

**DRAFT Minutes of the meeting of Trust Board on
26th May 2021**

Present

Sir Michael Rake	Chair
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
Zoe Asensio Sanchez	Director of Estates, Facilities and the Built Environment
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
Nicola*	Mother of GOSH patient
Clare Gilbert*	Clinical Nurse Specialist, Endocrinology
Dr Antonia Dastamani	Consultant, Endocrinology
Darren Darby	Director of Nursing, Corporate
Paul Balson	Head of Corporate Governance
Dr Allan Goldman*	Group Director, Medicines, Therapies and Tests
Nick Towndrow*	General Manager, Medicines, Therapies and Tests
Kimberly Gilmour*	Chief of Laboratory Medicine
Stephen Tomlin*	Chief Pharmacist
Angela Barnicoat*	Chief of Clinical Genetics
Chris Ingram*	Fire, Health and Safety Manager
Renee McCulloch*	Associate Medical Director and Guardian of Safe Working
Dr Pascale du Pre*	Consultant in Paediatric Intensive Care and Medical Lead for Child Death Reviews
Helen Dunn*	Director of Infection Prevention and Control
Daniel Sumpton*	Freedom to Speak Up Guardian
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Alison Kelly	Governor (observer)
Beverly Bittner Grassby	Governor (observer)
Peace Joseph	Governor (observer)

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

10	Apologies for absence
10.1	Apologies for absence were received from Amanda Ellingworth, Non-Executive Director.
11	Declarations of Interest
11.1	No declarations of interest were received.
12	Minutes of Meeting held on 30th March 2021
12.1	The Board approved the minutes of the previous meeting.
13	Matters Arising/ Action Checklist
13.1	The actions taken since the last meeting were noted.
14	Patient Story
14.1	The Board received a patient story via video conference from Nicola, the parent of Felix, aged 17 months, who had been treated by the Hyperinsulinism Service at GOSH. Nicola said that she had had a good experience at the Trust prior to the onset of the pandemic and once the pandemic had begun the team had been supportive and she had been able to attend the Trust for appointments. Nicola said that it had been isolating as a new mum during the pandemic and she had not been able to do the activities with Felix that she had anticipated and the support from the GOSH team had been important.
14.2	Nicola said that when she and Felix had come to the hospital for an overnight stay she had not received a welcome or orientation and felt there was an overall lack of communication. Play areas had not been open which had been challenging and it had been extremely difficult to sleep as the chair which pulled into a bed had been very uncomfortable. There had also been a long wait for discharge and no communication as to the reason for this or potential timelines.
14.3	Matthew Shaw said that it was important to make a commitment to respond to feedback and highlighted the challenges for parents looking after their children when in a different environment particularly when there were difficulties with the overnight accommodation.
14.4	Shankar Sridharan, Chief Clinical Information Officer said consideration was being given to building a timeline for patients and families to ensure they were aware of what would take place in the day and knew when they would be able to leave the ward.
14.5	James Hatchley, Non-Executive Director asked about Nicola's experience of MyGOSH and Nicola said that the platform had worked well and she had attended an appointment with Felix via videoconference however as the team was very responsive by telephone she had used MyGOSH as a secondary form of communication.

