



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust



# GOS



**Annual Report  
and Accounts  
2021 to 2022**



Great Ormond Street Hospital  
for Children NHS Foundation Trust

# **Annual Report and Accounts 2021 to 2022**

Presented to Parliament pursuant to Schedule 7,  
paragraph 25 (4) (a) of the National Health Service Act 2006



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THANK  
YOU

NHS

# Great Ormond Street Hospital at a glance

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GOSH has  
**5,791**  
staff.

GOSH had  
**242,694**  
outpatient  
attendances in  
2021/22.

**98%** of inpatients  
and **95%** of  
outpatients would  
recommend  
GOSH.

In 2021/22 48  
active volunteers  
gave **10,192** hours  
of their time.  
This time equates  
to **£112,621**.

At GOSH we provided  
more than **63** different  
specialist and sub-specialist  
paediatric health  
services. This was  
the widest range  
on any single site  
in the UK.

In 2021/22, GOSH  
had **2,630**  
participants in **700**  
active research  
studies.

GOSH had  
**42,112** inpatient  
and daycases  
in 2021/22

In 2021/22 GOSH  
reduced its emissions  
from Desflurane  
anaesthetic medical  
gas usage by **98.4%**.

We are using four  
new electric paediatric  
ambulances.

# Chair foreword

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Last year, in my foreword to the annual report, I applauded the commitment and dedication of our fabulous team in tackling the unprecedented challenge of COVID-19. I said then that the pandemic was not over; that there was more hard work to come and twelve months later we are looking back on another tough year in which our team has worked flexibly and doggedly through difficult circumstances. It's thanks to the determination and hard work of our staff that we can look back on another year of achievement and find ourselves well placed to build for the future.

The principles of Above and Beyond, our strategy to 2025, have steered our response to the challenges we faced. We have made good progress in delivering against the priorities of that strategy and worked hard to put the child 'first and always' in everything we do. In no small part, this is down to the excellent partnership working that we've seen within the hospital and beyond in the last year.

Our bilateral partnerships have been as strong as ever and we have honoured our approach to other hospitals with a 'never say no' approach to accepting patients. This has been particularly important due to the large number of patients waiting for treatment following the pandemic. This year we provided mutual aid to the Royal Free Hospital for Gastroenterology, and Specialist Neonatal and Paediatric Surgery (SNAPS) patients. In October we were delighted to begin a collaboration with the Royal Marsden Hospital on a shared electronic patient record system – sharing skills and experience across organisations and saving money in the process.

We continue to work closely with all of our partners across North Central London; developing the North Central London ICS Provider Alliance in preparation for the new Integrated Care Board and working with the Federation of Specialist Hospitals to shape the future contracting framework for Specialist NHS Services. We have also co-chaired the Children's Hospitals Alliance and the associated Accelerator programme, which successfully supported a reduction in waiting lists and an improved patient experience.

Partnership has underpinned a strong year for research. Our work with the University of California, Los Angeles (UCLA) paves the way for a ground-breaking, one-time treatment for ADA-SCID. And, thanks to funding from the British Heart Foundation (BHF) and work with researchers at the UCL Institute of Cardiovascular Science (UCL ICS), we have doubled the number of children able to receive a heart transplant by pioneering a special blood filtering device that allows older children to receive the transplant they desperately need.

This year we have advanced some significant industry partnerships. The work we are doing with Virocell Biologics is of particular note. The collaboration will see the Zayed Centre for Research into Rare Disease in Children become the largest academic producer of gene and cell therapies in Europe. This is significant not just for its scale but because there is a global shortage of viral vectors – the delivery systems for gene therapies. This partnership will speed up clinical trials at GOSH with the aim of many more patients being able to benefit from the transformative therapy.

The Zayed Centre for Research was also the venue for a number of important visits. In September His Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, the Secretary of State for Health Sajid Javid MP, and the Secretary of State for Education Minister Nadhim Zahawi MP toured the facility and heard first-hand from researchers and clinicians about the life-changing impact of its work. The Secretary of State for Health returned to the Centre in March where he hosted a round table discussion on rare diseases and then spent some time with staff and families on our Paediatric Intensive Care Unit. The same month Gillian Keegan MP, the Minister for Care and Mental Health visited GOSH to understand more about our award-winning apprenticeship programme and to meet some of our apprentices.

One of the priorities in our strategy is the development of the Children's Cancer Centre and this will only be possible through our close partnership with GOSH Charity. The Children's Cancer Centre (CCC) project will see the front of our island site being completely redeveloped to create a state-of-the-art national centre for children with rare and difficult to treat cancers. The Charity have committed to raise funds to support development of the new building. Together, we



have created a clinical design brief for all floors, working with our clinicians. Next year, the Trust will bring together all the design information required to commence the project.

There were other developments on our estate, and in June 2021 we celebrated the opening of The GOSH Sight and Sound Centre, supported by Premier Inn. This is now home to our Ophthalmology, Audiology, Ear, Nose and Throat (ENT) services and Speech and Language Outpatients. The facilities include soundproofed booths for hearing tests and an eye imaging suite. The wonderful new sensory garden has plants that children can see, touch, smell and hear.

Above and Beyond enshrines the principle that we are not caring for children if we do not protect the environment, so sustainability is central to our purpose. In the last year we have built on our declaration of a climate and health emergency by working together on a sustainability programme that will help us deliver on our commitments.

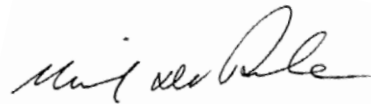
The challenge of global warming is vast, but if we doubt our ability to make a difference, we should draw comfort from the experience of our founders. Because what starts small, from the vision and actions of a few determined people, can have global impact. In 1852 Dr Charles West founded the Hospital for Sick Children in his terraced house on Great Ormond Street, with just 10 beds and two clinical staff. And on 14 February 2022 we celebrated 170 years of that institution and were reminded of the impact it has had on so many lives. Birthday wishes flooded in and it was wonderful to hear from former GOSH patients whose lives have been changed over the years.

After such an important year, it's only right that I should leave you with some words of thanks. First to colleagues across the Trust. Colleagues who have been with us for many years and colleagues who are new to our story. Whatever your role, and wherever you work, thank you for all your hard work and dedication.

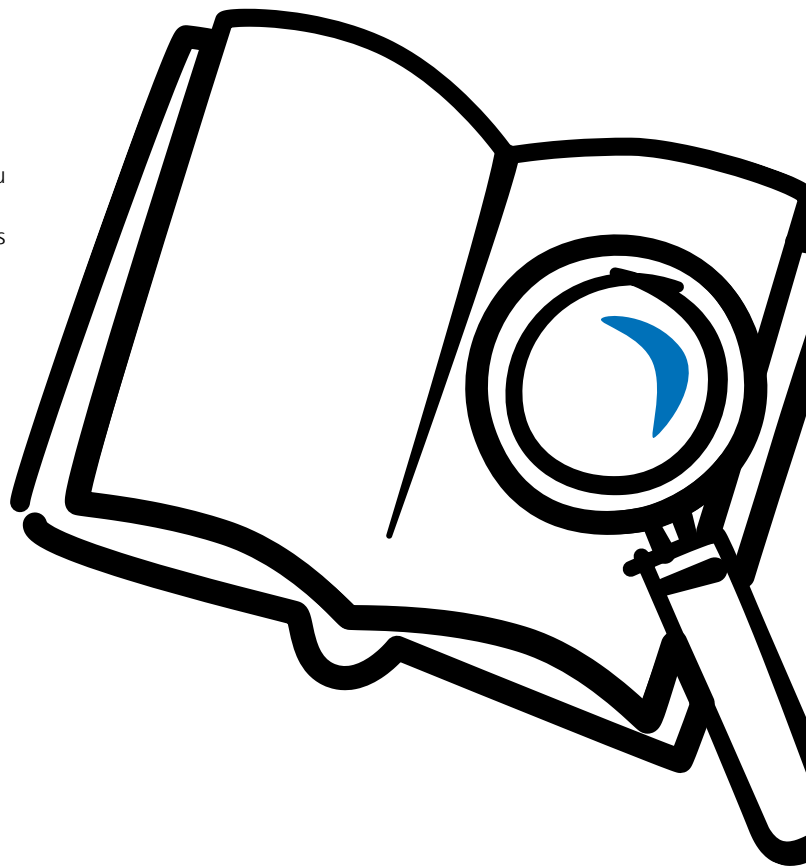
Thank you to the Governors, whose thoughtful contributions and challenges help make us better.

And thank you to the Directors and Non-Executive Directors whose leadership and scrutiny has been so important. Particular thanks must go to Akhter Mateen, Chair of the Audit Committee, who will be stepping down from his position as Non-Executive Director in June 2022. In quarter 1 of 2022/23 we welcome Suzanne Ellis and Gautam Dalal initially as Associate Non-Executive Directors and I look forward to working with them.

I hope that when I read this back in 12 months' time we will truly have moved on from the pandemic. And if so, I'm quite certain we will be looking back on a year in which our hospital was able to fly Above and Beyond.



**Sir Michael Rake**  
Chair



# Chief Executive foreword

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One of the most important assessments of our culture is the report on the annual staff survey results. Engaging with colleagues, listening to their experiences and taking action to improve things is fundamental to making GOSH a great place to work – one of the priorities in our strategy. It is important for many reasons, including the well-documented links between staff experience, patient satisfaction, and patient safety outcomes.

I was pleased with our progress in this year's survey. Across the nine themes explored in 2021, our results show steady, year-on-year improvement since 2018 against the Acute Specialist Trusts we benchmark against – a high performing group. Compared with the North Central London or London averages, the Trust is above average for all nine themes. Our focus on diversity and inclusion and staff health and wellbeing is having an impact.

We recognise we have some way to go to becoming a truly inclusive organisation. Our Seen and Heard Diversity and Inclusion Framework is our road map to achieving this and a crucial component are our staff networks. It has been wonderful to see our staff networks grow in confidence and influence over the last year. Recognising intersectionality, they are working closely together, and I would like to thank all the executive members for their passion, commitment and partnership. From September 2021 to March 2022, we ran a series of staff engagement events across the Trust that we called the 'Big Conversation'. Over 300 staff attended the sessions, which covered allyship for neurodiversity, equal parenting & fatherhood, race equality, allyship for trans/non-binary, and gender equality.

There's no doubt that the last two years have had an impact on the wellbeing and morale of our teams. Staff have had to work in very different ways including some from home and some with limited breaks from their work. The rise of the Omicron variant in December left us with sickness absence rates of up to 9 per cent. In an effort to support our staff, we introduced wellbeing Wednesdays and weekly communications to help people consider their own health and wellbeing, as well as that of their patients. We integrated staff health and wellbeing into our management and leadership framework and put in place individual support for staff experiencing emotional and psychological difficulties. We also established an on-site staff support service in partnership with Citizens Advice, which may face even more demand given the growing financial pressures on people at the moment.

Some important members of our team are not employed directly by GOSH but are engaged through specialist third party suppliers from whom we buy services. We keep this under regular review to make sure these arrangements are in the best long-term interests of our patients. On 1st August 2021, following one such review, we brought our Domestic Services Team in-house after 20 years of having these services provided by external contractors. As a result, 312 extra people became GOSH employees. Managers from the Estates & Facilities team

and HR&OD have worked closely with the GOSH Staff Partnership Forum and colleagues from Unite and UNISON throughout the process and we have committed to offer full NHS Terms and Conditions to all the Domestic Services Team by December 2022.

In other areas, we have taken a different view on the way services should best be provided, and we signed a three-year contract with external security contractor Carlisle Security Services to provide our important security service. Providing security services in house can be difficult for small Trusts, in part due to the regulatory requirements involved, so while we know that some of our security guards would prefer to be employed by the NHS we felt an external provider was the best way forward in this case.

Safety is of paramount importance to the hospital. Of our three quality priorities, safety has most definitely been front of mind in the face of COVID-19; our responsibility to keep our patients, families and staff safe, and our commitment to support the wider healthcare system, required that we implemented change at pace. As a result of internal and external scrutiny of our patient safety processes and learning from our mistakes, we made a commitment to an extensive patient safety transformation programme and during the year we created a patient safety delivery plan to sit alongside the safety and quality strategies. Our patient safety and quality teams have integrated themselves within the organisation to ensure we are doing everything possible to improve safety whilst prioritising getting our services back to normal in the face of the pandemic.

As a result of the virus, our patients waiting over 52 weeks for treatment had increased and we reported 577 patients in this situation back in February 2021. So when funded accelerator programmes were announced, to help hospitals get their delivery back to pre-pandemic levels, we were pleased to play our part.

GOSH became involved in two accelerator partnerships – leading an accelerator for North Central London and working closely with other children's hospitals across the country in the Paediatric Accelerator. To support an increase in activity and celebrate the efforts of our staff, we took part in two exciting Super Saturday initiatives to see more elective patients and work collaboratively on innovative ways to improve our processes. For example, we helped patients who have been anxious about surgery in the past or are afraid of needles by showing heart and lung transplant patients, and their families, around our theatres. Our laboratory team also ran tours for patients. Toward the end of the year our position on long waits had significantly improved, and in the course of the accelerator many more children were seen as outpatients.

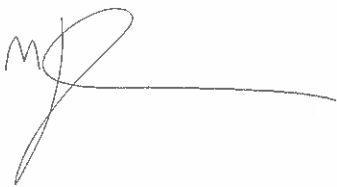
We also took opportunities to support the wider life chances of children at GOSH and in the world. Our hospital school – so important to the educational achievement of our long stay patients - celebrated its 70th birthday. In the course of those 70 years a team of just two teachers has grown into a professional staff of close to 40 who dedicate themselves not only to the patients who are missing academic lessons elsewhere, but also to the school plays, choirs and weekly awards that bring a slice of ordinary life into our hospital.

For children more widely, and in recognition of the global impact of climate change on children's health, I joined with GOSH colleagues and other healthcare workers to cycle from our hospital all the way to the Royal Hospital for Children in Glasgow to coincide with the UN Climate Change Conference (COP26). We carried an open letter to world leaders from organisations around the world representing 45 million health professionals and called for urgent action on behalf of children and young people.

We were also able to support children beyond our borders thanks to our partnership with the European Children's Hospital Organisation (ECHO). It was through ECHO that we were pleased to welcome four children from Ukraine who were in urgent need of treatment and who, together with their families, were threatened by the terrible violence of the war in their country. GOSH is one of several hospitals working with the Department of Health and Social Care and NHS England to care for 21 children from Ukraine. Our expert psychologists, play team and welfare teams are supporting the care that they receive and connecting them with members of the Ukrainian community in the local area.

Our emergence from COVID-19 is hugely welcome, but with it has come some challenges, particularly financially. Our income from international and private work will take time to recover and looking forward to next year the way in which we are remunerated through the NHS has also changed, causing another drop in income. We reported a £4.4m operating deficit at the end of this year and we will need a keen focus on our cost base in the year to come.

Looking to the future, the environment will continue to be challenging, but we have the team to meet that challenge. I'd like to make special mention of the excellent Alison Robertson, who left her role as chief nurse last year to be replaced by Tracy Luckett. Tracy is building on Alison's important work to lead the nursing and associated workforce and will keep us focused on the health and wellbeing of the many colleagues who continue to work so hard for the Trust.



**Matthew Shaw**  
Chief Executive



# Overview

On the following pages we provide a summary of the Trust's purpose, the key risks to the achievement of its objectives and highlight how the Trust has performed during the year.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an acute paediatric provider of specialised and highly specialised treatment and care for children with rare and complex diseases and conditions. Our vision, which sets our direction, is 'helping children with complex health needs fulfil their potential'. Our mission is to put 'the child first and always'. It is supported by our 'Always Values': always welcoming, always helpful, always expert and always one team.

At GOSH we provide 63 different specialist and sub-specialist paediatric health services. This is the widest range on any single site in the UK.

More than half of our patients are referred to us from outside London and a small proportion come from overseas.

We have a long tradition of clinical research, learning from our special position treating some of the largest cohorts of children with rare diseases in the world. We host the UK's only paediatric National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) in collaboration with University College London Great Ormond Street Institute of Child Health (UCL GOS ICH).

Together with our partner Higher Education Institutes, we train the largest number of paediatric nurses in the UK and play a leading role in training paediatric doctors and Allied Health Professionals (AHPs).

## Our history

In 1852, Dr Charles West founded the Hospital for Sick Children in his terraced house on Great Ormond Street. It was the country's first specialist medical institution for children, with just 10 beds and two clinical staff.

With the generosity and foresight of early patrons such as Charles Dickens and J M Barrie, the hospital grew. Over the decades it has been at the leading edge of the treatment and care of children, including pioneering paediatric cardiac surgery and treatment for childhood cancers.

Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012. Much has changed since 1852, but GOSH remains at the forefront of paediatric medicine and research. Every day we do everything in our power to give seriously ill children the best chance to fulfil their potential.

## Celebrating 170 Years of GOSH

We were overwhelmed by the birthday wishes from everyone and particularly those who shared their memories of our hospital over the years. It was wonderful to hear from former GOSH patients, staff and their families on our social media page.



## Our Children's Hospital School turned 70!

The Children's Hospital School celebrated its 70th birthday in 2021. It was on 1 May 1951 that the Hospital School started with just two teachers. It now has a team of close to 40 staff, with much to celebrate. Most importantly, we've had 70 years of ensuring educational achievement, continuity and enjoyment for patients facing long stay admissions in hospital.

The School plays an essential academic role for our patients who might be missing lessons at home, as well as providing a healing experience of ordinary life for families amid what can sometimes be a very clinical environment.

School plays, virtual choirs, weekly awards and even exams make this School as familiar as possible for children. However extraordinary their experiences at GOSH, experiencing ordinary life is just as important as part of the recovery process for our pupils.



## Our structure in 2021/22

In 2021, we evaluated the way our clinical teams were working. The aim was to ensure our operational structure best supports our vision to help children with the most complex health needs fulfil their potential.

Consultation was conducted with all staff across the Trust. After reviewing the responses, our directorates were reduced from eight to seven for the purpose of streamlining reporting arrangements. This change brought together our Medicines, Therapies and Tests directorate and Operations and Images directorate into one Core Clinical Services directorate.

Our seven clinical directorates are:



In addition, there are nine corporate areas: Clinical Operations, Corporate Affairs, Built Environment, Medical, Nursing and Patient Experience, Human Resources and Organisational Development, Research and Innovation, Finance, and Information and Communications Technology.

## Partnerships at GOSH

At Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) we understand how important partnerships are in enabling us to provide the best possible care for children and young people; we couldn't provide services without them. As such, one of the principles in our Above and Beyond strategy is 'Partnerships'. We believe that together we can do more and are committed to being proactive in working with our partners at a local, regional and national level.

The support and flexibility of our extended community of colleagues and partners, who share our commitment to child health and wellbeing has helped to keep us going through these difficult times and we are very grateful.

### Partnerships are part of GOSH's history

This year the GOSH annual report will focus on Partnerships and their importance in delivering our strategy and services. We have used this icon throughout the report to draw your attention to specific examples of partnerships we have embraced. Examples include working with our patients and families, policy makers, our regional and national partners and academics and industry. See how many you can find!



Further information on our key stakeholders can be found on page 92. These include the GOSH Children's Charity and UCL Great Ormond Street Institute of Child Health (ICH).

