

**Minutes of the meeting of Trust Board on  
26<sup>th</sup> November 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
Helen Jameson	Chief Finance Officer

**In attendance**

Professor David Goldblatt	Director of Research and Innovation
Dr Shankar Sridharan	Chief Clinical Information Officer
Mark Sartori	Trustee, GOSH Children's Charity
Claire Williams*	Head of Patient Experience and Engagement
Mike*	Parent of Lucas, GOSH patient
Professor Thomas Voit*	Director of NIHR GOSH Biomedical Research Centre
Dr Jenny Rivers*	Deputy Director of R&I
Dr Laura Turner*	Deputy Director of the NIHR GOSH Biomedical Research Centre
Dr Clarissa Pilkington*	Chief of Service; Blood, Cells and Cancer
Dr Anupama Rao*	Deputy Chief of Service; Blood, Cells and Cancer
Kate Pye*	Head of Nursing and Patient Experience; Blood, Cells and Cancer
Esther Dontoh*	General Manager; Blood, Cells and Cancer
Darren Darby*	Director of Nursing, Corporate
Sarah Ottoway*	Acting Deputy Director of HR and OD
Dr Renee McCulloch*	Associate Medical Director and Guardian of Safe Working
Helen Dunn*	Director of Infection Prevention and Control
Dr Pascale Du Pre*	Consultant Intensivist and Medical Lead for Child Death Reviews
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
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Seven members of the public and staff	

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

<b>140</b>	<b>Apologies for absence</b>
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140.1	Apologies were received from Professor Alison Robertson, Chief Nurse; Caroline Anderson, Director of HR and OD; Cymbeline Moore, Director of Communications and Richard Collins, Transformation Director.
<b>141</b>	<b>Declarations of Interest</b>
141.1	No declarations of interest were received.
<b>142</b>	<b>Minutes of Meeting</b>
142.1	The Board <b>approved</b> the minutes of the previous meeting.
<b>143</b>	<b>Matters Arising/ Action Checklist</b>
143.1	The actions taken since the last meeting were noted.
<b>144</b>	<b>Chief Executive Update</b>
144.1	Matthew Shaw, Chief Executive said that the Trust continued focus on returning to business as usual and treating the backlog of patients and was the top performing paediatric service in London in activity compared to the previous year. He thanked staff for their work to achieve this.
144.2	It was noted that Phillip Walmsley, Interim Chief Operating Officer would be leaving the Trust at the end of January and John Quinn would be joining the organisation as substantive Chief Operating Officer on 4 <sup>th</sup> January 2021. Matthew Shaw thanked Phillip Walmsley for his contribution to the Trust.
144.3	As part of the programme of internal reviews of the Trust's clinical services the review of the Ophthalmology Service had taken place and the outcome had been positive. The report would be considered by committees and groups in the Trust and Matthew Shaw congratulated the Ophthalmology Service and thanked Meredith Mora, Service Review Manager for her work. Amanda Ellingworth, Non-Executive Director asked how the action plan would be monitored and Sanjiv Sharma, Medical Director confirmed that this would be included in the Integrated Quality and Assurance Committee.
144.4	Matthew Shaw said that he had met with several groups of cleaning staff in recent months who had raised concerns about the lack of terms and conditions of employment which for some staff were in line with those of NHS employees and for others were not. These concerns had been reported to the Board. The Board had been clear about the value these staff contributed to the organisation and the importance of adhering to the Trust's values. Matthew Shaw said that action would be taken to ensure that fairness and parity was achieved for all staff working at GOSH and this would be discussed with staff and the contractor in the coming weeks.
<b>145</b>	<b>Patient Story</b>
145.1	The Board received a patient story via videoconference from Mike, the parent of GOSH patient Lucas. During an appointment in which Lucas had been frustrated due to a delay and had refused eye drops, Mike had been asked to restrain Lucas to enable the eye drops to be administered which he and Lucas had both found upsetting. Mike said that when he made a complaint he found the

