

**Minutes of the meeting of Trust Board on
6th July 2022****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
Professor Russell Viner	Non-Executive Director
Gautam Dalal	Non-Executive Director
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
Dr Shankar Sridharan	Chief Clinical Information Officer
Margaret Ashworth	Interim Chief Finance Officer (Designate)
Dr Sophia Varadkar*	Deputy Medical Director
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Natalie Hennings	Deputy Company Secretary
Claire Williams*	Head of Patient Experience
Sylvia Chegra*	Associate Director of Space and Place, Patient and Family Site Service
Matthew Fenton*	Chief of Service, Heart and Lung Directorate
Dagmar Gohil*	Head of Nursing and Patient Experience, Heart and Lung Directorate
Peter Sidgwick*	Co-Deputy Chief of Service, Heart and Lung Directorate
Michelle Nightingale*	Named Nurse for Safeguarding
Francine Hill*	Associate Director of Space and Place, Strategy, Quality and Safety
Nick Martin*	Head of Sustainability and Environmental Management
Dr Philip Cunnington*	Associate Medical Director and Responsible Officer
Mark Hayden	Governor (observer)
Constantinos Panayi	Governor (observer)
Jackie Gordon	Governor (observer)
2 members of the public (observers)	

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

54	Apologies for absence
54.1	Apologies for absence were received from Matthew Shaw, Chief Executive.

55	Declarations of Interest
55.1	No declarations of interest were received.
56	Minutes of Meeting held on 25 May 2022
56.1	The Board approved the minutes of the previous meeting.
57	Matters Arising/ Action Checklist
57.1	The actions taken since the previous meeting were noted.
58	Chief Executive Update
58.1	John Quinn, Chief Operating Officer said that work continued to maximise activity in order to treat the backlog of patients. Staff had worked well during rail strikes and despite causing significant travel disruption, a large proportion of activity had continued; in some areas this had been more than 90%. Shankar Sridharan, Chief Clinical Information Officer said that there had been good clinic attendance from patients and families who were keen to maintain their appointments and it was important that GOSH was able to continue to provide services as far as possible.
58.2	The Trust was working with the Children’s Hospital Alliance on health inequalities and had hosted a webinar on the role of children’s hospitals in the context of health inequalities.
58.3	GOSH had celebrated Clean Air Day by hosting Play Street which was visited by the Mayor of London. Great Ormond Street had been closed for the afternoon and the street had become a play area. The street usually had pollution levels which were above the WHO safe limits and the team had discussed children’s rights to clean air, particularly during hospital visits, with the Mayor of London.
59	Finance Report Month 2 (2022/23)
59.1	Helen Jameson, Chief Finance Officer said that the year-to-date financial position was £8.2million deficit which was £2.4million adverse to plan. This was partly driven by a reduction in NHS income as a result of a smaller block contract, and also the loss of non-NHS income support in 2022/23. IPP income was increasing as was the number of referrals.
59.2	Cash remained strong but had continued to reduce since year end. A significant proportion had been spent on the Trust’s capital plan and the cash position would continue to be monitored.
59.3	Sir Michael Rake, Chair said that it would be a challenging year financially and it was vital to ensure that whilst work continued to meet the Better Value targets there was no adverse impact on the quality and safety of services.
60	Register of Seals
60.1	The Board endorsed the use of the company seal.

