisation during the first wave of the COVID-19 pandemic and was currently being challenged by reduced access to theatres.
106.2	Elizabeth Jackson, Chief of Service for Sight and Sound said that throughout the year there had been a number of successes for the directorate including the opening of Falcon outpatients in the Zayed Centre for Research, working in partnership with North Central London general paediatrics in the response to COVID-19 and improved workforce and safety metrics. In response to the pandemic there had been an increased number of outpatient appointments taking place through video and telephone. The NHS had stipulated that a third of outpatient appointments should be conducted virtually and GOSH had agreed that virtual appointments should be available to all patients. In July 2020 52% of appointments had taken place virtually.
106.3	Substantial improvements had been made in terms of workforce metrics and sickness levels in the Directorate were now below the Trust's target. In 2019, focus had been placed on ensuring that PDRs were up to date which had resulted in 99% compliance rate for a number of months in the second half of 2019 and appraisals rates had been above the Trust target of 90% for a year. Appraisals for these individuals would soon be due in 2020.
106.4	The Directorate had experienced challenges in Dentistry with 52 week waits. Work had taken place to ensure that only the most appropriate patients were treated at GOSH with additional lists being added and patients being transferred to another London hospital where possible as well as the appointment of an additional paediatric dentist. Substantial improvements had been made prior to the pandemic however due to dentistry being an aerosol generating procedure it continued to be a challenging area.
106.5	Recovery from the first wave of the pandemic was a key challenge for the Directorate and the RTT position at the end of July 2020 had reduced to 42%. 199 patients had now been waiting 52 weeks and over half of these patients required dentistry. Elizabeth Jackson said that the team's priorities included staff wellbeing and improving scores in a number of areas in the staff survey.

106.6	Chris Kennedy, Non-Executive Director asked for a steer on levels of staff morale given the considerable backlog of patients. Chris Jephson, Deputy Chief of Service for Sight and Sounds said that work had showed there was a greater number of patients requiring priority 2 treatment than capacity allowed and this gap continued to increase. He said that careful work was taking place to continuously review patients' clinical need however there remained an increased risk and staff were uncomfortable about this. Sir Michael Rake asked whether there was more that could be done in order to close the gap and Phillip Walmsley said that he was working with the Operations and Images Directorate to open as many theatres as possible. There was a large number of staff in this directorate who were either shielding or on maternity leave and a number of vacancies which was challenging and work was taking place to consider other ways that an increased number of patients could be treated such as by partnering with other Trusts. Matthew Shaw said that it seemed that surgeons in particular were cognisant of the increased levels of risk and acknowledged that this was a challenging issue. He said that although GOSH was the joint top performing London Trust in terms of activity levels a gap remained.
106.7	James Hatchley asked to what extent directorates felt a sense of ownership for improving staff survey outcomes and whether a balance had been achieved between pan Trust and local initiatives. Elizabeth Jackson said that the directorate had developed a number of local initiatives which she felt would be key to staff wellbeing. A staff wellbeing webinar had taken place and ambassadors were being established to provide low level wellbeing support. Staff were being encouraged to undertake interesting development activities as part of their PDR. She said that she felt the directorate did have ownership and was also able to feed into the Trust's cross cutting work.
106.8	James Hatchley noted that improvement was required in BCMA scanning compliance and Carolyn Akyil, Head of Nursing and Patient Experience for Sight and Sound said that focus was being placed on this both in the directorate and in the hospital as a whole as Project Apollo was supporting improvement in this work. Heads of Nursing and Patient Experience were working to share learning and best practice.
106.9	Discussion took place around the directorate's experience of managing outpatients and patient experience in this area. Carolyn Akyil said that this had been a considerable piece of work particularly as a number of outpatient spaces were small including rooms and corridors. Therefore it had only been possible to allow one carer to attend with a patient in most areas and appointment times had been staggered to ensure that a large number of patients and families were not waiting at the same time. The team regularly received calls from families requesting an additional carer and this was managed on a case by case basis.
106.10	Phillip Walmsley thanked the Sight and Sound team for their work during a challenging time.
107	Update on data quality assessment framework
107.1	Phillip Walmsley said that GOSH was working towards compliance against the data quality assessment framework and adoption of the data quality kite mark to provide greater visibility and ownership of data being published in the Integrated Quality and Performance Report. The Trust's internal auditors were undertaking a review of the process.

