

**Minutes of the meeting of Trust Board on
30th March 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
Danielle*	Parent of a GOSH patient
Pippa*	GOSH patient
Zoe Simpson*	Trainee Advanced Clinical Practitioner, Highly Specialised Dietician
Dr Simon Hannam*	Co-Deputy Chief of Service, Heart and Lung Directorate
Dagmar Gohil*	Head of Nursing and Patient Experience, Heart and Lung Directorate
Chris Longster*	General Manager, Heart of and Lung Directorate
Helen Dunn*	Director of Infection Prevention and Control
Lynn Shields*	Director of Education
Richard Brown*	Chief Data Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
3 members of staff	

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

204	Apologies for absence
204.1	Apologies for absence were received from Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment.
205	Declarations of Interest

205.1	No declarations of interest were received.
206	Minutes of Meeting held on 3rd February 2021
206.1	The Board approved the minutes of the previous meeting.
207	Matters Arising/ Action Checklist
207.1	The actions taken since the last meeting were noted.
208	Chief Executive Update
208.1	Matthew Shaw, Chief Executive thanked staff for their work to support GOSH's activity recovery and said that the Trust was approaching 90% activity in comparison to the previous year and above 90% in outpatients when considering both face to face and virtual appointments. The vaccine clinic had closed having delivered 9,000 doses of vaccine to staff and PICU continued to retain the ability to increase the number of beds as necessary. The Board thanked GOSH staff for their work to treat the substantial backlog of patients.
208.2	Staff survey results had shown improvements for the second consecutive year. The Board welcomed the improvements that had been made particularly in the area of staff wellbeing. Matthew Shaw said that a key focus would continue to be on diversity and inclusion.
208.3	Some staff were returning to site and principles were being developed to support managers to speak with staff and ensure that working arrangements were equitable going forward.
208.4	GOSH and Alder Hey Children's NHS Foundation Trust co-chaired the UK Children's Hospital Alliance and Matthew Shaw said that as part of this role he would be joining the national Children and Young People's Transformation Board. The Trust was also working with the GOSH Children's Charity to organise a cycle ride from London to Glasgow for the UN Climate Change Conference in October 2021. A Trust wide webinar had been held in the last week of March to discuss the actions that GOSH was taking around climate change and the ways in which staff could become involved.
208.5	Russell Viner, Non-Executive Director asked about the level of vaccine uptake amongst staff and particularly within staff from a BAME background. Matthew Shaw said that there had been hesitancy from some staff from a BAME background and focused work had taken place to encourage staff to take up the vaccine. It had also been found that staff at a lower band had taken up the vaccine at a lower rate than those at a higher band.
208.6	Chris Kennedy, Non-Executive Director welcomed the improvements that had been made in the staff survey but highlighted that significant work was required to bring response rates into line with non-NHS organisations. Matthew Shaw agreed and said that it was vital to continue to make these improvements.
208.7	James Hatchley, Non-Executive Director asked whether the safe return to site for staff would be a North Central London wide agreed process and highlighted potential staff retention issues if these processes were not comparable between organisations. Caroline Anderson, Director of HR and OD said that individual

