

**Minutes of the meeting of Trust Board on
30 March 2022**

Present

Sir Michael Rake	Chair
Akhter Mateen	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Professor Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
Tracy Lockett	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
Shankar Sridharan	Chief Clinical Information Officer
Mark Sartori	Trustee, GOSH Children's Charity
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Natalie Hennings	Deputy Company Secretary
Paul Balson	Head of Corporate Governance
Claire Williams*	Head of Patient Experience
Carly Vassar*	Head of Nursing and Patient Experience: Body, Bones and Mind
Christine*	Mother of GOSH patient
Blake*	GOSH patient
Daniel Wood*	Cancer Planet Programme Director
Pascale du Pre*	Consultant in Paediatric Intensive Care and Medical Lead for Child Death Reviews

4 members of staff (observers)

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

180	Apologies for absence
180.1	No apologies for absence were received.
181	Declarations of Interest
181.1	No declarations of interest were received.
182	Minutes of Meeting held on 2 February 2022
182.1	The Board approved the minutes of the previous meeting.

183	Matters Arising/ Action Checklist
183.1	The actions taken since the previous meeting were noted.
184	Chief Executive Update
184.1	Matthew Shaw, Chief Executive thanked staff in the hospital who had supported the urgent care required for four patients who had travelled to GOSH from Ukraine. They had arrived in the UK as part of a group of 21 children and young people who were being treated by several hospitals in collaboration with the Department of Health and Social Care.
184.2	Action: The Ockenden Report had been published on 30 th March 2022 and Matthew Shaw said that there would be points of learning for the NHS as a whole. It was confirmed that a report would be provided to the Board on the gaps identified at GOSH from the recommendations made.
184.3	Russell Viner, Non-Executive Director welcomed the focus on health inequalities in the Chief Executive Report. He said that UCLH was currently consulting on a new strategy and one of five proposed key areas of challenge was inequality. He suggested that this would be a welcome synergy between the organisations. Russell Viner said that there was considerable expertise in this area at the GOS UCL Institute of Child Health and recommended that further work took place to connect this with both the GOSH population and the local ICS population. He added that this would be a key area of focus after the pandemic.
185	Portfolio Office Update
185.1	Matthew Shaw said that the Trust had implemented portfolio management for its key strategic programmes which would support monitoring. The strategic principles were continuing to make progress and the Children's Cancer, GOSH Learning Academy and people planets were performing well and on track. There was additional pressure on planets 2 and 4: developing a future hospital and improving speed and access.
185.2	The Board noted the update.
186	Patient Story
186.1	The Board received a patient story from Christine whose son Blake had recently been discharged back to his local hospital from a 7 month stay at GOSH. She said that staff on Squirrel Ward had made her and Blake feel welcome and had been very supportive during their long stay away from friends and family. The facilities on the ward had been excellent, particularly the parent bed in the patient's room. Christine said that Blake's schooling during his time at GOSH had been excellent and Blake had been listened to by staff who were approachable.
186.2	Christine said that Blake had a complex medical history which required communication between a number of different services. This was often delayed which was frustrating for parents. Christine suggested that an overview of patients who were under a number of different specialties was required and this would support the coordination of communications between teams and reach out to local hospitals if required.

