

**Minutes of the meeting of Trust Board on
29th September 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
Darren Darby	Acting 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
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Claire Williams*	Head of Patient Experience
Emma*	Parent of a GOSH patient
Eithne Polke*	Chief of Service, Operations and Images
Ciara McMullen*	General Manager, Operations and Images
Andrew Pearson*	Clinical Audit Manager
Helen Dunn*	Director of Infection Prevention and Control
Rachel Millen*	Emergency Planning Officer
Isimat Orisasami	CQC Inspector
Beverly Bittner Grassby*	Governor (observer)
2 members of staff	

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

85	Apologies for absence
85.1	No apologies for absence were received.
86	Declarations of Interest
86.1	No declarations of interest were received.
87	Minutes of Meeting held on 7th July 2021
87.1	The Board approved the minutes of the previous meeting.
88	Matters Arising/ Action Checklist
88.1	The actions taken since the last meeting were noted.

89	Chief Executive Update
89.1	Action: Matthew Shaw, Chief Executive thanked staff for their hard work to treat the backlog of patients. He said that GOSH had been voted in the top five children’s hospitals by professionals in the US and it was agreed that the criteria against which votes were cast would be obtained.
89.2	Matthew Shaw welcomed the transfer of the cleaning staff from a contractor to becoming substantive staff members. He said that these staff had previously been part of the GOSH team and this was now also reflected contractually. The Trust was committed to developing parity in the Terms and Conditions of these staff with other GOSH employees and work to do this was taking place.
89.3	Work around diversity and inclusion was moving at pace and an excellent talk by an international expert had been held the previous week in a special virtual big briefing on various elements of diversity. A number of events were also planned for Black History Month.
89.4	James Hatchley, Non-Executive Director highlighted the expected surge in RSV cases in children and asked whether there was further information about this. Matthew Shaw said that the NHS continued to experience significant demand and GOSH had been red rated for bed availability. The briefing from the London region had indicated that winter pressures would be extremely challenging.
89.5	Russell Viner, Non-Executive Director said that there had been additional funding outlined by the Government and asked if this had been received. Matthew Shaw said that the Trust had the opportunity to earn additional income over and above the block contract through over performance in 2021/22 however there was significant uncertainty about finances from 2022/23 onwards.
90	Non-Emergency Patient Transport (NEPT) Contract
90.1	Zoe Asensio Sanchez, Director of Estates, Facilities and the Built Environment said that a robust procurement process had taken place with four bidders. The preferred supplier had received the highest scores in all areas and good references had been received from a current NHS client.
90.2	The current provider had been the incumbent for approximately 15 years and performance had significantly deteriorated particularly during the pandemic.
90.3	Sir Michael Rake, Chair said that the transition period was key and asked how this was being managed. Zoe Asensio Sanchez said that ending the old contract would be challenging and a new member of staff was being appointed to manage this.
90.4	James Hatchley said that the contract and the procurement process had been discussed at Finance and Investment Committee and the committee had scrutinised the environmental weighting to ensure it was appropriate to adhere to the Trust’s values in this regard. He said that it was important to consider this in all procurement processes.

91	Patient Story
91.1	The Board received a patient story from Emma whose son Bertie had been transferred to GOSH shortly after birth just before the beginning of the COVID19 pandemic and had been under a number of services. Emma said that Bertie's care had been excellent and in particular there had been excellent support from Bertie's Clinical Nurse Specialist. She said that initially it had been possible to come to the hospital as a family however this had changed as a result of the pandemic and there had been clear communication during this time. Emma said that she often required the support of her local hospital but always felt that the communication between the two organisations was good.
91.2	Emma said that when Bertie had been an inpatient for two weeks she had been required to sleep on a pull out chair which had been extremely challenging. When Bertie had been on NICU, vouchers for the Lagoon for breastfeeding mothers had been provided however when she had no longer been breastfeeding the vouchers had not been available. She felt that this had created a disparity between parents who did and did not breastfeed.
91.3	When Emma had stayed in the nurses' home there had not been a fridge for storing expressed milk which would have made the experience less stressful. She said that the accommodation provided was not to an expected standard and there had also been small inconveniences such as no washing up liquid.
91.4	Emma said that Bertie had been slow to recover from an intervention and following investigation it was shown that an issue had arisen during the intervention. She said she felt that the team had been open and transparent with her throughout this period.
91.5	Amanda Ellingworth, Non-Executive Director noted that Emma had been in the hospital during the pandemic and asked if it had been possible to detect staff anxieties during this time. Emma said that she had spoken to staff about their experiences during the pandemic and some days were much busier than others, however she had not felt that Bertie's care had been compromised by the effect of the pandemic.
91.6	James Hatchley asked about Emma's experiences with MyGOSH and Emma said that she used the app and found it extremely useful. She said that she also used a similar app from another London Trust and she felt that MyGOSH had been significantly more advanced.
91.7	Matthew Shaw noted that Emma and Bertie went to the Emergency Department of their local hospital regularly and asked whether it would be helpful to have direct access to GOSH. Emma said that whilst ongoing access to GOSH would be helpful, the local hospital was usually able to support her with Bertie's care quickly.
91.8	Matthew Shaw said that during the strategy discussions it would be important to consider patient pathways which required ongoing direct access to GOSH.
92	Directorate presentation: Operations and Images Directorate
92.1	Eithne Polke, Chief of Service for Operational and Images Directorate said since the Directorate had last reported to the Trust Board the intraoperative MRI

