

**Minutes of the meeting of Trust Board on
3rd February 2021**

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
Prof Alison Robertson	Chief Nurse
John Quinn	Chief Operating Officer
Sanjiv Sharma	Medical Director
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
Richard Collins	Director of Transformation
Mark Sartori	Trustee, GOSH Children's Charity
Claire Williams*	Head of Patient Experience and Engagement
Trevor Clarke*	Director, International and Private Care
Dr Melanie Hiorns*	Clinical Director, International and Private Care
Kate Rivett*	Head of Nursing and Patient Experience, International and Private Care
Ben Marshall*	Deputy Director, International and Private Care
Nick Martin*	Head of Sustainability and Environmental Management
Hannah Hardy*	Member of the Young People's Forum
Claire Williams*	Head of Patient Experience and Engagement
Suzanne Collin*	Patient Feedback Manager
Dr Renee McCulloch*	Associate Medical Director and Guardian of Safe Working
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
One member of staff	
One member of the public	

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

173	Apologies for absence
173.1	No apologies for absence were received.
174	Declarations of Interest
174.1	No declarations of interest were received.

175	Minutes of Meeting held on 26 November 2020
175.1	The Board approved the minutes of the previous meeting.
176	Matters Arising/ Action Checklist
176.1	The actions taken since the last meeting were noted.
177	Chief Executive Update
177.1	Matthew Shaw, Chief Executive said that Trust had been successful in completing its four key priorities which had been set over the Christmas period and had placed focus on supporting the wider sector; the vaccination programme; increasing the number of PICU beds; and, maintaining activity for priority one and priority two patients. Focus had also been placed on staff health and wellbeing and hands, face, space, place audits had shown 90% compliance with all areas. Matthew Shaw thanked staff for their hard work during a period of substantial uncertainty.
177.2	The Board welcomed John Quinn to the substantive Chief Operating Officer role and thanked Philip Walmsley for his contribution.
177.3	Matthew Shaw said that in December 2020 the CQC had begun an inspection into the Trust's process for serious incidents and red complaints. All requested information had been submitted by the Trust and the CQC had confirmed that there would be no 'must do' actions or enforcement notices issued. He thanked the team for their work with the CQC. Akhter Mateen, Non-Executive Director asked how the Board could be assured that staff throughout the Trust were aware of learning arising from complaints and serious incidents and Sanjiv Sharma, Medical Director said that the Closing the Loop Group ensured that closed actions had been embedded in the Trust.
177.4	Russell Viner, Non-Executive Director welcomed the work that GOSH had done to support paediatric services in North Central London and said that he had received very positive feedback externally. He highlighted the importance of GOSH's continued relationship with the Children's Hospital Alliance. Sir Michael Rake agreed and said that it was important that GOSH was actively involved in North Central London and paediatric areas.
178	Update on Business Plan and Budget 2021/2022
178.1	Helen Jameson, Chief Finance Officer said that in order to meet the Trust's planning and commissioning expectations a governance process and planning timetable had been developed to support directorates as well as a business planning template and financial and budgetary guidelines. She added that in previous years the revenue plan would have been submitted alongside the business plan and budget however due to the uncertainty around revenue caused by the pandemic this would be delayed.
178.2	Chris Kennedy, Non-Executive Director highlighted that Trusts' capital plan required approval by Integrated Care Systems (ICSs) and asked how this would impact GOSH given its capital expenditure funded by the GOSH Children's Charity. Helen Jameson said that previously GOSH had been able to reach a

