

**Minutes of the meeting of Trust Board on
25th May 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
Kate Oulton*	Nurse Consultant for Learning Disabilities
Chris Ingram*	Fire, Health and Safety Manager
Helen Dunn*	Director of Infection Prevention and Control
Josh Hardy	Governor (observer)
Constantinos Panayi	Governor (observer)
Jackie Gordon	Governor (observer)
4 members of the public (observers)	

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

13	Apologies for absence
13.1	No apologies for absence were received.
14	Declarations of Interest
14.1	No declarations of interest were received.
15	Minutes of Meeting held on 30 March 2022
15.1	Minute 193.4: Kathryn Ludlow to be noted as Chair of PEAC rather than Finance and Investment Committee.

15.2	Subject to the above amendment, the Board approved the minutes of the previous meeting.
16	Matters Arising/ Action Checklist
16.1	The actions taken since the previous meeting were noted.
17	Patient Story
17.1	The Board received a patient story via video from Laura, the mother of Max, aged 13 and under a number of specialties at GOSH. Laura said that Max had severe learning disabilities and described the challenges of experiencing hospital appointments which did not interact with Max in a way he could engage with. Laura highlighted the importance of clinicians familiarising themselves with information about patients, such as disability passports, in advance of appointments.
17.2	Laura explained a difficult appointment in which she had been asked to restrain Max due to a failure to understand Max's needs and his ability to understand requests. She said that she had made a complaint about this appointment which had resulted in action being taken to conduct a dental appointment during an existing appointment for a general anaesthetic and this had been very positive.
17.3	Laura said that it was vital to understand that patients who did not communicate with words were still able to communicate and engage with their care if this care was patient centred
17.4	James Hatchley, Non-Executive Director said that the key theme from the story was that parents were experts in their care of their children. He added that the story had highlighted the value that a coordinator role for complex patients would add. Kate Oulton, Nurse Consultant for Learning Disabilities said that she was in the process of developing a risk assessment tool to consider the risks associated with hospitalisation of patients with a learning disability in order to support the advanced identification of patients' needs.
17.5	Discussion took place about the importance of clinicians reading information about their patients prior to appointments and Sanjiv Sharma emphasised that this was a professional responsibility.
17.6	Action: Russell Viner, Non-Executive Director said that transition in neuro-disability was complex partly as a result of the lack of appropriate adult receiving hospitals. It was agreed that consideration would be given to discussing the matter with the Children's Hospital Alliance.
18	Chief Executive Update
18.1	Matthew Shaw, Chief Executive thanked staff in the organisation who were working hard as a result of high levels of activity. He said that the Trust had a challenging financial position and many staff would also be challenged by the cost of living increase.
18.2	Work had been taking place with the Children's Alliance to discuss the balance of funding between adult and children's services and a virtual hospital which was

	planned and would be launching a large number of virtual beds but would not include any paediatric provision.
18.3	The Trust had received a visit from the national COVID19 response lead for nursing, midwifery and care and the Children’s Commissioner for England who had visited the patients who had come to GOSH from Ukraine to understand their experience.
18.4	Kathryn Ludlow, Non-Executive Director welcomed the positive work that was taking place with the Children’s Alliance and supported the work that was being done to build on the success of the Paediatric Accelerator.
19	GOSH Foundation Trust Annual Financial Accounts 2021/22 and Annual Report 2021/22
19.1	Helen Jameson, Chief Finance Officer said that the annual accounts had been developed in the context of the two financial frameworks which had been in place for 2021/22. A year end outturn of £4.2million deficit against the control total had been delivered. The deficit position had primarily been driven by the change in financial framework for the second half of the year. Cash remained strong at year end at £124million. Over the year, clinical income had remained static in comparison to the previous year but there had been a reduction in international and private care (I&PC) income as a result of the closure of travel corridors throughout the pandemic. The Trust had been able to reduce I&PC debt by £11million during the year.
19.2	Sir Michael Rake, Chair said that GOSH had made a substantial contribution across the network over the year. He emphasised that it was vital to ensure that quality and safety remained the principal priorities of the organisation and highlighted the importance of being clear about the specialist nature of the Trust and the funding required to carry out the required activity.
19.3	Akhter Mateen, Chair of the Audit Committee said that the committee had reviewed the Annual Report, Annual Accounts and Annual Governance Statement as well as the draft letter of representation and recommended the documents to the Board for approval. The Trust’s external auditors had reported that their work was ongoing and remained on track to be complete by the end of the first week of June 2022. They had not raised any concerns about their findings so far and had reported that they did not anticipate any concerns to be raised going forward. He said that unless any material findings were made it was proposed that authority was delegated to the Chief Executive and Chief Finance Officer to approve and sign the Annual Accounts. Deloitte had been positive about the audit process and their experience of working with the GOSH finance team.
19.4	Action: Akhter Mateen said that the Head of Internal Audit Opinion was ‘significant assurance with minor improvement opportunities’ which was in line with the previous year. The Trust had undertaken a review of the Trust’s exposure around contractual relationships with Russia and had found no exposure. The Committee had asked this to be formalised in a short paper.
19.5	Action: Amanda Ellingworth, Non-Executive Director suggested that further emphasis was required in the forewords to the annual report on the work that had been done on safety and the actions taken when things go wrong. She said that