14.6	Alison Robertson, Chief Nurse said that it was important to understand from feedback such as Nicola's that areas such as the provision of appropriate sleeping space for parents and carers was vital in terms of experience. Feedback on beds had been received from throughout the Trust and it was important to learn from this for the Children's Cancer Centre. Alison Robertson said that it was vital to have patient and family engagement in design and development of this new building..
14.7	Clare Gilbert, Clinical Nurse Specialist said that the team had been empowered by their ability to change their ways of working so quickly at the start of the pandemic and it was hoped that this drive would continue.
15	Directorate presentation: Medicines, Therapies and Tests Directorate
15.1	Allan Goldman, Group Director, Medicines, Therapies and Tests said that many of the teams in the directorate were not directly patient facing however the majority of patients at GOSH received care or support from the directorate. The laboratory service consisted of five large laboratories each with different highly specialist and nationally commissioned areas and staff from the directorate had volunteered for redeployment to the adult sector with equipment being loaned to key services.
15.2	Nick Towndrow, General Manager said that the directorate had been successful in reducing the number of overdue incidents and the laboratory services had been successful in maintaining all accreditations. The team was working towards being the first paediatric Trust to have point of care services accredited by UKAS. An initiative called Pill School had been developed to support patients to take tablets which many patients preferred and also led to efficiency savings and the directorate had delivered a surplus against its Control Total in 2020/21.
15.3	Sanjiv Sharma said that the laboratory service had been instrumental in achieving the Trust's good position in terms of testing for COVID19 and had ensured that capacity was in place to also provide testing for staff.
15.4	Akhter Mateen asked what impact the EPR had on the directorate since going live. He asked how effective the risk management processes were in the directorate. Allan Goldman said that a number of the services in the directorate were highly regulated and there were oversight of risks from this perspective. Kimberly Gilmour, Chief of Laboratory Services said that Epic had been transformative for the labs and had substantially reduced the time required per sample.
16	Chief Executive Update
16.1	Matthew Shaw noted that the sentencing had taken place of a former GOSH member of staff. He apologised for the crimes that had taken place on the GOSH site.
16.2	BBC Panorama had referred to a review of GOSH's Gastroenterology Service in 2015. Matthew Shaw said that the Trust had been transparent about the shortcomings of the service and commended the team for making considerable improvements. A follow up review was being commissioned and this would be made public once complete. Matthew Shaw said that it was vital to continue to create safe spaces for clinicians to highlight errors in order to identify learning.

16.3	GOSH had been selected as part of an accelerator programme to support the treatment of the backlog of patients following the pandemic which was extremely positive.
16.4	Matthew Shaw said that he had been appointed as the executive lead for specialist hospitals on the Provider Alliance Board. The Provider Alliance would be considering the proposed legislative changes in the NHS White Paper.
17	GOSH Foundation Trust Annual Financial Accounts 2020/21 and Annual Report 2020/21
17.1	Helen Jameson, Chief Finance Officer said that the Trust had delivered a £12.9million surplus against the Control Total and cash was strong at £126million. The increase in cash was a result of a reduction in debtors caused by the decrease in International and Private Care activity and also the change to the NHS framework and a move to payments in advance. The profile of the Trust's costs had changed considerably as a result of the pandemic resulting in increased pay costs as a result of sickness and the work required to support the STP. There had also been a reduction in the use of high cost drugs.
17.2	Akhter Mateen said that the GOSH team and the auditors had worked extremely well and the Trust was ahead others in their completion of the accounts and readiness to submit. The documents had been considered by the Audit Committee and no concerns were raised. The Trust's external auditors had substantially completed their work and did not anticipating raising any concerns which would prevent the sign off of the accounts and a clean opinion being given. A Value for Money self-assessment had been completed by the Trust and the auditors did not anticipate any concerns being raised in this area which would impact their opinion.
17.3	The Audit Committee had also reviewed the Annual Report and made some small editing suggestions. The Committee had also requested an update to the Head of Internal Audit report in order to highlight the beneficial impact of the EPR during the pandemic.
17.4	The Committee agreed to recommend the Annual Report and Accounts to the Board along with the Annual Governance Statement and Letter of Representation.
17.5	The Audit Committee approved the following documents and delegated sign off to the Chief Executive and Chief Finance Officer. <ul style="list-style-type: none"> • Annual Report 2020/21 • Annual Accounts 2020/21 • Annual Governance Statement • Head of Internal Audit Opinion • Letter of Representation.
18	Compliance with the Code of Governance 2020/21
18.1	Anna Ferrant, Company Secretary said that Trusts were required to report against the Code of Governance in the Annual Report on the basis of either compliance with the Code or an explanation where there was a gap in