At GOSH we have a long history of partnerships, going back to 1867 when the Alexandra Hospital for Children with Diseases of the Hip was founded by a group of women led by GOSH's distinguished Lady Superintendent (Matron) Catherine Wood and another of our senior nurses, Jane Perceval. It was principally established to treat hip conditions caused by then-widespread childhood Tuberculosis. There was ongoing sharing of nursing and medical staff with GOSH until the Alexandra moved out of London to a more rural location in Kent in 1920.

Throughout the 20th Century GOSH continued to build its partnerships, including with our near neighbour, The National Hospital for Neurology and Neurosurgery, which opened in Queens Square as the National Hospital for the Cure and relief of Paralysis and Epilepsy in 1860. Neurologist Sir Wylie McKissock was an established staff member at the National Hospital and was appointed at GOSH in 1948, running clinics at both institutions for the rest of his career.

In more recent times our partnerships have included working with organisations outside the healthcare setting, such as McLaren and Ferrari in the 1990s when two of our Cardiothoracic specialists, who were motorsport enthusiasts, studied the practice of pitstops. Although direct comparison was not possible, much was learned about the importance of staff placement and responsibility for decision making. Findings from the study were incorporated into surgical teams' working practices at GOSH, reducing the rates of human and equipment error in handover processes from 30% to 10%.

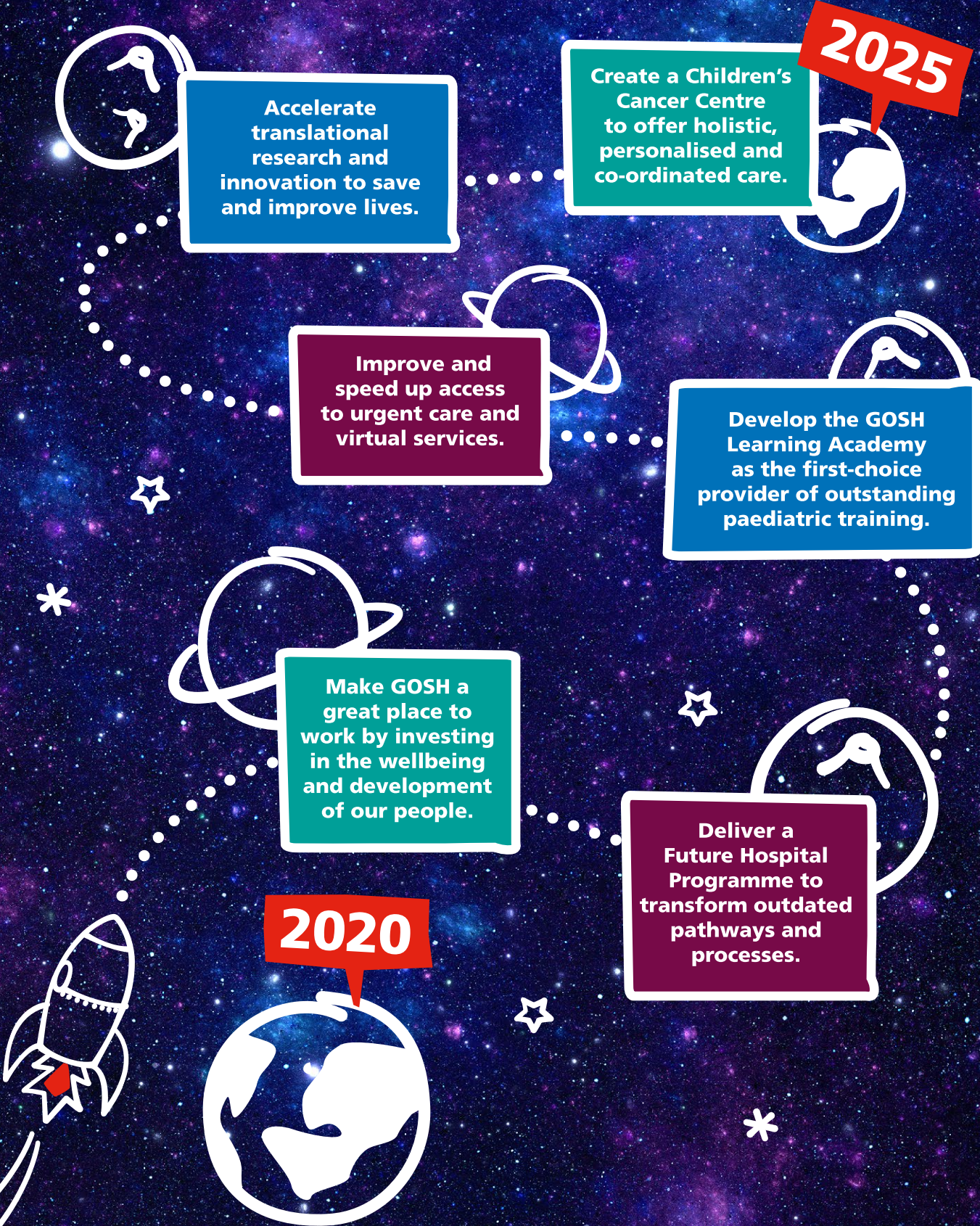


Alexandra House Hospital (left) and The National Hospital Queens Square (right)

# Our strategy and objectives







In September 2020, the Trust launched Above and Beyond, our five-year strategy to advance care for children and young people with complex health needs.

In developing the strategy, the Trust considered its direction of travel as a provider of specialist and highly-specialist paediatric services and what this means for the shape of the services we provide. This helped us define the role we will play in local, national, and international healthcare now and in 10 years' time. Our purpose is to advance care for children and young people with complex health needs.



To maximise successful delivery of the Above and Beyond strategy, the Trust has elected to implement portfolio management. This is a best practice methodology that enables visibility of delivery of the strategy and significantly increases the likelihood that the strategic objectives and associated benefits are realised. The portfolio management framework underpins day-to-day running of the portfolio and provides a single, authoritative and up-to-date source of advice on delivery of the various initiatives. The Portfolio Office reports quarterly to the Above and Beyond Oversight Group, and to the Trust Board as and when required.

The six priorities of the Above and Beyond strategy are represented as planets, each with a team responsible for delivering a set of key programmes and projects that will take us to where we want to be in 2025. The planets are as follows:

-  **Planet 1:** Make GOSH a great place to work by investing in the wellbeing and development of our people
-  **Planet 2:** Deliver a Future Hospital Programme to transform outdated pathways and processes
-  **Planet 3:** Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training
-  **Planet 4:** Improve and speed up access to urgent care and virtual services.
-  **Planet 5:** Accelerate translational research and innovation to save and improve lives.
-  **Planet 6:** Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care.

The Performance report provides an overview of delivery of the various initiatives within each of the planets on pages 17 to 44.

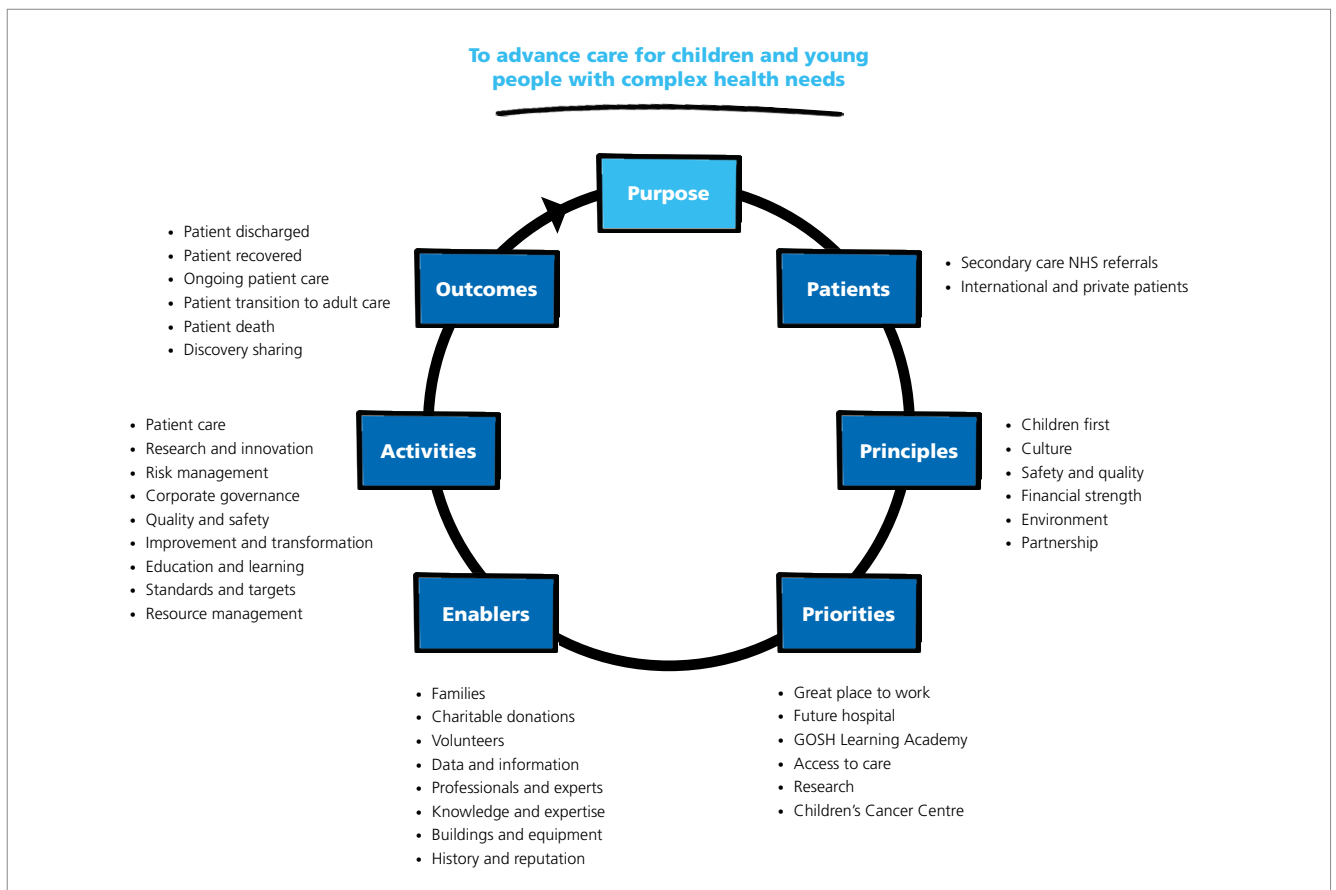
## Our GOSH business model

Our purpose as a children's hospital is to care for children and young people with complex health needs. We support them and their families to live their best lives and collaborate with the global child health community to develop treatments, cures and holistic approaches to care that will offer them a brighter future.

How and what we deliver has always been, and will continue to be, driven by the needs of our patients. This has endured since the hospital first opened its doors in 1852. With clarity about our purpose and the needs of our patients, we have developed a set of principles and priorities to guide us. We have a vast set of 'enablers' that facilitate the work we do, from human resources, capacity and expert medical knowledge to the bricks and mortar that house us. Our enablers allow us to get on with the activity of providing care to our patients. Each one of our activities generates an outcome for our patients. As a public sector body, achieving the very best outcomes for our patients is our ultimate goal.

Our business model, including our purpose, patients, principles, priorities, enablers, activities and outcomes, are summarised in the diagram below.

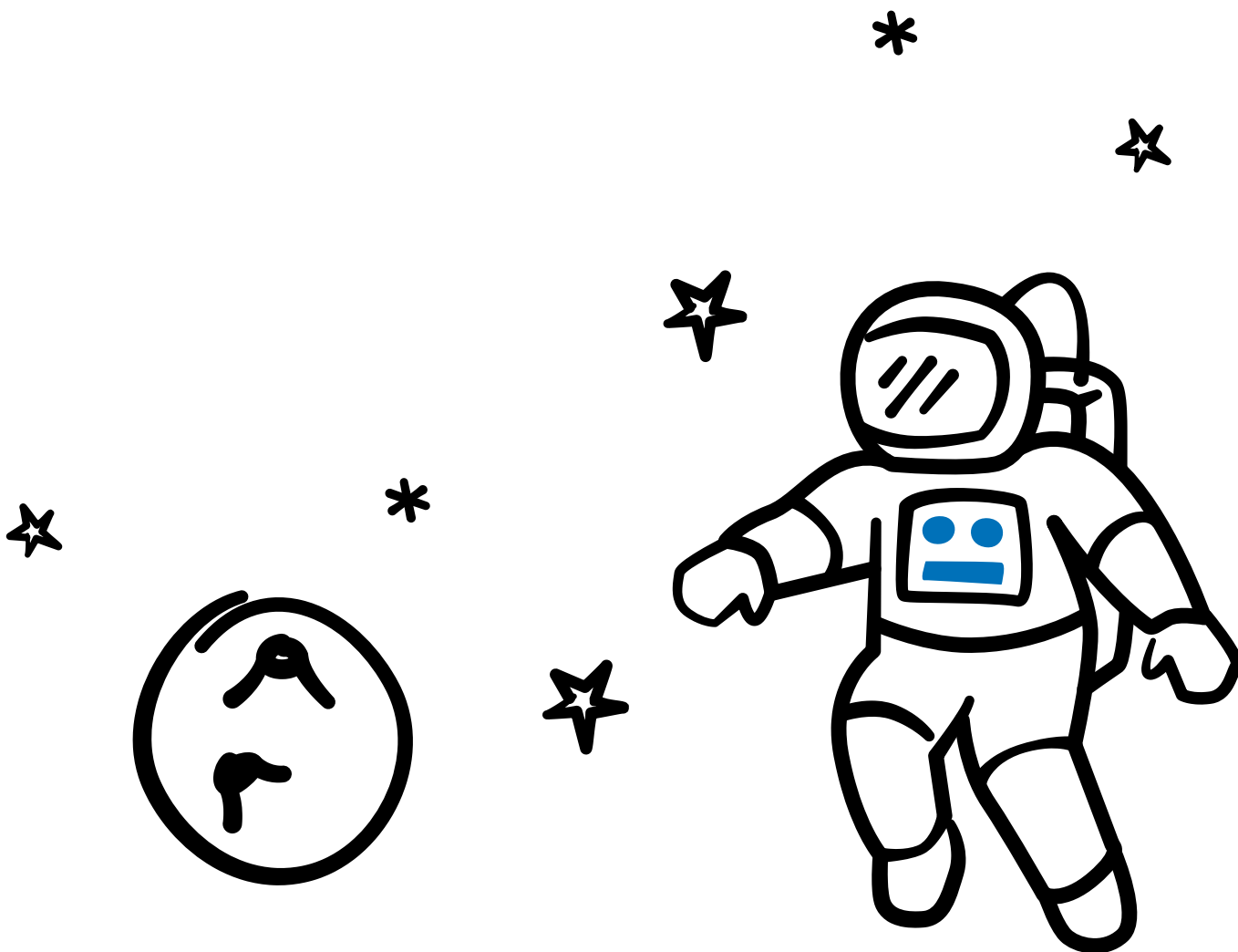
To help move us from strategy to activity, the Trust is developing enabling strategies that cover the themes of People, Clinical Business, Research, Education and Transformation. Each of these strategies are supported by numerous frameworks that add a layer of detail, so we are clear why we do what we do, and how we will do it. Every corporate and clinical directorate in the Trust will have a business plan setting out the specifics of what we will do, who will do what and when it will be done.



## Important events since year-end

The important following events have taken place since the year-end:

- The appointment of two Non-Executive Directors (NED), initially as Associate Non-Executive Directors. Gautam Dalal and Suzanne Ellis were welcomed to the Trust and will take the positions as substantive NEDs when Akhter Mateen, NED, and James Hatchley, NED, step down from the Board in 2022/23.
- Helen Jameson, Chief Finance Officer will leave GOSH in Q2 2022/23. An interim post-holder will be appointed while the recruitment process for a substantive candidate is underway.







# Performance Report

# Overview of our performance in 2021/22

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2021/22 has continued to be a very tough year for GOSH and the NHS as a whole. We know the pandemic has impacted the delivery of our services and has been incredibly difficult for our patients and staff. Throughout the year, we have continued to strive to fulfil our purpose to advance the care for children and young people with complex health needs.

## Impact and recovery from COVID-19



At the beginning of the year, we were still working in a very responsive way to COVID-19. We continued to work with our NCL partners to support the local system in maintaining services for children and young people while some of our staff were supporting the adult system. GOSH led the North Central London Accelerator programme and a separate programme for standalone hospitals to help expedite NHS elective recovery (see page 31).

We worked towards 120 per cent of our usual activity and to do this our staff had to work in new ways. Our theatres have been fully operational this year and we prioritised recovery in order to minimise harm and disruption to children's healthcare and their wider social and educational development.

## Staff Health and wellbeing

We monitored the wellbeing of our staff very closely; they were very tired and it has been extremely challenging. During the Omicron surge our sickness absence rates increased to 9% on average. At this point we re-established our incident management structure to run alongside business as usual, enabling us to offer a rapid response to the changing circumstances. We implemented new supportive measures through our Wellbeing Hub and introduced wellbeing Wednesdays, virtual big briefings and regular weekly communications. Up against all the challenges we have seen over the year, our GOSH staff have continued to demonstrate amazing resilience and commitment to caring for patients and families in incredibly difficult circumstances.

## Delivery of Services

Throughout 2021/22 and the Omicron surge we continued to operate our key priorities:

- Delivering care for as many children and young people as possible based on clinical urgency.
- Working with hospitals across the wider healthcare system to support pandemic response and recovery, including taking general paediatric patients and operating an 'always say yes' approach.

Our cancer compliance against four of the five national standards were met, ensuring our patients who required cancer treatment received it within the stipulated timeframes. Achieving the 31-day subsequent surgery treatment standard was challenging for 5 of the 12 months of 2021/22. This was mainly driven by clinical decisions regarding the patients' fitness to proceed with treatment.

The impact on GOSH patients waiting for a diagnostic test (DM01) and on an incomplete referral to treatment pathway (RTT) continued to be a challenge, but we saw improvements in a number of areas. Our DM01 position against the 99% standard for patients waiting under 6 weeks for a diagnostic test improved by 9% from the April 2021 position to 86.9% in March 2021. We saw a reduction in the number of patients waiting over 6 weeks for a diagnostic test from 381 in April 2021 to 192 in March 2022. Our RTT performance saw a similar movement during 2021/22, with improvement from 71.3% of patients waiting less than 18 weeks for treatment in April 2021 to 76% in March 2022.

As a result of the pandemic, our patients waiting over 52 weeks for treatment had increased, with GOSH reporting the highest number in March 2021 (564 patients). Towards the end of the year this had significantly improved, and we saw a reduction of 422 patients by the end of March 2022 to 142 patients. To further support our waiting times, we have agreed for 2022/23 to target zero 104+ week waits by the end of June 2022 and not more than 130 patients waiting more than 52 weeks in March 2023.