107.2	Akhter Mateen highlighted that a number of data points provided in the IQPR was now shown to be unreliable by the kitemarking process. He asked whether the reliability of this data had recently changed or whether this had been the case for some time. Phillip Walmsley said that there had been no recent material change in data reliability and the team was now in a position to understand the gaps in reliability.
107.3	Action: It was agreed that a short report on the completion, and reliability of data related to, the WHO checklist would be considered at the next meeting. Matthew Shaw emphasised that this was a key matter.
107.4	Chris Kennedy welcomed the work on the kitemark and asked if the Executive Team were satisfied that, given the collective areas of unreliable data, there were no key high risk areas. Phillip Walmsley said that a schedule of 'must do' and 'should do' areas was being established. He added that over half of the must do areas were related to patient experience indicators.
108	Integrated Quality and Performance Report – Month 4 (July) 2020
108.1	Sanjiv Sharma, Medical Director said that work continued to focus on the incident closure rate and in recent months the team had been closing a greater number of incidents than had been opened. Work was still required however the number of open incidents had reduced. There had also been a substantial reduction in the number of open actions arising from serious incident investigations. The closure of the actions was monitored through the Closing the Loop Group to ensure they were closed appropriately.
108.2	Improvement was required on Duty of Candour. Clinical teams were working well on stages 1 and 2 however additional support was required for stage three.
108.3	WHO checklist compliance for main theatres improved in July 2020 to 95.9% for cases done under general anaesthetic which was the highest level in 2020. Sanjiv Sharma said that observational audits showed that the checklist was being completed however this was not being recorded in the correct way on Epic. Work was taking place with the teams in relevant areas to ensure they were clear on the requirements.
108.4	Sir Michael Rake asked for further information about a Serious Incident in which a tumour had been misidentified. He asked whether correct processes had been followed in this case and Sanjiv Sharma said that a professional judgement had been made from an equivocal biopsy and the team had held appropriate multidisciplinary team meetings and discussed the matter nationally and internationally. He said that despite the incident having been based on professional judgement, learning had been identified. He said that he had been impressed with the way the team had communicated with the family throughout the process. The family were now keen to be involved with the Trust as patient and family representatives.
108.5	Kathryn Ludlow, Non-Executive Director noted that two serious incidents had both occurred in renal and asked if there were any key causes. Sanjiv Sharma said that work was taking place to investigate and identify any commonalities.
108.6	Alison Robertson, Chief Nurse said that the number of complaints and PALS contacts had returned to pre-pandemic levels and Friends and Family Test response rates had continued to be positive which meant that more meaningful

108.7	<p>analysis could be drawn from the data. Patient and family satisfaction levels were 98% for both inpatients and outpatients. No further red complaints had been received however a deep dive on complaints data from the past two years would be undertaken to ascertain whether any themes could be identified. Alison Robertson said that the patient experience team had worked well to support patients and families during the pandemic and had worked closely with the GOSH Children's Charity to identify any additional support required.</p> <p>Phillip Walmsley said that marginal increases in performance had taken place in some metrics and Project Apollo would be taking place in the week of the 28th September to support working towards business as usual.</p>
109	Finance Report - Month 4 (July) 2020
109.1	<p>Helen Jameson, Chief Finance Officer said that from 1st April 2020 financial payments to the Trust had been made on a block contract with additional costs to a breakeven position being paid as a retrospective top up. The block contract had not been sufficient to cover costs and therefore the Trust's position at month 4 was a £7.1million deficit which had been requested as the top up in August 2020. The total accrual for NHS top up payments year to date at month 4 had been £24.5million of which £15.7million had been paid.</p>
109.2	<p>The payment system would be changing for months 7 to 12 and work was taking place to clarify what would be included in the block contract. High cost drugs had moved to cost and volume contracting which was positive however there was an assumption that non-NHS income would return to pre-pandemic levels.</p>
109.3	<p>Akhter Mateen said it was important to consider the impact of the 2020/21 outturn on future years and of GOSH potentially becoming a deficit making Trust. He asked for an update on the status of the Better Value Programme and Helen Jameson said that the programme had been paused during the first wave of the pandemic however transformational work had taken place which had led to efficiency savings. The Better Value Programme was now being brought back online.</p>
109.4	<p>James Hatchley noted that staff had moved between organisations during the first wave of the pandemic and asked if this would be possible going forward without impacting the Trust' financial position. Helen Jameson said that for months 7 to 12 funding would be provided at a system level and it would be possible for the integrated care system to re-organise funding in response.</p>
110	Safe Nurse Staffing Report (June and July 2020)
110.1	<p>Alison Robertson, Chief Nurse said that progress was being made in ensuring that the team had better quality data available in order to drive improved decision making. There were currently 56 aspirant nurses employed at GOSH who were being upskilled to ensure they were ready to join workforce numbers in September along with an additional 44 newly qualified nurses who would be supernumerary. This group of newly qualified nurses had self-declared 42% representation from BAME backgrounds which showed the positive impact of changes made to nurse recruitment.</p>