178.3	<p>positive agreement on its capital expenditure plan however this was likely to be more challenging for 2021/22 as a result of a change to the calculations involved. She confirmed that this did not affect funding from the GOSH Children's Charity. Sir Michael Rake asked whether the change in calculations had the potential to impact the Children's Centre development and Helen Jameson said it was possible that there would be a shortfall in funding required for the enabling works and therefore it was important to keep this under review.</p> <p>Akhter Mateen highlighted the projected year end outturn of a deficit of £42million including the delivery of a £19.5million Better Value Programme. Helen Jameson said that discussions had moved on since this point but emphasised that there had been a substantial reduction in both NHS and non-NHS income.</p>
179	Directorate presentation: International and Private Care Directorate
179.1	<p>Matthew Shaw said that whilst International and Private Care (I&PC) was vital to GOSH's financial sustainability, there had been a considerable reduction in activity in 2020 and it was likely that this would recover slowly given the ongoing international travel restrictions. He said that the Trust had committed to treating as many patients as possible in 2021/22 with the current staffing levels whilst considering staff wellbeing. He confirmed that I&PC patients were considered under the same clinical prioritisation process as NHS patients and were not being prioritised over and above their clinical priority.</p>
179.2	<p>Melanie Hiorns, Clinical Director for I&PC said that the directorate had worked hard to support the wider system throughout the pandemic by redeploying clinical and administrative teams to external organisations. She said that in working to recover activity the Trust was facing competition from private services which were not subject to the same constraints as those working in conjunction with the NHS. Kate Rivett, Head of Nursing and Patient Experience said that the Directorate had successfully increased virtual appointments by 800%.</p>
179.3	<p>Substantial resources had been made available to support staff wellbeing and there had been a good improvement in results from the staff survey.</p>
179.4	<p>Ben Marshall, Deputy Director of I&PC said that the team was optimistic about returning activity from some clients and added that work would take place to diversify towards these territories. Trevor Clarke, Director of I&PC said that the Trust had a number of agreements with Governments overseas for treatment programmes which worked to both generate income and raise GOSH's profile overseas. He added that the Trust's small presence in the Gulf had been extremely helpful during the urgent repatriation of patients at the beginning of the pandemic and added value for clients.</p>
179.5	<p>Sir Michael Rake emphasised that I&PC was critical to the Trust's financial position and whilst it was possible there would be a non-recurrent payment to partly offset the reduction in non-NHS income it was vital that GOSH worked to close this gap as far as possible.</p>
179.6	<p>Amanda Ellingworth, Non-Executive Director asked whether the newly approved Quality and Safety Strategies were being implemented in the directorate as in the rest of the Trust and Trevor Clarke confirmed that they were and that the service implemented standard GOSH policy in all aspects of its work. He said</p>

179.7	that any differences were as a result of additions to policy rather than substitutions. James Hatchley, Non-Executive Director asked if there had been any changes in terms of GOSH's competitive position in relation to the USA. He asked how the pandemic had impacted the retention of staff in the directorate. Trevor Clarke said that information from UK Trade and Investment showed that activity in the Gulf had significantly reduced and no other organisations or countries had been able to increase their market share during this period. He added that GOSH was in a good position to understand the position of its competitors. Ben Marshall said that the directorate had worked hard to reduce the turnover of staff and this work had had a positive impact. He said that although the pandemic had reduced the number of staff leaving the organisation staff engagement had improved as a result of the actions taken as a result of the previous staff survey.
179.8	Action: Akhter Mateen asked whether the same territories had expressed interest in continuing to refer to GOSH and Trevor Clarke said that the desire and requirement to refer patients was still present. He said the demographics of referrals and the ways in which relationships were built was different in each territory. It was agreed that territories' debt levels and referral of patients would be discussed outside the meeting.
180	Declaration of a Climate Emergency
180.1	Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment said that the Above and Beyond Strategy demonstrated a commitment to sustainability and the environment and was clear that it would not be possible to support children and young people without protecting the environment. In 2020 the NHS declared a climate and health emergency alongside an aim to become the first net zero health system globally. She said that GOSH's plans went beyond the NHS England net zero plan however it was planned over time and therefore would be achievable within capacity; action plans were in place for the short, medium and longer term. Funding had been identified externally for the initial stages of the programme and the GOSH Children's Charity had outlined the importance of the Trust's sustainability achievements to future funding success. They had proposed the creation of a 'Green Fund' to support the Trust's work in this regard.
180.2	Sir Michael Rake said that this had been raised independently by staff during the Zoomaround prior to the Board meeting as a positive action which should be taken by the Trust. Nick Martin, Head of Sustainability and Environmental Management said that work had taken place to understand what would be required of GOSH following the declaration of a climate and health emergency and he felt that it was an appropriate time, both internally and externally, to take this action.
180.3	Chris Kennedy welcomed the work that had taken so far and said that he was fully supportive of the initiative. He said that the target to reach net zero in terms of controllable carbon footprint by 2030 was ambitious and asked whether external assessments had taken place to set the targets. He said that it was important that the action plan and governance around it was overseen by an assurance committee. Nick Martin said that science based targets would be reviewed in year one of the programme and the Trust would work with relevant bodies to do this.
180.4	