### Key risks and issues 2021/22

Our Board Assurance Framework (BAF) details the principal risks to the achievement of our operational and strategic plans. It is informed by internal intelligence from incidents, performance, complaints and internal and clinical audits, as well as the changing external environment in which we operate. During the year, the Trust reviewed the mitigations cited for our principal risks in relation to our recovery from COVID-19. The principal risks for the Trust during the year and in the immediate future are:

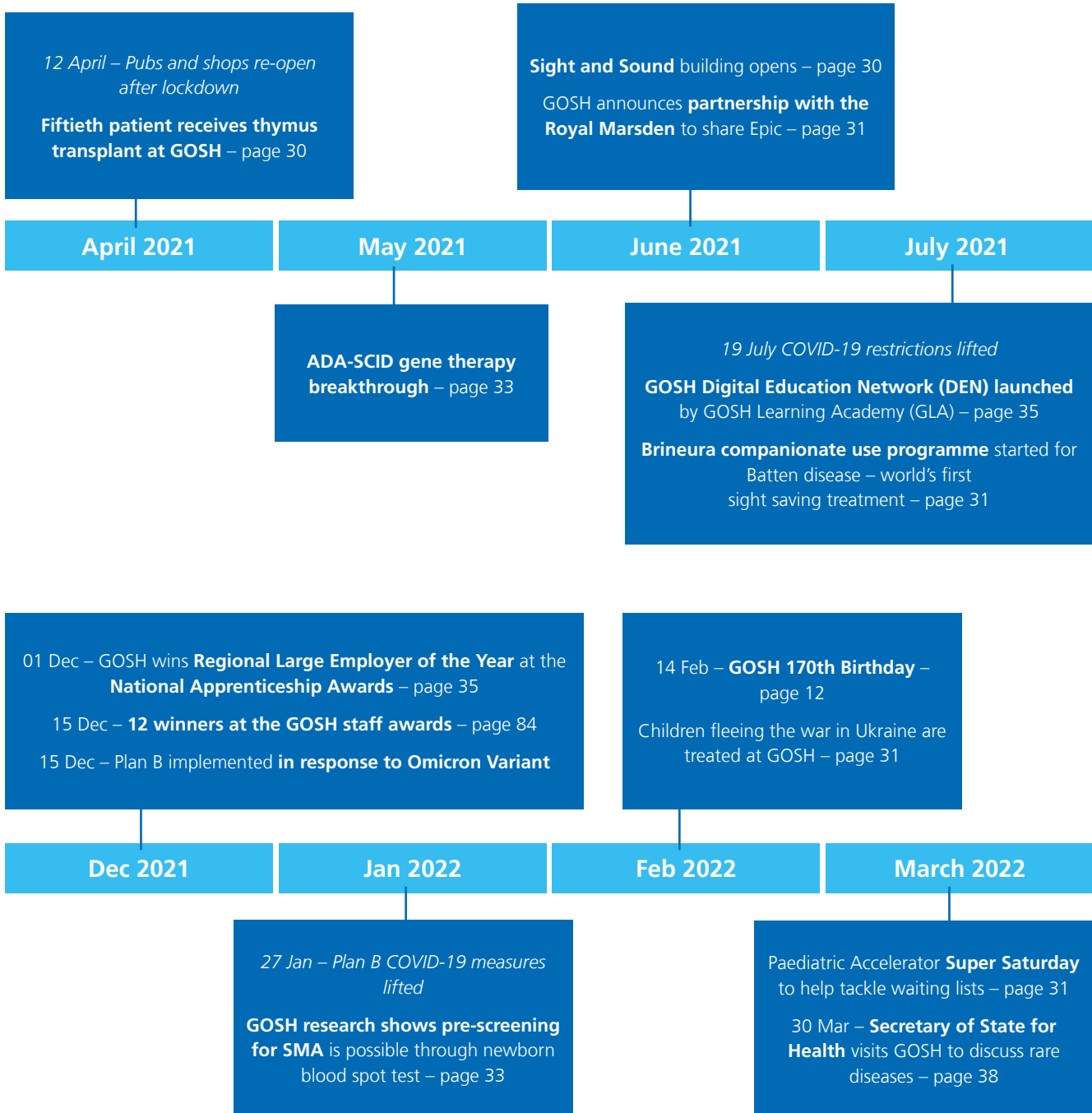
- **Management and monitoring of medicines** in line with statutory and regulatory guidance.
- **Financial sustainability** in a changing financial framework for the NHS where:
  - the NHS has continued to deliver during the COVID-19 pandemic
  - money available to NHS organisations is being allocated via a different framework and methodology
  - the cost of delivering services is higher due to infection control guidelines and the changing profile of patients
  - the impact of COVID-19 on the delivery of International and Private Care services, which are crucial to supporting the funding of NHS services at GOSH.
  - Risks to future access to central research funding.
- **Estate compliance** - Maintenance of the estate against standards and best practice
- **Operational performance** within a context of the delivery of services and prioritisation of patients and the impact on staff availability of Vaccination as a Condition of Deployment (VCOD).
- **Cyber security** – protecting our technical infrastructure to reduce cyber-attacks and protect our data.

Further information, including the controls in place to mitigate the risks, is documented on page 117.



## Key Achievements Timeline

Despite the immense challenges posed by the pandemic, we have seen some incredible achievements and teams across the Trust have continued to make significant progress. The timeline below showcases some of these achievements and more details on each can be found throughout the report.

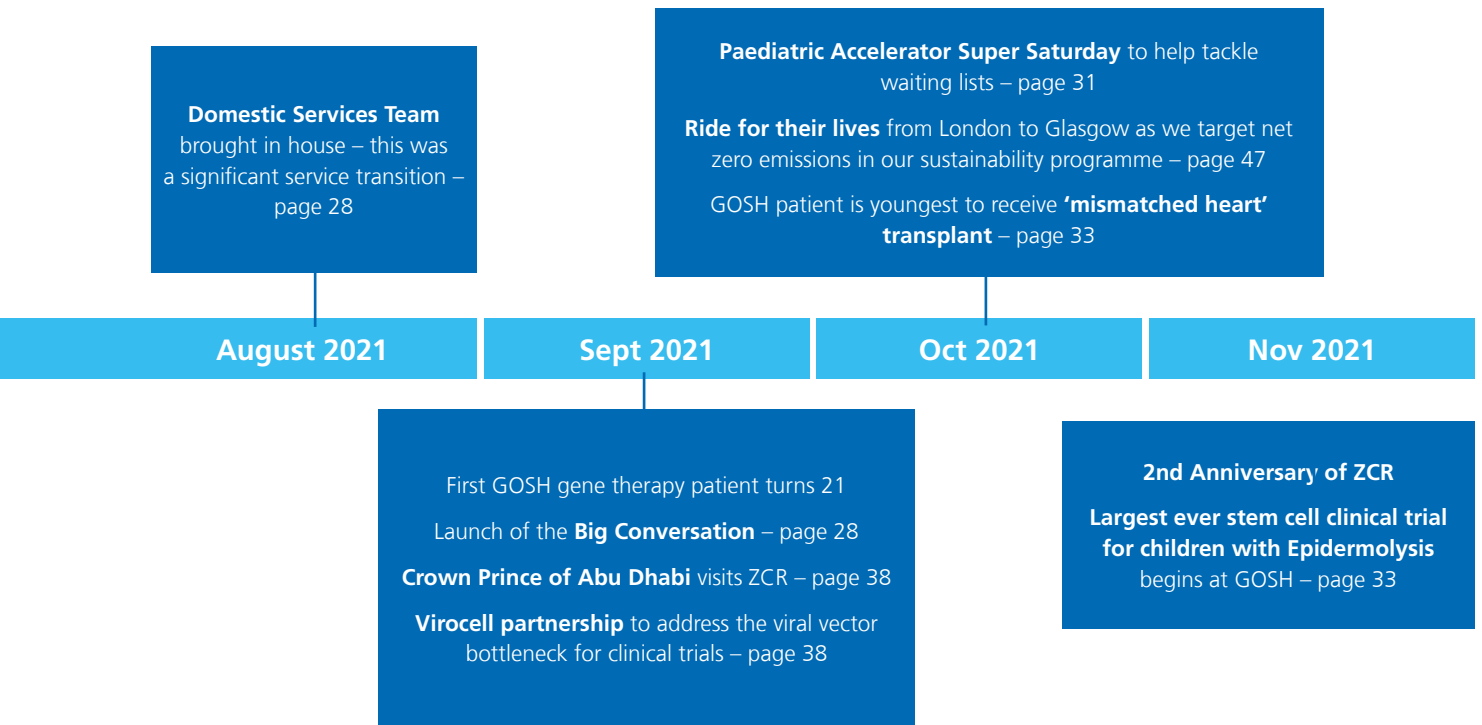


## Achieving Our Purpose

At GOSH we have remained dedicated to **Our Purpose**, as set out in our organisational strategy, Above and Beyond, and the examples below demonstrate how we have achieved this over the past year.

We have worked hard to put the child first and always in our approach to **CARE**. We know the number of people waiting for treatment has risen since the pandemic and, as part of the National Paediatric Accelerator Programme, we held two Super Saturdays in October 2021 and March 2022. You can read more about these on page 31.

We have embraced **RESEARCH** by undertaking a number of studies to better understand the impacts of COVID-19 on children and young people. Ranging from insights into genes behind severe COVID-19 in children; agreeing the first research definition for 'long COVID' and conducting a COVID-19 vaccination study. All of these will enable us to better protect patients going forward. We were delighted to receive a funding boost in February 2022 when The National Institute for Health Research (NIHR) announced that the GOSH Clinical Research Facility (CRF) was one of 28 centres across the country to receive 5-years of funding to deliver early-stage clinical research. To read more about our research studies throughout the year turn to page 33.

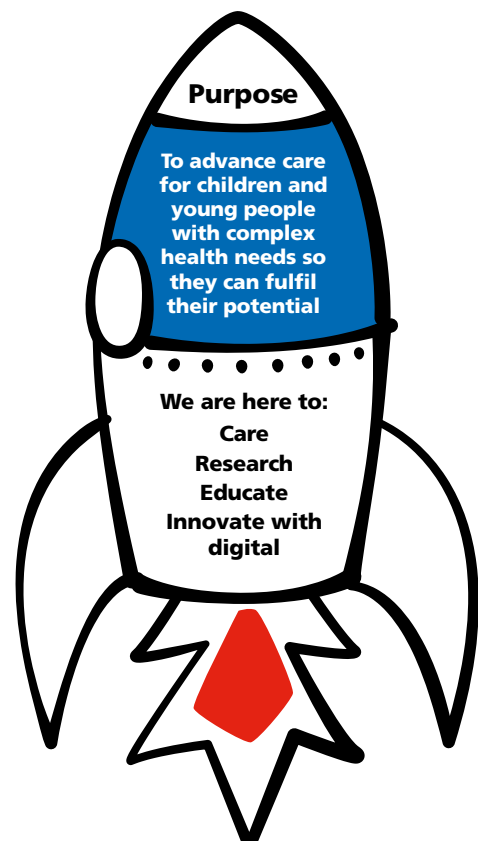


We have continued to **EDUCATE** staff through the GOSH Learning Academy (GLA). The GLA continues to be the preferred specialist paediatric education provider for our partners within our Integrated Care System (ICS). As our reputation grows as a trusted provider, we have seen an increase in national bodies such as NHS Improvement (NHSI) and Health Education England (HEE) requesting to either collaborate with us or showcase our educational programmes this year. We are also working with our partners to explore extending free education to other NHS organisations. See more about our GOSH Learning Academy and its achievements on page 34.



We have been working to **INNOVATE WITH DIGITAL** among GOSH colleagues and our partners across the children's hospital sector to identify new ways to offer enhanced virtual support for children and young people, while continuing to deliver safe, effective and efficient on-site care. In July 2021 we launched our brand-new Virtual Learning Environment, GOSH DEN (Digital Education Network). This brand-new platform offers a variety of different learning resources for both clinical and non-clinical staff, including webinars, e-learning packages, blended courses, podcasts and much more. To help promote partnership working we made the GOSH DEN open to all professionals working in paediatric healthcare, both within and outside the Trust. Read more about the GOSH DEN on page 35.

More information and examples of how we have achieved our purpose can be found under our Planets on pages 26 to 44.



*Above and Beyond*, our five-year strategy to advance care for children and young people with complex health needs.

# Performance Analysis 2021/22

This section of the report analyses the Trust's performance during 2021/22 in relation to quality, operational delivery and financial performance. It highlights the priorities we set ourselves and our progress with these priorities. Information is then provided on progress with delivery of our planets.

Whilst seeking to deliver high quality, safe care, the Trust is also committed to ensuring equality of service delivery. Internally we have established a workstream to promote and monitor this important area of work and to identify priority interventions specifically for our patient cohort. For example, we conduct equality impact assessments of our policies, and our cost improvement plans to assess the impact of change on people with protected characteristics. We are working with our partners in the Children's Health Alliance on workstreams to identify and reduce health inequalities (see page 93).

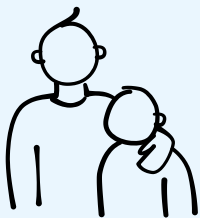
We have appointed Amanda Ellingworth, Non-Executive Director, as our Diversity and Inclusion Guardian. We are mindful that we can only provide the highest quality healthcare to children and their families if we represent the diverse communities that we serve, treat our members of staff with respect and give them

a powerful reason to stay and grow within the Trust. Further information can be found in the Staff Report on page 77. Our GOSH Apprenticeship Programme has continued to grow in 2021/22, helping to recruit from the local population and get new talent into the GOSH workforce (see page 26).

## Quality Performance: Analysis

We have a clear principle within our Above and Beyond Strategy for **SAFETY AND QUALITY** which sets out our desire to be world leading in clinical outcomes and service design that puts patients first. With this in the forefront of our minds, last year we identified three priority areas for improvement in safety, clinical effectiveness and experience. We have worked hard to progress these and have set out our performance against each:

### Quality Priority 1: Safety



We will eliminate avoidable harm and improve identification and management of the deteriorating child

**What we said we'd do:** Address the identification, documentation (including observations and early warning score tools), monitoring and appropriate escalation, timely management and review of the potentially deteriorating patient. We aimed to develop a care pathway that is responsive and appropriate; that supports the care giver in their decision making.

**What we did:** A programme was initiated, and a project Steering Group established with representatives from a range of clinical areas of expertise. The group reviewed current practices, including how we enhance these practices and identify anything we need to track or monitor through our governance processes, incorporating feedback from complaints, incidents, mortality reviews and learning from deaths.

The Steering Group has established smaller working groups on focused areas with the aim of testing interventions to make improvements.

**Quality in action:** One working group is testing a technology and education combined intervention to improve the timeliness of nursing observations.

A second working group is testing an intervention to improve the detection of deterioration of patients. This has produced risk categorisation guidance to help consider all risks for the patient before identifying the overall risk. The guidance is at a very early stage and adjustments are being made using ward staff feedback.

## Second Opinion

**What we said we'd do:** Ensure we have a standardised practice for obtaining expert second opinions, making sure we improve transparency in the options available to patients and families and the processes for accessing these second opinions.

**What we did:** We undertook diagnostic work both within GOSH and with other paediatric units and our colleagues in the National Children's Alliance to understand the processes for obtaining second opinions and to explore levels of transparency for patients and their families.

We also spoke to families and staff to understand what is most important to them and how they feel the process, criteria and principles should be designed.

**Quality in action:** We used all the information from our diagnostic stage to design a process and create a resource for families. With the support of a patient and their family we tested the new process, working with identified clinical teams. The direct feedback from the family was that they valued the new process and we plan to further test and refine it before implementing it across the Trust.

## Quality Priority 2: Clinical Effectiveness



We will consistently deliver excellent clinical outcomes, to help children with complex health needs fulfil their potential.

**What we said we'd do:** Develop and implement ward accreditation.

There has been a lack of clarity over the validation and assurance process for Nursing Care Quality dashboards among the clinical directorates and the nursing quality team, leading to issues in governance and oversight. Limitations within the dashboards meant there was no visibility of trends over time and they did not allow us to recognise opportunities for improvement.

**What we did:** The project was initiated and through extensive planning, discussions and options appraisals, the following has been achieved:

Standards, quality metrics and audit questions have been created using evidence from a variety of sources and through feedback from listening and engagement events. These standards are aligned to 7 pillars:

- Nursing Quality
- Nursing Education
- Nursing Workforce
- Patient Experience
- Infection Control
- Quality and Safety
- Joy at Work

**Quality in action:** Two of the sources of data are currently being designed and tested:

- Measures extracting evidence through the Trust Electronic Patient Recording (EPR) system
- Self-assessments conducted by ward staff through a digital application

The former includes a purpose-built dashboard which supports clinical areas to look at opportunities for improvement, track trends in data and create quality improvement initiatives to deliver sustainable changes.

The Quality Improvement Team have created a QI package which is being rolled out across all wards. The proposal includes a structured ward-based group discussion that is self-facilitated to identify areas for improvement and change ideas. These change ideas will be tested by the ward team, tracking progress on a visual board while capturing learning and successes.

This work will mean ward teams are well-placed to identify opportunities for improvement that will support better outcomes and experiences for patients.

## Quality Priority 3: Experience



We will deliver kind and compassionate care and communicate clearly to build confidence and ease.

**What we said we'd do:** Manage uncertainty in healthcare by:

- Identifying best practice guidelines in law, healthcare research and research communication.
- Monitor data sets such as Friends and Family Test responses, PALS and complaints cases as well as incident reports via Datix.
- Co-produce training programmes with healthcare professionals and families.

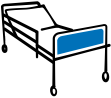

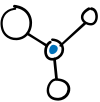

**What we did:**

- Lessons learned from a Serious Incident highlighted the complexities of managing uncertainty in healthcare.
- The Simulation Team was approached to develop a training package to prepare teams to manage and discuss uncertain situations (e.g., uncertain risks from treatment, uncertain prognoses).
- A training survey was sent to staff in 2021 which sought to understand the needs of our teams and appreciate where staff might experience challenges.
- Continued engagement with patient and family via PALS supported the co-design of an evidence-based, half-day training simulation to meet the needs of our staff.
- The central teaching message of our small pilot study was: "It is not our job to fill the terrain with certainty, but nor is it to mask or avoid the uncertainty. Our task is to stand alongside the parent or patient and show them the uncertain terrain." This was delivered via Brief, multi-disciplinary presentations, reflective discussion, collaboration with the GOSH Legal Department and bespoke simulation with professional actors.

The course will be trialled online in June 2022 with the intention of it then being available to external candidates thereafter. Our patients will benefit from the continuity and quality of care that comes from a well-resourced workforce. Providing regular opportunities for staff to voice and reflect on what makes their day difficult, and how this can be supported, is an essential component in ensuring they feel validated enough to work sustainably in a safe and effective way.

## Operational Performance: Analysis

During 2021/22 our main focus was to weather the many surges of Covid-19, while recovering as swiftly as possible to ensure all children and young people received the care they required in a timely fashion. We set four operational priorities and our progress to achieving these is detailed below. Further information about our performance in 2021/22 can be found on pages 17–44.