18.1	<p>compliance. A review had been undertaken against all the Code's provisions and had found that the Board had met the requirements of the Code of Governance during 2020/21.</p> <p>The Board noted the review and approved the statement to be included in the Annual Report.</p>
19	Compliance with the NHS provider licence – self assessment 2020/21
19.1	<p>Anna Ferrant said that Foundation Trust Board were required by NHS England/Improvement to annually declare compliance or otherwise with a small number of Foundation Trust licence conditions and one requirement under the Health and Social Care Act. Although no guidance had been released for 2020/21 the exercise was being carried out in line with good governance. In previous years there had been a requirement to take into account the views of the Council of Governors and therefore the evidence cited had been reviewed by the Council at its April 2021 meeting. Governors were satisfied with the evidence provided and had agreed the recommendations.</p>
19.2	<p>Chris Kennedy, Non-Executive Director highlighted that there was considerable reliance on the knowledge of the Company Secretary and asked if a succession plan in place. Matthew Shaw said discussion was taking place around recruiting a Deputy Company Secretary.</p>
19.3	<p>The Board agreed the Trust's responses to the conditions taking to account the views of the Governors.</p>
20	GOSH 2021/22 Budget
20.1	<p>Helen Jameson, Chief Finance Officer said that following approval of the budget at the previous Trust Board meeting there had been an update to the anticipated income for the first 6 months of 2021/22 as a result of additional COVID19 funding, elective recovery funding and a top of in lieu of non NHS income. The overall change would be an increase in income of £16.6m for the first 6 months of the year. Work was taking place to understand the impact of the accelerator programme, a potential third surge of the pandemic and a potential surge in Respiratory Syncytial Virus (RSV). Helen Jameson said that it was anticipated that the Trust would be paid for over performance and the accelerator programme would fund transformative change.</p>
20.2	<p>Russell Viner, Non-Executive Director asked whether there was a potential upside or downside to International and Private Care (I&PC) income and Helen Jameson said that there was a potential upside towards the end of the year. She added that as I&PC patients tended to be complex requiring longer stays therefore there had been a delay in the reduction to income. Recovery of income would be heavily reliant on the recovery of travel corridors.</p>
20.3	<p>Akhter Mateen highlighted the potential growth in I&PC income and noted that this would require approval by the Council of Governors if the total growth in non NHS income exceed more than 5% in year. Helen Jameson agreed that as a result of the significant reduction in this area there was likely to be growth at a level requiring discussion.</p>
20.4	

	John Quinn, Chief Operating Officer emphasised the importance of focusing on the backlog of patients notwithstanding the requirements around Better Value and Richard Collins, Director of Transformation noted that as part of this focus it was possible that investment would also be required. Sir Michael Rake said that it had been clear from zoomarounds and discussions with staff Governors that considered communication about efficiency requirements was required.
21	Trust Risk Appetite Statement
21.1	Anna Ferrant presented the revised risk appetite statement. The Risk Assurance and Compliance Group (RACG) had led a review and update of the Trust Risk Appetite Statement taking an approach based on the risk appetite guidance note from the Governance Finance Function. Consideration had been given to the review of the Trust's strategy and the context of the risks on the BAF. The revised risk appetite statement had been reviewed by the Audit Committee and Executive risk leads. The document had been updated following discussion at the Audit Committee.
21.2	Discussion took place around the wording of the risk appetite for patient harm which was currently listed at 'averse'. It was agreed that this was appropriate given the definition of averse.
21.3	The Board approved the revised Trust Risk Appetite Statement.
22	Board Assurance Framework Update
22.1	Anna Ferrant said that two new risk statements had been drafted on the Board Assurance Framework around the Trust's strategic position and estates compliance. Akhter Mateen confirmed that this had been supported by the Audit Committee and the Board approved the wording of the two new risks.
22.2	The Audit Committee had recommended to the Board for approval revised risk scores for the Financial Sustainability risk and the research infrastructure risk. On the basis that the Trust had some mitigations in place to control the financial sustainability risk it was proposed that the net score was reduced from 25 to 20. As a result of external factors which were not within the Trust's control and had the potential to affect future research funding it was proposed that the gross risk score of the research infrastructure risk was increased from 12 to 16. The Board approved the proposed changes.
23	Integrated Quality and Performance Report – Month 1 2021/22
23.1	Sanjiv Sharma, Medical Director said that there had been a reduction in the number of incidents closed during the period however there had been improvements made in more recent data. Review of high level risks and compliance with Duty of Candour continued to be below expected levels. Sanjiv Sharma confirmed that whilst the requirements were completed this was not within the necessary timeframes.
23.2	Russell Viner highlighted the importance of working with families through Duty of Candour in the early stages where issues arose to prevent escalation of these issues as far as possible and promote a good working relationship as far as possible. Sanjiv Sharma agreed and said that the Trust was working with Action Against Medical Accidents (AvMA) around Duty of Candour and compassionate apologies and understanding the impact on patients and families.