	complaints process helpful. Changes were implemented at the next appointment such as the presence of a play worker which had led to a very positive experience for Lucas.
145.2	Chris Kennedy, Non-Executive Director asked if Mike's experience of the first appointment would have been different if staff had apologised at the time and Mike said that whilst it was unlikely to have been an issue that was apparent to staff at the time, it was vital that staff were empathetic to patients' experiences.
145.3	The Board thanked Mike for his feedback.
<b>146</b>	<b>Research Hospital update: Focus on Biomedical Research Centre Renewal</b>
146.1	Professor Thomas Voit, Director of the NIHR GOSH Biomedical Research Centre said that GOSH's BRC had received the eighth largest national award and had substantially increased its external income since 2017/18. Research funding had been shown to be unstable for future years and Professor Thomas Voit confirmed that the centre had sufficient cash reserves given this instability and the likely changes to the external political environment.
146.2	Focus had been placed on acknowledgement of the NIHR within publications and an extensive awareness campaign had resulted in a significant improvement in this metric.
146.3	Key pillars of funding were established for each BRC renewal and at the next application there would be an additional focus on a data science theme alongside a reconfiguration of existing pillars and the teams involved. Funding was being provided for two data scientists to follow patients who were not in the hospital and this was contributing to the development of a national leadership in paediatric data science handling.
146.4	Professor Voit emphasised the importance of all patients having the opportunity to benefit from the research hospital environment however the complex medications involved would necessitate dedicated ward space comprising both patient care and research capabilities to enable drugs to be administered and monitored safely.
146.5	Professor Russell Viner, Non-Executive Director highlighted the importance of the GOSH BRC activity and said that the COVID-19 pandemic had particularly emphasised the importance of the link between academic and clinical capabilities.
<b>147</b>	<b>Patient Experience and Engagement Framework Progress Report</b>
147.1	Claire Williams, Head of Patient Experience and Engagement said the framework set out the Trust's ambitions for enhancing patient and family experience at GOSH. The timetable for a delivery plan arising from the framework had changed as a result of a three year proposal being put to the GOSH Children's Charity Grants Committee which was subject to the development of a strategy and a proposed step change in patient and family experience. Significant work had taken place to request feedback from patients and families and consideration was also being given to equality and diversity objectives.

147.2	Chris Kennedy said that as the Trust moved forward with Epic digital exclusion would increase and asked what practical steps could be taken to support families. Claire Williams said that the Charity had received donations of tablets which could be used to support families however consideration was being given to how the reach of this work could be extended. She acknowledged the challenges of engaging with patients and families who were not in the hospital.
147.3	Amanda Ellingworth, Non-Executive asked if there had been any areas of the framework which had not progressed as anticipated. Claire Williams said that engagement in some areas such as work with siblings had been challenging and the key feedback from families had been in areas which were raised frequently such as food and Wi-Fi access.
147.4	Professor Russell Viner said that it was important to communicate this work through the website and added the patient story had been an excellent example of how feedback could considerably improve patient and family experience. Claire Williams said that all patient experience pages on the intranet would be updated to help demonstrate the Trust's plans in this area.
<b>148</b>	<b>Directorate Presentation: Blood, Cells and Cancer Directorate</b>
148.1	Clarissa Pilkington, Chief of Service for Blood, Cells and Cancer said that the Directorate had worked hard in response to the COVID-19 pandemic including partnership working with North Central London. The Infectious Disease team was leading and supporting the pandemic response both internally and nationally. RTT metrics had significantly reduced and were proving challenging to improve particularly in non-surgical services which required the use of theatres as patients' conditions often led to lower clinical prioritisation. Families were also often reticent to take up appointments and six patients had become 52 week waiters as a result of late referrals and families cancelling planned appointments. At the end of September 2020 RTT had been 82% and the Directorate had plans in place to improve this.
148.2	Clarissa Pilkington said that Safari Day Care was no longer scheduled to be relocated and requested the Board's support to identify an alternative location. She said that the Southwood Building had restricted capacity which prevented the development of new ways of working such as ambulatory chemotherapy.
148.3	Sir Michael Rake thanked the team for their excellent work during the pandemic. He agreed that improvements to the estates were required in advance of the completion of the Children's Cancer Centre.
148.4	Discussion took place around the funding of the Palliative Care Team which was currently provided by GOSH Children's Charity. Phillip Walmsley, Interim Chief Officer said that it was vital to continue to discuss this.
148.5	James Hatchley asked about the Directorate's preparedness for Brexit and Clarissa Pilkington said that this had not been discussed as frequently since the start of the pandemic however pathways were in place to mitigate risks around potential drug shortages.
148.6	Mark Sartori, Trustee of GOSH Children's Charity said that he would raise the issue of an interim solution for Safari Day Care with the Charity.

