

**Minutes of the meeting of Trust Board on  
2<sup>nd</sup> February 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
Akhter Mateen	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
Darren Darby	Director of Nursing, Corporate
Claire Williams*	Head of Patient Experience
Dr Jack Bartram*	Consultant Paediatric Haematologist
Dr Elizabeth Jackson*	Chief of Service, Sight and Sound
Dr Chris Jephson*	Deputy Chief of Service, Sight and Sound
Helen Dunn*	Director of Infection Prevention and Control
Donna Richardson*	Interim General Manager, Sight and Sound
Suzanne Collin*	Patient Feedback Manager
Renee McCulloch	Associate Medical Director and Guardian of Safe Working
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Natalie Hennings	Deputy Company Secretary
Paul Balson	Head of Corporate Governance
13 members of the public	

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

<b>147</b>	<b>Apologies for absence</b>
147.1	No apologies for absence were received.
<b>148</b>	<b>Declarations of Interest</b>
148.1	No declarations of interest were received.
<b>149</b>	<b>Minutes of Meeting held on 24th November 2021</b>

149.1	The Board <b>approved</b> the minutes of the previous meeting.
<b>150</b>	<b>Matters Arising/ Action Checklist</b>
150.1	Minute 92.10: John Quinn, Chief Operating Officer confirmed that 6-4-2 theatre scheduling had been implemented and this was likely to have a positive impact on efficiency.
150.2	<b>Action:</b> Minute 120.3: It was confirmed that an update of the proportion of GOSH patients aged 12 and over would be provided by email after the meeting.
<b>151</b>	<b>Chief Executive Update</b>
151.1	Matthew Shaw, Chief Executive thanked GOSH staff for their hard work during the most recent surge of the COVID19 pandemic. There had been a considerable impact on staff sickness levels which had reached 13% and had meant that staff were required to be flexible and excellent teamwork had taken place. He welcomed Tracy Lockett to the Board as the Chief Nurse and thanked Darren Darby for his work during his period as Acting Chief Nurse.
151.2	The patient waiting list had increased during the pandemic surge and Matthew Shaw said that it was vital to focus on staff wellbeing. He said that this was amongst the priorities which had been set as well as focusing on the fundamental areas of quality care and driving as much activity as was safely possible.
151.3	Kathryn Ludlow, Non-Executive Director noted that a CQC focused inspection of the dental service had taken place as part of a pilot scheme. She highlighted the national shortage of paediatric dentists and asked if this had been raised by the CQC. Matthew Shaw said that the inspection had been positive and the CQC team had considered the service's responsiveness, resilience and patient backlog as part of their work. He said that paediatric dentistry had been nationally under commissioned for a number of years.
<b>152</b>	<b>Integrated Quality and Performance Report (Month 9) December 2021</b>
152.1	Sanjiv Sharma said that there had been an increase in the number of incidents which had been closed over the period and all Serious Incident investigations had been submitted within the required timeframe. There were currently three open Serious Incident investigations all of which were within date and there were no overdue safety alerts. The team were focused on reviewing high risks in line with the policy and this metric had moved from red to amber and was close to becoming green. Amanda Ellingworth, Non-Executive Director welcomed the improvement in the quality metrics following a focus from the team.
152.2	There had been an increase in arrests outside of ICU and Sanjiv Sharma confirmed that all cases had been reviewed by the Head of Resuscitation Services and learning had been fed into the work which was taking place around the deteriorating patient. Deaths within ICU were reported to PICANET and this had shown GOSH's risk adjusted mortality rate to be within the expected range.
152.3	Darren Darby, Director of Nursing, Corporate said that there had been a large number of staff sickness absences in December however the Trust had been able to maintain the Friends and Family Test rate. One directorate had not been

