

**Minutes of the meeting of Trust Board on
7th July 2021**

Present

Sir Michael Rake	Chair
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	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
Mark Sartori	Trustee, GOSH Children's Charity
Claire Williams*	Head of Patient Experience
Dorothy Moore Brooks*	Senior Chaplain and Deputy Team Leader of the Chaplaincy and Spiritual Care team
Martin Tisdall*	Chief of Service, Brain Directorate
Robert Robinson*	Deputy Chief of Service, Brain Directorate
Alison Taberner Stokes*	Head of Nursing and Patient Experience, Brain Directorate
Dr Philip Cunnington*	Responsible Officer
Michelle Nightingale*	Named Nurse for Safeguarding
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Peace Joseph	Governor (observer)

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

52	Apologies for absence
52.1	No apologies for absence were received.
53	Declarations of Interest
53.1	No declarations of interest were received.
54	Minutes of Meeting held on
54.1	The Board approved the minutes of the previous meeting.
55	Matters Arising/ Action Checklist

55.1	The actions taken since the last meeting were noted.
56	Chair's Update
56.1	Sir Michael Rake, Chair said that it was Alison Robertson's last Trust Board meeting as she would be retiring from the Trust in September. He thanked her for her work as Chief Nurse and Deputy Chief Executive.
57	Chief Executive Update
57.1	Matthew Shaw, Chief Executive thanked staff throughout the hospital for their hard work to sustain a high level of activity in order to reduce the backlog of appointments. He emphasised the importance of finding a balance between treating the maximum number of patients and ensuring there was appropriate rest time for staff.
57.2	Short term priorities continued to be around quality and safety, people, and the fundamental areas of operation. Additional focus was being placed on diversity and inclusion to ensure that real progress was being made in this area. New guidance around infection control was anticipated and clear communications would be required with staff at a time of considerable change.
58	GOSH Quality Report 2020/21
58.1	Sanjiv Sharma, Medical Director presented the report. He thanked the team for their work to adhere to the deadline which had been substantially shortened at short notice. The report had been presented to the QSEAC for approval on 1 st July 2021 and would form part of the Annual Report.
58.2	The Board noted the report.
59	Integrated Quality and Performance Report (Month 2 2021/22) May 2021 data
59.1	Sanjiv Sharma reported that there had been improved performance around incident closure and compliance with the WHO checklist following focused work in those areas. Meetings had taken place with Directorate leads to emphasise the importance of improving Duty of Candour compliance. Training on conducting Root Cause Analysis would be taking place within the next two months after it had been delayed by the pandemic.
59.2	Alison Robertson, Chief Nurse said that there continued to be a strong performance in the Friends and Family Test response rate and patient and family satisfaction scores. The Patient and Family Engagement and Experience Committee had discussed the deep dive into red complaints received by the Trust in recent years and had identified some key themes. Actions had been presented against those themes and good progress was being made to improve the complaints process for families. Presentations were received from two Directorates in response to their high levels of PALS contacts. They had taken practical steps and the other Directorates would be encouraged to take similar actions.
59.3	Russell Viner, Non-Executive Director said that many of the matters discussed in the IQPR and by the Board in general had structures in place for improvement