<b>149</b>	<b>Approach to business planning and budget setting 2021/22</b>
149.1	Helen Jameson, Chief Finance Officer said that business planning guidance had not yet been issued by NHS England and the Trust had therefore continued to work in line with previous years. Phillip Walmsley said that the process was being used as an opportunity to drive the strategy. He confirmed that initial plans would be submitted at the end of January 2021 with final documents being presented to the Board for approval in March 2021.
<b>150</b>	<b>Integrated Quality and Performance Report – Month 7 (October) 2020</b>
150.1	Sanjiv Sharma, Medical Director said that focus had been placed on improving compliance with the WHO checklist. Observational audits had shown a high level of compliance however documentation around compliance in non-theatre environment had been below the required standard. Improvements had been made both in theatre and non-theatre areas and a standard of 98% compliance had been maintained.
150.2	The Trust had reported a Never Event in November as a result of a guidewire from a central line being left in place. The event would be investigated and learning disseminated.
150.3	Mandatory training compliance remained at 94%. Focus was being placed on improving PDR compliance which was currently rated amber. Two cases were being managed under Freedom to Speak Up and a full time Freedom to Speak Up Guardian would be starting in post in December 2020.
150.4	Phillip Walmsley said that compliance with cancer waits remained at 100% however the number of patients waiting over 52 weeks was increasing and national focus was now being placed on 104 week waits. GOSH had 4 patients who had waited over 104 weeks due to families' requests to defer appointments.
<b>151</b>	<b>Finance Report – Month 7 (October) 2020</b>
151.1	Helen Jameson, Chief Finance Officer said that months 7-12 of 2020/21 would be paid on a block contract basis which assumed that all non-NHS income would resume at pre-pandemic levels and flow in line with previous years in months 7-12. She said that this was unlikely to be the case and therefore the Trust had submitted a plan to NHS England and Improvement indicating a year end outturn of a deficit of £26.3million.
151.2	Kathryn Ludlow, Non-Executive Director asked how new treatments without funding agreements in place were provided to patients and Helen Jameson said that in general funding arrangements were agreed prior to the drugs being provided to the patient however this was more challenging during the pandemic. It had also been challenging to make retrospective arrangements.
<b>152</b>	<b>Safe Nurse Staffing Report (August - October 2020)</b>
152.1	Darren Darby, Director of Nursing said that safe staffing levels had been in place for all shifts throughout the period and no Datix reports had been received in this respect.

152.2	Amanda Ellingworth noted that the Trust had periods of high intakes of newly qualified nurses and asked if there was a correlation with an increased number of incidents occurring this period. Darren Darby said that in the most recent intake a large proportion of newly qualified nurses who joined the Trust in September had already been working at GOSH in the final year at university throughout the pandemic. This had been beneficial in enabling them to receive considerable support in advance of becoming newly qualified nurses. He added that the practice educator team had developed a robust development package for newly qualified nurses which was very supportive.
152.3	Sir Michael Rake asked whether it was anticipated that retention would continue at higher levels following the pandemic and Darren Darby said that there had initially been an increase in nurses leaving the organisation in the initial stages of the pandemic in order to move closer to family. He said that there was substantial support in place and it was likely that this would encourage staff to remain at GOSH.
<b>153</b>	<b>Brexit Update</b>
153.1	Phillip Walmsley said that a fortnightly Brexit meeting would be moving to weekly and leads for each area had been asked to highlight any concerns. None had been raised however Phillip Walmsley said that it was vital to ensure that work was taking place to identify as many areas of potential impact as possible. An internal communications plan had been developed which would begin in December and would set out GOSH's position and ask staff to flag any concerns immediately.
153.2	Russell Viner, Non-Executive Director asked about the plans that were in place for storing drugs and Phillip Walmsley said it was clear that Trusts were not permitted to stockpile drugs.
153.3	James Hatchley noted that good work had taken place to support staff and asked if any specific concerns had been raised Britain's exit from the EU came closer. Phillip Walmsley that meetings had taken place with staff from non-UK EU countries to ensure they were clear how to seek support.
<b>154</b>	<b>Self-Assessment Flu Vaccination</b>
154.1	Sarah Ottaway, Acting Deputy Director of HR and OD said that a detailed flu plan had been submitted which required Board sign off. The Trust had been assigned a target to vaccinate 75% of staff and as at 20 <sup>th</sup> November the Trust had achieved 60% which was positive and greater than the London average.
154.2	Sir Michael Rake asked why staff chose not to receive the vaccination and Sarah Ottaway said that many concerns were based on myths surrounding the vaccination. Flu champion roles had been created which had been a positive and visible role. Matthew Shaw said that the Trust had not received the vaccine as reliably as in previous years and supply to some Trusts had been better than others.
<b>155</b>	<b>Built Environment Update</b>
155.1	<u>Progress with the Sight and Sound Hospital</u>