19.6	<p>GOSH was working to become a leader in this area and suggested that this should be highlighted.</p> <p>The Board approved the following documents and agreed that if any significant changes were required authority to approve would be delegated to the members of the Audit Committee.</p> <ul style="list-style-type: none"> • A copy of the annual accounts 2021/22 • A copy of the annual report 2021/22 incorporating: <ul style="list-style-type: none"> ○ Annual Governance Statement ○ Assurance committee annual reports ○ Draft Head of Internal Audit Opinion • Draft representation letter
20	Compliance with the Code of Governance 2021/22
20.1	Anna Ferrant, Company Secretary said Foundation Trusts were required to report compliance with the Code of Governance in the Annual Report on a 'comply or explain' basis. She proposed that GOSH complied with all areas with the exception of one around Governors liaising with members about the forward plan. Engagement with the membership had reduced as a result of the pandemic however there had been involvement in the Children's Cancer Centre development.
20.1	The Board approved the statement for inclusion in the annual report.
21	Compliance with the NHS provider licence – self assessment 2021/22
21.1	Anna Ferrant said that Foundation Trusts were required 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. The assurance around each condition had been discussed by the Executive Team and it was proposed that the Trust would confirm compliance with all areas.
21.2	The Council of Governors had reviewed the document at the April 2022 meeting and had been satisfied with the assurance provided.
21.3	Action: Chris Kennedy, Non-Executive Director said that the annual report had defined going concern as being asked to provide services but the provider license self assessment defined it as having sufficient resources to move forward. It was agreed that the definitions in each document would be aligned.
21.4	The Board agreed the Trust's responses taking into account the view of the Council of Governors.
22	Quality Report
22.1	Sanjiv Sharma, Medical Director said that the Trust was required to publish a quality report which would go before Parliament as part of the Annual Report. He said that some gaps remained in the report due to the submission deadlines. The Board agreed to delegate authority to approve the Quality Report to the non-executive director members of the Quality, Safety and Experience Assurance Committee (QSEAC).
22.2	

	Suzanne Ellis, Non-Executive Director welcomed the clarity of the report. She noted that there had been an increase in arrests and asked if sufficient focus was being placed on the area. Sanjiv Sharma said that the Trust had early warning processes in place. He said that the learning from deaths process also considered whether a change in practice was required. Deaths within ICU were aggregated nationally through PICANET and it had been confirmed that GOSH remained within acceptable limits when adjusted for case mix.
23	GOSH 2022/23 Budget
23.1	Helen Jameson said that a draft budget had previously been discussed at Board however the Trust's allowance had now been received and new guidance had been issues which was being reviewed. An update would be provided to the Board at the July 2022 meeting. The Board acknowledged the extremely challenging financial environment.
24	Board Assurance Framework Update
24.1	Anna Ferrant said that the Audit Committee had recommended updates to four BAF risk statements for approval.
24.2	<u>BAF risk 2: Recruitment and Retention</u>
24.3	The Audit Committee had recommended that the focus of the risk should change from 'recruitment and retention' to 'workforce sustainability' taking into account the staffing pressures of sickness and maternity leave. The Board approved this recommendation.
24.4	<u>BAF risk 8: Business Continuity</u>
24.5	The Audit Committee recommended that the wording of the risk statement was updated to ensure that it reflected the risk of an interruption to services. The Board approved the update.
24.6	<u>BAF risk 12: Inconsistent Delivery of Care</u>
24.7	The risk had been updated following the work to complete the actions arising from the CQC inspection in 2020 and to reduce the duplication with infection prevention and control and medicines management. The Board approved the revised risk statement.
24.8	<u>BAF risk 15: Children's Cancer Centre</u>
24.9	The Audit Committee had recommended the risk statement contained a headline risk with associated risk factors documented underneath. The Board approved the update.
24.10	Action: Amanda Ellingworth said that it was important to note that the Children's Cancer Centre would not be delivered for a number of years and there was also a risk around it continuing to be relevant and fit for purpose. It was agreed that this would be made explicit as part of the BAF risk.
25	Health Inequality Update
25.1	Action: Tracy Lockett, Chief Nurse said that the Children's Hospital Alliance had been considering health inequality which was particularly pertinent following the pandemic as there had been an impact on the physical and mental health of children and young people. Focus at GOSH was being placed on specific areas