<p>59.4</p> <p>59.5</p> <p>59.6</p> <p>59.7</p>	<p>but it was key to ensure that these were embedded in the Trust's day to day activities.</p> <p>James Hatchley, Non-Executive Director noted the potential for a surge in RSV cases in children and asked what planning had been done around this. Sanjiv Sharma said that the rise in RSV was a common occurrence each winter but it was anticipated that this would occur earlier in the year in 2021. The data and modelling from Australia showed that cases were primarily treated in the community or in secondary care settings leading to little increase in paediatric ICU activity. Sanjiv Sharma added that it was important to engage in conversations around this to ensure that GOSH was able to provide support to other organisations if necessary.</p> <p>Alison Robertson said that the Trust would continue to adhere to the national COVID19 guidelines which had not yet changed. Caroline Anderson, Director of HR and OD said that the number of self-isolating staff had increased sharply in the previous week to over 70. Discussion was taking place nationally as to whether different arrangements for close contacts of COVID positive cases would be implemented for individuals who had received two vaccinations which was currently the case for 80% of GOSH staff. Sir Michael Rake asked if more could be done to increase the vaccine uptake rate amongst staff and Caroline Anderson said that weekly meetings took place to review the status of staff vaccinations and discussions were taking place with individuals who had not been vaccinated. She said that it was also important to capture data around staff who had been vaccinated outside the Trust.</p> <p>Russell Viner noted that once a high proportion of adults had been vaccinated nationally, transmission would be primarily within the younger population and this could have an impact on the number of COVID positive patients treated by hospitals such as GOSH. He asked about the Trust's plans for flu vaccinations. Alison Robertson said that a letter had been received asking Trusts to prepare for COVID booster vaccinations in the autumn and health and social care staff would be included in the first wave of these vaccinations. It was anticipated that one vaccination clinic would be established to give both the flu and COVID19 vaccinations. She said that during the surges of the pandemic, hospital acquired infection had become a key issue in many Trusts and therefore it was vital that GOSH had robust infection control processes in place if the matter were to become more focused on children and young people.</p> <p>John Quinn, Chief Operating Officer said that the RTT position continued to improve and a trajectory was in place to return to target. A number of patients continued to wait over 52 weeks and this metric continued to improve along with that of diagnostic waits. The Trust continued to achieve 100% against cancer waiting times standards. John Quinn said that activity in many areas of the hospital was at more than 100% of the previous year and reiterated that it was vital to consider staff wellbeing in this context.</p>
<p>60</p>	<p>Patient Story</p>
<p>60.1</p>	<p>Dorothy Moore Brookes, Senior Chaplain and Deputy Team Leader of the Chaplaincy and Spiritual Care team said that the parents of a patient in critical care had requested to get married on the unit with their baby son, Leo present.. Significant team work enabled the patient's parents to get married and have photos taken at the event,. Baby Leo has sadly died and we thank his parents for giving their permission to share this story.</p>

60.2	The Board thanked the family and the Chaplaincy Team for the presentation.
61	Directorate presentation: Brain Directorate
61.1	Martin Tisdall, Chief of Service for Brain Directorate said that a key success of the Directorate had been opening the Intraoperative MRI suite in partnership with the GOSH Children's Charity which had significantly improved the standard of technology in the service. The directorate had been able to increase capacity however constraints remained and there was a considerable backlog of patients. There were a number of complex services in the directorate with a smaller number of patients and it was important to ensure that good succession planning was in place to maintain the stability of these services. Support was being sought from the GOSH Children's Charity for proleptic appointments in these areas.
61.2	The Directorate had been able to deliver 91% of inpatient and outpatient activity during the first year of the pandemic and was currently working at 120% of the previous year's activity under the accelerator programme. Martin Tisdall said that it was important to be transparent about outcomes and the directorate was working towards increased visibility of outcomes.
61.3	Robert Robinson, Deputy Chief of Service said that RTT had recovered significantly and was currently at 82%. A key long waiting service was Selective Dorsal Rhizotomy as this required physiotherapy from an external service which involved a significant waiting time. Social distancing requirements had led to the loss of 6 beds on Kingfisher Ward.
61.4	Alison Taberner Stokes, Head of Nursing and Patient Experience said that succession planning was key, particularly in two specialties. A pipeline was in place to reach full establishment by the end of September 2021 however this was currently having an impact on the team. Alternative workforce strategies were being considered including additional SHO or physician associate roles.
61.5	The directorate had improved scores in 9 out of 10 areas of the staff survey and a good communications strategy was in place with a newsletter to the directorate. A leadership education programme was in place with HR and Finance.
61.6	Robert Robinson said that focus had been placed on written communication with families such as clinical letters and discharge summaries and a substantial improvement had been made in this area. A number of overdue incidents remained outstanding and focus was being placed on appropriately closing these. Twelve formal complaints had been received for the directorate and a common theme had been around communication particularly with families. The use of MyGOSH had been extremely beneficial in this regard.
61.7	The Directorate had ended 2020/21 in a financial position that was adverse to plan primarily as a result of the significant reduction in International and Private Care (I&PC) and research income during the pandemic. This had been partly offset by the specialist services and high cost drugs offered by the Directorate including Nusinersen and Batten Disease. For 2021/22 the budget had been set at a deficit of £23million and the Directorate was currently surplus to plan. An assumption had been made that International and Private Care activity would

