

**NHS**Great Ormond Street
Hospital for Children
NHS Foundation Trust**FINAL Minutes of the meeting of Trust Board on
30th March 2023****Present**

Sir Michael Rake	Chair
Amanda Ellingworth	Non-Executive Director
Chris Kennedy	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Professor Russell Viner	Non-Executive Director
Gautam Dalal	Non-Executive Director
Suzanne Ellis	Non-Executive Director
Matthew Shaw	Chief Executive
Tracy Lockett	Chief Nurse
John Quinn	Chief Operating Officer
Prof Sanjiv Sharma	Chief Medical Officer
John Beswick	Chief Finance Officer
Caroline Anderson	Director of HR and OD

In attendance

Cymbeline Moore	Director of Communications
Jason Dawson	Director of Space and Place
Prof David Goldblatt	Director of Research and Innovation
Dr Shankar Sridharan	Chief Clinical Information Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Prof Andrew Taylor	Director of Innovation
Prof Neil Sebire	Chief Research Information Officer
Claire Williams*	Head of Patient Experience
Dilys Addy	Governor (observer)
1 member of GOSH staff	

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

186	Apologies for absence
186.1	No apologies for absence were received.
187	Declarations of Interest
187.1	No declarations of interest were received.
188	Minutes of Meeting held on 1 February 2023
188.1	The Board approved the minutes of the previous meeting.
189	Matters Arising/ Action Checklist
189.1	Actions taken since the previous meeting were noted.
190	Chief Executive Update

190.1	Matthew Shaw, Chief Executive said that staff strikes had been having a significant impact on the Trust both in terms of the strikes themselves and the resources required for planning and recovery. There had been a challenging context for staff completing the staff survey and there had been a reduction in scores across the NHS. Matthew Shaw said that it was important to ensure that a greater impact was achieved from action being taken to support staff wellbeing.
190.2	It would be Professor David Goldblatt's last Trust Board meeting before leaving the Trust after 20 years. Matthew Shaw thanked him for his work to further research at the Trust and bring substantial impact to patients.
191	Feedback from NED walkrounds
191.1	Suzanne Ellis, Non-Executive Director said that she had visited the physiotherapy team which had been positive. The team had a relatively new environment however they had expressed concern about the Children's Cancer Centre decant as their location remained unresolved. There were particular anxieties about their large gym area, offices and staff room and staff felt that this had led to a feeling of a lack of belonging.
191.2	Action: A key issue raised had been about the heavy fire doors on the way to the service which were not automatic. Matthew Shaw said that whilst this would be rectified in the Children's Cancer Centre, it was important that the current access was improved to ensure that patients with limited mobility had equal access.
191.3	Suzanne Ellis said that risk management had been discussed with the team and they had explained how the function worked in practice in the service. Consideration had also been given to a more deliberate use of volunteers.
191.4	Amanda Ellingworth, Non-Executive Director said that the team had been particularly positive about the artwork in their area which had been important for staff and patient wellbeing.
191.5	Kathryn Ludlow, Non-Executive Director said that she had visited the laboratories and had met with a senior member of staff who have been with the Trust for 22 years. She said some of the samples tested were for GOSH patients, but a large number were also for patients around the world. She said that staff had been positive overall but had raised concerns about only one drinking water tap being operational in the building and issues around removal of waste. They had also expressed concern about access to the mortuary for undertakers during the Children's Cancer Centre development.
191.6	Chris Kennedy said that there were a number of lower banded members of staff in the service who were suffering financial hardship due to the cost-of-living increase. He said that the team had discussed Epic and its integration with the specialist equipment used in the service.
192	Patient Story
192.1	Claire Williams, Head of Patient Experience presented a patient story via pre-recorded video. Zakiriya, aged 5 had been a patient at GOSH since he was three months old and had been under the care of multiple specialities and undergone multiple procedures. The complexity and rarity of Zakiriya's condition led to him