23.3	Alison Robertson, Chief Nurse said the Friends and Family Test response rate continued to be positive and above the internal target and the team reviewed all feedback received, both positive and negative. Nine complaints had been received in the month two of which were complex red complaints involving a number of specialties. Both red complaints had been discussed at an Executive Incident Review Meeting (EIRM) and one had been declared a Serious Incident. A thematic review of red complaints was taking place due to the unusually high number received in the year and this report would be presented to the QSEAC in July 2021. The actions arising from red complaints were monitored and progress had been made with five overdue actions.
23.4	The PALS team continued to receive a large number of contacts however the number of COVID19 related had reduced. A large number of contacts had been around Dermatology and Cardiology and these teams had been invited to the Patient and Family Engagement Experience Committee to discuss this.
23.5	John Quinn said that diagnostic waits were not making the required progress and this was being investigated and RTT continued to improve on a monthly basis. Long waits over 52 weeks also continued to improve. Cancer performance remained strong and the Trust continued to meet targets in this area.
23.6	Akhter Mateen asked whether the work around data quality remained on target and emphasised its importance as data around recovery was reported. John Quinn confirmed that the Chief Data Officer remained focused on this and a data quality committee was being developed to ensure that all areas of definitions were being sampled.
24	Annual Health and Safety and Fire Report 2020/21
24.1	Chris Ingram, Fire, Health and Safety manager said that one matter currently rated amber was for fire risk assessment in some non-clinical areas. Extra resource had been requested to complete this work. Fire safety training had moved to 90% compliance since the report had been written. Sir Michael Rake said that this was a critical area and it was vital to ensure that improvements were made and Matthew Shaw said that a number of areas of learning had been identified and had been discussed at the Audit Committee.
25	Month 1 2021/22 Finance Report
25.1	Helen Jameson said that the financial position at month 1 was a deficit of £2.9million which was £1.4million below plan. This was driven by both NHS and private patient income which was adverse to plan. Non pay costs were below plan and pay costs were in line with plan. Cash remained strong at £132million and capital expenditure was in line with plan.
26	Guardian of Safe Working Report Q4 2020/21 and Annual Report 2020/21
26.1	Renee McCulloch, Associate Medical Director and Guardian of Safe Working said that the second surge of the pandemic had been well managed in terms of junior doctor response. A clear escalation strategy had been developed and a shadow rota was also in place. Fellows from I&PC had been moved to areas

