

**Minutes of the meeting of Trust Board on  
24<sup>th</sup> November 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
Aimee*	Parent of a GOSH patient
Carly Vassar*	Head of Nursing for Body, Bones and Mind
Sian Pincott*	Chief of Service, Body, Bones and Mind
Jeremy Nobes*	General Manager, Body, Bones and Mind
Nick Martin*	Head of Sustainability and Environmental Management
Renee McCulloch*	Associate Medical Director and Guardian for Safe Working
Alaettin Carikci*	Diversity and Inclusion Organisational Development Partner
Julian Evans	Governor (observer)
2 members of staff	

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

<b>116</b>	<b>Apologies for absence</b>
116.1	No apologies for absence were received.
<b>117</b>	<b>Declarations of Interest</b>
117.1	Sir Michael Rake, Chair declared that he was Vice President of the RNIB.
<b>118</b>	<b>Minutes of Meeting held on 29<sup>th</sup> September 2021</b>
118.1	The Board <b>approved</b> the minutes of the previous meeting.

<b>119</b>	<b>Matters Arising/ Action Checklist</b>
119.1	The actions taken since the last meeting were noted.
<b>120</b>	<b>Chief Executive Update</b>
120.1	Matthew Shaw, Chief Executive thanked staff for their hard work to ensure that activity remained high in order to reduce the backlog of waiting patients.
120.2	It had been announced that staff working in health and social care settings must be fully vaccinated by 1 <sup>st</sup> April 2022 and Matthew Shaw said this would be an emotive subject and no clear guidance had been published yet. He added that just over 10% of GOSH staff were unvaccinated.
120.3	<b>Action:</b> Russell Viner, Non-Executive Director asked what proportion of GOSH patients aged 12 and over had been vaccinated and asked whether this would be part of clinical assessment going forward. It was agreed that an update would be provided at the next meeting.
120.4	James Hatchley, Non-Executive Director asked whether 100% of GOSH's workforce would require vaccination and Matthew Shaw said that this was not yet clear as the requirement was for 'frontline' staff but no guidance had been published to define this.
<b>121</b>	<b>Patient Story</b>
121.1	The Board received a patient story via video conference from Aimee, mother of Anoosha, a patient at GOSH since she was four months old.
121.2	Aimee said that Anoosha had received successful cardiac surgery at GOSH but had developed intestinal failure as she grew older which had led to her spending 5 years at GOSH under a large number of specialties. Aimee said that she received good support from staff and had valued the hospital school. The team had supported Anoosha to experience the things that she would have had access to if she had been at home such as trips to the park. She added that she felt clinical teams had always prioritised Anoosha's care and knew her well.
121.3	Aimee said that the key challenge had been communication and this was the case whether it was between teams, within teams or between doctors and nurses. She said that she had been required to speak up to ensure that she was seen as a partner in her child's care. Aimee said that it had been challenging when there had been a rotation of staff such as doctors in training as it was important that clinical staff knew each patient. She welcomed the introduction of MyGOSH which provided a useful method of communicating with staff and also gave appointment reminders.
121.4	Aimee said that there was considerable expense involved in long hospital stays as costs were duplicated with part of the family remaining at home. Amanda Ellingworth, Non-Executive Director asked if there was more that the hospital could do to support families who were living separately and Aimee said that as a result of the pandemic, siblings had not been able to visit the hospital and this had been challenging. There had also been considerable expense involved with traveling home weekly. She highlighted that it was possible for outpatients to