	recover and Martin Tisdall said that underperformance in this regard would impact the Directorate's year end outturn.
61.8	Sir Michael Rake said that Brain's innovative and creative work within networks epitomised the work of GOSH. He highlighted the importance of recruiting specialist staff internationally and asked whether there had been delays to this process as a result of Brexit. Caroline Anderson, Director of HR and OD said that it was not yet clear whether delays would be experienced but agreed that it was important to consider pipelines of staff and succession planning at an earlier stage.
61.9	Akhter Mateen, Non-Executive Director asked how the leadership team ensured that new members of staff were aware of the various ways in which they were able to speak up in the Trust. Martin Tisdall said that this was part of a wider question of communicating and engaging with the directorate. He added that the major incident command structure had been helpful in ensuring that information was disseminated and therefore the Directorate had continued to communicate in the way that they had when bronze meetings had been in place which had been helpful. An 'all Brain' email group had been developed and consideration was being given to reaching groups that wouldn't usually be included in the communications and the need to be visible.
61.10	James Hatchley highlighted the challenge of the staffing issues in the directorate in combination with the complex work and over performance of activity taking place. He said that given the good work on staff engagement taking place the staff survey results did not appear to be fully reflective of this work. Martin Tisdall said that traditionally there had been a motivated group of clinicians who were keen to deliver activity and take ownership of their patients and whilst this was positive, it had also led to ongoing under resourcing over time. He said that it was important to keep this under review to ensure the stability of the service going forward. A positive Getting It Right First Time (GIRFT) report had been received however this had also highlighted under resourcing and Martin Tisdall said that in this context it was vital to balance increased activity with the wellbeing of staff. He agreed that there were metrics in the staff survey which remained lower than anticipated given the work taking place and said that a deep dive into results had shown that diversity and inclusion was a key area for improvement.
61.11	Amanda Ellingworth, Non-Executive Director asked if the team had any reflections for the Board and Martin Tisdall reiterated the importance of staff wellbeing particularly during a time in which increased activity was vital to clear the backlog and in the context of an extremely challenging 18 months for staff both personally and professionally. He added that Board support was important in the team's work with the Charity to bring forward proleptic appointments.
61.12	Russell Viner, Non-Executive Director noted the diversity of the specialties within the directorate and said that it was important to identify talented individuals early in their careers and at PhD level. He asked how costs and income flowed for mental health services. Alison Taberner Stokes said that Kingfisher Ward had been converted to support an increase in CAMHS patients which led to the service becoming part of the directorate during wave one of the pandemic..
61.13	John Quinn said that the team was high performing as a leadership team and a directorate and thanked them for their hard work. The Board thanked the directorate as whole for their work.

62	Responsible Officer Annual Report 2020/21
62.1	Philip Cunnington, Responsible Officer said that 2020/21 had been a challenging year and had demonstrated the importance of appraisal both for doctors personally and for the organisation. Despite the pressures of the pandemic over 90% of appraisals had been completed. During the year the medical appraisal process had been suspended and GOSH had resumed the process earlier than many other organisations with a focus being placed on the discussion of the appraisal itself. Feedback had been received that appraisal had felt like a personalised event.
62.2	Going forward the challenge was around wellbeing and additional tools would be launched to support this. Training would be introduced for appraisers to ensure they were comfortable in asking questions about wellbeing. A tender process was taking place to procure a system to support appraisal and an external review of a random sample of 10% of appraisal forms would take place to ensure that quality appraisals were being carried out.
62.3	Russell Viner said that it was challenging to carry out high quality appraisals at a time of significant pressure for many staff and asked if there were processes in place to ensure that all relevant staff were engaging. Philip Cunnington said that it was important to identify individuals who were late going through the appraisal process and explore why this was the case. Russell Viner asked whether there was a mechanism by which inappropriate behaviours could be challenged and Philip Cunnington said that whilst there was an appetite in the Trust to do this he felt there was more work to do. He emphasised the importance of creating an environment in which colleagues felt able to speak up. He added that it would be helpful to ask patients and colleagues to provide feedback throughout the year and to have access to a real time dashboard in order to maintain consistent standards.
63	Finance Report (Month 2 2021/22) May 2021 data
63.1	Helen Jameson, Chief Finance Officer said that the month 2 position was £7.6million above plan in month with a year to date position of £3.6million above plan. This was as a result of Elective Recovery Funding (ERF) of £7.8million being received in order to reduce the backlog of patients which had not been included in the plan. Cash remained strong and the capital programme remained in line with plan.
64	Safe Nurse Staffing Report (April - May 2021)
64.1	Alison Robertson said that maintaining a good pipeline of recruitment was fundamental to maintaining safe staffing levels. It was likely that there would be an increase in staff turnover once restrictions related to the pandemic were removed and as a result focus had been placed on recruitment.
64.2	Four Datix incidents had been raised as a result of staffing levels in the reporting period all of which had been investigated. It was confirmed that no patient harm had occurred.
64.3	Work was taking place to ensure that data held by HR, finance and nursing workforce was aligned and Kathryn Ludlow asked whether this was likely to have a retrospective impact on staff planning. Alison Robertson said that despite this