	and his family receiving support from the SWAN (Syndromes Without A Name) team at GOSH. Zakiriya's mum Ayesha said that it was extremely difficult to have an undiagnosed illness and it was particularly difficult to understand the way forward for Zakiriya and to be able to discuss this with clinicians. Ayesha said this had felt very isolating but the SWAN team had provided invaluable support. The team knew Zakiriya well and Ayesha said that she could rely on them to explain his condition to others. The team was supportive in coordinating complex care and had helped with the arrangements which ensured that Zakiriya was accepted into a hospice as well as following up with teams and about appointments.
192.2	Kathryn Ludlow asked how many people were in the SWAN team and Claire Williams said that whilst there was currently only one team member, funding had recently been secured for an additional post.
192.3	Sir Michael Rake highlighted that there were a large number of GOSH patients who were under many different teams. He asked how these patients and families were supported to navigate their complex care and Amanda Ellingworth said that this had been an important consideration for some time. Sanjiv Sharma, Chief Medical Officer said that along with the HDU options appraisal and access, this was a key project. He added that once the HDU project was complete, work would begin on complex care.
192.4	Suzanne Ellis said that the SWAN nurse had been instrumental to Ayesha's experience at GOSH and added that it was important to ensure as far as possible that roles such as these had low turnover rates.
193	Research and Innovation at GOSH
193.1	<u>Update on research and progress with the Research Planet</u>
193.2	Professor David Goldblatt, Director of Research and Innovation gave a presentation about the changes in research at GOSH since he joined the Trust in 2003. There had been substantial growth in the team from 3 to 45 staff members and a joint research strategy had been established between the hospital, GOSH Charity and GOS UCL Institute of Child Health. There had also been a significant increase in the number of papers published and citation impact which was critical in terms of charity fundraising.
193.3	<u>Update on Innovation at GOSH</u>
193.4	Professor Andrew Taylor, Director of Innovation and Neil Sebire, Chief Research Information Officer gave an overview of the outcomes of the areas within the innovation directorate including cell and gene therapy and DRIVE and the work to build commercial partnerships. Suzanne Ellis congratulated the team on their data journey. She said that it was important to ensure that outcomes over the next 12 months were tangible by formalising some of the KPIs to ensure that progress could be monitored. Andrew Taylor said that discussion at the digital strategy group was around ensuring there were tangible benefits.
193.5	Russell Viner asked whether there were sufficient skills within the hospital to take the work forward and Andrew Taylor that this was currently a challenge. Neil Sebire, Chief Research Information Officer said that there was a national issue around the availability of data scientists and clinical informaticians which was a key clinical role in the United States but was not sufficiently developed yet in the UK. He said that within the next decade every leading hospital internationally

	would have established a clinical informatics unit however there were currently issues with developing the required skills. He said that the data scientist role was not part of agenda for change and there was little career pathway within the NHS which made retention challenging. Amanda Ellingworth said that it would be important to advocate for a national solution.
193.6	Chris Kennedy noted that a visit had taken place to a hospital in Israel which was at the forefront of digital innovation and asked how the partnership was moving ahead. Andrew Taylor said that a Memorandum of Understanding (MOU) was in place but, as importantly, the hospital in Israel had shown that GOSH's aspirations were achievable within an achievable budget. He added that it was important to consider the financial vehicle within which the Trust could take this forward and how this could be developed, and this was being explored with the GOSH Charity. Neil Sebire said that GOSH had an excellent data platform and it would be important to capitalise on this.
193.7	Chris Kennedy asked how far GOSH had progressed with its research hospital aims and David Goldblatt said that the programme was ambitious and involved ensuring that all patients and families had an understanding of research, and all appropriate children and young people were enrolled on a trial. He said that for research treatment to be routine, skills were also required on the wards.
194	Update on GOSH Annual Plan 2023/2024
194.1	John Beswick, Chief Finance Officer said that the Board had approved the annual plan for 2023/24 and had agreed delegated authority to the Finance and Investment Committee to review and approve any amendments required as a result of updated guidance from NHS England. Chris Kennedy said that the Board was clear that it was a stretch plan.
194.2	Matthew Shaw said that he was appreciative of the collaborative working with the Integrated Care Board to find a solution to a technical issue with GOSH's funding. John Quinn, Chief Operating Officer said that the activity targets set out in the plan were also stretch targets.
195	Integrated Quality and Performance Report - Month 11 (February 2023 data)
195.1	John Quinn said that although quality and performance metrics were broadly strong, there were challenges around access and the focus for 2023/24 would be on long waiting patients. A plan had been submitted to NHS England to reduce the number of patients who had waited 65 weeks and the Trust was working on a previously submitted plan to reduce 78 week waits.
195.2	Suzanne Ellis said that the Board had previously discussed the national targets around follow up appointments and had agreed that this would not be in the interests of many GOSH patients. She asked how this would be taken forward and John Quinn said that the target would not be implemented as a Trust policy but would work would take place to reduce follow ups where appropriate.
195.3	Sanjiv Sharma said that the most recent PICANET report had been published for on 9 th March 2023 covering data from 2019-21 and had shown that GOSH ICU risk adjusted mortality continued to be within the expected range. He said that the key priorities for the patient safety team were the upgrade of the incident reporting system and the introduction of learning from patient safety events