26.2	with greater activity and had adjusted their working patterns on a weekly basis. This flexibility had enabled the Trust to maintain its priority elective activity.
26.3	Sir Michael Rake welcomed the positive reactions from staff and the supportive environment which had been developed. Renee McCulloch added that the workforce lead role had now been formalised.
26.4	Wellbeing surveys had good response rates and had not identified a greater level of burnout after the second surge than had been the case following the initial onset of the pandemic. Although there were some individuals who did score highly in terms of burnout overall numbers were low.
	One rota in Child and Adolescent Mental Health (CAMHS) remained under review to achieve compliance as it was a complex rota shared with five other Trusts. All critical care rotas were now compliant as a result of approved business cases.
27	Learning from Deaths Mortality Review Group - Report of deaths in Q3 2020/2021
27.1	Pascale du Pre, Consultant in Paediatric Intensive Care and Medical Lead for Child Death Reviews said that there had been 26 deaths in the reporting period and all cases had been subject to review. A child death review meeting had taken place in 24 cases with the remaining two cases going through the coronial process before the meeting could take place.
27.2	The Trust had been able to continue to review deaths and mortality in real time through PICANET and no outliers had been identified and no cases had met the criteria for Serious Incidents.
27.3	The reporting period had occurred during the second surge of the pandemic and two cases had been identified which had been impacted by this. The patient and family experience element of cases was also being considered given visiting restrictions and feedback was being received in this regard.
27.4	Sir Michael Rake highlighted the increase in mortality which had occurred in May 2020 and Pascale du Pre said that this had been investigated and found to be as a result of patients who died at GOSH due to the movement of services during the first surge of the pandemic. The deaths were not directly related to COVID19 or as a result of delayed presentation.
27.5	Russell Viner said that the findings were extremely positive given the context of the pandemic surge and congratulated the leadership across and the Trust and staff in all areas.
28	Safe Nurse Staffing Report (February - March 2021)
28.1	Alison Robertson said that the reporting period covered the period in which a number of nurses were redeployed to adult settings during the second surge of the pandemic. Debrief sessions had taken place with all these staff to consider their health and wellbeing and ensure that learning could be identified in case of a third surge. Bank utilisation remained high during the period in order to backfill including to support NCL deployments, staff vaccination clinic, high patient

28.2	acuity, staff self-isolation, high maternity rates and staff sickness. Vacancies and turnover remained stable during the period.
28.3	Two Datix reports had been raised in March both of which had been investigated and closed with no patient harm and appropriate mitigations put in place.
28.4	The Trust had suspended reporting 'Care Hours Per Patient Day' until budgeted establishment templates had been updated to ensure that information was reliable.
28.5	<u>Nursing Establishment Review</u>
28.6	Guidance had been received from NHS England/Improvement that no changes should be made to reduce staffing establishments based on data from 2020/21 as it would not provide an accurate assessment of patient acuity. Alison Robertson confirmed that based on the data collected from the review current establishments were safe.
	James Hatchley asked if there were any indications within London that there would be an increase in people leaving nursing and Alison Robertson said that there was concern nationally about the impact of the pandemic on people's career goals. The Trust continued to maintain its recruitment pipeline in order to futureproof against an increase in turnover. As a consequence of the national profile of nursing throughout the pandemic there had been an increase in the number of people applying to train as a nurse..
29	Gender Pay Gap Report 2020/21
29.1	Caroline Anderson, Director of HR and OD said that in common with many NHS Foundation Trusts GOSH continued to have a gender pay gap however this gap was smaller than that of the previous year. The gap was primarily driven by the traditional demographics of the healthcare workforce with nursing and administrative and clerical professions being predominantly female and women comprising 77% of the overall Trust workforce.
29.2	Akhter Mateen asked if similar assessments of the workforce were made in terms of race and disability equality and Caroline Anderson said that it was in terms of disability however the numbers of staff with a disability captured by HR was very small and therefore it was challenging to draw valuable conclusions.
30	Infection Control Update
30.1	Helen Dunn, Director of Infection Prevention and Control said that the team's key activity continued to be around the response to the COVID19 pandemic and the team had now moved to full establishment. The team was focused on a number of key risks including the work was taking place with estates and facilities on water and ventilation and the activity required to bring the domestic services in house.
30.2	There had been an increase in the number of C. difficile infections from the previous year which was primarily in patients who had been transferred from other Trusts however some appeared to be hospital colonised and this was being reviewed.