	had opened which had been supported by the GOSH Children's Charity and was a key piece of equipment to ensure that GOSH remained at the forefront of care.
92.2	A successful nurse recruitment programme had taken place during the pandemic. Ciara McMullen, General Manager said that in 2020 there had been a 27% scrub nurse vacancy at the Trust and the team was now fully established making GOSH was one of few hospitals nationally with a fully established scrub nurse team.
92.3	During the surges of the pandemic the directorate had been challenged with PPE. The team had approached manufacturers to agree that they would develop some PPE that was more child friendly to minimise the impact on patient experience.
92.4	Eithne Polke said that new cleaning requirements were impacting on theatre activity whilst the team was trying to increase capacity to treat the backlog of patients. The Trust had been able to continue to run transplant services and an increased number of hearts and lungs had become available as a result of the significant restrictions in delivery of adult services due to the pandemic.
92.5	John Quinn, Chief Operating Officer said that the Directorate would be merging with Medicines, Therapies and Tests to ensure that all clinical support was located in one Directorate. He reported that Eithne Polke would be retiring shortly and thanked her for her work to move the service forward.
92.6	Akhter Mateen, Non-Executive Director said there had been some issues in Radiology when Epic had first gone live and asked whether progress had been made with this. Eithne Polke said that significant progress had been made due to work that had taken place during the stabilisation phase. She said that work was still required however overall the interface had improved and staff were more comfortable with the platform. Eithne Polke said that it was clear that improved outputs were directly related to the team's input at an early stage and added that this could have been improved. She said that going forward it was important to ensure that there was sufficient resource in place to continue to make improvements.
92.7	Chris Kennedy, Non-Executive Director noted that the Directorate was critical to the flow of patients through the hospital and asked whether the correct balance was in place between resource and demand. Eithne Polke said that space was key and it was likely that theatre space and MRI capacity would be the limiting factor in continuing to increase activity. She said that the team was working to consider transformative ways to deliver services. Ciara McMullen said that work was also taking place to make patient flows more efficient. She said that the 6-4-2 theatre scheduling process was standard practice at other Trusts and would have a significant impact on efficiency. She said that there was also work that could take place with other Directorates to improve patient flow.
92.8	Russell Viner, Non-Executive Director congratulated the team on their nurse recruitment during the pandemic and the continued theatre usage which had only reduced for a short time. He said that 7 day working was being actively discussed prior to the pandemic and he felt that considerations were likely to begin again. He asked how close the Directorate was to being able to achieve 7 day working. Eithne Polke said that she felt that 6 day working should be introduced initially as an increased number of staff would be required to achieve

92.9	<p>7 day working. She said that currently emergency services took place at the weekend but far less planned activity.</p> <p>James Hatchley said that the Board had a responsibility to ensure that focus was also placed on the future and technology. He asked whether transformation had the correct focus and whether there were other helpful technologies which could be introduced. He asked if teams and directorates were supported to bring forward new ideas in the regard. Eithne Polke said that artificial intelligence was being discussed with radiology and home reporting stations had been introduced to enable faster consult times. She added that radiologists were keen to move forward with technology.</p>
92.10	<p>Action: Amanda Ellingworth asked how the Board could improve the Trust's approach to transformation and Eithne Polke said it was important to empower teams to make radical decisions and make significant change. She said that Board support to implement 6-4-2 theatre scheduling was important as the approach would significantly reduce waste. Matthew Shaw agreed that this would have a considerable change in the way the hospital worked and it was agreed that an update would be provided on progress with implementing this would be provided at a future meeting.</p>
93	Integrated Quality and Performance Report (Month 5 2021/22) August 2021 data (including proposed changes to the IQPR)
93.1	<p>Sanjiv Sharma, Medical Director said that compliance with the WHO checklist had slipped and was now red rated. He said that previous work had shown that focused efforts would move the metric to a green rating.</p>
93.2	<p>Three safety alerts were overdue and would be closed by the end of the day following confirmation from NHS England that the Trust had provided all that was required. Improvement was required in high risk reviews and it was anticipated that this would begin in September once staff had returned from annual leave.</p>
93.3	<p>Route Cause Analysis training for Duty of Candour had begun and the Trust was working with Action Against Medical Accidents (AvMa) for this. Training would also continue as new staff joined the Trust. Sanjiv Sharma said that case numbers involved were small and of five level 3 cases that were overdue in the report 3 had now be sent to the family.</p>
93.4	<p>Akhter Mateen noted that medication incidents had been around 20% in each of the last three months and asked for a steer on whether this was positive or required improvement. Sanjiv Sharma said he felt that there should be a zero tolerance approach towards this as each incident had the potential to cause harm. Amanda Ellingworth asked when a trajectory towards zero would be implemented and John Quinn said that the IQPR was being reviewed and as part of this the appropriate targets would be assessed.</p>
93.5	<p>Darren Darby, Acting Chief Nurse said that the Trust continued to have a strong performance in the Friends and Family Test and in July all metrics had been above target and rated green. Two individual areas had been below the target rate as a result of key staff taking annual leave which demonstrated the importance of the effort made by staff to maintain the figures. One directorate had experienced a reduction in patient experience however there had also been a reduction in complaints and PALS contacts and it was thought that this was as a result of lower patient through put in some areas of the directorate.</p>