	issue which was in the process of being corrected, she was confident that establishments were appropriate and wards were staffed to this level.
65	Annual Safeguarding Report 2020/21
65.1	Alison Robertson said that it had been a challenging year for the safeguarding team with the retirement of key post holders as well as additional pressures as a result of the pandemic. The team had responded well and had been able to develop the Perplexing Presentations Service. Work was taking place to further integrate the social work and safeguarding teams and it had been agreed that an external review of safeguarding arrangements would be helpful and would take place towards the end of 2021/22.
65.2	Amanda Ellingworth asked about the culture around safeguarding at GOSH and Michelle Nightingale, Named Nurse for Safeguarding said that she had been holding meet and greets with staff to reflect on the ways in which safeguarding issues could be raised. She said that the aim was to build confidence in clinical teams in order to move the focus away from the safeguarding team and support staff to engage with local services themselves.
65.3	James Hatchley asked how the Trust ensured that external organisations working with GOSH had sufficient safeguarding processes in place. Alison Robertson confirmed that employment checks were undertaken before contracts with external organisations were signed and HR would undertake regular audits.
66	Completion of Royal College Review Actions
66.1	Sanjiv Sharma said that over the past five years the Trust had commissioned service reviews from two Medical Royal Colleges: reviews of the gastroenterology service in 2015 and 2017 by the Royal College of Paediatrics and Child Health (RCPCH) and a review of the urology service in 2019 by the Royal College of Surgeons.
66.2	Three actions remained open from the gastroenterology review, two of which related to network working and one relating to a follow up review. Steps had been taken to support the closure of those actions and work would take place to confirm that the action plans were complete.
67	Annual Sustainability Management Plan 2020/21
67.1	Zoe Asensio Sanchez, Director of Estates, Facilities and Built Environment said that substantial work had taken place around public engagement; there had been a relaunch of the Trust's Green Champions and a play street was scheduled.
67.2	Action: Chris Kennedy, Non-Executive Director highlighted that staff travel was being reviewed but not patient travel. He suggested surveys should also be undertaken around patient travel and it was agreed that this would be considered.
68	Board Assurance Committee reports
68.1	<u>Quality, Safety and experience Assurance Committee – 1 July 2021</u>

68.2	Amanda Ellingworth, Chair of the QSEAC said that the majority of the matters which had been discussed by the committee had also been discussed by the Board.
68.3	<u>Audit Committee Assurance Committee Update – May 2021 meeting</u>
68.4	Akhter Mateen, Chair of the Audit Committee reported that the update had been given at the July Council of Governors’ meeting.
68.5	<u>Finance and Investment Committee Update – May 2021 and June 2021</u>
68.6	James Hatchley, Chair of the Finance and Investment Committee said that a discussion had taken place around the Patient Level Information and Costing Systems (PLICS) return which required sign off. The Board agreed that this approval should be given by the Finance and Investment Committee.
68.7	<u>People and Education Assurance Committee Update – June 2021 meeting</u>
68.8	Action: Kathryn Ludlow, Non-Executive Director said that an update had been provided at the July Council of Governors’ meeting. Amanda Ellingworth said that appraisal was a key tool for all staff in the Trust and suggested that the PEAC had an overview of the way in which this was utilised for all staff across the organisation. This was agreed.
69	Council of Governors’ Update - July 2021 meeting
69.1	Sir Michael Rake said that Governors had given feedback that they were receiving large amounts of information and had requested input into the agenda for Council of Governors’ meetings. They had been pleased with the progress made in this area and were keen to understand the priorities of the Board. The Non-Executive Directors had encouraged Governors observe assurance committee meetings.
70	Any other business
70.1	There were no items of other business.