	including access, experience and outcomes and a set of priorities had been developed into an action plan. Data was being captured and work was taking place to improve the quality of this data. It was agreed that updates would be provided to the Board on a 6 monthly basis.
25.2	Russell Viner welcomed the focus on inequality and said that long term focus would be required in partnership with other organisations to make real and sustained changes. He said that it was important to consider how GOSH could reduce the impact of inequality particularly through improving access to services. He said that gender inequality would also be an important consideration notwithstanding the age of GOSH's patients.
25.3	Action: James Hatchley expressed concern about the ability of families to cover the costs associated with attending appointments at GOSH and asked what action was being taken to support families. Tracy Lockett said that the patient experience team was reviewing the available options. John Quinn, Chief Operating Officer said that families had begun to raise concerns about the costs associated with attending follow up appointments or revisiting the hospital when appointments had been cancelled. Sir Michael Rake asked whether the Trust had flexibility to provide financial assistance to families and Matthew Shaw said that paying for families' travel costs would be outside of policy but added that it was important to consider the support that could be provided in partnership with the GOSH Children's Charity. Russell Viner said that there were a large number of families who would have been significantly impacted by the rise in the cost of living and would have financial pressures which would not previously have existed.
25.4	Suzanne Ellis said that it would also be important to consider the diversity of the team who were carrying out the work in order to achieve the best outcomes.
26	Integrated Quality and Performance Report – Month 1 2022/23
26.1	Sanjiv Sharma presented the report which was in a new format. Work was required on Duty of Candour and although 100% compliance had been achieved at stage 1, the level of compliance reduced for stage 2. Work was taking place to identify the most appropriate data to give an accurate representation of the position as although the Trust was currently at 20% compliance for stage 2 of Duty of Candour, three new cases had arisen in month. Russell Viner welcomed the format of the report and the achievement of 100% compliance with level 3.
26.2	Action: Amanda Ellingworth noted that there were a number of actions arising from Serious Incidents which were overdue and asked when they would be complete. It was agreed that a paper would be considered at the next QSEAC meeting as these actions had been poorly framed and in some cases were based on systems which no longer existed.
26.3	Tracy Lockett said that patient experience indicators were green rated and Friends and Family test response rates had improved however there had been an increase in complaints on the theme of transport which was being monitored.
26.4	John Quinn said that considerable focus was being placed on activity recovery and data on this would be added to the next report. Compliance with the 18-week referral to treatment target had been approximately 76% for a number of weeks and access meetings were taking place to focus on increasing performance against the 18 week target. All patients who had waited over 104 weeks had