	Trusts were free to agree processes for returning to site however the application of these processes would be based on policies at STP level.
209	Patient Story
209.1	The Board received a patient story via videoconference from Danielle the parent of GOSH patient Pippa, aged 7. Pippa had been treated at GOSH since she was 3 years old under a number of specialties. Danielle discussed her experience at GOSH overall and in particular related to the Ketogenic Diet team which had been very positive. She said that the contact with the team had been very helpful and they had been able to answer all the questions the family had raised. Danielle said that whilst the ketogenic diet had not had the clinical effect that that been hoped for it had been beneficial to Pippa in other areas of her development.
209.2	Danielle said that there had often been challenging administrative issues during Pippa's time at GOSH and it had been extremely disappointing in instances when administrative actions had not been followed through in the way that had been agreed during discussions. Danielle said that MyGOSH had been extremely helpful in communicating with clinical teams and it was helpful to have access to clinical results when working with a number of different hospitals.
209.3	Alison Robertson, Chief Nurse said that a large proportion of PALS contacts were around communication. A large number of GOSH patients were under more than one specialty and therefore the administrative function was key to ensure there was effective and timely communication between teams as well as with patients and families.
209.4	Matthew Shaw asked whether there had been good communication between specialties during her time at GOSH and Danielle said that this had recently improved considerably due to the involvement of Zoe Simpson, a trainee Advanced Clinical Practitioner Dietician who had been instrumental in navigating between teams within GOSH and between GOSH and other hospitals. Matthew Shaw said that enabling families to receive a more cohesive service was vital for patient and family experience and said that it would be important to consider the provision of roles that would support this. Zoe Simpson said that working in a more senior role was beneficial when working with other Trusts and in order to be a more general point of contact for patients and families.
209.5	The Board thanked Danielle and Pippa for joining the meeting and Zoe Simpson for her excellent work to support families and represent GOSH.
210	Directorate presentation: Heart and Lung Directorate
210.1	Dagmar Gohill, Head of Nursing and Patient Experience said that the Heart and Lung Directorate had played a key role in the Trust's response to the COVID-19 pandemic supporting the adult sector with over 50 skilled intensive care nursing staff, other ward staff, Advanced Nurse Practitioners and Clinical Nurse Specialists. ICU had been expanded to a maximum bed occupancy of 57 and a parallel 'COVID ICU' had been brought online for the duration of the pandemic. It was anticipated that this would close at the end of March 2021. An ethos of not refusing any patient had led to a significant reduction in patient refusals across all areas of ICU.

210.2	Chris Longster, General Manager said that was a large backlog of patients in the directorate and there had also been a number of staff shielding. A high turnover of cardiac scrub nurses had also impacted theatre capacity. There had been improvements in 9 of 10 staff survey themes.
210.3	Simon Hannam, Co-Deputy Chief of Service said that focus was being placed on closing incidents and there had been six Serious Incidents across the Directorate however no themes had been identified.
210.4	The Directorate was forecasting a year-end deficit against the directorate control total. There had been growth in pay costs as a result of successful recruitment of additional ICU nurses and a decrease in IPP activity. As a result of the clinical prioritisation process much of the activity was of a high complexity which had resulted in an increase in non-pay costs as had running an additional ICU area for COVID positive patients.
210.5	John Quinn, Chief Operating Officer said that the Directorate had worked extremely hard to provide excellent support to adult services throughout the sector.
210.6	James Hatchley asked for a sense of the levels of fatigue and morale of staff in the directorate. He queried the risk of increased turnover following the pandemic and whether there were any key areas of the directorate which required additional focus. Simon Hannam said that morale was good and he felt that the vaccination programme had contributed to this despite on-going staff fatigue. He said that staff had shown themselves to be very resilient throughout the period. Challenges had arisen around Brexit and the need to acquire visas and overseas doctors were finding the fact that they were unable to visit family difficult.
210.7	Russell Viner said that he had received very positive feedback about GOSH's support of the wider system. He asked if there was learning from the pandemic which would be implemented and opportunities which had arisen. Dagmar Gohil said that work would be taking place to develop a high dependency unit within the Directorate which would require sufficient nursing capacity. Simon Hannam said that there had been discussion about provision for patients with PIMS-TS. He said GOSH was one of the few Trusts with the capability to treat these patients however the majority of PIMS-TS patients did not require ICU treatment. He added that there had been a significant improvement in multidisciplinary team working throughout the pandemic and it was important to continue to move forward with this.
211	Infection Control Assurance Framework
211.1	Helen Dunn, Director of Infection Prevention and Control said that the infection control assurance framework published by NHS England continued to be updated. The Trust had one area of non-compliance around ventilation and work was taking place with the estates team to rectify this.
211.2	Hospital acquired COVID-19 infections were being monitored and there were 18 cases in the Trust since March 2020 which appeared to be healthcare associated. All hospital acquired cases had been investigated by the IPC team and 11 cases had confirmed positive parents which highlighted the importance of the hospital strategy to undertake parental screening. Five outbreaks had