121.5	<p>claim travel expenses back under some circumstances and added that consideration should be given to a scheme such as this for long term patients.</p> <p><b>Action:</b> Claire Williams said that there had been issues around catering vouchers which could be given to families and work was taking place to identify the cause of these issues. An update would be provided to the QSEAC.</p>
121.6	<p>Sir Michael Rake, Chair asked whether doctors in training were given feedback on their interactions with families and Sanjiv Sharma, Medical Director said that it was vital that they were aware of the importance of families in patients' treatment and said that this feedback would be provided through the education team.</p>
122	<p><b>Directorate Presentation: Body, Bones and Mind</b></p>
122.1	<p>Carly Vassar, Head of Nursing and Patient Experience for Body, Bones and Mind said there had been key successes for the directorate through surges of the pandemic such as working collaboratively across North Central London to develop a CAMHS solution. The directorate had also worked well on Super Saturday and continued to take part in the Paediatric Accelerator to reduce the backlog of patients which was a key challenge. Currently dialysis was at full capacity and there were national concerns around the retention of dialysis nurses.</p>
122.2	<p>Jeremy Nobes, General Manager said that the directorate had delivered a high proportion of planned activity throughout the pandemic. He said that the current challenge in terms of the backlog of patients was related to theatre capacity and as a result of social distancing there had been a reduction in the number of available beds. The directorate had a significant number of long waiting patients and harm reviews were taking place as waits breached specific thresholds. Consideration was also being given to how the Trust was supporting the region if pressure were to increase in adult intensive care settings.</p>
122.3	<p>Sian Pincott, Chief of Service said that pandemic continued to have a significant impact on teams and staff had worked well to be redeployed both internally and externally and take on additional services. Listening events would be introduced for teams and work was taking place to improve communications within the directorate. An early warning system for the health of teams was also being introduced.</p>
122.4	<p>Russell Viner highlighted that safety initiatives and the closure of serious incidents were a key priority for the Trust and noted the complexity of the incidents in which the directorate were involved. He asked whether this contributed to the delayed timeframes for incident closures and Sian Pincott said that it did and added that alongside complex clinical issues there were often also complex issues being managed with families. She said that it would be important for the directorate to improve ongoing communications with families.</p>
122.5	<p>James Hatchley noted that the clinical outcomes for the renal team had last been updated in 2018 and asked if there were challenges to publish more recent data. Sian Pincott said that the team had continued to work during the pandemic and the published outcomes would be updated.</p>

<b>123</b>	<b>Annual planning and budget setting 2022/23</b>
123.1	Helen Jameson, Chief Finance Officer said that the Trust's original annual plan for 2021/22 projected an £8.2million deficit. Further guidance had now been issued for the second half of the year including around the elective recovery fund (ERF) and this had moved the plan to £1.1million deficit. James Hatchley said that the plan had been reviewed in detail at the Finance and Investment Committee and it was clear that significant progress had been made including overperformance against planned activity.
123.2	The Board <b>approved</b> the proposed plan for the second half of the year.
<b>124</b>	<b>Sustainability Reset</b>
124.1	Zoe Asensio Sanchez, Director of Estates, Facilities and the Built Environment said that the team was working to address the gaps identified by the internal audit and ensure that a robust governance structure was in place. She said that the implications of declaring a climate emergency were broad and resource would be required to implement the requirements. Workstream leads would develop plans for each area which would encourage cooperation throughout the Trust.
124.2	Akhter Mateen, Non-Executive Director asked how the work was connect with the Integrated Care System (ICS) and whether there were initiatives which could be jointly run across North Central London (NCL). Nick Martin, Head of Sustainability and Environmental Management said that the NCL Greener Governance Board had met in November and was discussing the ways in which Trusts could work together, particularly around the public realm. Work was also taking place with the Local Health Authority to develop a Camden healthy streets alliance and a positive meeting had taken place.
124.3	Chris Kennedy, Non-Executive Director asked what criteria GOSH would use to identify an offset partner and asked if NCL would use one organisation. Nick Martin said that discussions on this were currently taking place.
<b>125</b>	<b>Integrated Quality and Performance Report – Month 7 (October) 2021</b>
125.1	Sanjiv Sharma, Medical Director said that from January 2022 the report would move to a balanced scorecard format which would support the presentation of assurance to the Board and Committees.
125.2	There was currently poor performance in some metrics including Duty of Candour and significant investment had been made in the patient safety team and nine newly appointed members of staff had been appointed. These staff would be joining the Trust between January and March 2022 and the current Service Review Manager would become Interim Head of Patient Safety from 29 <sup>th</sup> November 2021. Her would focus on the recovery of performance against the key metrics and Sanjiv Sharma confirmed that this improvement would be monitored through QSEAC. Russell Viner highlighted that the Trust was waiting for the external review on the GOSH serious incident process and also the starting in post of a large number of staff. He said that it was important to take action in these key areas in the interim.