26.5	<p>appointments booked and Trusts were required to see these patients by the end of July 2022. The focus would then move to patients who had waited 78 weeks.</p> <p>John Quinn said that issues had arisen from the staff survey results in International and Private Care (I&PC) and the action plan for the directorate was being monitored. Caroline Anderson, Director of HR and OD said that the results were partly driven by the changes that staff had experienced throughout the pandemic and the requirement to move around the hospital. She said that the directorate leadership had worked hard to support staff but this had not overridden the team's uncertainty around the future of the service.</p>
26.6	<p>Action: John Quinn said that a summary page had been included at the beginning of the IQPR in response to feedback from Non-Executive Directors and asked that feedback was provided outside the meeting.</p>
27	Month 1 2022/23 Finance Report
27.1	<p>Helen Jameson said that the Trust's financial position was challenging at £4.1million deficit in month at month 1 which was indicative of the challenge over the coming year. She said that cash remained strong but had deteriorated post year end. I&PC activity had increased but at levels which were below plan.</p>
28	Learning from Deaths Report Q4 2021/22
28.1	<p>Sanjiv Sharma said that patients who had died during the reporting period had been reviewed by a multidisciplinary team at GOSH. In three cases it had been felt that communication could have been improved.</p>
28.2	<p>It was noted that Suzanne Ellis had queried the increase in cardiac arrests which had been shown in the Quality Account and Sanjiv Sharma said that the learning from deaths review process ensured that data was interrogated to identify themes and the Trust had shown good internal processes for interrogating data which was outside of normal levels.</p>
29	Safe Nurse Staffing Report (February - March 2022)
29.1	<p>Tracy Lockett, Chief Nurse said that there had been 23 Datix incidents related to staff submitted in February and March 2022. Each occurrence had been investigated and no patient harm had been identified however some staff shortages were being experienced in theatres. A plan was in place to manage this and the leadership for theatres were working well.</p>
29.2	<p>Matthew Shaw said that a listening event had taken place in theatres based on concerns which had been raised to the Freedom to Speak Up Guardian. He said that there was a national shortage of theatre staff.</p>
29.3	<p><u>Nursing Establishment Review</u></p>
29.4	<p>Tracy Lockett said that staffing in each clinical area had been reviewed. She said that whilst there were vacancies in some areas, in general staffing was sufficient in order to safely fulfil activity.</p>

30	Review of Ockenden Review
30.1	Sanjiv Sharma said that the final report from the Ockenden Review had been published on 30 th March 2022 and contained a large number of recommendations which were relevant to the healthcare environment as a whole. GOSH had split the recommendations into themes and Sanjiv Sharma confirmed that many had already been captured as part of the safety transformation programme.
30.2	Amanda Ellingworth asked how the recommendations would be monitored and Sanjiv Sharma said that they would be added to the action plan for the quality and safety transformation programme.
30.3	James Hatchley asked whether the work on cultural transformation was in the relevant context to meet the recommendations of the report. Matthew Shaw said that progress had been made with cultural change however areas of poor behaviour remained. Chris Kennedy asked where the most work was required and Sanjiv Sharma said that focus was being placed on psychological safety which would also support the speak up for safety programme.
30.4	Russell Viner asked if there were areas of the Trust in which treatment methods were in opposition within teams and Matthew Shaw said that this had potential to arise in areas in which there was minimal evidence about the right course of action. Sanjiv Sharma said that information was triangulated where possible in order to identify issues such as these including information from the Freedom to Speak Up Guardian. He said that currently three teams were receiving support to have better conversations.
31	Guardian of Safe Working Report Q4 2021/22 and Annual Report 2021/22
31.1	Sanjiv Sharma said that the team had managed a safe and effective medical workforce throughout the pandemic which was a significant achievement however exception reporting was not at sufficiently high levels to provide the required assurance around Junior Doctor working practice. The Board discussed the reasons for the low reporting levels and Amanda Ellingworth said that she had attended a meeting of the Junior Doctors' Forum and comments were received that doctors in training felt they were discouraged from reporting as they moved towards the point of a consultant career.
31.2	Russell Viner said that a number of years ago Health Education England had raised concerns about the training provided by GOSH to Junior Doctors in some specialties and asked whether these concerns remained. Sanjiv Sharma said that GOSH was ranked in the top three hospitals nationally for training but added that there were some areas of the Trust in which colleagues' experience was not as good.
31.3	Matthew Shaw highlighted that the Trust had a greater number of consultants and doctors in training than there were beds and said that it was important to consider workforce modernisation going forward.
32	Board Assurance Committee reports
32.1	<u>Audit Committee update – April 2022 meeting and May 2022 (verbal)</u>