	achieving the target rate but this was now improving along a trajectory to meet the target.
152.4	PALS activity had reduced in December to the lowest in more than a year which reflected the reduction in activity however patient transport had been a theme around the contacts which had been received. A new patient transport provider would be joining the Trust from March 2022.
152.5	John Quinn said that GOSH had previously been working along a trajectory which was set by speciality to meet the RTT target however following the recent surge this was being recalculated by the planning and performance team. Chris Kennedy, Non-Executive Director asked when the new trajectory would be in place and John Quinn said it was anticipated that it would be by the end of February. Budget challenge sessions were taking place with the directorates in the week beginning 7 <sup>th</sup> February and following this work would begin on trajectories.
<b>153</b>	<b>Patient Story</b>
153.1	Jack Bartram, Consultant Paediatric Haematologist gave a presentation about an 11-year-old patient who had been referred to GOSH over a weekend with an abdominal mass. The story outlined the collaboration between a number of teams to assess and treat the patient within a day to prevent a serious outcome.
153.2	Sir Michael Rake, Chair congratulated the team involved and highlighted the importance of multidisciplinary working across the Trust to achieve the best outcomes for patients in the most efficient way.
153.3	Tracy Lockett, Chief Nurse said that there were many valuable learning points from the story and asked how the learning would be shared across the Trust. Jack Bartram said that learning from the case had been shared throughout the Blood, Cells and Cancer Directorate particularly around the importance of consultant-to-consultant communication out of hours. A presentation had also been provided at the Senior Leadership Team meeting.
153.4	Russell Viner, Non-Executive Director said that the story emphasised the importance of 7 day working and ensuring that imaging was colocated with other services which would be supported by the development of the imaging strategy as a result of the Children's Cancer Centre development. Sanjiv Sharma said that 7 day working standards were in place and GOSH measured these metrics and audited its compliance.
<b>154</b>	<b>Directorate presentation: Sight and Sound</b>
154.1	Elizabeth Jackson, Chief of Service for the Sight and Sound Directorate gave a presentation on the directorate's performance over the year. She said that the opening of the new Sight and Sound Hospital was amongst the team's key successes however there were long waiting lists in the directorate because patients tended to be of a lower clinical priority relatively.
154.2	James Hatchley, Non-Executive Director asked how clinicians and patients were responding to the Sight and Sound Hospital and whether there were additional patients yet to be referred which would increase existing waiting lists. Chris Jephson, Deputy Chief of Service that he used the new building as a clinician

	and the space was a considerable improvement on the previous estate. Patients had reported having a good experience however additional work was taking place on signage as in some cases it was not as clear as had been anticipated. Elizabeth Jackson said that waiting lists were challenging for patients in lower clinical prioritisation groups. She agreed that it was possible that there were groups of patients in secondary care who were yet to be referred but said that the team did not have visibility of this. She added that workforce to treat additional patients would be a key challenge and said that notwithstanding the need to improve efficiency, the backlog of patients was significant.
154.3	Akhter Mateen, Non-Executive Director highlighted the lack of national paediatric dental resource and asked for the team's view of whether this was being reviewed by the system. Elizabeth Jackson said that there was concern and some system work taking place but added that much of the dental activity taking place at GOSH under general anaesthetic was preventable with increased public health measures and parent and patient education.
154.4	Chris Kennedy asked whether there were any learnings from the Sight and Sound Hospital development which could be incorporated into the Children's Cancer Centre programme and Elizabeth Jackson said that many of the issues which had arisen with Sight and Sound were as a result of the building's listed status. She said that it was vital that the space was as flexible as possible given the time between the planning stages and the building coming online and the likely changes to activity and service provision in the interim. Chris Jephson agreed and welcomed the work that had taken place in the Children's Cancer Centre development to engage with clinicians at an early stage.
154.5	Amanda Ellingworth asked how patients and families had responded to the move to virtual appointments. Elizabeth Jackson said that many families had welcomed the convenience of virtual appointments but she highlighted the risk of these sessions being used as interim appointments in addition to face to face sessions rather than in their place. She said that it was challenging for many audiology patients to take part in their appointments online and added that there was a risk around the ability to identify subtle safeguarding signs. Chris Jephson said that there was a misconception amongst clinicians that telephone appointments were easier than virtual appointments and he said that it was vital to increase the number of appointments held by videoconference.
154.6	Matthew Shaw highlighted that Elizabeth Jackson would be retiring from the Trust in March and thanked her for her work over the years.
<b>155</b>	<b>Infection Control Assurance Framework</b>
155.1	Helen Dunn, Director of Infection Prevention and Control said that there had been a considerable update to the infection control assurance framework on 24 <sup>th</sup> December 2021 and an acute patient assessment toolkit had been published. These updates had been incorporated into the Trust's IPC assurance framework and had been presented to the relevant committees. There was one small further update which had been published which was yet to be included. Next steps would include presenting GOSH's risk assessments, assurance framework and areas in which the Trust's practice deviated from national guidance to the Integrated Care System. Some reaudits of best practice would also take place.
155.2	James Hatchley asked whether, given the focus on infection control and increased use of masks throughout the Trust, there had been an improvement in