61	Draft Code of Governance and Draft Addendum to Your statutory duties – reference guide for NHS foundation trust governors
61.1	Anna Ferrant, Company Secretary said that a draft Code of Governance had been issued by NHS England in May 2022 and was currently out for consultation until July 2022. It would replace the Code of Governance which had been in place since 2014 and included a focus on equality, diversity and inclusion highlighting the context of Integrated Care Systems. Under the revised constitution Governors would be required to consider the views of constituents from throughout the ICS and GOSH's Council of Governors already included representation from England and Wales as a whole. Anna Ferrant confirmed that work would now take place to consider how the updated Code of Governance impacted current governance processes, Board and Assurance Committee Terms of Reference and papers.
62	Appointment of Deputy Chair and Senior Independent Director
62.1	Anna Ferrant confirmed that Akhter Mateen had now stepped down from his role as Non-Executive Director and Gautam Dalal was now a substantive NED. Akhter Mateen had been Deputy Chair and this was a role appointed by the Council of Governors, taking into account the views of the Board. It was proposed that James Hatchley, current Senior Independent Director took this on in addition to his SID role. An extension of one month was also being sought to James Hatchley's tenure and, subject to approval by the Council of Governors, he would step down from the Board on 30 th September 2022. Following this it was proposed that Amanda Ellingworth would take on the roles of Deputy Chair and SID.
62.2	The Board agreed to support the proposals to appoint James Hatchley as Deputy Chair until the end of his tenure and to support the appointment of Amanda Ellingworth as Deputy Chair from 1 October 2022 and approve the appointment of Amanda Ellingworth as Senior Independent Director from 1 October 2022.
63	Patient Story
63.1	Claire Williams, Head of Patient Experience presented a patient story by video from Emma, the mother of a 14 year old GOSH patient, Connie, who was under a number of different specialties at GOSH. Emma said that Connie's care had been excellent and nurses had been compassionate and welcoming during emergency admissions. She said that she had had a challenging experience around patient transport which had been delayed and she had not been provided with accurate information throughout the time she been waiting. This meant that she had not been able to make alternative arrangements and she and Connie had not arrived home until late at night.
63.2	Emma had made a complaint about the experience and had been satisfied with the outcome. She said that it was important that learning was implemented to ensure that she and Connie and other families did not have the same experience.
63.3	Emma said that the lifts in the Royal London Hospital for Integrated Medicine (RLHIM) were often out of service with only one lift working and, as Connie was a wheelchair user, there was often a delay in being able to get to an appointment which was frustrating. Emma also knew of only two changing places in the Trust which was challenging when coming for an outpatient appointment. She said that

<p>63.4</p> <p>63.5</p> <p>63.6</p> <p>63.7</p>	<p>the cumulative effect of these issues was frustrating particularly when a parent was apprehensive or stressed about an appointment.</p> <p>Action: Claire Williams said that the RLHIM was owned by UCLH and there was an agreement in place to replace the lifts however work would not begin until 2023. Sir Michael Rake said that the delay was not acceptable and the use of lifts was vital for patient and family experience and to ensure that they could move safely around the hospital. He requested that this was escalated within UCLH. John Quinn said that work would take place at the same time to improve the size of the lifts which were currently small and agreed to raise the matter with Matthew Shaw for raising with the Chief Executive of ULCH. Sanjiv Sharma, Medical Director said that lifts across the GOSH site were monitored at the weekly safety meeting. Many of the lift parts were from Europe and had been substantially delayed since Britain's exit from the EU.</p> <p>Claire Williams said that there were five changing spaces in the Trust and it was important that staff were aware of this so it could be communicated with families.</p> <p>Sylvia Chegra, Associate Director of Space and Place for Patient and Family Site Service said that a new transport provider had joined the Trust on 1st March 2022 and they said that they had not been aware of the number of long distance journeys which would be required which impacted the availability of drivers. They had doubled the number of High Dependency Unit vehicles and work was taking place to review complaints which could be remedied by immediate actions such as investing in additional baby and child seats. Consideration was being given to the role of the member of staff on the transport desk in order for them to act as a liaison between patients and families and transport. A workshop had been established which included a number of different users of the transport service, PALS and the Patient Experience Team and would consider what worked well and the drivers of complaints and PALS contacts.</p> <p>Action: Discussion took place around the decision to move to a new transport provider and the procurement process which had taken place. Sir Michael Rake requested that the procurement process was reviewed to be clear about the information that providers were given about GOSH's requirements.</p>
<p>64</p>	<p>Clinical Directorate presentation: Heart and Lung Directorate</p>
<p>64.1</p> <p>64.2</p>	<p>Matthew Fenton, Chief of Service for Heart and Lung Directorate gave an overview of the directorate profile which included intensive care, cardiology and cardiothoracic specialities as well as ECMO. The key challenges in the directorate including recovering the backlog of patients in cardiac surgery and ensuring that there was capacity to meet demand for the service. Substantial focus was being placed on culture in the directorate and the staff survey for the area showed that although staff had a strong sense of purpose and felt that the work was challenging, they also felt stressed, burnt out and were working additional hours. Work was focusing on psychological safety and the principles of the 'Civility Saves Lives' initiative.</p> <p>The Board welcomed the work that was taking place in the directorate, particularly around culture. James Hatchley, Non-Executive Director noted the issues with capacity in the area and asked whether there were particular bottlenecks outside of the number of available beds. Matthew Fenton said that a surgeon had been recruited which would support cardiac surgical capacity from August however many patients were highly complex and not all surgeons could</p>