211.3	<p>been declared at GOSH all of which had been related to staff; there had been no patient declared outbreaks.</p> <p>Discussion took place about the outcome of the Hands, Face, Space, Place audits which had shown 90% compliance. Akhter Mateen, Non-Executive Director said that it was important for staff to have the ability to speak up about colleagues not adhering to the required precautions. Helen Dunn said that the results of the audits also highlighted the importance of repeated consistent messaging and ensuring all members of staff were receiving key communications.</p>
212	Planet Update: People and Culture - Making GOSH a great place to work
212.1	<p>Caroline Anderson said that the People Strategy which had been published in 2019 was built around four key themes: resourcing and workforce planning; capability and skills; modernising HR infrastructure and culture, engagement, health and wellbeing.</p>
212.2	<p>The results from the 2020 staff survey had shown improvements in a number of key areas and the results of 65% of questions had improved since 2019. The importance of continued internal communication had been shown and focus on this would continue as the work programme for the people strategy moved into year two.</p>
212.3	<p>Sir Michael Rake welcomed the substantial improvements that had been made but noted that further work was required. Chris Kennedy highlighted the discrepancy between the improvement in responses to the ‘immediate manager’ theme of questions and the deterioration in the responses to a similar question in the most recent pulse survey. Caroline Anderson said that focus had been on developing a corporate structure to support a communications infrastructure and going forward this would begin to focus on the staff voice which was likely to improve scores in this area.</p>
212.4	<p>Akhter Mateen welcomed the positive overall trend but expressed some concern about the Trust’s results around diversity and inclusion. Caroline Anderson said that although GOSH’s scores benchmarked positively against others in North Central London work was required and this was taking place through the Diversity and Inclusion Framework.</p>
212.4	<p>Amanda Ellingworth, Non-Executive Director said that it was important to ensure that continued improvements were made in a timely way and asked whether milestones had been set which could be monitored. Caroline Anderson said that the implementation and improvements as a result of the people strategy was likely to be a five year journey. She said that a set of indicators related to diversity and inclusion and health and wellbeing were in place which were derived from metrics against which the Trust was externally assessed and those which staff had reported being important. Caroline Anderson said that it was important to balance embedding the work that was taking place with moving at pace.</p>
212.6	<p>James Hatchley asked how the governance and delivery structure would interrelate with the directorate structure. He asked how staff would contribute to the work. Caroline Anderson said that staff would be connected through the internal communications process.</p>

213	Planet update: GOSH Learning Academy
213.1	Lynn Shields, Director of Education said that there were six overarching priorities set out within the GOSH Learning Academy (GLA) Strategy and the year one milestones had been delivered. The draft year two delivery plan was scheduled for approval at the April meeting of the GLA Programme Board. At the beginning of the COVID-19 pandemic the Trust had been well positioned to support the fast upskilling of staff both within GOSH and externally. The team had successfully run the inaugural learning academy conference and had launched the staff scholarship as well as winning the BAME Apprenticeships Large Employer Award.
213.2	Sir Michael Rake welcomed the work that had been taking place and emphasised its importance. Notwithstanding the challenges of the previous year he said that it was vital that GOSH continued to focus on this work.
213.3	Russell Viner said that he was the lead for undergraduate paediatric education at UCL and GOSH had been able to provide a very positive experience to students at short notice. He added that consideration was being given to how GOSH would be included in student education in the longer term. Kathryn Ludlow, Non-Executive Director said that regular updates on the learning academy were received at the People and Education Assurance Committee and there had been a good uptake of the virtual learning opportunities available.
214	Annual Business Plan and Budget 2021/2022
214.1	Helen Jameson, Chief Finance Officer said that the operating plan had now been published by NHS England and Improvement which showed that focus would be placed on recruitment and retention and health and wellbeing however a number of details remained unclear. It was also clear that there would be a focus on supporting children and young people in the community, particularly those with mental health challenges.
214.2	A block income would be received by the Trust with a 0.5% uplift which was lower than had been assumed however additional support would also be received in relation to costs associated with the pandemic along with an incentive at tariff rate for activity above target. Costs would continue to change in response to infection control measures and the patient prioritisation process.
214.3	Helen Jameson said that there were three key components of the financial plan: costs, recovery of non-NHS income and NHS income. Non-NHS income had reduced significantly during the pandemic and GOSH's financial plan assumed an ambitious recovery which would involve substantial work taking place towards the end of the financial year as it was anticipated that referral centres would remain closed for a number of months at the beginning of the year. Akhter Mateen asked whether the payments for over delivery were Trust or system specific and Helen Jameson said that although payments would be system wide it was anticipated that GOSH would receive payments for its over performance in 2021/22.
214.4	John Quinn said that a number of matters set out in the operational plan had also been included in GOSH's assumptions and therefore would be translated into finalised plans.