	<p>other infections. He queried whether there was sufficient resource to carry out audits as required. Helen Dunn said that respiratory viruses were being identified at an earlier stage and there had been fewer hospital acquired infections as a result of the increased requirements for patient isolation. She said that the infection control audit programme had continued throughout the pandemic and there had been good engagement from nursing teams. Work continued with clinical audit and this would support the reaudit of IPC best practice areas going forward.</p>
155.3	<p>Russell Viner highlighted that although the numbers of MRSA and c. difficile infections were RAG rated red, the absolute numbers remained low. He noted that there had been an increase in c.difficile. Helen Dunn said that these cases had been reviewed and had been felt to be unavoidable given the profile of patients and the drugs they required.</p>
<b>156</b>	<b>CQC Inpatient Survey results presentation</b>
156.1	<p>Suzanne Collin, Patient Feedback Manager said that GOSH had been a positive outlier for providing a better experience than expected for patients aged 0 to 15 years and the comments received were in line with those received in the Friends and Family Test and PALS feedback.</p>
156.2	<p><b>Action:</b> Matthew Shaw said that the results overall were very positive however he noted that negative feedback continued to be received around wifi in the hospital. He said that currently there were a number of restrictions to what patients could access as a result of their age, however he added that it was important to consider parents' responsibility in this regard. He said that the inability of patients and families to access the internet in the Trust contributed to digital inequality and it was agreed that an update would be given at the next meeting on the timeframe from making the required improvements.</p>
156.3	<p>Russell Viner agreed that it was vital to improve wifi access and to remove barriers to digital equality as far as possible. He welcomed the results of the survey and the action of the team to interrogate the results to identify further improvements. John Quinn said that a case for change was being presented to the Executive Management Team meeting in March around patient bedside digitisation which was an in-depth project which was anticipated to take approximately 18 months to complete.</p>
156.4	<p>Amanda Ellingworth highlighted that concerns continued to be received about food for both patients and families and Claire Williams said that during the pandemic lockdown periods it had become clear that in many cases the hospital had the ability to provide what families and patients requested however front line staff had not been made aware of what was available. Darren Darby said that there was work taking place nationally to standardise the provision of food for families in hospital and GOSH was feeding into this.</p>
<b>157</b>	<b>Finance Report - Month 9 (December) 2021</b>
157.1	<p>Helen Jameson, Chief Finance Officer said that the financial position was £300,000 below plan in month resulting in a year-to-date position of £3.4 million deficit. International and Private Care (I&amp;PC) income had been below plan as a result of the recent COVID19 surge which continued to restrict travel and</p>

	elective activity had also reduced during this period. As a result the year end projection had moved to £8million deficit.
157.2	Cash remained strong at £125million and the Trust continued to forecast the delivery of the majority of the capital plan however this was challenging and the plan continued to be reprofiled as a result of contractors' ability to deliver due to both Brexit and the pandemic.
157.3	James Hatchley highlighted the impact of inflation going forward and asked whether discussions were taking place about Trusts being reimbursed for this. Helen Jameson said that this was being discussed on an ongoing basis with NHS England however no funds were being provided by the treasury for these costs and therefore it was unlikely that Trusts would be reimbursed.
157.4	Chris Kennedy asked whether there were any risks associated with the Trust holding significant amounts of cash and Helen Jameson said that as a result of the revised payments approach by NHS England and CCGs, all Trusts had experienced an increase in their cash reserves. She said that GOSH was not an outlier in this regard.
<b>158</b>	<b>Safe Nurse Staffing Report (October – December 2021)</b>
158.1	Darren Darby said that the Trust continued to have a healthy and varied nurse recruitment pipeline including through apprenticeships and international recruitment as well as traditional approach of recruiting newly qualified nurses. There had been an increase in maternity leave and significant levels of staff sickness and isolation in the period which had led to a considerable reduction in the availability of staff and there had been 13 Datix reports related to staffing in the period. All reports had been investigated and no patient harm had occurred.
158.2	Kathryn Ludlow said that an excellent report on apprenticeships had been received by the People and Education Assurance Committee and noted that 10 Health Care Support Worker apprentices had joined the Trust in January. She asked whether these staff had been recruited externally or were existing GOSH staff. Darren Darby said that apprentices were recruited through a number of pipelines and many of them would aspire to become registered nurses.
158.3	Sir Michael Rake thanked Darren Darby for his work as Acting Chief Nurse over the previous months.
<b>159</b>	<b>Guardian of Safe Working Report Q3 2021/22</b>
159.1	Renee McCulloch, Guardian of Safe Working said that there had been an increase in exception reporting which was positive and was a result of the high vacancy rates and a high workload. A large number of junior doctors had been delayed starting in post due to delays in onboarding. There had been considerable bank spend in the reporting period however this was not offset against the savings from vacancies. In addition many doctors worked less than full time which accounted for 10% of bank costs in quarters 2 and 3.
159.2	There had been a rapid and united response to the COVID19 surge from junior doctors and this had been supported by a strong group of medical workforce leads.