Priority	Progress
 <p>Delivering urgent care for the highest priority and most unwell children and young people</p>	<p>We made great progress as evidenced by a substantial reduction to our patients waiting 52 weeks. At the end of March 2021, we had 564 patients waiting 52 weeks and our position in March 2022 saw a reduction to 142 patients.</p>
 <p>Honouring our commitment to other hospitals with a Never Say No approach to accepting patients.</p>	<p>We have worked tirelessly to honour this principle, as shown by providing mutual aid for the Royal Free for Gastroenterology and Specialist Neonatal and Paediatric Surgery (SNAPS) patients.</p> <p>We have continued to have very low refusal rates this year, though it has been more operationally challenging due to external conditions, especially in December 2021 and January 2022.</p>
 <p>Flexing and expanding Paediatric Intensive Care Unit services to support the most unwell patients from across London.</p>	<p>Our operational teams have worked on putting robust surge plans in place to provide these services should they be required. Fortunately, at the time of writing, they have not yet needed to be put into action.</p>
 <p>Rolling out the GOSH vaccine programme, which is key to keeping our staff, patients and families safe and sustaining our services.</p>	<p>As of March 2022, we had 91% of our workforce vaccinated and had delivered vaccine and Booster clinics, successfully completing this objective in the year.</p>



## Financial Performance: Analysis

Historically, the Trust has been funded via a variety of income streams, with over 90% of NHS income received from NHS England specialised commissioning. Other significant income streams include:

- Contributions from private patients
- Commercial research
- GOSH Charity investment in the hospital's infrastructure, which enables the estate and equipment to be of much better quality
- GOSH Charity funding for services over and above those in the NHS service specification, for example parent accommodation, chaplaincy, Play Services

As a consequence of the COVID-19 pandemic, the NHS introduced a new financial framework in 2021/22. This was broken down into two six-month periods, in which the Trust received a set amount of money to deliver care, with additional funding for COVID-19 related costs and payments where activity exceeded that delivered in 2019/20 (Elective Recovery Fund (ERF)). At the end of the period the Trust reported a £4.4m operating deficit prior to capital donations, gains on disposals, donated inventory, depreciation in respect of donated assets and impairments.



During 2021/22 the Trust has continued to develop its partnerships, including:

- Being an active member of the Children's Alliance and the associated Accelerator programme, which successfully delivered additional patient care to reduce waiting lists and improve patient experience.
- Working as a member of the Federation of Specialist Hospitals to influence the development of the future contracting framework for specialist NHS services.
- Supporting the development of the North Central London ICS Provider Alliance in preparation for the new Integrated Care Board (ICB) on 1 July 2022.

As we enter 2022/23, operating guidance has been issued to return to an NHS contracting round for the whole year, with the introduction of new block allocations via the Integrated Care System and updated ERF scheme to support the reduction in waiting lists. It remains important that we consider the health and wellbeing of the workforce while we plan activity levels for the coming year, as we recognise how hard they have worked over the last two years to deliver care during the pandemic.

In addition, the 2022/23 capital allocation for the local Integrated Care System (ICS) has been agreed with the Department of Health and Social Care and the Trust has submitted a £15m programme of works for approval.

Updated Infection Control guidelines have been issued to the NHS and the Trust is adapting its ways of working to reflect these and improve productivity for NHS, commercial and private patient activity. It will also continue to capture all the additional costs incurred as a consequence of COVID-19.

### Capital projects

During 2021/22 the Trust continued to invest in its estate and equipment with risk assessments undertaken for each project to understand the likelihood of disruption to the site infrastructure. As a result, some redevelopment programmes were paused due to the pandemic, although planning for the Children's Cancer Centre and related decant and enabling works has continued throughout.

All works were conducted safely, applying social distancing working arrangements.

### Financial governance and reporting

We have continued clear financial governance arrangements for managing spend during the year. These operated in accordance with guidance received from NHSE/I, the Trust's Standing Financial Instructions, Scheme of Delegation and Standing Orders while being alert to the ever-changing response to COVID-19 by adopting a suitable approach to maintain safe and effective care and working practices across the Trust.

We have provided mandatory returns to NHSE/I on the cost of COVID-19. These cover, for example, laboratory equipment and consumables, PPE, staff travel and IT investment to enable homeworking. For GOSH, the costs of COVID-19 are further complicated by the high levels of non-NHS income that have historically supported the delivery of NHS services, including income from research and international and private care.

### International and private care services

Our International and Private Care (I&PC) directorate is an important component of the overall funding model for GOSH. It enables the Trust to invest in enhancements to services and facilities that drive benefits across the NHS and maintain our status as a world-class provider of paediatric services.

The directorate employs 214 clinical and non-clinical staff in London and maintains an office with a small staff in Dubai to support our key relationships with foreign sponsors in the Middle East. We work with around 300 Consultants and 75 Allied Health Professionals, supporting them to conduct private practice on the GOSH site in dedicated outpatient and inpatient facilities. Within the hospital, we provide 53 dedicated private beds across three wards and access to NHS specialty beds (e.g., intensive care) as required according to our patients' clinical needs.

The private wards have continued to support the NHS response to the COVID-19 pandemic throughout the year while the majority of children and young people from abroad requiring specialist care at GOSH have been unable to travel to the UK via normal routes. We have also worked closely with overseas clinical teams, providing remote and virtual support.

These global events have had a detrimental impact on the level of private income we receive through I&PC. We continue to keep the situation under review in order to be in position for this activity to recommence as the pandemic resolves. Prior to COVID-19, I&PC had plans to grow activity and revenues to support further investment in enhancements to services and facilities at GOSH and, in a post-COVID-19 world, this remains our aim. Significant efforts and planning continue to ensure that we can resume this trajectory as soon as possible.

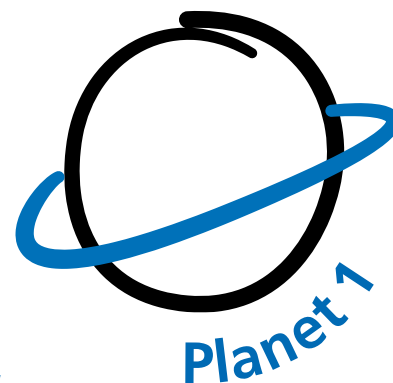
### Going Concern

After making enquiries and considering all the factors mentioned above and the strong cash position held by the Trust, the directors have a reasonable expectation that the services provided by GOSH will continue to be provided for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Full details of our income and expenditure in 2021/22 can be found in the accounts, from page 138.

# Our performance against our Planets (strategic priorities) in 2021/22

On the following pages you will find more information about our strategy's 'planet' priorities, what they are and what we have achieved in 2021/22. This includes our performance on the Key Performance Indicators for each planet.



## Planet 1: Make GOSH a great place to work by investing in the wellbeing and development of our people

We know that staff who feel safe, supported, valued and cared for provide the very best care for patients. We strive to make GOSH the best place for our staff and volunteers to work so we can provide the very best care to patients.

The GOSH People Strategy was published in November 2019. Its purpose is to support delivery of the ambitions and commitments set out in the GOSH Strategy and to make GOSH a great place to work. The People Strategy is built around four themes – Capacity and Workforce Planning, Skills and Capability, Modernising the HR infrastructure and Culture, Health and Wellbeing.

The key objectives under this planet and some of the achievements in 2021/22 include:

Objective	Achievements
Through the GOSH Apprenticeship Programme, our goal is to create a career pathway for every role at GOSH, helping our teams achieve their career ambitions and opening up more apprenticeship entry roles to help recruit from the local population and get new talent into the GOSH workforce.	<p>The GOSH Apprenticeship Programme has continued to grow throughout 2021/22 – now offering apprenticeships across 35 disciplines, including nursing, healthcare science, allied health professionals, IT, pharmacy, data analysis, estates and facilities, project management and domestic services.</p> <p>The Trust has an apprenticeship population of 225 (or 3.75% of its workforce) against a public sector target of 2%.</p> <p>The quality of GOSH apprenticeships has also been recognised with the Trust winning the National Apprenticeship Awards "London Regional Large Employer" award in 2021 and the "National Award for Diversity in Apprenticeships" in March 2022.</p>
Our GOSH Staff Networks are key enablers for achieving the commitments set out in the Seen & Heard – Diversity and Inclusion framework. They're also an essential mechanism for amplifying employee voices at GOSH.	<p>During 2021/22 our Staff Networks have been reinvigorated and gone through a number of developments:</p> <ul style="list-style-type: none"> <li>• The Trust has allocated £46,000 to support the four staff networks throughout the year (£11,500 per network).</li> <li>• New job descriptions for staff network Steering Committee roles were developed and posts recruited</li> <li>• A communications strategy and plan were developed for the networks</li> <li>• Training for network Steering Committee members was delivered to upskill colleagues so they have the capability and strategic thinking to lead staff forums</li> </ul> <p>Staff networks organised events to celebrate Women's History Month, Stephen Lawrence Day, Disability History Month, LGBT History Month, Black History Month, Race Equality Week, fast-a-thon and a virtual iftar for Ramadan, and Lunar New Year.</p>

Objective	Achievements
<p>Staff Health &amp; Wellbeing: At GOSH, every member of staff should feel cared for and cared about. They should be supported to be healthy in mind and body, feel safe and secure while working – whether on site or at home – and feel part of and connected to the GOSH community.</p>	<p>Whilst continuing to support staff through the COVID-19 pandemic, a broad range of Health &amp; Wellbeing activity has been delivered during 2021/22:</p> <ul style="list-style-type: none"> <li>• We integrated staff health and wellbeing into our management and leadership framework and programme.</li> <li>• Kathryn Ludlow, Non-Executive Director, was appointed as the Trust Wellbeing Guardian.</li> <li>• Individual support was provided for staff experiencing emotional and psychological difficulties</li> <li>• All staff “Wellbeing Wednesday” webinars covered topics such as: “NHS CHECK”, the largest research study of NHS staff mental health and wellbeing through the COVID-19 pandemic, Gentle Hatha Yoga, Fulfilment at Work: The Importance of Ongoing Learning and Work-Life Balance, Mindfulness Meditation, New Year...New You? Maintaining Physical Conditioning at a Steady Pace, and The Impact of COVID on BAME Communities</li> <li>• The procurement and establishment of an on-site staff support service in partnership with Citizens Advice</li> </ul>
<p>Line Management Development: A priority of the GOSH People Strategy is to develop our line management capability to encourage a more supportive, fair and inclusive culture.</p>	<p>Our GOSH in-house programme, “The Inclusive Managers’ Essentials (TIME)”, was designed to support better relationships between line managers and their direct reports, leading to increased discretionary effort by staff, and great care with excellent outcomes for our patients.</p> <p>TIME ran throughout 2021/22, covering topics such as Cultural Intelligence, Diversity and Inclusion, MBTI (Light) HR Essentials, Building a Team, How to give feedback, Coaching as a management style, Onboarding new staff, Practical HR, and Health and Wellbeing (how to have honest conversations).</p> <p>Thirty workshops covering 7 subjects were delivered as part of the TIME Programme during 2021/22. They were attended by 142 managers who gave an average evaluation score across all workshops of 4.6 out of 5.</p>
<p>The GOSH Leadership and Management Competency Framework was introduced to drive leadership and management capability, and support delivery of the GOSH People Strategy.</p>	<p>Our leadership development programmes that support the framework are designed to develop skills, knowledge and behaviours at three competency levels (Aspiring, Developing and Established Leaders).</p> <p>During the year 273 staff completed the Aspiring, Developing and Established leaders development programmes – with an average satisfaction score from participants of 4.5 out of 5.</p> <p>A bespoke leadership development programme for our new cohort of Chiefs of Service was also delivered – covering topics such as Articulating a Vision, Planning &amp; Performance, Staff Engagement &amp; Experience, Quality Safety &amp; Outcomes, and Patient Experience.</p>

## Diversity & Inclusion – The Big Conversation on Allyship

Our first “Big Conversation” series of staff engagement events ran from September 2021 to March 2022, with a focus on Allyship. It offered a range of opportunities for colleagues to discover more about how to be an ally in their day-to-day work and was a moment for staff to let us know what we could do Trust-wide to be a better ally. The Big Conversation had three core elements of delivery – engagement activity, listening events and the start of an annual speaker series. Over 300 staff have attended events with themes covering Allyship for Neurodiversity, Equal Parenting & Fatherhood, Race Equality & Allyship, Allyship for Trans/Non-binary, and Gender Equality & Allyship.

## Insourcing of the Domestic Services Team

From 1st August 2021, our Domestic Services Team transferred in-house following a period of approximately 20 years where these services were outsourced to external contractors. As a result, employment for 312 staff transferred to GOSH. Leading up to transfer and after, managers from the Estates & Facilities team and HR&OD have worked closely with the GOSH Staff Partnership Forum and colleagues from Unite and UNISON trade unions to agree significant improvements to the terms and conditions for the team – including increasing basic pay, improving sick pay, annual leave, and parental leave entitlements, and providing access to the NHS Pension scheme. In partnership with our trade union colleagues GOSH has made a commitment to complete an ambitious programme of work to offer full NHS Terms and Conditions to all the Domestic Services Team by December 2022.



## Planet 2 and Planet 4: Deliver a Future Hospital Programme to transform outdated pathways and processes, and improve and speed up access to urgent care

We deliver ground-breaking clinical care at GOSH and we strive to ensure the experience patients have when receiving that care is also world leading. We seek to ensure patients are treated efficiently, using the very latest technology and digital enablers, meaning they only come to see us in central London when it is absolutely necessary.

Planet 2 and Planet 4 of Above and Beyond describe our ambitions to create streamlined operational processes to drive more personalised approaches to care, and understand how we can best support and improve the whole patient pathway, so we can be more accessible and responsive.

The work to deliver these ambitions has been pulled together under the auspices of the new Future Hospital and Access to Care Board launched towards the end of 2021

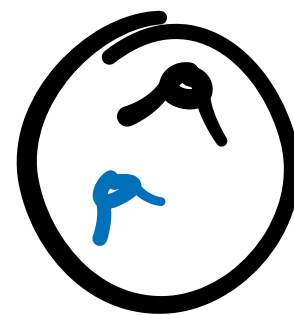
Specific programmes of work are being developed to ensure patients are better prepared before their treatment, that we have excellent evidence-based processes to manage flow through the hospital, that patients receive the right care in the right place at the right time assisted by embedding care pathways within our clinical systems, and that patients are more in control of their care for example through increased use of MyGOSH, Apps and virtual visits.

In 2021/22 a number of the Trust's transformation intentions were superseded by priorities created by COVID-19. Despite this, some key transformation projects were successfully delivered:

- We commenced the redesign and digitisation of patient pathways to deliver responsive and co-ordinated care for our patients.
- We entered a partnership with the Royal Marsden Foundation Trust to share our Electronic Patient Record (EPR) and our combined knowledge and resources to co-design pathways, accelerated by shared research data from both organisations.
- GOSH achieved well against the Accelerator Programme targets, meaning many more children were seen in outpatients.

The key objectives under this planet and some of the achievements include:

Objective	Achievements
Improve the flow of patients in outpatients	<p>We initiated 'patient initiated follow up', which started with the headache service and received positive feedback. The scheme is now being expanded into neurology and endocrinology.</p> <p>We set up <b>new facilities for virtual clinics</b> in the Sight and Sound Hospital over the course of the year. We explored a number of options, and six rooms were identified and specifically set up for virtual consultations. The use of this space is under constant review to ensure it meets the needs of our services.</p>
Utilise wearable technology to improve quality of care	<p>Over the coming year, the <b>Patient Wearables Project</b> will seek to implement workflows and replace outdated care pathways within two services: Rheumatology and Nephrology.</p> <p>The project will use the learning from implementation in these areas to scope the further rollout into additional services. It will also provide support for patients to engage in home monitoring, using MyGOSH functionality, and enable remote monitoring by our clinical team to support early detection of emerging issues and allow more timely interventions.</p>



Planet 2



Planet 4

Objective	Achievements
Improve the efficiencies of Care Pathways	<p>The <b>Metabolic Emergency Regimen Project</b> was a pilot over the past year and enabled dietitians for the first time to create emergency regimens directly on Epic (patient record system). This improves the quality of data, reduces time for staff and enables parents to access the emergency regimen not only on a laptop but also on a mobile device. We now have plans to roll out this new digital workflow functionality to other areas.</p> <p>We will be working with the <b>Children's Epilepsy Surgical Service</b> to reduce referral to treatment times, developing new solutions to aid effective co-ordination in this highly specialised service which requires complex input from multiple staff specialisms.</p> <p>Our work over the coming year on <b>decision making and consent</b>, in line with the most recent GMC guidance and following significant stakeholder engagement, will use EPR functionality to record conversations between families/patients and healthcare professionals. This will help to ensure summaries of conversations that are relevant to a patient's care are available to multiple healthcare professionals looking after that person and will improve transparency for patients and families.</p>
Increase operating theatre usage	<p>We have a group, known as the Surgical Huddle, which meets every day (Monday-Friday) to prepare and ensure there are no immediate issues with the surgical lists. <b>The Surgical Huddle Dashboard Project</b> delivered an Epic dashboard for this Huddle, which enables access to real time data on surgical cases and has saved time for many stakeholders.</p> <p>A new <b>Theatres Improvement Programme</b> has been established and work is under way with key stakeholders to finalise the programme for the year ahead. This will focus on ensuring the required planning has been done in advance to minimise the likelihood of a case being cancelled at the last minute, optimising our scheduling and making sure everything on the day of surgery works as smoothly as possible.</p>
Implement a new patient flow programme	<p>A major new <b>Flow Programme</b> was developed with significant stakeholder involvement. The programme covers many issues that impact on patient flow across the hospital, such as:</p> <ul style="list-style-type: none"> <li>• improving our process for ITU transfers</li> <li>• speeding up the discharge processes</li> <li>• increasing day case provision</li> <li>• using all the systems at our disposal to further optimise nurse allocation, informed by close to real time data on patient and ward occupancy.</li> </ul>

## Opening of the Sight and Sound Centre

In June 2021, we celebrated the opening of The GOSH Sight and Sound Centre, supported by Premier Inn. This became the new home for Ophthalmology, Audiology, Ear, Nose and Throat (ENT) services and Speech and Language outpatients. The new centre meant we were able to move patients and over 100 clinicians from outdated existing spaces into state-of-the-art facilities which include soundproofed booths for hearing tests, an eye imaging suite, a dispensing opticians and other testing facilities. There is also a sensory garden with plants that children can see, touch, smell and hear and bespoke artworks especially commissioned for children with sensory loss.

Shortly after opening, we were pleased to start the Brineura companionate use programme for Batten disease with UCL GOS Institute of Child Health (ICH). This is a world-first sight saving treatment that could prevent blindness in children with the rare fatal genetic disorder. This programme has the potential to transform the quality of life for children living with CLN2 Batten disease. It has been made possible thanks to a huge fundraising campaign led by the families of children affected by the disease and the Batten Disease Family Association (BDFA).





### The Royal Marsden Epic Partnership:

In October 2021 a collaboration to work in partnership with The Royal Marsden on the shared Epic Electronic Patient Record (EPR) system was formed. For GOSH, working in partnership with The Royal Marsden on future developments to the system means we'll be able to do more at a faster rate. By sharing skills and expertise across organisations we'll maximise the benefits of the system for staff and patients. We'll also save some money, with any savings invested back into GOSH.



### The Lucy Project:

In addition to physical care, we know that paediatric patients being treated for long-term physical health conditions have elevated mental health needs. Our dedicated mental health services were recognised when our GOSH Psychological and Mental Health Services department scooped the Mental Health Award for the 'Lucy Project' at the British Medical Journal (BMJ) Awards in November 2021. The project, in partnership with UCL Great Ormond Street Institute of Child Health (ICH), set up "the Lucy Booth", a patient drop-in centre named after the beloved Peanuts' characters stand in the hospital's reception area, and we found a significant positive impact on users' symptoms and quality of life measures at six-month follow-up.