214.5	The Board approved the business and finance plans for 2021/22 noting that they were based on existing information. It was confirmed that an update would be provided to the Finance and Investment Committee and Board in order to seek approval for any changes that were required following a review of the guidance.
215	Data management and data quality update report
215.1	Richard Brown, Chief Data Officer said that the two key principles of the data strategy were 'ensuring every child's data is protected' and 'enabling a data driven culture at GOSH'. Epic had been instrumental in protecting patients' data and provided a secure environment and a depth of data to which GOSH had previously not had access. Three data warehouses were in place and information governance and cyber security were key in this regard.
215.2	Focus was being placed on ensuring that correct and complete data was entered into Epic at the time of transaction and this was assessed throughout the data assurance process. A standard set of definitions had been implemented which aligned with NHS Digital and other appropriate standards where necessary.
215.3	Chris Kennedy welcomed the significant improvement that had been made. He asked whether there were any health organisations that led in data and predictive analysis from which GOSH could learn. He asked whether the team had been successful in encouraging staff to discuss and record all clinical discussion through Epic rather than email. Richard Brown said that in primary care good work was taking place around demographics and predictive modelling however there were no specific secondary and tertiary care organisations in the UK which were more advanced than GOSH in this area. It was noted that internationally the Children's Hospital of Philadelphia and Stanford Children's Health were further advanced than GOSH in their use of data. Richard Brown said that there was good discipline around ensuring that any clinical data was stored in Epic and the team had ensured that staff were easily able to add notes and information.
215.4	Anna Ferrant, Company Secretary said that the Trust was required to undertake a self-assessment around the data protection toolkit and there were a number of outstanding improvement actions from the 2019-20 assessment. The Trust was required to report the way in which data flows were managed to the Board. In 2019 a review took place of information flows and of 141 personal data flows reviewed, 12 required further investigation due to having data stored outside the UK. Of these two organisations were contacted to request assurance around Brexit. Anna Ferrant said that it was important that the Board was assured that the Trust was aware of the information that flowed out of the Trust and outside the UK. The Board approved the process for managing data flows and agreed that the Audit Committee would receive this assurance going forward on behalf of the Board.
216	Integrated Quality and Performance Report (Month 11) February 2021 data
216.1	Sanjiv Sharma, Medical Director said that there had been approximately equivalent numbers of incidents reported and closed in month and further work was required to reduce the backlog of open incidents. Performance against completion of the WHO checklist had reduced and focus would be placed on improving this. Four Serious Incident reports were currently overdue as a result