125.3	Darren Darby, Chief Nurse said that the Trust continued to meet the Friends and Family Test response rate and patient satisfaction remained above 97%. He said that although the response rate was being met overall, one Directorate continued to have a trend of not meeting the response rate and Heads of Nursing had been asked to develop an action plan which would be monitored through the Patient Engagement and Experience Committee (PFEEC).
125.4	PALs contacts related to communications had continued to fall however there was a theme of contacts around staff behaviour and this would continue to be monitored given the pressure under which staff had been working for a prolonged period of time.
125.5	There had been an increase in pressure ulcers with a theme around medical devices. A deep dive would be reviewed at Nursing Board and would also be presented to QSEAC with an action plan.
125.6	John Quinn, Chief Operating Officer said that benchmarking activity showed that GOSH was performing second in terms of recovery of elective activity in North Central London and first in terms of outpatients. Overall activity was above plan for the year however some areas were below plan and this was being monitored. RTT continued to improve in line with the trajectory and 104 week waits were also reducing. It was anticipated that there would be one patient who had waited 104 weeks by 1 January 2022. The Trust continued to meet the targets for cancer waits.
<b>126</b>	<b>Finance Report – Month 7 (October) 2021</b>
126.1	Helen Jameson, Chief Finance Officer said that the Trust's financial position had deteriorated in month 7 as a result of the change to the Elective Recovery Fund (ERF) scheme. An in-month deficit of £3.2million had been reported which was £2.3million adverse to plan however the year to date position remained above plan as a result of ERF activity in prior months. Cash remained strong and work was taking place to continue to reduce debtors with further movement being received from the Trust's largest debtor.
<b>127</b>	<b>Safe Nurse Staffing Report (August - October 2021)</b>
127.1	Darren Darby said that there was currently a 1.5% nursing vacancy rate which was extremely positive. A 'GOSH 50' international recruitment campaign had ended which had recruited 5 cohorts of nurses and all the those who had been appointed would have joined the Trust by the end of January 2022. The final cohort would all take up roles in CICU.
127.2	The number of nurses who were on maternity or sick leave continued to be a challenge and maternity leave was increasing. Benchmarking was taking place with other paediatric hospitals which tended to have a younger workforce and learning would be discussed with other Trusts.
127.3	Thirteen Datix reports had been raised related to safe staffing. All cases had been reviewed and it was confirmed that no patient harm had occurred. Plans to mitigate challenges related to the pandemic continued to be under review.
127.4	Sir Michael Rake said that pressure on staff turnover had been anticipated but had not yet materialised. He asked for a view over the next 12 months and

	Darren Darby said that staff were likely to reflect on work/life balance as restrictions were lifted. He added that mandatory vaccines were also likely to be a challenge as was potential industrial action around the pay award. He said that he was confident that a robust pipeline of staff was in place and there was less of a reliance of traditional recruitment practices.
127.5	Caroline Anderson, Director of HR and OD said that the approach to recruitment had changed over the last year and was now focused on more local recruitment which had helped to improve retention.
127.6	<b>Action:</b> Matthew Shaw said that the last time benchmarking had taken place GOSH had a maternity rate which was twice that of other Trusts. It was agreed that maternity and sickness rates would be separated in future safe staff nursing reports.
127.7	Discussion took place around the approach to recruitment in terms of the mandatory vaccination requirements and the ability of members of staff to continue to be employed at GOSH after 1 <sup>st</sup> April 2022. Caroline Anderson said that newly appointed staff were asked about their vaccination status in order to support planning but added this was not yet mandated. Sir Michael Rake said that it was important to consider the approach to recruitment in this context.
127.8	James Hatchley noted that there had been 24% unfilled bank shifts and said that this was likely to have an impact on substantive staff. He asked if this was a result of staff fatigue. Darren Darby said that the Trust was heavily reliant on substantive nurses for the staff bank, therefore as sickness and isolation requirements increased, the fill rate decreased. He added that it was important to focus on removing bank shifts which were not required in a timely manner to ensure that numbers were not skewed and to widen the group of staff who comprised the staff bank.
<b>128</b>	<b>Update on Board Assurance Framework</b>
128.1	Anna Ferrant, Company Secretary said that two new risks had been recommended for approval by the Audit Committee: GOSH Learning Academy and the Children's Cancer Centre. The risk description had been approved by the Audit Committee with minor amendments.
128.2	The Board <b>approved</b> the recommended new BAF risks.
<b>129</b>	<b>Board Assurance Committee reports</b>
129.1	<u>Audit Committee (October 2021)</u>
129.2	Akhter Mateen, Chair of the Audit Committee said that the Committee had reviewed the financial sustainability, data quality and strategic direction risks and noted the positive result of an internal audit on data quality. The Trust's external auditors had reported that the Value for Money Audit for 2020/21 had been completed without the identification of significant concerns or weaknesses.
129.3	<u>Quality, Safety and Experience Assurance Committee (October 2021)</u>
129.4	Amanda Ellingworth, Chair of the QSEAC said that the committee had discussed quality and safety including some indicators which continued to require