<p>180.5</p> <p>180.6</p> <p>180.7</p>	<p>Akhter Mateen said that the programme would be very important to patients and added that it was essential to incorporate the work into all areas of the hospital so that the Trust's ambitions were visible. Nick Martin said that the Programme Board received a patient story at the beginning of each meeting to highlight the expectations of patients. Cymbeline Moore, Director of Communications said that this was a key principle of the strategy and consideration was being given to how this would be included in the Trust's branding. Zoe Asensio-Sanchez emphasised the importance of the programme being a Trust wide response rather than an estates response.</p> <p>Action: James Hatchley recommended that this work was also focused on procurement and added that it was important to have sufficient knowledge about the Trust's suppliers and have the ability to make procurement decisions based on GOSH's priorities. James Hatchley highlighted that sustainability was extremely important to the Young People's Forum and suggested that a member of the YPF should be invited to climate change discussions at Board to hold the Board to account. It was agreed that this would be considered.</p> <p>Matthew Shaw said that air quality was directly linked to health and was a core part of the Trust's strategy. He said that some actions could be taken in advance of specific data being available such as lobbying for a cycling track on the Euston Road to enable staff to travel to work more safely. Matthew Shaw added that the Trust had won a gold award for being a cycle friendly employer.</p> <p>The Board approved the adoption of the 'Declaration of a climate and health emergency and associated goals, supporting the implementation of the action plan.</p>
<p>181</p>	<p>Support for Siblings: update on action following experiences shared at Trust Board</p>
<p>181.1</p> <p>181.2</p>	<p>Hannah Hardy, member of the Young People's Forum (YPF) and sibling of a GOSH patient provided an update on the activity which had taken place since she presented to the Trust Board in November 2019. Following consultation with the YPF a survey had been designed to establish the needs of siblings and consider how GOSH could support this. There was a good response to the survey and results showed that 45% of respondents felt they needed emotional support while their sibling was at GOSH and 51% of respondents did not feel they received the support they required. Suzanne Collin, Patient Feedback Manager said that a large proportion of respondents recommended the introduction of a pack which could be given to a sibling's school to explain their circumstances.</p> <p>Sir Michael Rake welcomed the work that had taken place and emphasised its importance. Amanda Ellingworth, Non-Executive Director asked how the Board could be assured that sufficient action was being taken and highlighted the continued negative feedback that was received about wifi provision. Claire Williams said that improvements had been made to the wifi and feedback was being monitored. She said that the safeguarding firewalls in place meant that patients could often not access content they used at home which was often frustrating for them. Shankar Sridharan, Chief Clinical Information Officer agreed and said that GOSH was part of the London Network for Schools which used a large number of safeguards and limited many games that patients were used to playing. He added that the EPR enabled clinicians to record the patient voice</p>

	and suggested that siblings could be highlighted to encourage clinicians to be aware of them.
181.3	Russell Viner, Non-Executive Director congratulated Hannah Hardy on her presentation and work to date and asked what the key action would be that GOSH could take that would improve the experience for siblings. Hannah Hardy said that it was important to develop a culture in which siblings were involved and an ethos where all staff were encouraged to 'think triple' and consider the experience of siblings alongside patients and parents or carers.
181.4	Alison Robertson, Chief Nurse said that the action plan was a combination of longer term aspirations and practical changes which could be made in the short term. She said that work around siblings' experience was a key part of the patient experience proposal which would be considered by the GOSH Children's Charity Grants Committee in March 2021. Sir Michael Rake said it would be important to continue to provide an overview at the Board as the matter had not been discussed sufficiently in the past.
182	Board Assurance Framework Update
182.1	Anna Ferrant, Company Secretary said that the Risk Assurance and Compliance Group had undertaken a review of all BAF risks at its January meeting the results of which were reported to the Audit Committee for consideration and recommendation to the Trust Board.
182.2	<u>Risk 5: Unreliable data</u>
182.3	The Audit Committee had noted the active monitoring of the data quality strategy and establishment of a data management framework. The Committee recommended that the consequence score should be reduced from 4 to 3.
182.4	<u>Risk 8: EPR</u>
182.5	The Audit Committee recommended that the risk be subsumed into existing risks on the BAF given that Epic was well embedded across the Trust and was operating as business as usual. The Audit Committee had requested a report on the benefits realisation of the EPR programme to ensure this remained a matter for scrutiny.
182.6	<u>Risk 9: Business continuity</u>
182.7	A robust framework was in place and positive external assurance had been provided through the NHS England emergency planning assessment. Business continuity processes had also been tested throughout the year in live events.
182.8	Akhter Mateen said that the Audit Committee had previously discussed the profile of risks which tended towards a red RAG rating. The Trust's auditors had confirmed that GOSH's profile was broadly similar to that of other Trusts and that risks had changed as a result of the pandemic. He added that it was likely that GOSH was taking a prudent view of the likelihood and consequence scores and highlighted that the financial sustainability risk was rated 25 notwithstanding GOSH's proven ability to meet its Control Total in previous years.
182.9	Action: Russell Viner said that there were matters related to many BAF risks which were outside the Trust's control particularly in terms of the political instability risk and asked whether this was an appropriate risk. Akhter Mateen said that the risk had evolved from a risk which had been focused on Britain's exit from the EU. Sir Michael Rake added that external policy changes had the