155.2	Zoe Asensio-Sanchez said that the completion date for the Sight and Sound hospital had passed and the building had not yet been handed back to the Trust. The remaining work was around testing and commissioning procedures. Discussion continued to take place around the additional costs associated with the COVID-19 pandemic. There continued to be a considerable gap between GOSH's and the contractor's expectations and work was continuing to conclude discussions. Zoe Asensio-Sanchez confirmed that GOSH had received external advice and was assured that the position was strong.
155.3	Clinicians had engaged well with the process and had given positive feedback on the development. The handover delay was not likely to lead to a delay to the opening of the building for clinical use.
155.4	Sir Michael Rake asked if the Chief Executive had been engaged with the contractor and Matthew Shaw confirmed that he had. He said that the Trust acknowledged that continued construction activity throughout the pandemic would lead to increased costs but did not accept that this was to the level set out by the contractor.
155.5	<u>Children's Cancer Centre</u>
155.6	Following the delivery of the RIBA 2 report the Programme Board had requested that work took place to set out the Trust's imaging strategy and this had been received at the November Programme Board meeting. It had been approved and the Board had noted its collaborative focus. A pre-commencement period with the design partner was also approved in order to provide assurance around the programme and costs; discussion had begun with the design partner who had been supportive and this had also been welcomed by GOSH Children's Charity.
155.7	<b>Action:</b> James Hatchley said that it was important to be clear about the GOSH Children's Charity's governance structure alongside the hospital's and to include this in future reports.
155.8	Matthew Shaw emphasised the Trust's continued commitment to completing the Children's Cancer Centre which was strategically vital for paediatric cancer. He said that a robust design and clinical engagement was in place and said that work would continue to refine the programme to reduce the cost pressure.
155.9	<u>Fire cladding update</u>
155.10	Following the Grenfell fire tragedy a national initiative was established by the National Health Service Improvement Team to inspect cladding across healthcare premises. The inspection had sought to establish whether any of the Trust's estate used ACP cladding which posed a risk of rapid or hidden fire spread. The inspection by the independent fire engineer found no ACP cladding.
155.11	Amanda Ellingworth highlighted that there had been a considerable gap between substantive fire offers being in post and asked if any requirements had slipped during this time. Zoe Asensio-Sanchez said that the team had worked well to ensure this was not the case and confirmed that an excellent fire officer was now in post.

<b>156</b>	<b>Guardian of Safe Working Update</b>
156.1	Renee McCulloch, Guardian of Safe Working said that exception reports were being received from areas in which junior doctors were experiencing pressure due to under-recruitment. The Trust had received one fine as a result of an individual working an 80.5 hour week caused by a rota error.
156.2	Planning was taking place for a second surge of the COVID-19 pandemic and escalation plans were in place for managing increased junior doctor absence and to date out of hours capacity had been able to flex to accommodate unexpected gaps.
156.3	Renee McCulloch said that the Junior Doctors' Forum was working positively and the Medical Director's Office was working with Junior Doctors to ensure their membership was facilitated in all transformation and Medical Director Office projects.
156.4	Sir Michael Rake commended the collaborative work that was taking place often in challenging circumstances and Renee McCulloch said that open discussions were taking place and it was important that these continued.
156.5	James Hatchley asked if it was likely that Junior Doctors would take part in the staff survey. Renee McCulloch said that they were being regularly reminded but often felt that they had not been at the Trust sufficiently long to comment.
156.6	Russell Viner asked whether GOSH was receiving requests to redeploy staff to other Trusts and Sanjiv Sharma said that this was not the case in respect of doctors and GOSH had been clear about the need to continue with emergency and elective services. Matthew Shaw said that 20 nurses had been redeployed to another North Central London Trust.
156.7	<b>Action:</b> Amanda Ellingworth noted that Board members had been invited to attend the Junior Doctors' Forum and it was agreed that Board members would consider when they could attend.
<b>157</b>	<b>Update to the infection Control Assurance Framework</b>
157.1	Helen Dunn, Director of Infection Prevention and Control said that as an understanding of COVID-19 has developed guidance on infection control measures had been published and updated to ensure that organisations responded in an evidence based way. She said that standard infection control had continued throughout the period and the team was now responsible for acting as the hospital's 'track and trace' service. A practice educator and an infection control nurse had recently joined the team.
157.2	Four outbreaks had been declared at the Trust involving five staff or fewer which benchmarked well against other organisations and all were now closed. Key areas highlighted by the test and trace process were rest spaces and Helen Dunn said that it was vital that staff wore masks and practiced social distancing in these settings.
157.3	A good fit-testing service was in place and had fit-tested over 3200 staff. This was being funded on an interim basis but would be included in financial planning for 2021/22.