30.3	Chris Kennedy congratulated the team on their work throughout the pandemic and asked if there were any early observations about the capability of the cleaning team around infection control. Helen Dunn said that meetings had taken place with the Director of Estates, Facilities and the Built Environment following the completion of hand hygiene audits to consider how this training would be embedded.
30.4	Russell Viner asked if there was a greater awareness of infection control as a result of the pandemic. Helen Dunn said that some areas had seen reduced activity and had greater compliance with screening which was indicative of the impact of workload on infection control practices.
31	Annual Freedom to Speak Up Report 2020/21
31.1	Daniel Sumpton, Freedom to Speak Up Guardian said that there had been a number of changes to the guardians over the year which had at times impacted the on the continuity, provision and promotion of the service. As the service had stabilised there had been an increase in the cases reported. Issues raised were predominantly around bullying and harassment and the behaviours of colleagues and managers. Daniel Sumpton said that whilst improvements were being made staff from a BAME background were still less likely to speak up at GOSH than at other Trusts; he emphasised the importance of staff feeling able to speak up.
31.2	Kathryn Ludlow, Non-Executive Director highlighted that 8 cases had been raised anonymously in 2020/21 compared to zero in the previous year. Daniel Sumpton said in his experience cases were often raised anonymously as a result of staff not feeling safe to raise a concern publically however it was important that this option was available to maximise the opportunity for staff to raise concerns. Matthew Shaw said that this was a cultural issue which must continue to be addressed and added that a large proportion of concerns raised at the Virtual Big Brief were also submitted anonymously.
31.3	James Hatchley noted that two members of staff who raised concerns had highlighted that they had experienced detriment as a result of speaking up. He asked how this could be resolved. Daniel Sumpton said that this remained unresolved and added that work was taking place on the voices of staff members who had been through the speaking up process. He said that when a manager took a member of through formal HR processes this was likely to lead to a breakdown in the relationship and a feeling of being ostracised. Caroline Anderson said that this was key in a number of relationship issues and emphasised the importance of resolving issues informally where possible.
31.4	Daniel Sumpton said that word of mouth was extremely important in highlighting staff experience of the Freedom to Speak Up service and therefore it was importance to share this experience more widely.
32	Board Assurance Committee reports
32.1	<u>Audit Committee update – April 2021 meeting and May 2021 (verbal)</u>
32.2	Akhter Mateen, Chair of the Audit Committee said that two Audit Committee meetings had taken place in the reporting period. The year-end Audit Committee which had met directly prior to the Board had focused on the year-end documents. It had been confirmed that the Trust had received a green rating in

	relation to Counter Fraud work throughout the year and the internal auditors had confirmed that overdue recommendations had reduced to zero which was the best performance by their Trusts in London.
32.3	Enhanced monitoring of ICT continued and an interim meeting had taken place with members of the team and committee members.
32.4	<u>Quality, Safety and Experience Assurance Committee update – April 2021 meeting</u>
32.5	Anna Ferrant said that the Committee continued to focus on medicines management and had requested a route map towards closing the gaps including timeframes for monitoring.
32.6	<u>Finance and Investment Committee: Revised Terms of Reference</u>
32.7	The Board approved the Finance and Investment Committee Terms of Reference.
33	Council of Governors’ Update – April 2021
33.1	Sir Michael Rake said that a good process had taken place for the election and induction of new Governors and the Council had discussed the importance of receiving papers in good time. It had been agreed that the Lead Governor would be involved in setting the agenda for meetings to ensure there was a balance between areas of Governors’ interest and statutory requirements.
34	Declaration of Interest Register (Directors and Staff)
34.1	Anna Ferrant presented the annual update and said that the GOSH policy had been updated in line with NHS England’s model policy. This required the Trust to identify decision makers, those staff who had influence in the spending of tax payers’ money. The definition of decision makers had been updated and this had significantly increased the number of Decision Making Staff at GOSH. The Trust continued to monitor performance however it had been confirmed that 100% compliance was necessary to meet the NHS Counter Fraud Authority standard which was extremely challenging.
35	Director and Governor Code of Conduct
35.1	The Board approved the Director of Governor Code of Conduct.
36	Any other business
36.1	There were no items of other business.