182.10	<p>potential to significantly impact the Trust's activity and it was important to ensure that GOSH could remain flexible whilst moving ahead with long term planning, however he said that he did not believe describing the risk as 'political instability' was helpful. It was agreed that the RACG would consider the title and focus of the risk.</p> <p>The Board approved the changes to the BAF as recommended by the Audit Committee.</p>
183	Brexit Update
183.1	John Quinn, Chief Operating Officer said that Brexit oversight meetings continued and Trusts were required to submit daily returns around any issues which arose. Issues reported by GOSH were around timeliness of deliveries. He confirmed that GOSH had sufficient stock and an agreement was in place with another Trust to provide back-up stock if required.
183.2	Sir Michael Rake noted that many industries had experienced considerable disruption and welcomed the preparations that had taken place.
184	Integrated Quality and Performance Report (Month 9) December 2020
184.1	Sanjiv Sharma, Medical Director said that the number of incidents per 1000 bed days was consistent and reflective of a high reporting culture however more incidents had been reported than closed for a third consecutive month. Focused work was taking place to increase the number of incidents which were being closed.
184.2	Performance in terms of reviewing high risks in line with the risk management strategy had reduced substantially. This had been affected by teams' ability to hold their usual Risk Action Group (RAG) meetings during the second surge of the pandemic and a number of absences in the quality team.
184.3	Open actions arising from Serious Incident reviews had more than doubled however a number of actions had been completed but not formally closed due to the timings of the Closing the Loop Group meetings. Sanjiv Sharma said that overall these issues indicated a lack of directorate ownership of the metrics and this was being followed up.
184.4	The quality and safety strategies and their operational delivery plans had been approved and communicated throughout the organisation. The strategies had been peer reviewed by an external body and a consultation was taking place in the Quality and Safety team to ensure that appropriate and sufficient resources were in place to meet the objectives.
184.5	Akhter Mateen asked for a steer on other Trusts' response rates for the Friends and Family Test. Alison Robertson, Chief Nurse said that 25% was an internal response rate target set by the Trust. She said that previously the target had been higher however this had led to a focus on reaching the target rather than the content of the feedback. Alison Robertson said that national reporting had been suspended during the pandemic and benchmarking data was not currently available, however, when benchmarking had been possible GOSH had been at the upper end both in terms of the response rate and likely to recommend.

184.6	James Hatchley asked if the Infection Prevention and Control Team was sufficiently resourced for the activity that was required during the pandemic and Alison Robertson said that the resource had been increased to align with the increased demand. A permanent fit testing service had been established which to date had been staffed through the bank but had now been incorporated into business planning. A full time member of staff with responsibilities for education and training had been recruited who was a visible presence in clinical areas and supported staff to understand the requirements and a band 7 Infection Prevention and Control Nurse had also been added to the team.
184.7	John Quinn said that performance against cancer metrics remained at 100% however GOSH was experiencing challenges around diagnostics. Inpatient activity was at 73% and outpatient activity was at over 90% of usual activity which was very positive. The Trust did have some long waiting patients and 6 patients had been waiting over 104 weeks due to patient and family choice in all cases. It was confirmed that waiting patients were risks assessed on an ongoing basis through the clinical prioritisation process.
185	Finance Report - Month 9 (December) 2020
185.1	Helen Jameson, Chief Finance Officer said that the capital plan had been revised to a £9million spend against an £18million plan. She confirmed that this did not pose a risk to the site and all critical infrastructure issues had been managed appropriately. Capital works had been brought forward where possible however this had been halted due to the second surge of the pandemic. Helen Jameson confirmed that there had been considerable slippage of capital plans across the NHS. The Board encouraged the executive team to be as flexible as possible with the capital plan to enable as much activity to take place as possible.
186	Safe Nurse Staffing Report (October – December 2020)
186.1	Alison Robertson said that there had been one Datix incident in October and two in November in relation to safe staffing and no patient harm had occurred. She said that the registered nursing vacancy rate for the Trust as a whole was 4.85% in October and reduced to 4.59% in November. The vacancy rate in the International and Private Care Directorate was 18% however this was based on three wards and only two were currently open. Nurse recruitment for Hedgehog Ward had been paused as it was currently being used for another purpose.
187	Guardian of Safe Working Report Q3 2020/21
187.1	Renee McCulloch said that there was a Junior Doctor vacancy rate of 9% across the Trust however there were some areas in which this was significantly higher primarily caused by doctors who had not been able to come to the UK from overseas during the pandemic. Five new consultants were working with the Guardian of Safe Working on a programme of improvement for out of hours working which was extremely positive. The pandemic response in the second surge had substantially benefitted from real time daily data and the approach taken to flex the existing rota system where necessary had worked well.
187.2	Challenges were being experienced around ensuring safe social distancing between staff and doctors had been staying on site more whilst on call which had challenged the on call space and space for feet up rest.