	improvement. Focus had also been placed on patient experience and a delivery plan for the patient experience programme would be review by the committee at its next meeting.
129.5	<u>People and Education Assurance Committee Update –September 2021</u>
129.6	Kathryn Ludlow, Chair of the PEAC said that the team was moving into year two of the people strategy and was continuing to focus on staff wellbeing. There continued to be a positive increase in the number of staff who were speaking up using the freedom to speak up service and the committee noted the work that was taking place to ensure the routes for speaking up were clear.
129.7	<u>Finance and Investment Committee Update (September 2021 and November 2021)</u>
129.8	James Hatchley, Chair of the Finance and Investment Committee said that focus was being placed on understanding the impact of Integrated Care Systems on commissioning and the position of International and Private Care (I&PC) was critical in this context. The Committee continued to review the financials related to the Children’s Cancer Centre and particularly the risk associated with the contingency and inflation.
129.9	Russell Viner said that he had attended an NHS England webinar on audit and risk and expressed some concern about the move to ICS commissioning. It was confirmed that this would be discussed further at the Trust Board Strategy Day in December. Chris Kennedy said it was clear that significant uncertainties about the practical operation of the system remained.
<b>130</b>	<b>Guardian of Safe Working Update</b>
130.1	Renee McCulloch, Associate Medical Director and Guardian for Safe Working said that work was taking place to understand the financial spend for non-consultant grade doctors and the forecast costings. She said that consideration was being given to ensuring there was junior doctor representation on committees and groups across the Trust and reverse mentoring.
130.2	Matthew Shaw said that it was important that there was parity with other professional groups in the Trust in terms of involvement and it was important to consider where value would be added. John Quinn said the transformation programme was being reconfigured into five programmes within which there would be opportunities for wider stakeholder engagement. He agreed that it was important to identify and include talent in the wider organisation.
130.3	<b>Action:</b> It was agreed that consideration would be given to reverse mentoring by junior doctors to members of the Board.
130.4	Akhter Mateen asked whether Health Education England (HEE) had provided any feedback on the quality of training experience provided to doctors in training by GOSH. Renee McCulloch said that GMC reviews of training took place however this only encompassed half of GOSH’s junior doctors as half were non-HEE trainees and consideration was being given to rolling out surveys to groups who were not usually included in this kind of feedback. She added that the Health Service Journal (HSJ) had rated GOSH in the top 5 Trusts for experience which was a significant improvement from its previous position close to the bottom of the group and reflected the good work that had taken place.

130.5	Russell Viner said that he had experienced substantial benefits from engaging doctors in training on committees and the new perspective this provided. He asked if GOSH had a chief registrar role and Renee McCulloch said that it didn't but some senior doctors in training had been elevated through the Junior Doctor Forum and ensuring they were represented at the directorate management level. A Senior Medical Officer role had also been developed which was an out of hours leadership role with a leadership programme and this had been positive.
130.6	Discussion took place around the proportion of doctors in training in London in comparison to elsewhere nationally and Helen Jameson said that this was being reviewed in line with the implementation of ICSs. Renee McCulloch said that GOSH offered training opportunities which were not available elsewhere and clinicians would also seek post consultant specialist training which the Trust was well positioned to provide in future. She said that it was important to view clinical education as a competitive market and a route to recruitment of high-quality individuals.
<b>131</b>	<b>Learning from Deaths Mortality Review Group - Report of deaths in Q1 2021/2022</b>
131.1	Sanjiv Sharma said that had been 25 inpatient deaths during the reporting period and of those deaths review, one had been identified as having modifiable factors. A serious incident had been declared in this case, which was currently being investigated.
131.2	Good examples of patient care had been identified but also additional learning in 10 patients. There had also been 11 patients for whom patient experience had been impacted as a result of pandemic related restrictions.
131.3	Russell Viner said that a report by the national child database highlighted deprivation as a key issue for children. He asked how much the Trust was aware of the impact of a patient's socioeconomic circumstances on their pathway to GOSH. Matthew Shaw said that an externally written report should be considered by the Board which highlighted the association between socioeconomic group and likelihood of mortality.
131.4	<b>Action:</b> Matthew Shaw said that it was important to accelerate the Trust's work on health inequalities and it was noted that this would be discussed at the Trust Board Strategy Day. It was agreed that a further update would be discussed at the February 2022 Trust Board meeting. Sanjiv Sharma said that he was presenting at an education event on data around access to paediatric services broken down by elements such as gender, race and socioeconomic background. It was agreed that this would also be considered by the Board.
131.5	James Hatchley noted that five mortality reviews had not taken place as a result of consultant capacity and sought assurance that this was a key priority for consultants. He said that it was possible that there could be further national restrictions as a result of the pandemic and said that it was vital to act with compassion for families during end of life care. Sanjiv Sharma said that the importance of engaging in the process had been reiterated to consultants. He added that the Trust's COVID precautions did allow for local clinical judgement in key areas.