<b>158</b>	<b>Learning from Deaths Mortality Review Group - Report of deaths in Q1 2020/2021</b>
158.1	Dr Pascale Du Pre, Consultant Intensivist and Medical Lead for Child Death Reviews said the report was a requirement of the National Quality Board and supported the Board in being open about its deaths. She said that 31 children had died in the reporting period and all deaths had been reviewed. Reviews had highlighted particularly positive aspects of care in 21 cases and modifiable factors had been identified in one case; actions had been implemented as a result of learnings in the case.
158.2	James Hatchley noted that the majority of deaths were likely to occur in intensive care settings and asked if any commonalities had been identified in the 16 deaths which had occurred in intensive care. Dr Pascale Du Pre confirmed that there had not been and that there had not been any corresponding incidents.
158.3	Amanda Ellingworth asked whether any risk had been introduced to services by redeploying members of staff to other organisations during the first surge of the pandemic. Sanjiv Sharma confirmed that rotas had continued to operate in a robust way and there had been no reduction in staffing or reduced risk.
158.4	Russell Viner asked whether the data in the report was subject to an external process and it was confirmed that PICANET considered all deaths occurring in an ICU setting which applied to 80% of deaths at GOSH. Pascale Du Pre said that unexpected increases in mortality were escalated for review by Trusts. Sanjiv Sharma said that during the review of deaths professionals for different areas of the patient's pathway worked to scrutinise care which was an important part of the process.
<b>159</b>	<b>Amendment to the Trust Constitution</b>
159.1	Dr Anna Ferrant, Company Secretary said that the paper proposed an amendment to the Constitution which would provide authority to the Council of Governors to extend the maximum length of tenure of Non-Executive Directors or Chair on the GOSH Board. This had been approved by the Council of Governors and it was noted that the spirit of the Constitution would continue to ensure that a maximum tenure of 6 years was only exceeded under exceptional circumstances.
159.2	The Board <b>approved</b> the amendment to the constitution.
<b>160</b>	<b>Board Assurance Committee reports</b>
160.1	<u>Audit Committee</u>
160.2	Akhter Mateen, Chair of the Audit Committee said that the focus of the meeting had been risk management and a number of risks had been reviewed. He confirmed that a comprehensive update had been given at the Council of Governors' meeting.
160.3	<u>Quality, Safety and Experience Assurance Committee</u>
160.4	Amanda Ellingworth, Chair of the QSEAC said that a review was being undertaken to ensure that actions arising from reviews of safeguarding had been

160.5	implemented. She confirmed that a full update had been given at the Council of Governors' meeting.
160.6	<u>People and Education Assurance Committee Update –September 2020</u>
160.7	Kathryn Ludlow, Chair of the PEAC said that an update had been provided to the Council of Governors' meeting. She said the next meeting would be taking place in the first week of December and would consider the results of the staff survey.
160.8	<u>Finance and Investment Committee</u> James Hatchley, Chair of the Finance and Investment Committee said that given the challenges of financial forecasting the committee was continuing to review the Trust's cash position.
<b>161</b>	<b>Any other business</b>
161.1	It was reported that the report arising from the Dixon Enquiry had been published during the meeting and work was taking place to review the report.