159.3	Russell Viner asked if the increase in exception reporting was in line with other Trusts and queried whether this was benchmarked with the Children's Hospital Alliance. Renee McColloch said that the number of exception reports at GOSH was extremely low which was partly as a result of high rota compliance. She said that whilst she discussed exception reporting with other London Guardians of Safe Working, considerable improvement was required around benchmarking nationally.
<b>160</b>	<b>Board Assurance Committee reports</b>
160.1	<u>Quality, Safety and Experience Assurance Committee update – January 2022 meeting</u>
160.2	Amanda Ellingworth, Chair of the QSEAC said that improvements were being made in the Trust's Quality and Safety Metrics as a result of the focus that was being placed on investing in the team and improving processes. The Committee had received an update on progress with the implementation of the Learning Disability Strategy and had noted that an external review was being planned for the Safeguarding service.
160.3	<u>Finance and Investment Committee Update –November 2021</u>
160.4	James Hatchley, Chair of the Finance and Investment Committee said that financial performance was challenging and the position was deteriorating as a result of the reduced contribution from I&PC. The Committee continued to monitor the Children's Cancer Centre programme and a number of other capital projects which were in progress. Focus was placed on providing challenge around timelines and performance against financial budgets. Governors had observed the meeting and provided feedback.
160.5	<u>Audit Committee Assurance Committee Update – January 2022 meeting</u>
160.6	Akhter Mateen, Chair of the Audit Committee said that the committee had focused on the recommendations and updates from the Risk Assurance and Compliance Group around whether the risks on the BAF continue to reflect the risks to the Trust's strategy.
160.7	An update had been provided by an external organisation which had undertaken a review of the estate and the committee had reviewed the recommendations and action plan. An internal audit report on strategic risk management had been undertaken and had provided a rating of significant assurance which was extremely positive.
160.8	The Committee had agreed an adjustment to the provisioning policy and had recommended updates to the standing financial instructions and scheme of delegation to the Board for approval.
160.9	<u>People and Education Assurance Committee Update – December 2021 meeting</u>
160.10	Kathryn Ludlow, Chair of the PEAC said that a positive update had been received on progress with the implementation of the People Strategy and its associated frameworks. An impact tracker had been developed which would support future reviews.

160.11	<b>Action:</b> An update had been provided on apprenticeships and the committee had noted that this important project was funded by the GOSH Children's Charity. It was agreed that consideration would be given to reviewing this at Trust Board.
160.12	The Committee continued to focus on speaking up and the importance of clarity for staff on the routes for raising concerns.
<b>161</b>	<b>Council of Governors' Update – November 2021 meeting</b>
161.1	Sir Michael Rake said that Governors remained keen to support and engage with the Trust. They had requested further discussion on the ways in which they could effectively represent their constituents and this would take place at the Membership Engagement, Recruitment and Representation Committee.
<b>162</b>	<b>Standing Financial Instructions and Scheme of Delegation</b>
162.1	Helen Jameson said that the updates made were primarily around changes to procurement rules since Britain had left the EU. The documents had been recommended for approval by the Audit Committee.
162.2	The Board <b>approved</b> the SFIs and scheme of delegation.
<b>163</b>	<b>Well Led Update</b>
163.1	Anna Ferrant, Company Secretary said that a small number of actions remained open and were on track for delivery by the stated deadlines. It was anticipated that all actions would be closed by the end of April 2022.
163.2	Sir Michael Rake congratulated the team on their work to complete the recommendations arising from the well led report.
<b>164</b>	<b>Register of Seals</b>
164.1	The Board <b>endorsed</b> the use of the company seal.
<b>165</b>	<b>Any Other Business</b>
165.1	There were no items of other business.