### GOSH Health Information Videos on YouTube:

Our digital and information teams have put together YouTube videos for children and young people to help them understand a number of conditions. An example is a video by one of our Consultants in Paediatric Endocrinology and Diabetes explaining how a young person can live a normal life with diabetes.



### Ukraine

The scenes of destruction in Ukraine had a terrible impact on children and young people.

Through our partnership with the European Children's Hospital Organisation (ECHO), GOSH was pleased to welcome four children from Ukraine on 14 March 2022. They were part of a group of 21 children and young people who were flown into the UK with members of their families. GOSH is one of several hospitals working with the Department of Health and Social Care and NHS England to care for these children.

Our priority is creating a safe space for the children and their families, and our teams will be working hard to make sure they get the very best care. We will also be working with our expert psychologists, play team and welfare teams to support them and their families and to connect them with members of the Ukrainian community in the local area. We know there are many more children in Ukraine who need urgent medical help and we will continue to work with NHSE and our partners in the months to come to offer support where we can.

### GOSH Accelerator Programme

The paediatric Accelerator Programme is a scheme funded by NHS England to support a group of 10 children's hospitals, including GOSH. The funding has enabled us to try new ideas and interventions so we can see more elective patients more quickly. We focused our attention on specialist services facing the biggest challenges, with the aim of tackling waiting lists inflated by the impact of the pandemic.



All hospitals in the scheme were invited to take part in the Super Saturday initiative. Two Super Saturdays were held during the year, in October 2021 and March 2022.

We focused on helping patients who have been anxious about surgery in the past or are afraid of needles by showing heart and lung transplant patients and their families around our theatres. Our laboratory team also ran tours to show patients what happens to their blood tests, to increase understanding and make it more likely for them to be happy to give their blood. Both days were a huge success, and we hope to continue to run these throughout 2022/23.

In addition to our Super Saturdays, we successfully completed a number of other projects under the GOSH Accelerator programme including:

- **Enhanced Theatre Cleaning Projects:** Reduced the cleaning process by 2 hours to allow for better flow and utilisation
- **Integration of Rostering and Electronic Patient Record Systems:** Produced better information for the operational management of patient placement and nurse allocation using live data in the GOSH EPR system
- **Nurse Call System Improvements:** Increased theatre efficiency by linking the call system across all theatres
- **Capital Equipment Investment:** The purchase of two flow meters, a rapid Covid testing machine and a manometry unit for Gastroenterology led to successful increases in patient activity and reduced delays and disruption in theatres due to better and more convenient Covid testing
- **Royal Free Mutual Aid:** Shared resources and capacity resulted in an increased number of patients being seen in general surgery and urology for the Royal Free
- **Tiva Pumps:** The purchase and utilisation of Tiva pumps created an additional theatre list per day
- **Additional Administrative Capacity:** Additional hours were agreed to increase capacity in validation and clinical support processes
- **Air Handling Unit Upgrades:** Increased air flow allowed for more spaces to remain accessible for patients

## Impact of Paediatric Accelerator Projects: April 2021 to March 2022

### 51,787 Elective and day case appointments

- 1,588 above the Accelerator target, 132 average per month

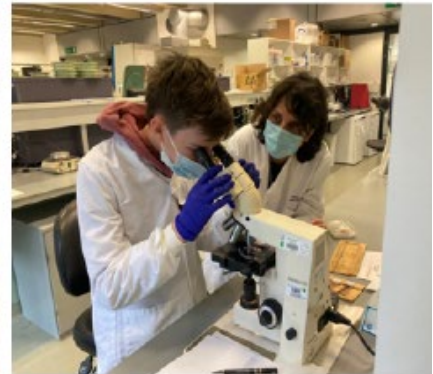
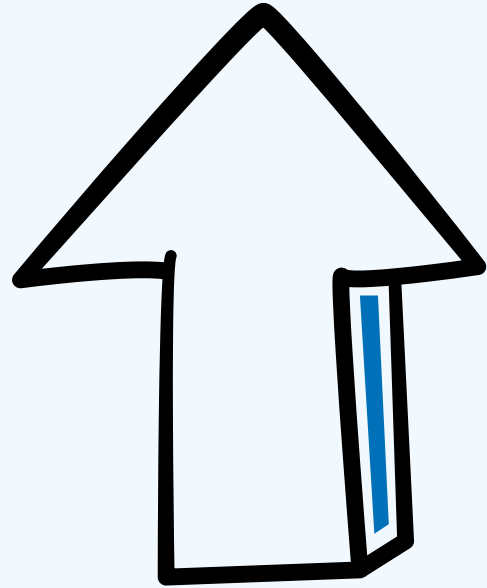
### 205,623 Outpatient appointments

- 8,185 above the Accelerator target, 682 average per month

### Reduction in >52 week waiting list: **69%**

### Increased patient numbers against 2019/20 baseline

- 18% day case and elective procedures
- 13% outpatients





## Successful research studies and clinical trials:

### Fiftieth patient receives thymus transplant

The 50th patient was treated at GOSH with a pioneering procedure to transplant otherwise-discarded thymus tissue into very young children who lack a working thymus.

Despite the pandemic, the team at GOSH made great progress in treating patients and we are one of only two centres in the world to perform such transplants, the other being Duke University in the USA. The work has only been possible through a programme funded by Great Ormond Street Hospital Children's Charity, which has supported researchers and clinicians at the hospital to further develop the treatment, which GOSH offers on the NHS.

### ADA-SCID gene therapy breakthrough

An international team of researchers at GOSH and the University of California, Los Angeles, (UCLA) developed a gene therapy that successfully treated 48 out of 50 children with a form of severe combined immunodeficiency that leaves them without an immune system. If approved, gene therapy would be a welcome new treatment option for ADA-SCID as it is a one-time procedure that has the potential to provide life-long results.

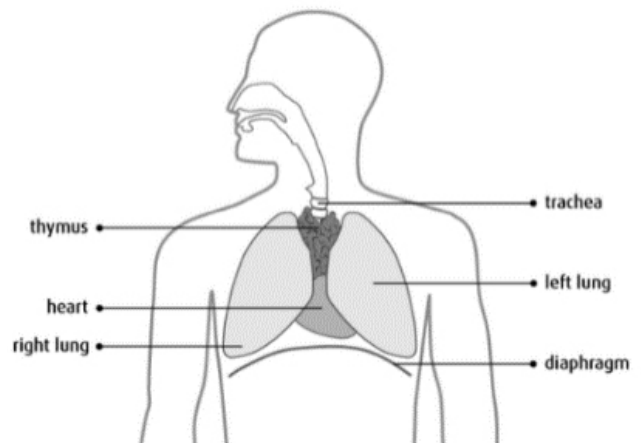
### Mismatched heart' transplant

A new technique developed by researchers funded by the British Heart Foundation (BHF) at GOSH and the UCL Institute of Cardiovascular Science (UCL ICS) has doubled the number of children able to receive a heart transplant, giving them hope for a longer and healthier life. The team found a way to use a special blood filtering device during the transplant operation to reduce the amount of blood needed and allow older children to receive the transplant they desperately need. All of the children who had a transplant using the new device survived, there was no need for re-transplantation and there was no difference in the length of hospital stay.

### Largest ever stem cell clinical trial for children with Epidermolysis

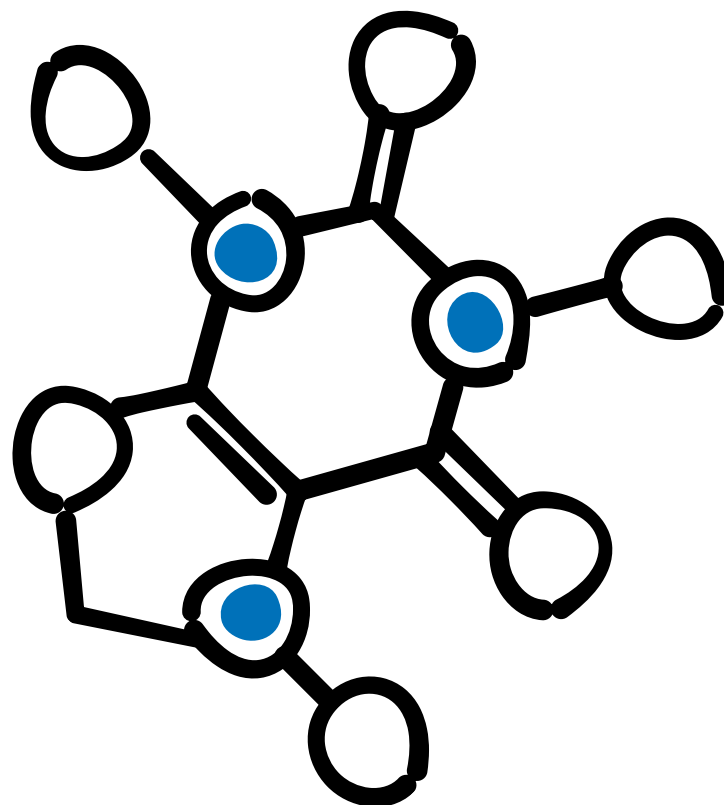
Clinicians at GOSH have begun the largest ever stem cell clinical trial for children with the severe genetic skin condition Recessive Dystrophic Epidermolysis Bullosa (RDEB). Currently, there is no effective treatment for the estimated 100 children in the UK living with RDEB and much of the focus has been on managing the symptoms of the condition. The trial, led in collaboration with clinicians from Birmingham Children's Hospital, aims to treat 36 children who have RDEB with infusions of stem cells derived from umbilical cord tissue. This research builds on the GOSH team's previous work in which they treated 10 children with RDEB using stem cells derived from bone marrow. The trial has been made possible thanks to over £4.5 million of funding from the National Institute for Health Research (NIHR) in partnership with NHS England and NHS Improvement as well as a grant from the EB research charity Cure EB. The University of Sheffield Clinical Trials Research Unit (CTRU) has been overseeing the study and working closely with the GOSH research team over the past 3 years. This is one of the largest funding awards for clinical research in the history of GOSH.

Location of the Thymus



### Research shows pre-screening for Spinal Muscular Atrophy (SMA)

GOSH and the UCL GOS Institute of Child Health (ICH) have shown how 'blood spot' testing new-borns could identify children who will go on to develop Spinal Muscular Atrophy, (SMA). Recent developments have seen a gene therapy called Zolgensma become available on the NHS for babies under one year old, but we know treatment at the very earliest opportunity is crucial to stop this condition in its tracks.



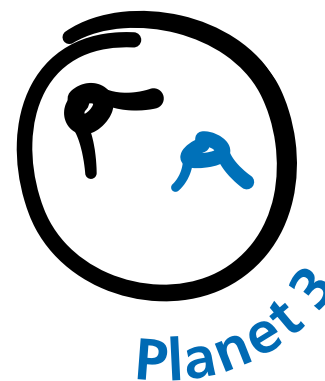
## Planet 3: Develop the GOSH Learning Academy (GLA) as the first-choice provider of outstanding paediatric training


We want all our children and young people to be cared for and treated by healthcare professionals who have had the very best training. We want to push the boundaries of teaching methods to make sure healthcare professionals are ready and able to care for patients when they start work at our hospital.

In 2021/22 we expanded our academic provision and increased enrolments. This was achieved both through local partnership work in the North Central London Integrated Care System as well as national and international partnerships.

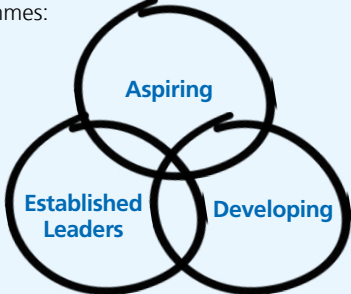
The GOSH DEN (Digital Education Network) was expanded to better use digital technology and innovation to introduce and embed remote simulation tools in partnership with a virtual reality provider.

A summary of the key objectives under this planet and some of the achievements include:



Objective	Achievements
To be the largest provider of specialist paediatric healthcare Continued Professional Development (CPD) in London	<p>The GLA offers a large range of modules covering specialist paediatric healthcare, including speciality courses for which GOSH is the only national provider, such as Paediatric Infection Prevention and Control and Paediatric Bone Marrow Transplant.</p> <p>More than 300 students progressed through pathways of study at the GLA. COVID-19 presented some significant challenges and both students and module leads were provided with additional wellbeing support as well as academic support to help them meet the required standards.</p> <p>Despite the challenges our clinical students faced through the pandemic, we were proud to achieve our 95% pass rate KPI for students undertaking academic studies.</p>
Increase the number of clinical and non-clinical apprenticeships available within GOSH	<p>We are proud to support over 200 current apprentices at GOSH.</p> <p>In 2021/22 we aimed to meet the national benchmark of more than 2.3% of employees being on an apprenticeship programme. In partnership with the Organisation and Employee Development team we exceeded this target with 4.5% of our current staff on an apprenticeship programme.</p> <p>These apprentices include the first cohort of registered nursing degree apprentices along with occupational therapist and operating department practitioners.</p> <p>Working in partnership with more than 10 apprenticeship providers, we offer a wide range of different programmes to help our staff to reach their potential.</p>
Gain accreditation for our simulation service from the Association for Simulated Practice in Healthcare (AiSPH).	<p>Simulation-based education (SBE) has matured into a formally recognised teaching method embedded in all healthcare training programmes. This makes it important that standards of delivery of SBE are defined and described in a way that can be readily applied in different situations.</p> <p>Our team applied for accreditation for our Clinical Simulation Centre in February 2022, with the outcome expected in December 2022.</p>
Develop virtual learning environments and digital resources for our specialist teams.	<p> We launched our bespoke virtual learning environment – the DEN (Digital Education Network) – in July 2021. Since its launch we have developed additional partnerships with speciality teams across the organisation and other organisations, such as the Royal Free London NHS Foundation Trust and Health Education England, to develop new educational resources to support clinical and non-clinical teams.</p> <p>As well as educational resources, the DEN now hosts a range of ‘GOSHpods’, which are educational podcasts hosted by clinical experts, along with social media content, YouTube videos, Instagram stories and Twitter threads allowing us to connect with users via several different routes.</p>



Objective	Achievements
Design a leadership development journey.	<p>The GOSH Leadership and Management Competency Framework supports our ambitions for people management and leadership as set out in the GOSH People Strategy and GOSH Leadership Strategy. The framework identifies and builds competency and capability in core dimensions identified in the NHSE/I framework Developing People: Improving Care.</p> <p>The three core programmes:</p>  <p>They have achieved external accreditation from the Faculty of Medical Leadership and Management (FMLM), assuring the programmes offered are current and relevant across all healthcare curricula. Our bespoke clinical leadership programmes are mapped to these standards, ensuring they achieve their learning outcomes.</p>
Develop specialist education and training opportunities.	<p>There has been a significant increase in the number of training courses or events being offered. This has led to an uplift in learner hours despite the challenging clinical environment create by COVID-19.</p> <p>The launch of the GOSH Children's Charity Scholarship Awards resulted in the provision of over £200,000 to more than 150 applicants from a wide range of clinical and non-clinical backgrounds.</p> <p>The GLA supported new and innovative ways of working such as Me First, a communication skills program co-delivered with young people.</p>

### GOSH DEN (Digital Education Network)

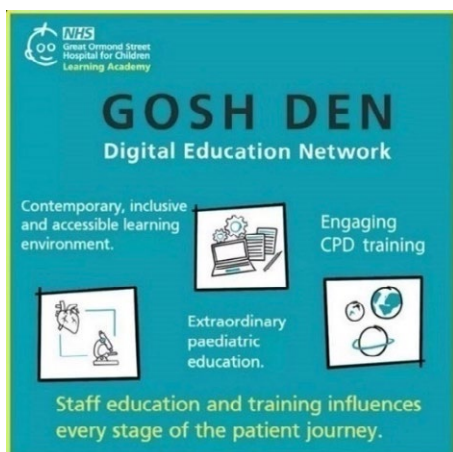
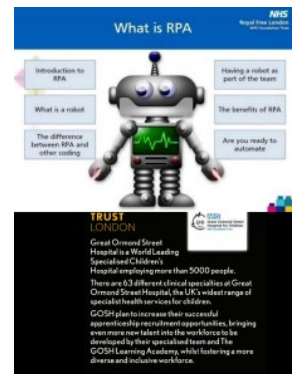


Following the successful launch of the Digital Education Network (DEN) in July 2021, the Digital Learning team have had some successful partnerships:

1. The creation of a play module to support staff with reducing anxiety in children before a procedure. The Digital Learning team, Play team and Health Education England (HEE) worked together to edit this content so it could be shared nationally and used when training healthcare staff to give COVID-19 vaccinations to children.
2. A partnership with the Royal Free London NHS Foundation Trust to host their content on Robotic Process Automation. The Digital Learning team worked closely with the Royal Free team, upskilling them so they could use the DEN to its maximum

### National Apprenticeship Awards 2021

In October 2021 the GLA received recognition at the National Apprenticeship Awards for its work bringing in new talent and fostering a more diverse and inclusive workforce. In 2021 the awards focused on employers and apprentices who had contributed to business recovery and shown ongoing resilience. The GLA was Highly Commended in the British Army Award for Large Employer of the Year, having won the award for London.



### Minister for Care and Mental Health visited apprentices

In March 2022, former Apprentice Gillian Keegan, MP visited our hospital to meet some of our wonderful apprentices to learn about the important work they do, and the value of apprentices in healthcare.



*It was a pleasure to talk to apprentices at Great Ormond Street Hospital yesterday and hear about their experience. Apprenticeships offer a great pathway into a career including for over 350 NHS careers. As a former apprentice, I am passionate about ensuring we have high-quality apprenticeships on offer to meet the skill demands of our health and social care system.*

**Minister Gillian Keegan**

## Planet 5: Accelerate translational research and innovation to save and improve lives

GOSH, together with the UCL Great Ormond Street Institute of Child Health, is world-renowned for translational research and innovation. Our vision is for GOSH to become a research hospital where research is fully integrated into every aspect of the hospital, to improve outcomes for our patients and the working lives of our staff.

All staff will understand the relevance of research to their role and all patient-facing staff will be skilled and have the capacity to support research. Every patient will be offered the opportunity to be involved in research and we will translate the findings into patient benefit through innovation and strategic partnerships.

In 2021/22, we focused on recovering our research activity that was adversely impacted by COVID-19 and led and published cutting edge research in a variety of specialties.

We also continued to contribute to Covid research studies, which included work on:


- the impact of Covid infection in children and young people and during pregnancy
- the effects of long-Covid in children
- Covid viral genomics (In a recent publication from the GenOMICC study into Covid infections, 40% of the paediatric patients (100) had been recruited at GOSH)



We recruited our 1,000th patient to our Sample Bank, enabling patients' leftover samples to be used for vital child health research instead of being thrown away.



We formed strategic partnerships for innovation and data and collaborated with the Royal Free London NHS Foundation Trust Innovation Team to develop apps, robotics and digital pathways.

With Southampton Children's Hospital, we have also recently opened the first two vaccine research study sites for immunocompromised children as an extension to the adult OCTAVE study.