	<p>treat all patients. Peter Sidgwick, Co-Deputy Chief of Service said that it was important that there was capacity in the Trust as a whole to step down long stay patients. Matthew Fenton said that it was important to take an iterative approach to the issue of capacity and added that additional beds alone would have a substantial impact in capacity overall. John Quinn said that it was vital that the directorate completed a demand and capacity analysis to ascertain the actual capacity of the directorate.</p>
64.3	<p>Amanda Ellingworth, Non-Executive Director said that the Board was prioritising the development of an open and transparent culture and asked for a steer on the action the Trust could take to move forward with this. Matthew Fenton said that the directorate was focusing on psychological safety and considering the work on just cultures from the airline industry. He said that it was important to set behavioural expectations and be able to challenge colleagues on this and added that there was a considerable appetite in the Trust for this work although culture change would take time.</p>
64.4	<p>The Board welcomed the work being undertaken in the directorate and noted the focus on partnership working.</p>
64.5	<p>Action: Sir Michael Rake said that it was important to ensure there was sufficient time given to directorate presentations and discussion on the Board agenda and it was agreed that in future, consideration would be given to the time required.</p>
65	Annual Safeguarding Report 2021/22
65.1	<p>Michelle Nightingale, Named Nurse for Safeguarding said that the focus of the safeguarding team throughout the year had been embedding the learning arising from Operation Sheppey and developing the service. A dashboard had been developed to enable the team to respond to the CQC Key Lines of Enquiry and support the development of a strategy and allocation of key workstreams to named members of the team. There had been an investment in the team to prepare for Liberty Protection Safeguards which would come into place for April 2023 and 14 professionals from safeguarding, social work and learning disabilities had been trained to be Best Interest Assessors.</p>
65.2	<p>Amanda Ellingworth said that the annual safeguarding report had been reviewed by the QSEAC which had welcomed to the focus on areas where there were previously gaps.</p>
65.3	<p>James Hatchley asked if the COVID pandemic had impacted the work of the safeguarding team and Michelle Nightingale said that the level of social deprivation in the community had increased and there was a strong correlation between social deprivation and child abuse, neglect, mental health conditions and domestic abuse. She said that people in the community including patients and families were experiencing higher levels of stress and this was also impacting the team's work.</p>
66	Integrated Quality and Performance Report: May 2022 data
66.1	<p>John Quinn said that some changes had been made to the report based on feedback from the Board and further information on activity and referral to treatment targets was now included. Sanjiv Sharma said that progress was being</p>

	made with Duty of Candour and highlighted that of the currently open cases only one was overdue.
66.2	Tracy Lockett, Chief Nurse said that all patient experience indicators were rated green with the exception of complaints as there had been a significant increase in the number of complaints received in June against the monthly average. A large proportion of the complaints had been related to transport and another theme was around communication. Tracy Lockett noted that as activity increased it was likely that there would be a corresponding increase in complaints and PALS contacts, however the increase in complaints was substantially beyond the expected levels.
66.3	Gautam Dalal, Non-Executive Director highlighted the number of medication incidents which had taken place and asked about the nature of these incidents. Sanjiv Sharma said that majority of these incidents were prescribing errors and emphasised the importance of developing and maintaining a high reporting culture.
66.4	John Quinn said that the Finance and Investment Committee had discussed access data at their last meeting. The focus of the NHS as a whole was on long waiting patients and four GOSH patients had waited over 104 weeks which had reduced to two since the report had been written. The Trust was on target to schedule the remaining patients to be seen by the end of July 2022 as required. Diagnostic waits were also improving and at a faster rate than referral to treatment waits.
66.5	James Hatchley asked whether there had been any experience of the clinical prioritisation process which had shown that the prioritisation of particular cohorts should be approached in a different way. John Quinn said that work continued to prioritise patients on the basis of clinical need into four categories P1 – P4 and clinicians reviewed their patients and moved them between the priorities as appropriate. Sanjiv Sharma said that the Trust was an early adopter of the Royal College of Surgeons' clinical prioritisation framework and had adapted it to widen its remit to medical specialties. Shankar Sridharan said that clinical prioritisation was embedded into Epic and was a dynamic process which clinicians understood to be part of their role.
67	Independent Review of the effectiveness of the Trust's Safety Procedures
67.1	Sanjiv Sharma said that the Trust had worked with external organisations to develop Quality and Safety Strategies setting out a vision for the Trust's progress over three to five years. The pace of implementation had slowed during the pandemic, but work continued to move forward. Operational delivery plans had been developed and a consultation had taken place to ensure that the quality and safety teams were appropriately resourced which had led to significant investment in the area. A good relationship had been developed with Patient Safety Learning and Action Against Medical Accidents (AvMA) who had provided feedback on work so far.
67.2	The Trust had been keen to commission a review of safety processes and the actions taken when things go wrong. An independent report had been commissioned from Verita and the report reflected GOSH's position at the beginning of 2022. The recommendations made in the review had helped to inform the quality and safety strategies and the Chief Executive of Patient Safety Learning had led a Board Development Session. Verita had also discussed its report with the Board. The action plan had been reviewed by Patient Safety