32.2	Akhter Mateen, Chair of the Audit Committee said that the May meeting had been held on the morning of Trust Board and had focused on year end reporting and the annual accounts. The Committee continued to review estates compliance at each meeting as well as the risk associated with referrals with no future activity.
32.3	<u>Quality, Safety and Experience Assurance Committee update - April 2022 meeting</u>
32.4	Amanda Ellingworth, Chair of QSEAC said that a new Medical Director's report had been presented to the Committee which provided context as to the key issues being managed in the hospital. The Committee had received a presentation on a new Quality Governance Framework and Amanda Ellingworth said that it was anticipated that this would be a step change in the way that information flowed through the organisation and assurance was provided to Board Committees.
32.5	Discussion had taken place on transition which was also a key issue for Governors and the Committee had agreed to continue to monitor this.
32.6	The Committee had noted that a small fire had broken out in the staff nursery. No staff or children had been hurt and the London Fire Brigade had congratulated the team on their evacuation processes.
33	Annual Health and Safety and Fire Report 2020/21
3.1	Chris Ingram, Fire, Health and Safety Manager said that a new fire safety contractor was working with the Trust to improve compliance and a weekly health and safety walkaround had resulted in the removal of hazards and previous issues with waste and housekeeping being managed more proactively.
33.2	There were challenges in the Trust around compliance with mask wearing and this had been escalated through the Trust's governance structure.
33.3	Chris Kennedy asked how the fire, health and safety team were informed of maintenance requested or incidents when they were logged to ascertain whether they represented a safety risk. Chris Ingram said that the works team informed the health and safety team through a group email.
33.4	Action: James Hatchley noted that sharps continued to be RAG rated amber and asked how this would be moved to green. Zoe Asensio Sanchez, Director of Space and Place said that communication about the sharps system had taken place but this had not gained traction with staff. She said that procurement processes were in place. Matthew Shaw said that this had been an ongoing issue and asked that an assessment took place to identify the issues and the action required to ensure that the matter progressed. James Hatchley recommended identifying the barriers in one area and using this to roll out improvements elsewhere.
34	Infection Control Update Q4 2021/22
34.1	Helen Dunn, Director of Infection Prevention and Control said that considerable work had taken place, alongside updates on Epic, to update the sepsis clinical guideline and develop a training package. A practice educator role had also been created and the team was now fully established for the first time.

34.2	The team continued to manage a considerable workload related to COVID19 and had carried out several hundred risk assessments each month in the reporting period alongside the team's standard clinical work.
34.3	The team continued to monitor Adenovirus on Robin and Fox Wards and this would be added to the local risk register to maintain oversight. A business case had been approved for whole genome sequencing for patients who contracted adenovirus.
34.4	Helen Dunn said that there was excellent nursing engagement at the Infection Prevention and Control Committee and focus would be placed on ensuring that there was also medical representation.
34.5	There had been an increase in Vancomycin Resistant Enterococci (VRE) acquired in the hospital and meetings were taking place with the directorate to discuss this.
35	Council of Governors' Update – April 2022
35.1	Sir Michael Rake said that a number of new Governors had joined the Council following elections earlier in the year. Governors were keen to fulfil their responsibility to members and to have more of an in-person presence in the hospital and work was taking place to ensure this could happen going forward. Focus was being placed on the content of papers and Governors were keen to synthesise key information into summaries with further content provided for information only.
36	Declaration of Interest Register (Directors and Staff)
36.1	Anna Ferrant said that the Trust had identified approximately 1000 staff who were considered to be 'Decision Makers' under the GOSH policy as a result of the influence on spending taxpayers' money incumbent in their role. These members of staff were required to make an annual declaration of interest and as of 25 th May 2022, 94% of these staff had done so. Work was taking place to contact those whose declarations were outstanding to ask them to declare. The NHS contract required Trusts to publish the names of those decision makers who had not made declarations in year.
36.2	Discussion took place about the publication of staff names on the Trust's website and Anna Ferrant said that staff were being actively encouraged to declare and had been made aware that the Trust was required to publish their names. She said that, in line with presentation of mandatory training data, staff who were on maternity leave and external secondment were not included in the data.
37	Any other business
37.1	Sir Michael Rake said that it was Akhter Mateen's last Board meeting. He thanked him for his work as the Deputy Chair and Chair of the Audit Committee and for all he had done for GOSH throughout his tenure.