Objective	Achievements
Enhance the GOSH Sample Bank to enable patients to donate their leftover samples to be used for child health research instead of being thrown away.	<p>Following the consent of the 1,000th patient to the Sample Bank project, we launched an initiative to celebrate the achievements of the project so far, raise awareness of research and The Research Hospital among staff and encourage more patients to give their consent.</p> <p>We shared stories from research projects that had benefitted from access to the GOSH Sample Bank both in the hospital and online via our social media channels.</p> <p>We also used the Super Saturday events (see page 31) as a chance to further drive Sample Bank awareness and consent. New staff members were trained to consent patients and now more than 1,100 patients have joined the project. Their leftover samples have the potential to be used in a range of innovative research projects to improve children's health.</p>
Further research education and career development	 <p>Training and education of the next generation of high calibre researchers in paediatric translational research is co-ordinated by the Career Development Academy (CDA) of the GOSH Biomedical Research Centre (BRC). Our innovative programme of career development schemes for Early Career Researchers includes our Catalyst Fellowships and Nursing/Healthcare Professional internships. The schemes are delivered in partnership with the Centre for Outcomes and Experience Research in Children's Health Illness and Disability (ORCHID) and have led to an increase in individuals securing prestigious external fellowships.</p> <p>Four individuals received career development awards, including a Health Education England / National Institute for Health and Care Research Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF); an NIHR Development and Skills Award; a Kidney Research UK Fellowship; and a Lectureship at the Royal Free (total funding awarded over £675K).</p>
Improve research Infrastructure	<p>To help grow our research infrastructure, suitable space was identified for relocation and expansion of the NIHR GOSH Clinical Research Facility (CRF), offering more clinical rooms and facilities for patients and families. Working alongside our young people, it will include art linked to research to enhance the patient experience and make the space feel like a Research Hospital.</p> <p>Our CRF has received £4.8M funding for a further 5 years, an increase of 58% on the previous award. The NIHR GOSH BRC has applied for continued funding, working in partnership with Liverpool's Alder Hey Children's Hospital, Birmingham Women's and Children's Hospital and Sheffield Children's Hospital for the first time.</p>

Objective	Achievements
Develop the Trust's research culture	<p>We launched an animation aimed purely at staff that sums up our Research Hospital aims and ambitions. A Research Awareness Survey was delivered in a partnership between the Communications, BRC, ORCHID and R&amp;I teams. A major message from staff was that they want to receive peer-to-peer information and support on research, and this will be actioned in 2022-23 with a pilot of Research Champions.</p>  <p>A regular research presence in staff channels like Virtual Big Brief and Headlines raised the profile of research and the staff survey feedback showed an appetite for this increased exposure. The survey also showed improved parity in awareness between doctors and nursing staff.</p> <p>In 2022-23, we will extend this audience analysis to understand what our reputation as a Research Hospital and brand is with external audiences and partners.</p>
Harness Data and Digital Innovation	 <p>Flagship partnerships were launched that allow us to harness the power of our data for patient benefit. For example, a partnership with clinical Artificial Intelligence experts Sensyne Health will allow us to look for patterns and trends in anonymised patient data to improve decision making and patient care.</p> <p>A collaboration with pharmaceutical company Roche will upskill GOSH staff, add resource to GOSH DRIVE and allow us to better understand how NHS data can be appropriately and powerfully combined with expertise in industry for direct patient benefit (see page 38). A dedicated communications role will help increase engagement and awareness with Innovation at GOSH.</p>
Expand commercial research	<p>One area we know will be incredibly important to delivering a successful Innovation programme is our ability to form industry partnerships.</p> <p>For example, we've developed a partnership with ViroCell Biologics, a company that makes viral vectors, the delivery systems for the gene therapies that GOSH has pioneered for 20 years. This collaboration will see the Zayed Centre for Research into Rare Disease in Children become the largest academic producer of gene and cell therapies in Europe, speeding up clinical trials and allowing many more patients to access this potentially transformative treatment (also see page 38).</p>

### Acute Inpatient Research: Partnerships within GOSH demonstrating our Research Hospital in action



Research opportunities are offered as standard to all our acute inpatients, in line with our Research Hospital vision.

Over the year, effective cross-working between the ICU research and theatres team resulted in the involvement of theatres in two NIHR studies, supporting approximately 100 patients undergoing interventions directed by research protocols.

One study used a new urethral catheter in children, hopefully removing the placement of oesophageal temperature monitors; the other involved theatre staff completing randomisation, CTIMP administration and bloods while complex cardiac surgery was ongoing. The success of the studies is largely due to theatre staff's engagement and support, alongside an embedded PICU research team, and their embracing of research as part of the patient's journey. As a result, individuals have been named as collaborators in multiple publications. This is an excellent example of our Research Hospital in action, seeing research move into new clinical spaces.

### Research leads directly to new treatments that improve children's lives

Between April 2017 and September 2021, GOSH researchers contributed to 11 life-changing new treatments which received regulatory approval in Europe and the USA, with the potential to help more than 17 million people worldwide.

In 2021 two drugs were granted regulatory approval thanks, in large part, to clinical trials led by GOSH research teams. Casimersen is a treatment for Duchenne Muscular Dystrophy that can help to delay the progression of the disease. GOSH teams led the clinical trials into this treatment that supported the successful bid for regulatory approval in the USA and continue international research that may lead to European approval.

GOSH teams also ran trials for K.Vita, a specialist ketogenic diet that can help children whose epilepsy hasn't responded to other treatments. This treatment recently received approval in the UK from the Advisory Committee on Borderline Substances.

Both new treatments are changing the lives of children across the world.

## Crown Prince of Abu Dhabi visits Zayed Centre Research (ZCR)

In September 2021, GOSH hosted His Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, Secretary of State for Health Sajid Javid MP, and Secretary of State for Education Nadhim Zahawi MP at its Zayed Centre for Research into Rare Disease in Children. They toured the facility and met researchers who work across fields including immunology and COVID-19 research to understand how the centre has enabled them to bring new treatment breakthroughs to patients and improve lives. Research into rare diseases is a key priority for the Trust as many children rely on research to offer the hope of effective treatments or even a cure for their conditions.



### ViroCell Biologics and GOSH Partnership:

The new partnership will address the global viral vector manufacturing bottleneck for clinical trials. Viral vectors are harmless viruses that we can use to 'trick' cells into accepting new genes. They are highly complex to make, and their availability and effectiveness dictates whether a clinical trial of a gene or cell therapy will work. As part of the partnership with GOSH, ViroCell

will more than double the UK's lentivirus vector manufacturing capacity for clinical trials this year and will add AAV vectors to their cell and gene therapy product line. ViroCell is investing in developing novel technology platforms to provide patients and innovators with more ready access to novel cell and gene therapies.

### Collaboration with ROCHE to move GOSH closer to personalised healthcare for children:



In February 2022, GOSH announced a five-year collaboration with Roche Products Limited to help establish a new Clinical Informatics and Innovation Unit at GOSH as an exemplar in the NHS. In line with our purpose to innovate with digital, we now have the opportunity to combine our experience as a leader in digital innovation in the NHS with the expertise of Roche UK to identify better ways to care for children and young people with rare and complex diseases. We will use cutting-edge technologies like artificial intelligence and machine learning to enable a wide variety of anonymised data to be examined on a large scale to improve patient outcomes. The Trust is yet to recognise income under this arrangement.



## Planet 6: Create a Children’s Cancer Centre to offer holistic, personalised and co-ordinated care

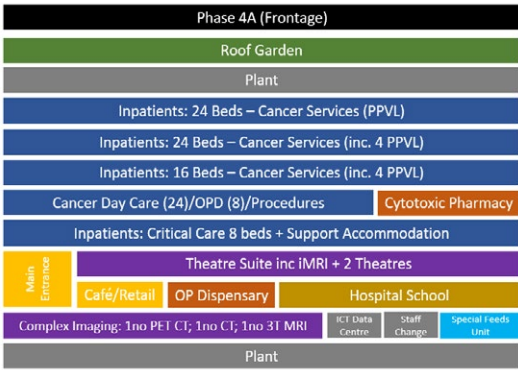


The Children’s Cancer Centre (CCC) project will see our Frontage Building demolished and replaced by a state-of-the-art national resource for children with rare and difficult to treat cancers. This will offer a holistic care pathway with cutting-edge research and digital innovation all embedded within one building.

Following a pause in development due to COVID-19, the RIBA stage 3 of the design process (the stage where the practical aspects of the building are decided) has made strong progress in a number of areas:

- Created a clinical design brief for all floors in partnership with the Trust’s Clinical Champions – the Trust’s in-house clinicians who provide valuable input into the Children’s Cancer Centre’s requirements to provide the best service for patients.
- The Trust welcomed two new directors to lead on both the delivery of the Children’s Cancer Centre and the planning of GOSH’s future cancer services.

In 2022/23 the Trust will complete the RIBA 3 design stage and commence RIBA stage 4 - where all the design information required to manufacture and construct the project will be completed.

Objective	Achievements
<p>Refresh Planet 6’s objective to create a more cohesive and wide-reaching Cancer Strategy that ensures we don’t just focus on delivering a new building but transform the way we deliver care.</p>	<p>We established a Transformational Programme Board that prioritises the following areas of the refreshed Strategy</p> <ul style="list-style-type: none"> <li>• Enhancing personalised holistic care</li> <li>• Digital Innovation</li> <li>• Increased research activity</li> <li>• System and partner working</li> <li>• People plan for cancer</li> </ul> <p>The Strategy is supported by both the Trust and the Great Ormond Street Hospital Children’s Charity.</p>
<p>Conclude RIBA Stage 3 of the design process (that details the general floor and room arrangements) by April 2022 and commence RIBA Stage 4 (whereby detailed designs, such as room layout are confirmed).</p>	<p>Work on RIBA Stage 3 commenced in April 2021 and is on track to conclude in 2022.</p> <p>The Programme Board is very happy with the majority of general floor and ward arrangements.</p> <p>As it stands the general floor arrangements for the proposed Children’s Cancer Centre are:</p>  <p>There are three areas the Trust will focus on improving in 2022/23 before proceeding to the detailed design stage and we are assessing the impact of these proposed changes. These areas are:</p> <ul style="list-style-type: none"> <li>• Level 5 – Cancer Day Care</li> <li>• Level 2 – main entrance</li> <li>• Main stair/elevator position.</li> </ul>

Objective	Achievements
<p>Obtain planning permission for the Children's Cancer Centre</p>	<p>Significant work has been undertaken to support the planning application for the Children's Cancer Centre project.</p> <p>The planned application date was pushed back from February 2022 to May 2022 to enable the submission of a more robust application to ease the planning determination process.</p> <p>The Trust started an extensive community engagement programme which will continue until submission of the planning application at the end of May 2022.</p> <p>Meetings and workshops have been held with the London Borough of Camden on façade development, clinical design, sustainability, construction logistics, servicing, engineering and landscaping.</p> <p>The Trust worked closely with its construction partner, architects, and Camden Council throughout 2021/22 to develop a number of programme workstreams that will continue to contribute to a robust planning application.</p>
<p>Decant the Frontage Building to enable its deconstruction and begin construction of the Children's Cancer Centre.</p>	<p>The most significant project completed in 2021/22 was the completion of the Sight and Sound Centre. The Trust's audiology and ophthalmology teams and their patients were moved from the Frontage Building into bespoke, modern accommodation.</p> <p>Following evaluations of the impact of COVID-19, the Trust created enhanced briefs for ventilation arrangements in the Children's Cancer Centre. Additionally, the decant from the Frontage Building has created the opportunity to deliver safer environments that will enhance infection and prevention control and result in much-improved temperature regulation and air changes.</p> <p>The decant works in 2021/22 focused predominantly on designing the new patient facing environments and planning the engineering works, with construction commencing on new, modern office spaces. The new clinical departments will deliver comfortable, welcoming and compliant clinical environments.</p>
<p>Create a joint Primary Treatment Centre with the Royal Marsden Hospital for paediatric cancer.</p>	<p>GOSH is already a joint Primary Treatment Centre for paediatric cancer with University College London Hospitals NHS Trust.</p> <p>In response to a recommendation from NHSE/I over the lack of on-site ITU provision at the Royal Marsden, in 2021 we joined a pan-Thames collaboration bid as part of the South London and Southeast Region options appraisal process.</p> <p>Our vision for the partnership was to develop a virtual network with the Royal Marsden with shared care pathways to consolidate our combined expertise in care, education and research and development to improve access to subspecialist care for children.</p> <p>Our teams put a huge amount of work into the bid, and we aim to take some of the learning, in particular where gaps in our provision were highlighted, and use the opportunity to focus on our service and address the issues raised. We are now actively trying to strengthen our collaboration with University College London Hospitals NHS Trust, so it meets the new cancer service specification and improves cancer care for paediatric oncology patients.</p>





## Collaboration with the Great Ormond Street Hospital Charity



The partnership with the GOSH Charity is integral to the success of the Cancer Planet. The Trust and GOSH Charity are equally committed to developing our cancer care/provision to achieve the best possible outcomes for patients and families. The Charity has committed an amazing £250 million towards the new Children's Cancer Centre and consequently it is seen very much as a joint project. Over the year we have worked openly and transparently to facilitate joint working arrangements.



**GREAT  
ORMOND  
STREET  
HOSPITAL  
CHARITY**

The Charity is equally invested in the wider cancer strategy (not just the building). It has been leading a piece of work to review the cancer research strategy at Great Ormond Street and the output will be used to create a revised strategy and identify the key priorities we will be focusing on across both organisations.

## Engagement with the Young People's Forum

The GOSH Young People's Forum (YPF) has been engaged on the CCC project since its conception in 2015 and worked to co-author the initial design brief, setting out their aspirations and developing key themes for the designers. The YPF remain intrinsically linked to the design process and the CCC Project Team is continuing to engage with the group and update it throughout the design process. The focus of engagement during the year was on the façade development, main entrance area, functional content and programme for completion.

A session was held with the YPF in December 2021 to present the current façade and main entrance designs and seek feedback on what was working well and where we can strengthen the designs.

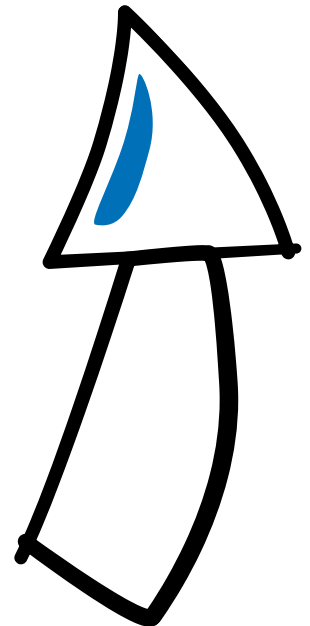
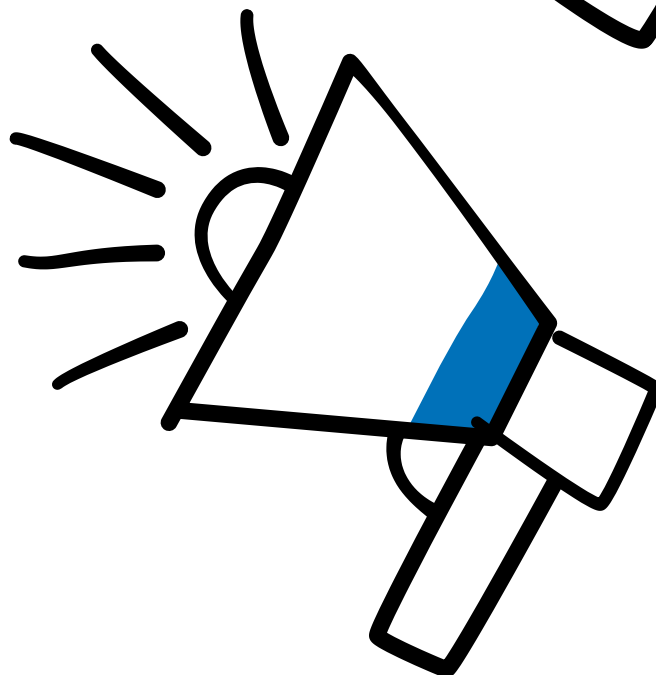


### Seeking the YPF's feedback on the current designs

Members of the YPF were very vocal in their support for the designs, with attendees saying they were "blown away with how good the building looks" and "amazed at the great change this will bring to patients attending hospital". The YPF loved the fact that you can see the school and café from the street and that they are recognisable, as this creates a sense of normality in the building and helps reduce some of the arrival anxiety.

***'We really,  
really like it!'***

Quote from a YPF member.



## Our operational plans for 2022/23

2022/23 will be an important year for the delivery of specialised children’s services, with significant challenges, including locally mandated operating structures and funding flows, the ongoing requirement to drive activity, the need to support staff through continued uncertainty, and increasing workloads. We need to ensure we are in a position to provide the best possible care for children and young people, and we know we cannot do this alone.

To help us on the road to recovery, and to keep track of business-as-usual priorities, GOSH has set a Quadruple aim recovery strategy:

Our purpose: advancing care for children and young people with complex health needs by:		
Objective	Aim	Outcome
<b>Improving access to our services</b>	Improving access to our services at GOSH	Tackling inequalities of access
		Optimising EPR and virtual care
		Optimising referrals and discharge
	Working with partners to be more present across the patient pathway	Playing a role in clinical networks
		Developing new pathways & tools
		Participating in research
<b>Driving up quality and safety</b>	Improving safety, effectiveness and experience	Driving implementation of our safety strategy
		Improving patient experience
		Identifying inconsistencies and hot spots
		Education, Speak Up, Quality Improvement
	Supporting better paediatric care across the sector	Extending our role in networks
		Research, training, advocacy
<b>Maximising our resources</b>	Making the most of our budget	Better value
		Minimising waste
	Identifying additional resources	New income streams, including commercialisation
		Thinking ahead to anticipate future needs
<b>Supporting our staff</b>	Improving working lives at GOSH	Ways of working and staff development
		Wellbeing resources and staff voice
	Recruiting and retaining talent	Action on recruitment, retention and succession planning

## Above and Beyond – what we have planned for 2022/23

GOSH will continue to work to deliver the six bold and ambitious milestones (planets) that will help us deliver better, safer, kinder care and save and improve lives.