186.3	Christine said that facilities to do laundry were very important during a long stay in hospital and could have been improved with additional facilities. Fewer activities were available at the weekend and during the COVID19 pandemic patients were not able to play with one another which had been challenging. Christine said that it had been challenging to ensure that there was structure to Blake's days during the weekend and she felt that a structured play routine would have been beneficial.
186.4	James Hatchley asked whether Christine had used MyGOSH and whether it had been helpful. Christine said that she had used MyGOSH prior to and throughout Blake's stay. She had been able to show Blake a video of the ward before he arrived and communicate with teams during his stay which had been very beneficial.
186.5	Amanda Ellingworth, Non-Executive Director asked whether teams were as responsive to Blake's clinical requirements during weekends and Christine said that particularly during the weekends and also surges of the pandemic, nurses from different areas of the hospital or bank nurses had been shift caring for Blake. She said that it was important that nurses who knew Blake worked with him due, in particular, to his medication sensitivities and this had often not been possible, so she had been required to pass on important information to these clinical staff.
187	Cancer Planet Update
187.1	Daniel Wood, Cancer Planet Programme Director said that a new group was being implemented to consider cancer care future planning and key parts of the cancer strategy.
187.2	James Hatchley highlighted the work that was taking place around the cancer pathway and asked whether this involved national coordination. Daniel Wood said that there was considerable potential around research and there was a gap in terms of a national research strategy. He said GOSH was well placed to lead on this working collaboratively.
187.3	Action: Russell Viner said that the involvement of cancer research and the use of Proton Beam Therapy at UCLH was beginning to change referral pathways and therefore it was vital that GOSH was involved. It was agreed that this would be considered further at a Board development session to allow sufficient time for discussion.
188	Planet Update: People and Culture - Making GOSH a great place to work including Staff survey results 2021
188.1	Caroline Anderson, Director of HR and OD said that there had been a number of challenges for staff throughout the year, some of which, such as treating the backlog of patients, were known, and others, such as Vaccination as a Condition of Deployment (VCOD), had arisen in year. She thanked the trade unions that worked with GOSH, particularly Unite and Unison who had supported the work to insource the cleaning service and harmonise terms and conditions of employment.
188.2	The staff survey results were presented in the context of the seven promises of the NHS people plan which meant it was not possible to benchmark against

	previous years' results. However there had been a substantial improvement in a number of areas in terms of benchmarking against others in the Acute Specialist Trust group.
188.3	In 2018, GOSH's staff survey results were the lowest in its benchmarking group across nine out of ten survey themes and average on one theme. There had been incremental improvement in each of the following years and the 2021 results showed that GOSH was average for four themes and slightly below average for five themes. In terms of comparison against Trusts in North Central London (NCL), GOSH was above the NCL average for 6 themes, equal to the average in two themes and below the NCL average in one theme.
188.4	Akhter Mateen, Non-Executive Director acknowledged the improvements in the results but said that it was important to aspire to be closer to the best performing organisations. He asked how GOSH could do more to further improve results. Caroline Anderson said that although there had already been substantial improvement it was important to continue to make incremental improvements in areas where there had been longstanding issues.
188.5	Chris Kennedy noted that there had been an increase in staff reporting bullying and harassment by families and said that he had also experienced this in other organisations. He asked how staff would be protected from this. Caroline Anderson said that additional work was required in this area, particularly around patient experience. Matthew Shaw said that this was a London wide theme in the NHS and a number of Chief Executives had been tasked with driving improvement in this area.
188.6	Action: Amanda Ellingworth requested that a report was considered at the People and Education Assurance Committee on the staff survey results broken down by protected characteristics to identify whether improvements were being experienced by all groups of staff.
188.7	Sir Michael Rake said that although progress was being made both anecdotally and statistically, focus should be placed on becoming best in class. He said that staff were aware of the focus on culture and this must continue to be a priority.
189	GOSH Annual Plan 2022/2023
189.1	Helen Jameson, Chief Finance Officer said that there was considerable change in the NHS as a result of the introduction of Integrated Care Systems. She said that although GOSH had been working with the system it was likely that further planning guidance would be issued and this would require additional approvals from the Finance and Investment Committee and Board.
189.2	The financial plan for 2022/23, reflecting the current NHS England and North Central London contracts, was £41.9million deficit including a £15.5million Better Value Programme
189.3	The Board approved the annual plan 2022/23.
190	Finance Report - Month 11 February 2022 data
190.1	Helen Jameson said that there had been an in-month improvement in the financial position due to the timing of income for month 12 which had been