187.3	Amanda Ellingworth asked for a steer on the morale and welfare of junior doctors. Renee McCulloch said that individuals were fatigued but remained willing to be flexible and had been happy to support the wider sector. The team had been clear that the activity undertaken by GOSH was extremely important within the health system. She added that it was important to encourage junior doctors to seek support if required and focused work had taken place with groups who had been identified as requiring additional support. Specific support was provided for colleagues who had been redeployed to often very challenging and stressful adult settings.
187.4	Action: Russell Viner asked whether doctors had been seconded to other organisations. He asked whether clinical academics were within the GOSH remit and were able to access available support. Renee McCulloch said that a process was implemented whereby doctors could volunteer for secondment either in their own time, using annual leave or through redeployment. Non-consultant doctors had stayed in their home specialties where possible and consultant were redeployed on an individual basis. Renee McCulloch added that some clinical academics fell under the GOSH remit however the team would not necessarily be aware of those who had been seconded directly from the Institute of Child Health. It was agreed that Renee McCulloch and Russell Viner would discuss this further outside the meeting.
188	Learning from Deaths Mortality Review Group - Report of deaths in Q2 2020/2021
188.1	Sanjiv Sharma reported that there had been 17 patient deaths during the reporting period of which one had been discussed as part of a serious incident. There had been a number of areas of good practice and some learning identified from the cases. It was noted that three deaths had occurred at GOSH rather than other Trusts as a result of the pandemic.
188.2	Kathryn Ludlow highlighted the increase in PIMS-TS patients and asked if there had been deaths associated with that illness. Sanjiv Sharma confirmed that there had been no deaths at GOSH during the second surge of the pandemic when the number of cases had increased showing that there had been increased learning and better treatment for these patients.
188.3	James Hatchley noted that funding by the GOSH Children's Charity for palliative care was reaching an end and asked how this was being managed. Helen Jameson said that discussions were taking place with NHS England around funding for the service which was a known issue nationally.
189	Board Assurance Committee reports
189.1	<u>Quality, Safety and Experience Assurance Committee update – January 2021 meeting</u>
189.2	Amanda Ellingworth, Chair of the Quality and Safety Assurance Committee drew the Board's attention to the Quality and Safety Strategies and operational delivery plans. She confirmed that a full update had been given at the Council of Governors' meeting in January.

189.3	<u>Finance and Investment Committee Update –November 2020</u>
189.4	James Hatchley, Chair of the Finance and Investment Committee said that a full update had been given at the Council of Governors’ meeting and asked for an update on the progress with the Sight and Sound hospital. Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment said that a plan was in place for the imminent closure of the project and hand over the building.
189.5	<u>Audit Committee Assurance Committee Update – January 2021 meeting</u>
189.6	Akhter Mateen, Chair of the Audit Committee said that the committee had received an update on the progress being made in terms of information governance. New requirements had been introduced to allow families additional opt out rights and the team was working to understand the implications of this and implement the requirements.
189.7	There would be no requirement for the Quality Report to be included in the Annual Report and the metrics within it would not be subject to external audit in line with 2019/20 requirements.
189.8	There had been some slippage in the number of overdue audit recommendations but it was not anticipated that this would become a trend.
189.9	<u>People and Education Assurance Committee Update – December 2020 meeting</u>
189.10	Kathryn Ludlow, Chair of the PEAC said that she had given a full update at the Council of Governors’ meeting. She said that GOSH had won an award for its work around apprenticeships for staff from a BAME background which was positive given the focus on equality and diversity as part of the People Strategy.
190	Council of Governors’ Update – November 2020 and January 2021 (verbal) meeting
190.1	Sir Michael Rake said that a number of Governors had attended their final meeting in January as their tenures had come to an end. He said that the group had been constructive and had appreciated the communication and the continuation of business as usual during the pandemic.
191	Any other business
191.1	Sir Michael Rake thanked the Executive Team and all staff in the hospital for the work to continue to treat very sick children in challenging circumstances.
191.2	Cymbeline Moore said that in recognition of Children’s Mental Health Awareness Week patients had taken over GOSH’s social media channels to discuss resilience during the pandemic.