216.2	of delays to receiving reports from external organisations. GOSH had agreed to no longer request deadline extensions and it was anticipated that the overdue Serious Incident investigations would be completed by the middle of April 2021. Challenges remained with Duty of Candour and although compliance for stage one remained at 100% compliance there had been no improvement in compliance with stages 2 and 3. This was being managed closely with directorate leads and would continue to be discussed at Directorate performance reviews.
216.3	A consultation was taking place in the Quality and Safety Team involving 32 posts all of which would have refreshed job descriptions. The consultation would be complete by the middle of April 2021 following which recruitment would take place into any vacant posts to ensure that there was sufficient capability and capacity to implement the quality and safety strategies. Amanda Ellingworth asked whether there was confidence that the consultation would ensure that the strategies and the other work could be implemented. Sanjiv Sharma said that there was significant investment in the team and the new model being used was a directorate partnership model which was already working well within the HR and Finance teams. This was being introduced in order to support directorates to take ownership of quality and safety in their areas.
216.4	Action: James Hatchley expressed some concern about progress with some metrics over time. He requested data showing multiyear trends for metrics such as speaking up, serious incidents and their closure and red complaints to identify whether progress had been made.
216.5	Alison Robertson said that excellent response rates had been received for the Friends and Family Test in February and all directorates had achieved their targets. A large number of qualitative comments were also received and these were reviewed to ensure the matters of concern raised were addressed.
216.6	In 2020 the Trust had received four red complaints in contrast with 13 which had so far been received in 2021, two of which had been downgraded to amber on investigation. The complaints were spread across the services and following a review to ascertain whether they reached the threshold of a Serious Incident two had been declared SIs and two decisions were pending. A significant proportion of overall complaints were red rated and work was taking place to identify any themes.
216.7	Action: Kathryn Ludlow asked whether incidents were likely to be occurring as a result of staff fatigue or key staff having been redeployed. Alison Robertson said that it was challenging to identify themes as a result of the small overall numbers of complaints. It was agreed that this would be discussed with the network for complaints to ascertain whether other Trusts had experienced a similar increase in red complaints and whether there was a view that this was related to the pandemic.
216.8	John Quinn said that the Trust continued to achieve 100% compliance with cancer waits however as a result of the patient prioritisation process RTT was currently at 69%. Focus was being placed on activity levels and the Trust was targeting 110% of the previous year's activity in order to support the reduction of the backlog. Current levels were 94% in terms of elective activity and 120% for outpatients.

217	Finance Report - Month 11 February 2021 data
217.1	The financial position had moved substantially in month as a result of NHS income received related to activity in services which had been omitted from the original block contract. The Trust's position was now £2million deficit however it was likely that further top ups would be received.
217.2	Helen Jameson confirmed that cash remained strong at £156million and it was projected that the outturn of the capital plan would be £9million against an £18million plan. Focus continued to be placed on debt which had been reduced to £18million.
218	Safe Nurse Staffing Report (December 2020 - January 2021)
218.1	Alison Robertson said that final group of redeployed nurses had now returned to GOSH. Cohorts of newly qualified nurses were spread throughout the year and a pipeline of nursing staff was in place to start in post between March and May 2021. All international nurses who started in post in January 2021 had passed their Nursing and Midwifery Council skills assessments.
218.2	There had been four Datix incidents reported in December 2020 and nine in January 2021 all of which had been investigated. One incident in January resulted in patient deterioration and subsequent readmission to critical care. Alison Robertson said that the relevant shift had been challenging and following the root cause analysis she was satisfied that all possible action had been taken and learning identified.
219	Board Assurance Committee reports
219.1	<u>Audit Committee Assurance Committee Update – January 2021 meeting</u>
219.2	The Board noted the update from the Audit Committee.
219.3	<u>Finance and Investment Committee Update –February and March 2021</u>
219.4	James Hatchley, Chair of the Finance and Investment Committee said that the committee had been focusing on the Trust's commercial agenda and the backlog of patients and had requested indicators based on data cut by patients in priority level groups. The committee had reviewed the Sight and Sound Hospital business case and received a tour of the facility.
219.5	<u>People and Education Assurance Committee Update – February 2021 meeting</u>
219.6	Kathryn Ludlow, Chair of the PEAC said that a presentation had been received from Occupational Health and the committee had welcomed the considerable work undertaken by a small team.
220	Council of Governors' Update - January 2021 meeting
220.1	Sir Michael Rake said that the last meeting had taken place with a number of Governors who were stepping down following the end of their second terms. The Council had welcomed the on-going communication with them through the challenging period of the pandemic. A new Council had been elected and induction sessions were taking place.

221	Any other business
221.1	There were no items of other business.