	received in month 11. This had not changed the projected year end outturn which remained a £6million deficit. NHS England was yet to confirm some additional income due and annual leave accrual was key. Cash remained strong and the capital plan was being delivered.
190.2	Sir Michael Rake highlighted non pay costs were £8.9million favourable to plan year to date driven partly by a lower than planned usage of high-cost drugs. He asked about the nature of the treatments which had not been delivered. Helen Jameson said that the Trust was required to make assumptions about the patients that would be treated at GOSH and in 2021/22 fewer patients had been treated with CAR T cell therapy which had led to a movement in non-pay costs.
190.3	James Hatchley welcomed the outturn given the volatility of the flow of finances throughout the year and particularly noted the work that had taken place to ensure that the Trust was funded for the reduced International and Private Care activity.
191	Integrated Quality and Performance Report (Month 11) February 2022 data
191.1	Sanjiv Sharma said that improved processes had begun to lead to increased performance and improvements in quality and safety metrics had been noted in each of the last three months. There had been substantial improvement in incident closures and there had been one overdue safety alert which had now been closed. Only three Serious Incident Actions were now outstanding. Duty of Candour compliance was now at 100% for stages one and two and there was only one overdue case at stage three due to an investigation which had been reopened.
191.2	Kathryn Ludlow, Non-Executive Director noted that a recommendation from a serious incident was around the use of a piece of equipment which was in use nationally but was not being used at GOSH. She emphasised the importance of ensuring that appropriate equipment was reviewed as part of standard practice.
191.3	John Quinn, Chief Operating Officer said that work continued to treat the backlog of patients however there had been a reduction in performance against the cancer target as a result of two patients being too unwell to receive treatment. He added that as the number of patients overall was small, two patients led to an impact on performance.
192	Safe Nurse Staffing Report (December 2021 - January 2022)
192.1	Tracy Lockett, Chief Nurse said that the report showed high levels of staff sickness due to a surge in the COVID19 pandemic and there had been 15 Datix reports related to staff sickness, none of which had led to patient harm.
192.2	Sir Michael Rake asked for a steer on nursing morale and pipeline and Tracy Lockett said that it was important to review nursing ratios as there was a view from some teams that additional nurses were required. She said that this view would be triangulated with patient experience and quality and safety metrics.
193	Board Assurance Committee reports
193.1	<u>Finance and Investment Committee Update –February and March 2022</u>

193.2	James Hatchley, Chair of the Finance and Investment Committee said that the items which had been discussed at the committee had also been covered by the Board. He said that there was considerable focus on the finances related to the Children's Cancer Centre.
193.3	<u>People and Education Assurance Committee Update – February 2022 meeting</u>
193.4	Kathryn Ludlow, Chair of the PEAC said that a staff story had been received from two nurses who gave feedback around the challenges of moving between wards. The GOSH Children's Charity had requested a review of the GOSH Learning Academy which had would take place in October 2022. A deep dive had taken place on recruitment following Britain's exit from the EU and the committee had noted that there had not been an impact on the number of staff recruited but had cautioned against becoming too domestically focused as this was likely to impact international recruitment. Matthew Shaw said that there were potential issues around visas and professional accreditation across boundaries and Sanjiv Sharma said that it was vital that mutual accreditation of training pathways remained in place. He said that he had raised the matter with the Secretary of State for Health and Social Care during a visit to the Trust and he had been receptive.
194	Council of Governors' Update – February 2022 meeting
194.1	Sir Michael Rake said that Governors had requested input into the Council of Governors' meeting agenda and had requested a focus on the executive summaries of papers. Governors were keen to understand how to engage with the membership and had asked to become more involved with the Trust's sustainability work.
195	Learning from Deaths Report – March 2022
195.1	Pascale du Pre, Consultant in Paediatric Intensive Care and Medical Lead for Child Death Reviews said that the way that reports were compiled had been updated to ensure that all child death review meetings were captured in reports as a result of the gap in time between the death of the patient and the review. She said that the outcome of the reviews identified areas of good practice as well as learning.
195.2	Russell Viner asked whether consideration was given to learning around communication with the family during the patient's treatment and whether there would be any legal implications going forward. Sanjiv Sharma said that it was important to focus on these broader aspects of learning and how they could be embedded into practice.
196	Any other business
196.1	There were no items of other business.