110.2	The Brain directorate continued to have a vacancy rate of 11% which was high in comparison to others' and these vacancies would be filled by newly qualified nurses in September <u>Six monthly staffing review</u>
110.3	Alison Robertson said that each ward's staffing requirements had been reviewed and cross referenced with directorates own information and Heads of Nursing and Patient Experience for each directorate had confirmed that they felt their establishments were safe and correct. In the Operational and Images Directorate the establishment had been below the national recommendations however this was mitigated through the use of GOSH staff undertaking bank shifts. A bespoke recruitment programme would be developed for the directorate in order to improve their staffing pipeline.
111	Update with completion of CQC recommendations
111.1	Sanjiv Sharma said that following the Trust's CQC inspection in January 2020 two enforcement notices had been issued which were now closed. All 'must do' actions were also complete along with 70% of the 'should do' actions which continued to be tracked on a monthly basis.
111.2	The CQC had reported that the process for inspections would change going forward and would primarily be focused on the Safe and Well Led key lines of enquiry. The inspection itself would be more data driven with fewer inspectors physically being on site.
111.3	Discussion took place around clinical outcomes and James Hatchley asked if they were reviewed by the CQC and Sanjiv Sharma said they were not. The Trust was focusing on ensuring there was visibility of outcomes at an organisation level across all teams. Amanda Ellingworth said that QSEAC was focusing on clinical outcomes particularly where they were not publically available on the website.
111.4	Russell Viner, Non-Executive Director highlighted that the 'Getting It Right First Time' (GIRFT) programme would be working in partnership with the CQC and asked if the Trust collated GIRFT reviews. Sanjiv Sharma said that GIRFT along with other compliance areas of the Trust were monitored through the Risk Assurance and Compliance Group and the Patient Safety and Outcomes Committee. He said that the Internal Review Manager had been focusing on developing a dashboard which could be presented for all services.
112	Workforce Equality: Workforce Race Equality Standard 2020 and Workforce Disability Equality Standard 2020
112.1	Caroline Anderson, Director of HR and OD said that GOSH continued to be an outlier in comparison with other NHS Trusts with worse metrics than others in terms of both WRES and WDES.
112.2	Metrics from WRES would be used to measure the impact of the diversity and inclusion strategy and improvements were anticipated.
113	Board Assurance Committee reports

113.1	<u>People and Education Assurance Committee Update –September 2020</u>
113.2	Kathryn Ludlow, Chair of the PEAC said that many of the items discussed at PEAC had also been discussed by the Board however the Learning Academy had also been discussed and the Committee had welcomed its work thanks to the support of the GOSH Children’s Charity.
114	Council of Governors’ Update – July 2020
114.1	Sir Michael Rake said that an excellent update had been provided by the Lead Governor at the AGM. He said that Governors’ key concerns during pre-meets were around ensuring that they were providing the greatest possible assistance to the hospital.
115	Emergency Planning Annual Report 2019/20
115.1	Phillip Walmsley, Interim Chief Operating Officer presented the report and said that during the Emergency Planning Officer had completed a RAG rated self-assessment for core Emergency Planning standards which showed an increase in compliance against the previous year with four amber rated standards identified. Work to close these areas was completed by October 2019 and resulted in GOSH achieving a fully compliant score for the first time.
115.2	James Hatchley asked whether any changes were required to emergency responses such as fire evacuation given the infection control practices in place and Philip Walmsley said that processes used during an emergency situation superseded standard infection control processes.
115.3	Action: Discussion took place around cladding and it was agreed that an update would be provided at the next meeting.
116	Infection Control Annual Report 2019/20
116.1	Helen Dunn, Director of Infection Prevention and Control said that focus had been placed on developing infection control audit days and assurance processes in terms of hand hygiene and ensuring that good quality data was provided to clinical teams at ward level. The team continued to lead the ‘Gloves Off’ campaign and shared their practice at a national conference earlier in 2020.
116.2	Helen Dunn emphasised the importance of ensuring that laboratory services were maintained on the GOSH site and this had been clear during the pandemic. Matthew Shaw said that he was committed to ensuring this was the case and recognised the importance of this service.
116.3	Key areas for activity in 2020/21 included working with estates to complete the water safety plan and work to unify surgical site surveillance services across the Trust in order to enhance the service for patients.
116.4	Action: James Hatchley highlighted that data for the CVL infection rate had been rated zero in kite marking terms and it was agreed that Phillip Walmsley would provide an update on the reason for this at the next meeting.
116.5	Sir Michael Rake highlighted the outcome of the CVL care bundle audit which had been 47% and asked what action would be taken to improve this. Helen

116.6	<p>Dunn agreed that this was an unacceptable outcome and added that the primary issues was around documenting compliance rather than compliance itself. Hand hygiene compliance continued to be lower than previous years however the team focused on achieving real improvements rather than only on demonstrating compliance.</p> <p>Alison Robertson thanked Helen Dunn and her team for their work which had substantially benefitted the hospital during the pandemic.</p>
117	Trust Board Terms of Reference and Workplan
117.1	Anna Ferrant, Company Secretary said that the Terms of Reference had been updated to reference embracing diversity in line with the focus the Trust was placing on that area. The Diversity and Inclusion and Health and Wellbeing Frameworks had also been added to the workplan.
117.2	The Board approved the revised Terms of Reference and Workplan.
118	Schedule of Matters Reserved for the Board and Council of Governors
118.1	Anna Ferrant said that the NHS Code of Governance required a formal schedule of matters to define the powers specifically reserved to the Board and Council of Governors. The document had been reviewed in detail and updates had been made in order to clarify where committees reviewed matters in advance of the Board.
118,2	The Board approved the schedule of Matters Reserved for the Board and Council of Governors.
119	Any other business
119.1	There were no items of other business.
119.2	The Board agreed that a hybrid meeting in which a small number of Board members had taken part in the meeting on site in a socially distanced way whilst other joined via teleconference had worked well, however it was important to ensure that unnecessary risk was not introduced.