	(LFPSE) and the patient safety incident response framework (PSERF).
195.4	Kathryn Ludlow highlighted the increase in staff turnover and Tracy Lockett, Chief Nurse said that it was important to monitor this and to consider ways in which retention could be improved.
195.5	Sir Michael Rake noted the significant work that had taken place to manage the ongoing strikes and thanked executives and their teams.
196	Finance Report - Month 11 (February 2023 data)
196.1	John Beswick said that the financial outturn of month 11 was in line with plan and a strong recovery had been made in International and Private Care leading to a £6.2million surplus to plan. The Trust continued to forecast that the year-end outturn would be in line with the plan of £10.6million deficit. Sir Michael Rake noted that the cash balance remained strong.
197	Learning from Deaths report- Child Death Review Meetings – Q3 2022/23
197.1	Sanjiv Sharma said that holding child death review meetings was often complex for GOSH patients and a result of the large geographical reach of patients and the requirement for all healthcare professional involved in their care to be involved.
197.2	Eighteen child death review meetings had taken place in the reporting period of which 6 cases had identifiable factors around practice and quality. Themes were around conversations with families around end on life. He said that given the patient story which had been received at the last meeting had similar themes, it was important to support teams to have good quality conversations.
197.3	Suzanne Ellis noted that 19 of 34 delays to child death review meetings were because of consultant scheduling and said that this was high. Sanjiv Sharma agreed that said that this was a clear professional obligation for consultants. He added that there were areas in which engagement had been poor and this was being managed.
197.4	Russell Viner said that there had been a national increase in mortality following the COVID19 pandemic and asked whether this increase had also been identified in children. Sanjiv Sharma said that there had not been an increase at GOSH and whilst the overall numbers were small, they did constitute a substantial proportion of paediatric deaths nationally.
198	Nursing Workforce Assurance Report
198.1	Tracy Lockett said that the Trust continued to be in a good position in terms of nursing vacancy rates however as discussed there had been a continued slight increase in staff turnover. She said that this was in line with that of other organisations however it was important to focus on reducing turnover and consideration was being given to launching a project in this area.
198.2	There had been an increase in the acuity of patients, but teams had also experienced newly qualified nurses with a lack of confidence in their practical skills after training. Training had been disrupted by the COVID19 pandemic and practice educators were present on wards but were reporting that this was

198.3	<p>becoming challenging. Tracy Lockett said that GOSH's workforce was the youngest nationally and this led to a different set of requirements and culture. She said that work was also taking place to identify people's reasons for remaining at GOSH.</p> <p>Chris Kennedy asked how improvements had been made in International and Private Care staffing which had previously been challenging and Tracy Lockett said that there was good new leadership in the area and international recruitment had been successful.</p>
199	Staff Survey Results 2022
199.1	Matthew Shaw said that GOSH's staff survey results had deteriorated, and it was important to be open to exploring the reasons for this and to identify updates which could be made to the staff wellbeing plan to prioritise the support that was being provided and achieve impact. He said that it was important to engage a much broader section of the workforce and discussion about this would begin at the next Executive Management Team meeting.
199.2	Caroline Anderson, Director of HR and OD said that whilst the results were disappointing, she felt it was an accurate reflection of the Trust's current position. She said that it was important to consolidate the existing staff wellbeing initiatives and focus on a smaller number of high impact areas, particularly around behaviour and values.
200	Board Assurance Committee reports
200.1	<u>Quality, Safety and Experience Assurance Committee update – January 2023 and March 2023 meeting</u>
200.2	Amanda Ellingworth, Chair of QSEAC said that the most recent meeting had taken place on 29 th March and had shown evidence of the work that GOSH was doing to become proactive in terms of safety. Updates had been made to the way in which papers had been written to better interrogate the data and support the identification of themes and systemic issues.
200.3	An options appraisal was taking place of HDU care in the Trust and good clinical engagement had been established.
200.4	A disappointing internal audit report had been received on the harm review process which had provided a rating of partial assurance. This was being followed up by the executive team and an audit process would be implemented to ensure that the harm review process had been embedded across specialties.
200.5	A very positive report had been received from the Trust's authorising fire engineer and good progress had been made on safer sharps.
200.6	<u>Finance and Investment Committee Update – February 2023</u>
200.7	Suzanne Ellis, Chair of the Finance and Investment Committee said that the committee had discussed the monthly and year-end financial outturn as well as the plan for 2023/24. She said that the linen contract had also been reviewed and the preferred bidder recommended to the Board.