<b>132</b>	<b>Seen and Heard annual report 2021</b>
132.1	Caroline Anderson said that this was the first Seen and Heard annual report which sought to present staff data broken down by protected characteristics and would also enable the Trust to meet its Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES).
132.2	Key changes in the year included an increase in the proportion of Black, Asian and Minority Ethnic (BAME) staff employed at GOSH which had been driven by local nurse recruitment. There had also been an increase in BAME representation in senior managers. Improvements had been made across nine WRES metrics which was extremely positive and in all WDES metrics. Caroline Anderson said that although the report highlighted the progress that had been made it also identified areas for future focus.
132.3	Sir Michael Rake said that it was clear that in the general population people with visual impairments were not being given sufficient opportunities to work with technology and asked whether GOSH was doing enough in this regard. Caroline Anderson said that more work was required in this area and added that only a small number of individuals had self-declared either a disability or long-term illness. Alaettin Carikci, Diversity and Inclusion Organisational Development Partner said that action around visual impairment was an issue across the NHS and added that NHS England were launching a visibility toolkit which aimed to tackle outdated notions of what it meant to live with a disability.
132.4	<b>Action:</b> Amanda Ellingworth welcomed the appointment of a Diversity and Inclusion Organisational Development Partner and said that reverse mentorship was key in this area. Chris Kennedy agreed and said that his experience at other organisations had shown the importance of receiving feedback from colleagues from diverse background on their experience of working for an organisation. It was noted that the PEAC committee welcomed staff stories at each meeting and it was agreed that this would be considered at Board or PEAC to provided staff feedback on diversity and inclusion.
<b>133</b>	<b>Council of Governors' Update – November 2021</b>
133.1	<u>Constitution and Governance Working Group Terms of Reference and GOSH Constitution Amendment</u>
133.2	Anna Ferrant said that a minor amendment to the GOSH constitution around attendance at Council meetings by Governors and revised terms of reference for the Constitution and Governance Working Group had been approved by the Council of Governors at its November 2021 meeting. Approval was also sought from the Board
133.3	The Board <b>approved</b> the Constitution and Governance Working Group Terms of Reference and GOSH Constitution Amendment.
133.4	<u>Succession Planning for Non-Executive Directors</u>
133.5	Anna Ferrant said that following discussion at the Council of Governors' Nominations and Remuneration Committee and the Council of Governors' meeting the Council had approved the succession plan for Non-Executive Directors. This involved the recruitment of two NEDs from a wider pool of diverse

	<p>candidates who would initially join the Trust as Associate NEDs and would move into the substantive role without the need for further recruitment, subject to satisfactory performance.</p>
133.6	<p>The Council had also approved the proposal to extend Akhter Mateen’s tenure for a further 3 months in order to ensure that there was continuity in the Audit Committee Chair role throughout the annual accounts process for 2021/22.</p>
133.7	<p>The Board welcomed the approvals by the Council of Governors.</p>
<b>134</b>	<b>Any other business</b>
134.1	<p><b>Action:</b> It was agreed that one member of each group from the NED walkrounds would send a bullet point summary of the visit to the Chief Executive.</p>