	Learning to ensure that it was sufficiently ambitious for GOSH to become system leaders in this area and it was aligned with the Blueprint for Action. It was being monitored by the QSEAC on a 6 monthly basis and much of the work had already begun.
67.3	The work undertaken had been shared with NHS England who had welcomed the progress, and the CQC.
67.4	Sanjiv Sharma said that GOSH had been invited to a parliamentary reception as a result of the patient safety work and had been invited to give keynote speeches on the topic.
68	Sustainability at GOSH: Annual Sustainability report 2021/22
68.1	Francine Hill, Associate Director of Strategy, Quality and Safety for Space and Place said that work had taken place throughout the year to establish an appropriate governance structure which encompassed 10 programmes of work and fed into the Above and Beyond Oversight Group via the Sustainability Programme Board.
68.2	There was currently a gap between the organisation's commitment and the progress made by the team. One of the areas in which there was a gap was around establishing a CO ₂ baseline which had proved challenging. A task and finish group had been developed to support this.
68.3	James Hatchley noted the substantial support from staff throughout the Trust and asked how far the required activity was understood by staff in a way that would impact behaviour. Nick Martin, Head of Sustainability and Environmental Management said that there tended to be a core group of staff engaged in specific projects such as around anaesthetic gases. He added that there had been excellent engagement from staff involved in the ten programmes of work.
68.4	Chris Kennedy, Non-Executive Director said that champions were embedded in directorates and there were action plans in place. He said that although good work was taking place it was important to ensure that appropriate data had been accurately measured. He said that GOSH's progress when compared to other organisations was good however work was required to link quantitative results to targets.
68.5	Suzanne Ellis, Non-Executive Director said that the target for each area had not been clear from the paper along with the way in which each piece of work contributed to the target. She said that it would be helpful to understand the projected impact of each proposed project and to begin to understand the areas that the Trust would look to influence in the longer term such as supply chains as this work would have a longer lead time. Suzanne Ellis added that linking data, digitalisation and sustainability would propel the Trust forward.
69	2022/23 Business Plan and Budget
69.1	Helen Jameson said that a bottom-up budget setting process had begun in October 2021 and this was the first year in which Trusts had been required to submit plans as part of a system. All Integrated Care Systems (ICSs) had been required to submit breakeven plans and North Central London (NCL) ICS had done this in June 2022. Trusts within NCL had submitted plans with differing year