200.8	<u>Audit Committee Assurance Committee Update – March 2023 meeting</u>
200.9	Gautam Dalal, Non-Executive Director said that a large proportion of the meeting had focused on the Board Assurance Framework and the committee had agreed the wording of a risk around GOSH's operation as part of an integrated care system. It had also been agreed that the information governance risk would be removed from the BAF and would continue as a Trust Wide Risk. A Root Cause Analysis was being undertaken into two power interruptions and the committee received an interim report on this. Learning so far was around ensuring that up to date planned preventative maintenance was in place and moving forward with the Computer Aided Facility Management system. A deep dive had also taken place into the cyber security risk and the committee had agreed to ask the Trust's internal auditors to review GOSH's penetration testing arrangements.
200.10	<u>People and Education Assurance Committee Update – February 2023 meeting</u>
200.11	Kathryn Ludlow, Chair of the PEAC said that a verbal update of the same meeting had been presented at the last Board meeting and a written update was now included in the papers.
201	Council of Governors' Update – February 2023 meeting
201.1	Sir Michael Rake said that the Council of Governors continued to be a constructive and supportive group. Since the last Board meeting the Council had approved the significant transaction for the Children's Cancer Centre. They were keen to ensure that the Trust continued to make progress with its sustainability targets and had requested a session with Russell Viner, Non-Executive Director on research at GOSH.
202	Update on Board Assurance Framework
202.1	Anna Ferrant, Company Secretary said that the Audit Committee had reviewed the wording of three new risks and had recommended the wording to the Board for approval: <ul style="list-style-type: none"> • Integrated Care System (ICS) • Climate health emergency • Mental health services
202.2	Action: Amanda Ellingworth said that it was important to be clear that GOSH was a collaborative partner in the ICS and it was agreed that the wording would be further updated to reflect this.
202.3	Subject to the above amendment, the Board approved the wording of three new risks.
202.4	The Board approved the proposal to remove the Information Governance risk from the BAF as recommended by the Audit Committee and noted that it would become a Trust wide risk.
205	Declarations of Interest and Gifts and Hospitality Register
205.1	Anna Ferrant said that the Trust had 829 active decision-making staff who were required to make a positive or nil declaration about their interests at least annually as a result of their influence on spending tax payers' money. There were currently 23 staff who were yet to make their declaration and therefore there was 97%

205.2	<p>compliance for 2022/23. Sir Michael Rake said that it was important that staff were committed to transparency and made their declarations and Matthew Shaw said that for consultants this was also required by the GMC.</p> <p>The Board noted the Board members' register of interest.</p>
206	Compliance with the Code of Governance 2022/23 and update on the new Code of Governance
206.1	Anna Ferrant said that a review had taken place of the Trust's compliance with the current Code of Governance (2014) which provided a set of principles and provisions against which Foundation Trusts were required to report compliance in their annual report on a 'comply or explain' basis.
206.2	A revised Code of Governance would apply from April 2023 and a comparison review had taken place to identify the changes between the two codes. Several changes had been made, primarily in light of the new NHS landscape and giving greater emphasis to equality, diversity and inclusion.
206.3	The Board reviewed the evidence and approved the proposal that the Trust was fully compliant with all principles and provisions of the Code of Governance 2014.
207	Revised Trust Board Terms of Reference
207.1	Anna Ferrant said that the Board's Terms of Reference had been reviewed in the context of the revised Code of Governance. Updates had been made to reference the Integrated Care System, the Trust's commitment to the patient safety statement and the commitments made around environmental sustainability.
207.2	Action: It was agreed that clarification would be given to the meaning of a 'place based system'.
207.3	Subject to the above amendment the Board approved the revised terms of reference.
208	Any Other Business
208.1	There were no other items of business.