As we enter year 3 of the Above and Beyond Strategy the key areas of work that the planet programmes for 2022/23 will deliver and focus on are as follows:

Planet	What we plan to deliver in 2022/23
<p><b>Making GOSH a great place to work</b></p>	<p>Three key programmes of work (Health and Wellbeing, Diversity and Inclusion and Modernising HR&amp;OD) are in place which aim to:</p> <ul style="list-style-type: none"> <li>• Promote GOSH as a creative, diverse and inclusive employer of choice</li> <li>• Create internal career paths and progression opportunities</li> <li>• Create a more inclusive work culture</li> <li>• Create channels and safe spaces which amplify the employee voice</li> <li>• Ensure that wellbeing is considered across the organisation</li> <li>• Provide occupational health and support services that meet the needs of our changing landscape</li> <li>• Ensure staff feel safe and secure while working</li> <li>• Update frameworks for Health and Wellbeing and Diversity and Inclusion</li> </ul>
<p><b>Future Hospital Programme to transform outdated pathways and processes and improve and speed up access to urgent care and virtual services</b></p>	<p>Five key transformation programmes have been established to deliver The Future Hospital and improve and speed up access to urgent and virtual services:</p> <ul style="list-style-type: none"> <li>• Patient Pathways</li> <li>• Outpatients</li> <li>• Patient Flow</li> <li>• Theatres</li> <li>• Administration</li> </ul> <p>Plans are in place to continue to optimise and integrate electronic patient records and harness other technologies to support care, including the function and use of MyGosh patient Portal.</p> <p>Teams will work closely with colleagues at our Digital Research Innovation Virtual Environment directorate (DRIVE) to harness new innovation and data.</p>
<p><b>Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b></p>	<p>The GOSH Learning Academy (GLA) will continue to develop its offering and move closer to becoming sustainable – examples include:</p> <ul style="list-style-type: none"> <li>• Utilising the education voice and broadening the education portfolio</li> <li>• Supporting educational research and innovation e.g., virtual reality</li> <li>• Optimising the Virtual Learning Environment</li> <li>• Ensuring education is accessible for all</li> <li>• Optimising patient safety simulation programmes</li> <li>• Collaborative working with partners and exploring commercial opportunities</li> <li>• Academic Education</li> <li>• Clinical Apprenticeships</li> <li>• Leadership &amp; Management Development</li> <li>• Speciality Training</li> </ul>

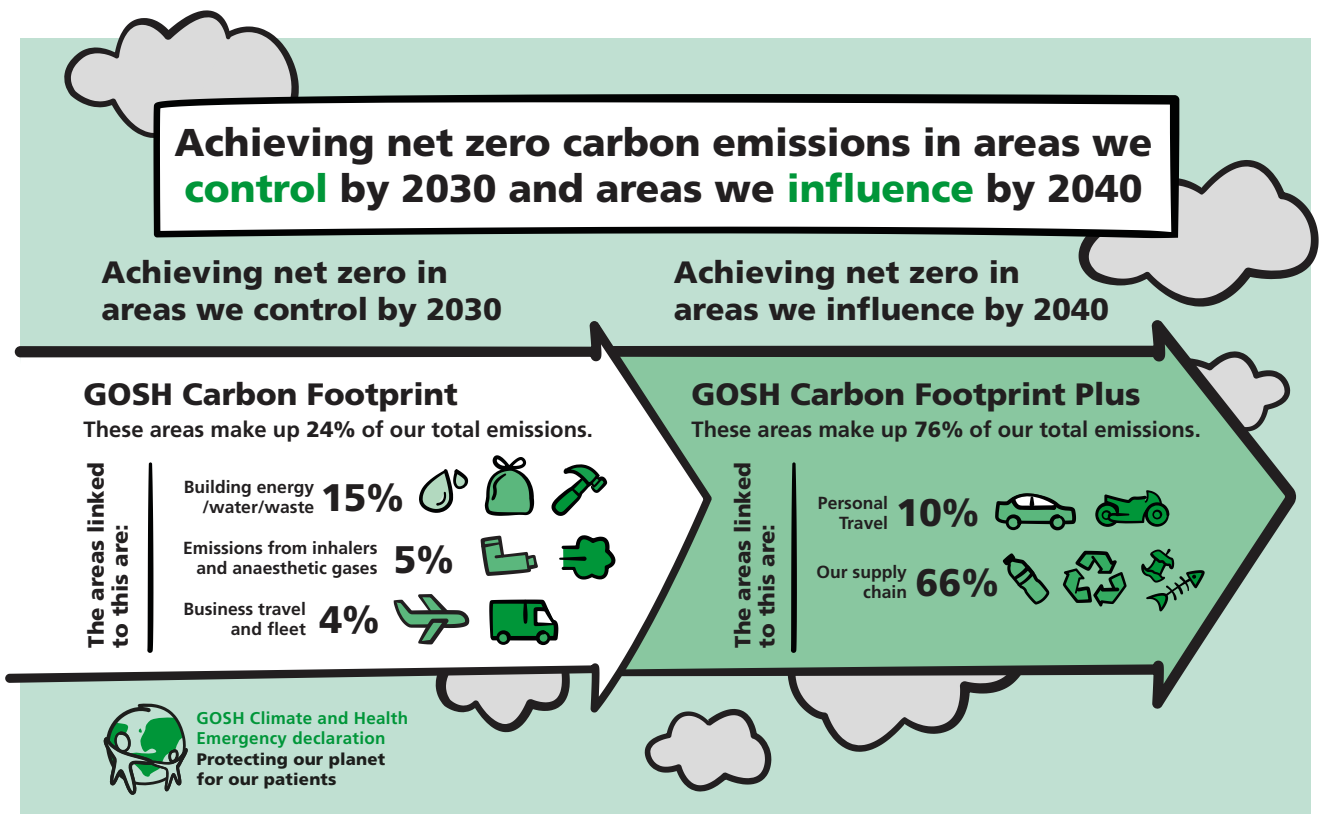
Planet	What we plan to deliver in 2022/23
<p><b>Accelerating translational research and innovation to save and improve lives</b></p>	<p>Six key programmes of work have been designed to continue to transform GOSH into a Research Hospital, supporting the intent that every patient is a research patient, and every bed is a research bed. Programmes are focused on:</p> <ul style="list-style-type: none"> <li>• Developing the necessary supportive culture, infrastructure and education</li> <li>• Harnessing data sets, analytic capacity and innovation</li> <li>• Renewing NIHR funding to support our world-class Biomedical Research Centre and Clinical Research Facility</li> <li>• Establishing and embedding a fit for purpose commercial strategy</li> <li>• Supporting and developing clinical academic careers</li> </ul>
<p><b>Create a Children’s Cancer Centre to offer holistic, personalised and co-ordinated care</b></p>	<p>Key areas of focus will include delivering the business case and continued planning for future cancer services and the further clinical and support services that will be housed in the Children’s Cancer Centre. Planning will be clinically led and will include:</p> <ul style="list-style-type: none"> <li>• Meaningful patient and family engagement to inform design</li> <li>• Clear, transparent governance between the Hospital and the Charity</li> <li>• Early consideration of future digital and research innovations</li> <li>• Robust and proactive cost, programme and risk management</li> <li>• A sustainable approach to design incorporating nature and the environment</li> </ul>

# Sustainability Report

One of the principles under our strategy Above and Beyond is that we are not caring for children if we do not protect the environment. By 2025, we plan for sustainable business practices to be embedded across our organisation so our people find it easier to make the right choices. Sustainability is central to our purpose, given the widely acknowledged impact of climate change on child health across the globe.






In February 2021, GOSH became the first UK standalone children’s hospital, and the first London NHS Trust, to declare a Climate and Health Emergency. GOSH’s declaration acknowledged our special responsibility to respond to the Climate Health Emergency and offered a clear recognition that we are not looking after our children if we are not protecting the planet. Our declaration was accompanied by a pair of formal net zero emissions targets to support the ‘Delivering a Net Zero Health Service’ plan under the Greener NHS Programme.

Over 93% of staff strongly support and are enthusiastic about our increased sustainability ambition. Our declaration was the first step and we have developed a sustainability programme to help achieve our commitments.



## How will we deliver a net zero health service?

To support us in achieving a net zero health service under the Greener NHS programme we have developed a sustainability programme that is broken down into the following 10 programmes of work. Each is owned by executive roles whose remit relates to the specific area and they are delivered by appropriate Pathfinder and Delivery teams.

Programme of Work	Description What we want to achieve
 <b>Procurement &amp; Circular Economy</b>	<p>To consider GOSH's purchase of goods and services and find ways to use buying decisions and supplier engagement to reduce our climate footprint. Promoting sustainability more broadly in line with the goals and procurement best practice shared by NHSE/1.</p> <p><b>Advance the circular economy and promote waste hierarchy principles to improve resource efficiency.</b></p>
 <b>Travel &amp; Transport</b>	<p>To reduce the environmental impact of travel by people and the transport of goods and services.</p> <p><b>Increase active and sustainable travel (business and commuting, patients and families), invest in zero-emission vehicles, engage with suppliers to reduce fleet emissions and maximise transport efficiencies.</b></p>
 <b>Food and Nutrition</b>	<p>To consider ways to reduce the impact, including carbon emissions, of the food that is procured, prepared, processed and served at GOSH.</p> <p><b>Reduce overall food waste and ensuring provision of healthier, locally sourced and seasonal menus high in fruits and vegetables. Opportunities exist to reach out to improve community access to healthy food, as well as local growing.</b></p>
 <b>Our People</b>	<p>To engage, educate and develop our workforce in defining and delivering carbon reduction initiatives and achieving our broader sustainability goals.</p> <p><b>Foster an organisational culture of sustainability through working groups and committees, employee engagement, training, education and investment in staff.</b></p>
 <b>Sustainable Care</b>	<p>To embed net zero principles across clinical services, considering the ways in which care is delivered.</p> <p><b>Promote lower carbon and lower waste interventions, provision of care closer to home, and changes to medical practices and material usage, PPE for example.</b></p>
 <b>Medicines</b>	<p>To examine and seize opportunities to reduce carbon emissions and address the wider environmental and social impacts associated with prescribing and using medicines and medical products.</p> <p><b>Reduce wastage, optimise usage, consider lower impact alternatives.</b></p>
 <b>Digital Transformation</b>	<p>To focus on ways to harness digital technology and systems to streamline service delivery and support efforts to track and reduce carbon emissions and the Trust's environmental impacts.</p> <p><b>Use EPIC and ERIC data to indirectly monitor carbon emissions and target interventions, expand the use of telemedicine and use digital systems to reduce paper usage and postage.</b></p>
 <b>Space and Place</b>	<p>To focus on our own estates, facilities, and built environment, which account for 60% of core emissions.</p> <p><b>Identify opportunities for energy and water efficiency interventions, seek to achieve 100% renewable energy purchasing, deliver a sustainable Children's Cancer Centre, and embed sustainability considerations in all design brief templates and guiding documents for capital projects.</b></p>
 <b>Community Realm</b>	<p>To reach out beyond GOSH to ensure our sustainability efforts benefit, and benefit from, the communities of which we are a part.</p> <p><b>Develop a community engagement plan, continue liaison and partnership with local stakeholders, including neighbours and local authorities, develop a process for tracking community benefits, and deliver a transformed green and child-friendly Great Ormond Street. Key internal partners will include Space &amp; Place and external communications.</b></p>
 <b>Adaption</b>	<p>This workstream is concerned with plans to mitigate the effects of climate change and extreme weather on GOSH's functioning.</p> <p><b>Commit to planning and projects to mitigate the impact of heatwaves on Trust infrastructure, patients, and staff. This workstream is to ensure GOSH is a "future fit" organisation that is adaptable and resilient to the effects of climate change.</b></p>

## Our achievements so far

### The Clean Air Hospital Programme

In 2019, working with environmental charity Global Action Plan, we created the world's first 'Clean Air Hospital Framework' as a blueprint to help guide us and other hospitals away from polluting the local environment. The aims of the framework are to:

- Reduce the amount of air pollution directly created by the hospital
- Reduce the amount of air pollution staff, patients and visitors are exposed to
- Help the hospital increase its impact by mobilising others

The Clean Air Hospital Framework is now a recommended piece of evidence under the NHS Premises Assurance Model (PAM). Thirty NHS Trusts have now downloaded the framework and committed to becoming Clean Air Hospitals.

The framework includes a points system so hospitals can track the progress they are making to become Clean Air Hospitals. The actions we have taken so far include:

- Creation of a Clean Air Hospitals Framework Tool
- Development of a Clean Air Policy
- Drawing up an initial action plan for tackling air pollution from our buildings
- Beginning migration to ultra-low emission vehicles (see our Peter Panbuses on page 48)

As a result of the actions we have put in place over the last few years, GOSH has increased its outcome score from 'Starting Out' at 15% to 'Getting There' at 35% in 2022. Over the coming years, we aim to progress to 'Good' (50-70%) and then 'Excellent' (70% and above).

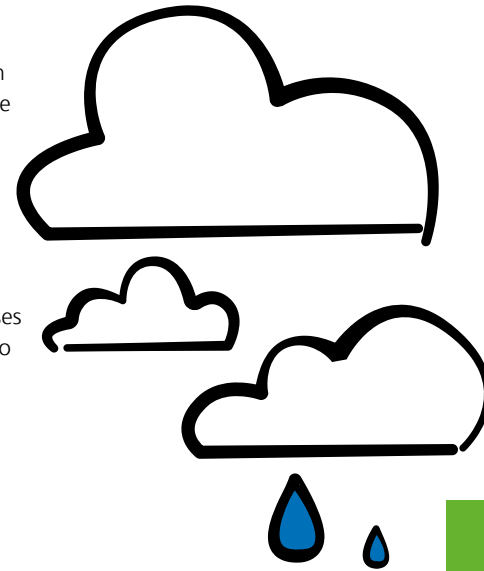


Figure 1: Source of air pollution in and around a hospital

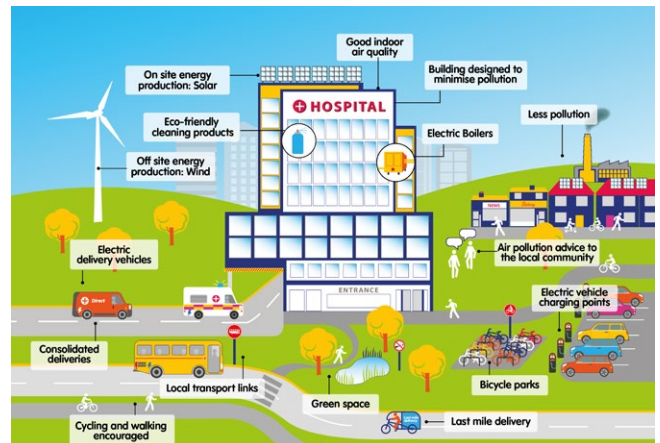


Figure 2: Example features of a clean air hospital

### Ride for their lives

In October 2021, GOSH staff, together with other healthcare workers, cycled from Great Ormond Street Hospital for Children in London all the way to the Royal Hospital for Children in Glasgow to coincide with the UN Climate Change Conference (COP26). There were 70 riders overall, with 23 riding the full distance and the others joining for various stages of the journey.

Our mission was to raise awareness about the ways air pollution and climate change are causing illness and death, especially in children. We carried an open letter to world leaders, signed by organisations around the globe representing 45 million health professionals, and the World Health Organization's COP26 Special Report on Climate Change and Health. Both spelled out the many and inseparable links between climate and health and called for urgent action.



Rose and Toby from our Young Peoples Forum took part in the ride. They are passionate about making a difference and feel that, while the climate and health emergency affects us all, the impact will be particularly significant for children and young people. We have much to do to keep highlighting the ongoing challenge we face for patients and families visiting or staying in central London hospitals, and the global impact of climate change on children's health.



*"The climate crisis is absolutely a health crisis, the two are intertwined."*

**Toby,**  
**Vice-Chair of**  
**the Young**  
**People's Forum.**



## How we have reduced energy usage and emissions

### Brand new electric 'Peter Panbances' arrive at GOSH

During the year, four new fully electric Peter Panbances, decorated with images of Peter, Tinkerbell, Captain Hook and friends, joined the fleet transporting children and young people being treated at GOSH.

With zero tailpipe emissions and fitted with Econometers to help teams drive in a more energy-efficient way, the Panbances form part of GOSH's drive to improve air quality around the hospital, using the Clean Air Hospital Framework, and to becoming a net zero emissions organisation by 2040.



### Carbon reduction associated with estate energy use

There was no change in carbon emissions in 2021/22 compared with the previous year. However, during this period, the Zayed Centre for Research (ZCR) began working at near capacity for the first time and the Sight and Sound Centre became fully operational in June 2021, which means we had more demand across our estate than the previous year.

There was an extended period when one of the Trust's Combined Heat and Power units was being repaired. This meant we used more grid electricity on the main site than the previous year and less gas. The CHP is less carbon intensive than grid electricity, so this increased our emissions. If we adjusted the figures to remove the impact of ZCR, Sight & Sound and the CHP, there would have been a slight reduction in emissions of 2%.

For 2022/23 we have changed our electricity supplies to renewable sources, which will eliminate our emissions from electricity, reducing our overall energy emissions by 18%. In addition, we have a full time Energy Manager, we're monitoring demand and emissions more closely and working on a programme to identify all end use of energy on site.

A major project will also start to upgrade the Building Management System. This is primarily required from a security and resilience perspective but will offer greater opportunities for building optimisation and improved efficiency.

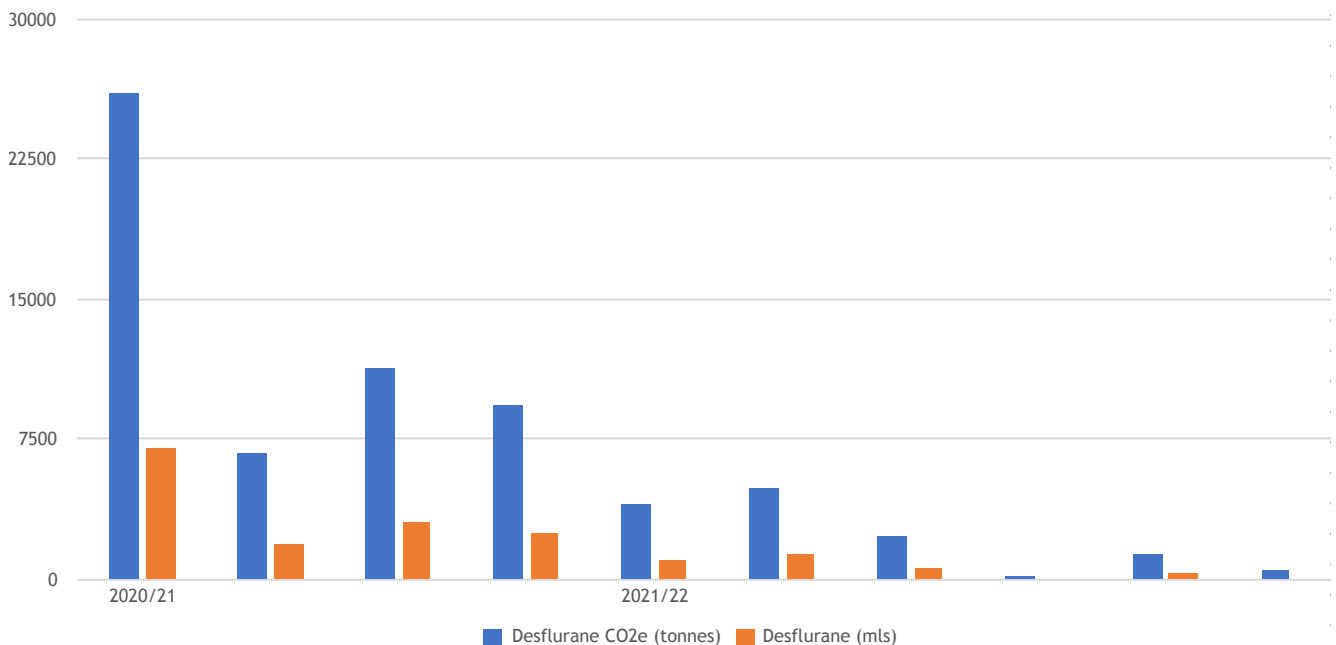


## Emissions reduction from medical gases

### Desflurane (anaesthetic gas)

Across the NHS, anaesthetic gases are commonly used as a part of everyday surgery and these gases alone account for over 2% of all NHS emissions. Amongst anaesthetic gases, desflurane is one of the most common, but also one of the most harmful to the climate. A project by the Sustainable Care Green Champions Programme of Work Group has led to a near complete elimination of desflurane usage at GOSH with a reduction of 98.4%.