93.6	Two red complaints had been received so far in year which was a reduction on the previous year. There was also one overdue red complaint response as a result of working with a former staff member who had left the Trust.
93.7	John Quinn said that the Trust was on target against its waiting times trajectory which continued to improve and activity had been reduced in August to enable staff to take leave. Cancer metrics continued to be on target. It was reported that 13 patients had now waited 104 weeks and of these 10 now had dates to be seen. Work was taking place with the region around moving forward some very long waiting families who continued to choose to wait.
93.8	Amanda Ellingworth asked if work would take place to smooth activity and ensure that there wasn't a reduction in activity at particular times of the year. John Quinn said that said that this was cultural and alongside staff taking additional leave patients and families were also less likely to come to the Trust. He said that work was taking place about using these periods for other activity.
93.9	James Hatchley said that the Finance and Investment Committee had discussed the cancer metrics which continued to be at 100%. He said that that committee was keen to learn from this success.
94	Finance Report (Month 5 2021/22) August 2021 data
94.1	Helen Jameson, Chief Finance Officer said that the Trust remained ahead of plan year to date and was forecasting a small surplus after the first six months of the year. International and Private Care was not yet achieving the projected level of turnover however this had been offset by elective recovery funding. The financial framework guidance for the second half of the year had not yet been published and once it was, a revised plan would be submitted to NHS England which would be presented to the Board for approval prior to submission.
94.2	It was anticipated that elective recovery funding (ERF) would continue but it was possible that changes would be introduced around how this could be earned. Helen Jameson said that other Trusts in North Centre London were challenged in meeting their activity so GOSH may not earn ERF if it were assessed at a system level.
94.3	Focus was being placed on the capital programme which was slightly behind plan and schemes were being identified which could be brought forwards.
94.4	Akhter Mateen congratulated the team on their work to reduce I&PC debtor days. He noted that GOSH was below target in terms of the Better Payment Practice Code (BPPC) which required invoices to be paid on time. Helen Jameson said that GOSH was currently at 91% and while focus was being placed on those Trust which were below 80% an action plan was being developed to increase performance to 95%.
95	Safe Nurse Staffing Report for reporting period June & July 21
95.1	Darren Darby said that the Trust continued to have a good pipeline of nurses joining the Trust however the pandemic created challenges in predicting the workforce. He had met with 75 newly qualified nurses who had joined the Trust and said that there had been a considerably smaller attrition rate in comparison to pre pandemic.