	end outturns and GOSH's projected outturn was £10.6million deficit. This included a capital allocation of £15million and anticipated that the Trust's cash reserves would reduce through the year.
69.2	James Hatchley, Chair of the Finance and Investment Committee said that the plan was very demanding and was primarily dependent on two areas: Better Value and an increase in International and Private Care revenue. He said that the proposed Better Value programme was the largest that GOSH had developed and was in the context of a backlog of patients and substantial inflationary pressures.
69.3	The Board approved the Trust's 2022/23 financial plan.
70	National cost collection submission
70.1	Helen Jameson said that all Trusts were required to report the annual national cost collection and GOSH had been allocated the week of 8 th August for submission. Trusts were also required to provide a pre-submission report to the Board providing assurance around costing processes.
70.2	The paper had been reviewed by the Finance and Investment Committee (FIC) and the team was reviewing the data for validation errors. The Board approved delegation to the Executive Management Team responsibility for approving the final national cost collection as recommended by the FIC.
71	Board Assurance Committee reports
71.1	<u>Quality, Safety and Experience Assurance Committee – 30 June 2022 meeting</u>
71.2	Amanda Ellingworth, Chair of the QSEAC said that the committee had reviewed new format of the Medical Director's report which focused on learning and considered the changing landscape going forward. The Terms of Reference for the review of national decision making around COVID19 had been updated to include consideration of children and the committee had emphasised the importance of using the Trust's voice to highlight the impact of national decision making on children.
71.3	The Committee had received a report on clinical audit and had noted the good work taking place in the area but had also recognised that much audit activity, such as that undertaken by nurses and Allied Health Professionals, would not be captured as part of the clinical audit report.
71.4	<u>Audit Committee Assurance Committee Update – 25 May 2022 meeting</u>
71.5	James Hatchley, Audit Committee Member said that the meeting had focused on the year end reports and had recommended the Annual Report and associated documents and the Annual Accounts to the Board for approval. The Committee had also noted the Head of Internal Audit opinion which was significant assurance with minor improvement opportunities in line with the previous year.
71.6	<u>Finance and Investment Committee Update –21 June 2022 meeting</u>
71.7	James Hatchley, Chair of the FIC said that the committee was focusing heavily on the Children's Cancer Centre and a plan had been developed to enable the FIC

	members to scrutinise chapters of the Full Business Case prior to Trust Board submission in September 2022. The proposal to develop a health alliance between Trusts in North Central London had been reviewed and an extraordinary meeting had been convened to provide the required approvals.
71.8	<u>People and Education Assurance Committee Update – 22 June 2022 meeting</u>
71.9	Kathryn Ludlow, Chair of PEAC said that the committee acknowledged the challenges to staff wellbeing given the pressures internally and the external environment. Committee meetings would have themes going forward and the theme of the most recent meeting had been seen and heard. An updated had been received on diversity and inclusion and it was clear that progress was being made, and presentations had been received from the Pride and REACH staff networks.
71.10	James Hatchley welcomed the work of the PEAC and emphasised the value of a committee which was focused on people.
71.11	Gautam Dalal, Non-Executive Director noted that GOSH had a lower proportion of staff from a BAME background than the London average and asked about the work that was taking place in this area. Caroline Anderson, Director of HR and OD said that the Trust had traditionally had low representation from staff from a BAME background and this had become a focus. Work had taken place on the employer brand and the way in which roles were described as well as the composition of interview panels. Kathryn Ludlow said that nursing had made excellent progress in this area and it was important to learn from their work.
71.12	Action: It was agreed that Suzanne Ellis and Gautam Dalal would be given dates for the assurance committee meetings that they did not sit on to observe meetings when possible.
72	Responsible Officer Annual Report 2021/22
72.1	Philip Cunnington, Associate Medical Director and Responsible Officer said that it had been a busy and productive year and the majority of the action plan set in the previous year's report was complete. New software to support appraisal was undergoing procurement and good progress was being made in ensuring that appraisal was a personalised exercise.
72.2	Amanda Ellingworth expressed disappointment that patient feedback was a key reason for the deferral of appraisals and asked if this was being followed up. She noted that take up for wellbeing training as part of appraisal was low. Philip Cunnington said that this was a primary cause of deferrals nationally however the mechanism for providing the feedback was not user friendly. He said that real time patient feedback processes would be an optimal solution. Wellbeing training had been piloted with a small group and work was taking place to ensure that this became a competency which was available to all staff.
72.3	The Board approved the statement of compliance for signing by the Chief Executive.
72.4	Action: It was agreed that the impact on patient safety would be added to the coversheet for all papers.

72	Any other business
72.1	Sir Michael Rake noted that it was Helen Jameson's last meeting as she would leaving GOSH in mid-July 2022. He thanked her for her work to support the Trust in an increasingly challenging environment over the last 6 years.