95.2	There had been an increase in the number of Datix reports related to staffing. Teams were encouraged to report this however each report had been reviewed and it was confirmed that there had been no patient harm.
96	Safe Nursing Establishment
96.1	Darren Darby confirmed that the method used for ensuring the appropriate establishments were in place was robust and was developed and triangulated using an evidence based tool. He said that establishments were safe and correct.
96.2	James Hatchley noted that 19 new ICU nurses had joined the Trust and asked where sufficient numbers of nurses were trained for ECMO capability. Darren Darby said that two recruitment workstreams for Heart and Lung Directorate had been successful and had recruited 15 experienced nurses. He said that ECMO training had continued throughout the pandemic as it was a vital resource.
96.3	An international recruitment campaign had funded 15 nurses from the Philippines who had been appointed and would join the Trust in January 2022.
97	Learning from Deaths Mortality Review Group - Report of deaths in Q4 2020/2021
97.1	Andrew Pearson, Clinical Audit Manager said that 23 patients had died in the reporting period and two cases had been found to have modifiable factors, one of which was being reviewed as a Serious Incident. Recommendations had been made in the Serious Incident Report around centralising and governing all types of alerts and a paper on this had been considered by Closing the Loop Group at its last meeting. Andrew Pearson said that nine deaths showed an impact of the pandemic on the experience of the family or patient and the Trust's crude mortality rate was within normal variation with no outliers of concern.
97.2	Sanjiv Sharma said that the alert related to the Serious Incident had not been received and the Trust had been notified at a later date by a third party.
97.3	One death in the period had undergone a Route Cause Analysis and this had been shared with the Coroner and reviewed by the Patient Safety and Outcomes Committee in September 2021.
98	Director of Infection, Prevention and Control Annual Report 2020/21
98.1	Helen Dunn, Director of Infection Prevention and Control said that there had been a change in DIPC during the year. Two wards had been subject to environmental screening and regular meetings were taking place with ward staff to ensure that appropriate cleaning schedules were in place.
98.2	Water testing had been paused during the pandemic due to a lack of staff on site. This was an accepted risk however it had resumed as soon as possible.
98.3	There had been an increase in the number of c.difficile cases and 2 MSRA bacteraemia which had been investigated and found to be unavoidable. Central Venous Line infection rates had reduced.

98.4	There had been 18 hospital acquired cases of COVID19 of which 11 had parents who had also tested positive. At times of high community prevalence parent screening had been introduced.
98.5	The infection control team was working with the estates team around ventilation to ensure that all rooms and cubicles were operating at a minimum of 6 air changes.
98.6	James Hatchley asked if issues around sepsis reporting on Epic remained. Helen Dunn said that this was being addressed as part of ongoing work. She said that the current reporting of sepsis made it difficult to gain an overview of the patients involved across the Trust and the interface was being redesigned to improve this.
98.7	Action: The Board noted that stool screening compliance remained at below 20% which required improvement and it was agreed that the improvement programme would be monitored through QSEAC.
98.8	Russell Viner asked about the target for the flu vaccine and Helen Dunn said that the best update rate ever had been achieved in 2020 and learning had been taken from this about the importance of a vaccine clinic. A similar approach would be taken in 2021.
98.9	<u>Infection Control Board Assurance Framework</u>
98.10	Helen Dunn said that good training about being on site during the COVID19 pandemic had been rolled out to staff however it had become clear that contractors and agency staff were not always aware of the Trust's requirements. Therefore a 'top 5' had been produced which will be audited to monitor compliance.
98.11	A patient safety alert had been published around the use of valved masks in theatres and Helen Dunn said that further fit testing would take place to remove these masks. Amanda Ellingworth asked about a timeline for the removal and Helen Dunn said that the deadline for masks to be removed was November 2021 and an options paper would be presented to Operational Board in advance of this.
99	Emergency Planning Annual Report 2020/21
99.1	John Quinn said that the Trust had completed a RAG rated self-assessment against the NHS core standards for Emergency Preparedness, Resilience and Response and had been green rated in all areas for the first time. A deep dive into oxygen resilience had been undertaken and the Trust had passed this.
99.2	Although the key incident throughout the year had been the pandemic there had also been an incident around infusion lines from a particular supplier which had been managed through emergency planning processes.
99.3	Amanda Ellingworth asked whether the Trust had undertaken live testing of procedures and Rachel Millen, Emergency Planning Officer said that a live exercise had taken place on Sight and Sound in 2020/21. John Quinn added that table top exercises had also taken place including for a potential significant surge in RSV in children.

100	Board Assurance Committee reports
100.1	<u>Quality, Safety and Experience Assurance Committee – July 2021</u>
100.2	Amanda Ellingworth, Chair of the QSEAC said that the Committee had noted that an external review of the clinical ethics service and a five year strategy would be developed.
100.3	<u>Finance and Investment Committee Update – July 2021</u>
100.4	James Hatchley, Chair of the FIC said that future finances were uncertain and I&PC revenue was critical in this regard. He said that it was vital to prioritise waiting lists whilst also focusing on finances. The Committee continued to review cyber security and were also focusing on waiting lists.
100.5	<u>People and Education Assurance Committee Update – September 2021 meeting</u>
100.6	Kathryn Ludlow, Chair of PEAC said that a discussion had taken place on the People Strategy and the committee had emphasised the importance of communicating the work that was taking place.
100.7	Staff sickness absence rates had increased and the committee was monitoring this. Kathryn Ludlow said that it was vital to continue to support staff health and wellbeing.
100.8	The Trust was in the process of identifying Non-Executive Wellbeing and Diversity and Inclusion Champions and agreement on this would be reached outside the meeting.
101	Register of Seals
101.1	The Board endorsed the use of the company seal.
102	Any other business
102.1	There were no items of other business.