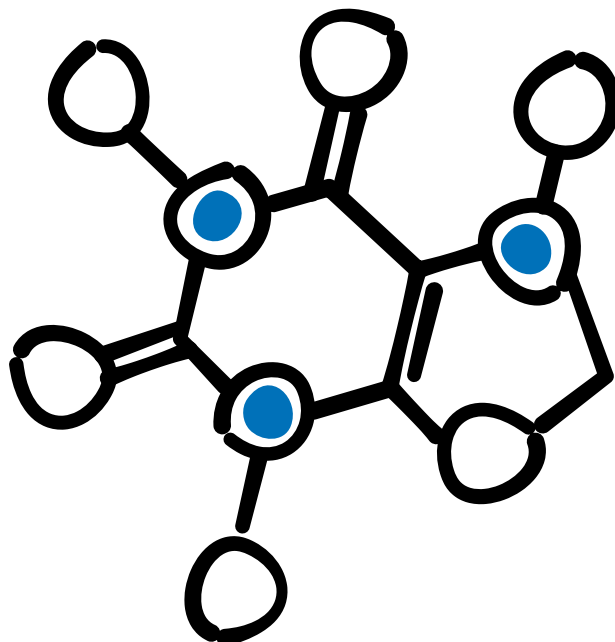
You can see the progress we have made towards reducing desflurane usage in our main theatres in the graph below:



### Nitrous Oxide (anaesthetic gas)



We have formed a working group with multiple internal partners and key external stakeholders, including BOC (Industrial gas company) and Greener NHS representatives, to focus on nitrous dioxide usage and leakage. The initiative, which is in its early stages, covers interventions in relation to the maintenance, behaviour, and equipment replacement needed to reduce Nitrous waste and the related environmental impact.



**The impact of COVID-19 on outpatient appointments and sustainability**

There have been a number of challenges faced by staff and patients and their families during the pandemic. These have forced us to work differently to ensure we have been able to care for as many children and young people as possible.

**Between May 2019 and March 2022 (inclusive), there have been:**



**126,970**

virtual outpatient appointments

**Adding up all the outpatient virtual appointment return journeys gives a total of:**



**9,701,432**

patient journey miles not travelled

**That's the equivalent number of miles to go:**



**390**

times around the **Earth!** (around the equator)

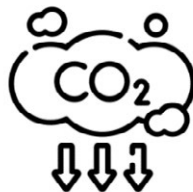
or



**20**

times to the moon and back!

**Using typical travel methods via road and rail, these journeys would have produced:**



**2,979,954**

kg of carbon dioxide equivalent in emissions

**That's 2,980 metric tons of CO2 equivalent we avoided being emitted into our atmosphere to heat up the planet! This is the equivalent in mass to:**

**149**

fire engines

or

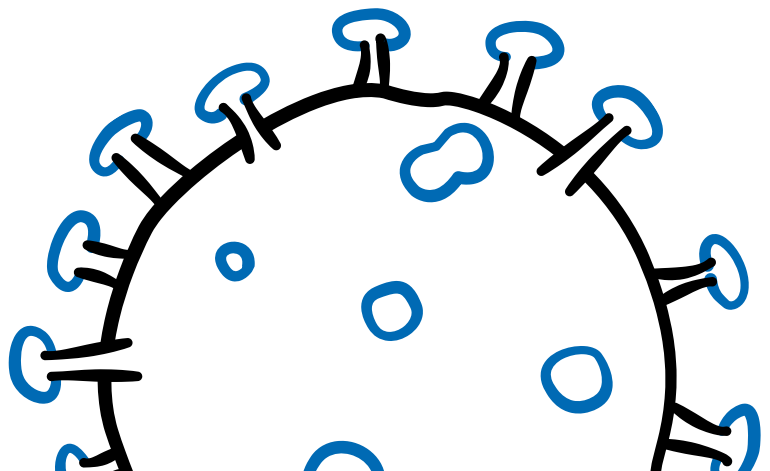
**496.7**

tyrannosaurus rex

or

**745.0**

indian elephants





#### Other activities during the year included:

- The installation of a new air quality monitor at the main entrance and officially joining the **Breathe London Hospitals Network**. We are partnering with London academics to improve the visibility of the air pollution problem and assist in mobilising health professionals.
- Officially joining the **UNFCCC Race to Zero emissions campaign through the Health Care Without Harm Health Care Climate Challenge**. We became the 15th European health care provider to join the campaign, and the 5th NHS body (joining Sussex Community, Manchester University, Newcastle, and Highlands).
- **Significant advances in relationships with community and borough partners.** The London Borough of Camden has offered support to GOSH's public realm improvement efforts, including the implementation of modal filtering. The launch of a new Healthy Streets Alliance with UCLH and the Royal Free will support safe and sustainable local infrastructure projects within Camden by providing credible health-focused advocacy.
- **The GOSH Green Champion Community:** After re-launching and reinvigorating the GOSH Green Champions staff community into the new Pathfinder and Delivery team structure, we now have a network of over 100 members, with six active and four emerging working groups (Including medicines, food and nutrition and digital transformation) and a digital home on MS Teams.
- **The launch of a new Climate Champion Staff STAR award.** This is a positive first step in recognising the significant contributions of staff toward climate action and sustainability leadership.
- **Work with internal and external procurement partners** to integrate sustainability and social value considerations into supplier evaluations. Within the last year sustainability has been allocated its own percentage weighting metric for non-emergency patient transport and total waste management services.

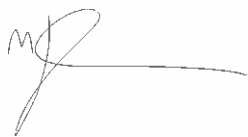
**Our Sustainability vision for a future GOSH:** We have developed a bold and transformative initial concept vision for Great Ormond Street's public realm. This includes significant pedestrianisation and efforts to incorporate nature and play into the future streetscape. Whilst only at the initial stages, we have the vision and intent to progress this.



## Statement from directors

The directors consider that this annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for readers to assess our performance, business model and strategy.

Signed by the Chief Executive on behalf of the Trust Board of Great Ormond Street Hospital for Children NHS Foundation Trust.

A handwritten signature in black ink, appearing to be 'MS', with a long horizontal line extending to the right.

**Matthew Shaw**

Chief Executive

17 June 2022



**Accountability  
Report**

# Directors' report

In this section of the accountability report we provide an overview of our governing structures. We outline how we ensure we are involving, listening and responding to the groups that have a stake in what we do, particularly our patients and their families, our staff, our governors and members.

## How we are governed

The Trust Board is responsible for overseeing our strategy, managing strategic risks and providing managerial leadership and accountability. Our Executive Team has delegated authority from the Board for the operational and performance management of the clinical and non-clinical services of the Trust. It is responsible for coordinating and prioritising all aspects of risk management that may affect the delivery of services.

The Operational Board, comprising members of the senior clinical and corporate leadership teams, reports to our Executive Team. It provides a regular forum for discussing and making decisions on a range of issues relevant to day-to-day operational management, including quality, efficiency and effectiveness.

## The Trust Board – who we are and what we do

The Board is comprised of a chair, deputy chair, senior independent director (SID), four additional independent non-executive directors and six executive directors. One of the non-executive directors is appointed by University College London.

All Board members have been assessed against the requirements of the fit and proper person test.

### Trust Board meetings

In 2021/22, the Board held a total of seven meetings, all of which were held wholly or in part by video conference. Six meetings included a session held in public. In 2021, the Board held a strategy meeting. The Board did not meet in April 2021, June 2021, August 2021, October 2021 or January 2022.

## Trust Board members 2021/22

### Non-executive directors



**Sir Michael Rake**  
FCA FCGI  
Chair

**Term: 1 November 2017 to 31 October 2023**

#### Chair of the Trust Board and Council of Governors:

- Attended 7 of 7 Board meetings in 2021-22
- Attended 4 of 4 Council of Governors meetings in 2021-22

#### Chair of:

- Trust Board Nominations Committee (Attended 1 meeting of 1 in 2021-22)
- Council of Governors Nomination and Remuneration Committee (attended 4 meetings of 6 In 2021-22)

#### Experience:

- Adviser, Citibank
- Chair, Wireless Logic Ltd
- Chair, Ola UK Ltd
- Non-Executive Director, Huawei Technologies UK (April 2020 – April 2021)
- Chairman, Newday Ltd
- Chairman, Phoenix Global Resources plc
- Vice President, Royal National Institute of Blind People
- Chairman, BT Group plc until 2017
- Chairman (both UK and international), KPMG (2002 – 2007)
- Chairman, easyJet plc (2009-2013)
- Director, Worldpay Group plc (Chairman 2015-2018)
- Chartered accountant



**Akhter Mateen**  
Deputy Chair and Chair  
of the Audit Committee

**Term: 28 March 2015 to 27 March 2022**

Attended 7 of 7 Board meetings in 2021-22

Attended 4 of 4 Council of Governors meetings in 2021-22

**Chair of:**

- Audit Committee (attended 4 meetings of 4 in 2021-22)

**Member of:**

- Finance and Investment Committee (attended 7 meetings of 7 in 2021-22)
- Trust Board Remuneration Committee (attended 3 meetings of 3 in 2021-22)
- Trust Board Nominations Committee (attended 0 meetings of 1 in 2021-22)

**Experience:**

- Non-Executive Director, King's College Hospital NHS Foundation Trust
- Non-Executive Director, Centre for Agriculture and Biosciences International
- Trustee, Malala Fund UK
- Trustee, Developments in Literacy (DIL) UK
- Non-Executive Director and Audit Committee Chair, Centre for Agriculture and Biosciences International
- Group Chief Auditor, Unilever plc (2011–2012)
- Senior Global and Regional Finance roles, Unilever, leading finance teams in Latin America, South East Asia and Australasia (1984-2011)



**James Hatchley**  
Senior Independent  
Director

**Term: 1 September 2016 to 31 August 2022**

Attended 7 of 7 Board meetings in 2021-22

Attended 4 of 4 Council of Governors meetings 2021-22

**Chair of:**

- Finance and Investment Committee (attended 7 meetings of 7 in 2021-22)
- Trust Board Remuneration Committee (attended 3 meetings of 3 in 2021-22)

**Member of:**

- Audit Committee (attended 4 meetings of 4 in 2021-22)
- People and Education Assurance Committee (attended 4 meetings of 4 in 2021-22)
- Trust Board Nominations Committee (attended 0 meetings of 1 in 2021-22)

**Experience:**

- Qualified accountant
- Group Strategy Director, 3i Group plc and member of the 3i Investment Committee
- Chief Operating Officer, KKR Europe (2014 – 2016)
- Former independent member of the GOSH Audit Committee and Quality and Safety Assurance Committee



**Lady Amanda Ellingworth**  
Non-Executive Director

**Term: 1 January 2018 to 31 December 2023**

Attended 6 of 7 Board meetings in 2021-22

Attended 4 of 4 Council of Governors meetings in 2021-22

**Chair of:**

- Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2021-22)

**Member of:**

- People and Education Assurance Committee (attended 4 meetings of 4 in 2021-22)
- Trust Board Remuneration Committee (attended 3 meetings of 3 in 2021-22)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2021-22)

**Current Experience:**

- Background as a senior social worker focusing on children and families
- Non-Executive Director, Plan International Inc
- Trustee, Plan International UK
- Non-Executive Director, Sir Ernest Cassel Education Trust (Deputy Chair, 2010-2020)
- Non-Executive Director, Catholic Safeguarding Standards Authority

**Previous Experience:**

- Lay Adviser, Royal College of Medicine (2015 – 2019)
- Deputy Chair, Barnardo's (2010 – 2019)
- Chair, The Guinness Partnership (2005-2016)
- Chair, The Caldecott Foundation (2001-2010)
- Chair, Guinness Care and Support (2009- 2014)



**Chris Kennedy**  
Non-Executive Director

**Term: 1 April 2018 to 31 March 2024**

Attended: 7 of 7 Board meetings in 2021-22

Attended 1 of 4 Council of Governors meetings in 2021-22

**Member of:**

- Audit Committee (attended 4 meetings of 4 in 2021-22)
- Finance and Investment Committee (attended 6 meetings of 7 in 2021-22)
- Trust Board Remuneration Committee (attended 3 meetings of 3 in 2021-22)
- Trust Board Nominations Committee (attended 0 meetings of 1 in 2021-22)

**Experience:**

- Qualified accountant
- Non-Executive Director and Chairman of Audit Committee, Whitbread plc
- Non-Executive Director, The EMI Archive Trust
- Group Chief Operating Officer and Chief Financial Officer, ITV plc
- Chief Financial Officer, Micro Focus International plc (2018-2019)
- Chief Financial Officer, ARM Holdings (2015 – April 2017)
- Chief Financial Officer, easyJet plc (2010 - 2015)



**Kathryn Ludlow**  
Non-Executive Director

**Term: 1 September 2018 – 31 August 2024**

Attended 7 of 7 Board meetings in 2021-22

Attended 4 of 4 Council of Governors meetings in 2021-22

**Chair of:**

- People and Education Assurance Committee (attended 4 meetings of 4 in 2021-22)

**Member of:**

- Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2021-22)
- Trust Board Remuneration Committee (attended 3 meetings of 3 in 2021-22)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2021-22)

**Experience:**

- Founder, Kathryn Ludlow & Associates
- Member of International Advisory Panel, Woodsford Group
- General Counsel, Centerview Partners UK LLP (June 2019 – November 2020)
- Partner, Linklaters LLP (1997 – 2017) Consultant (2017 - 2019)
- Special Advisor, G3 Good Governance Group Ltd (2017-2019)
- Trustee, The International Rescue Committee UK
- Trustee, The Hall for Cornwall
- Qualified solicitor



**Professor  
Russell Viner CBE**  
Non-Executive Director

**Term: 1 May 2020 to 30 April 2023**

Attended 7 of 7 Board meetings in 2021-22

Attended 0 of 4 Council of Governors meetings in 2021-22

**Member of:**

- Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2021-22)
- Trust Board Remuneration Committee (attended 2 meetings of 3 in 2021-22)
- Trust Board Nominations Committee (attended 1 meeting of 1 in 2021-22)

**Experience:**

- Professor of Adolescent Health, The UCL GOS Institute of Child Health (UK's first professor of Adolescent Health)
- President, The Royal College of Paediatrics and Child Health (2018-2021)
- Vice Chair, NHS England Children and Young People's Transformation Board
- Member, NHS Assembly
- Member, Scientific Advisory Group for Emergencies (SAGE) and subcommittees
- Patron, Association of Young People's Health



## Executive directors



**Mr Matthew Shaw**  
Chief Executive

Matthew is responsible for delivering the strategic and operational plans of the hospital through the Executive Team.

Attended 7 Board meetings of 7 in 2021-22

Attended 4 of 4 Council of Governors meetings in 2021-22

### Attendee of:

- Quality, Safety and Experience Assurance Committee (attended 3 meetings of 4 in 2021-22)
- Audit Committee (attended 4 meetings of 4 in 2021-22)
- Finance and Investment Committee (attended 5 meetings of 7 in 2021-22)
- People and Education Assurance Committee (attended 4 meetings of 4 in 2021-22)
- Trust Board Remuneration Committee (attended 3 meetings of 3 in 2021-22)

### Experience:

- Orthopaedic surgeon
- Medical Director, GOSH (March 2018 - December 2018)
- Clinical Director, Spinal Unit, The Royal National Orthopaedic Hospital (2011 – 2018)
- Medical Director for Health Provision, Bupa UK until April 2018



**Tracy Lockett**  
Chief Nurse

### Chief Nurse (from 1 February 2022)

Tracy is responsible for the professional standards, education and development of nursing. She is also the lead executive responsible for patient and public involvement and engagement, safeguarding and infection prevention and control.

Attended 2 out of 2 Board meetings in 2021-22

### Attendee of:

- Quality, Safety and Experience Assurance Committee (attended 1 meeting of 1 in 2021-22)
- People and Education Assurance Committee (attended 1 meeting of 1 in 2021-22)

### Experience:

- Director of Nursing and Allied Healthcare Professionals, Moorfields Eye Hospital NHS Foundation Trust (2011-2022)
- Recipient of the NHS Chief Nursing Officer's Gold Award



**Professor Alison Robertson**  
Chief Nurse

### Chief Nurse (until 14th September 2021)

Alison was responsible for the professional standards, education and development of nursing. She was also the lead executive responsible for patient and public involvement and engagement, safeguarding and infection prevention and control.

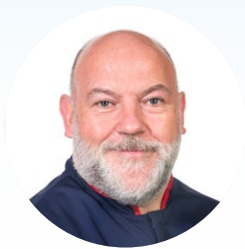
Attended 2 out of 2 Board meetings in 2021-22

### Attendee of:

- Quality, Safety and Experience Assurance Committee (attended 2 meetings of 2 in 2021-22)
- People and Education Assurance Committee (attended 2 meetings of 2 in 2021-22)

### Experience:

- Qualified adult and children's nurse
- Executive Director of Nursing, Al Wakra Hospital, Hamad Medical Corporation, Qatar (until March 2019)
- Led nursing and midwifery in five different organisations before the above international role
- Visiting Professor, School of Health Sciences, City, University of London



**Darren Darby**  
Acting Chief Nurse

#### **Acting Chief Nurse (15th September 2021 – 31st January 2022)**

Darren was responsible for the professional standards, education and development of nursing. He was also the lead executive responsible for patient and public involvement and engagement, safeguarding and infection prevention and control.

Attended 3 out of 3 Board meetings in 2021-22

#### **Attendee of:**

- Quality, Safety and Experience Assurance Committee (attended 1 meeting of 2 in 2021-22)
- People and Education Assurance Committee (attended 1 meeting of 1 in 2021-22)

#### **Experience:**

- Qualified children's nurse
- Director of Nursing, GOSH (2019 – Present)
- Associate Director of Nursing, Barts Health NHS Trust (April 2017- September 2019)
- Advanced Nursing Practitioner specialising in Children's Critical Care and Children's Major Trauma, Kings College Hospital NHS Foundation Trust & Children Acute Transport Service
- Council member, Paediatric Intensive Care Society (2013 – 2016)
- Seconded from the NHS to the Ministry of Defence and awarded the Operational Service Medal Afghanistan.



**Professor Sanjiv Sharmar**  
Medical Director

Sanjiv is responsible for performance and standards (including patient safety) and leads on clinical governance.

Attended 7 Board meetings of 7 in 2021-22

#### **Attendee of:**

- Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2021-22)
- People and Education Assurance Committee (attended 2 meetings of 4 in 2021-22)

#### **Experience:**

- Consultant in Paediatric and Neonatal Intensive Care, GOSH (2009 to date)
- Regional Advisor, Royal College of Paediatrics and Child Health (2015-2017)
- Head of Service Paediatric Intensive Care, GOSH (2017-2018)
- Deputy Medical Director for Medical and Dental Education, GOSH (2016-2018)
- Advisory Board member, University of Stirling Management School (2020 to date)



**John Quinn**  
Chief Operating Officer  
(from 4 January 2021)

John is responsible for the operational management of the clinical services, strategy, Information Technology and Emergency Planning.

He is the Senior Information Risk Owner (SIRO) for GOSH.

Attended 7 Board meetings of 7 in 2021-22

#### **Attendee of:**

- Quality, Safety and Experience Assurance Committee (attended 4 meetings of 4 in 2021-22)
- Audit Committee (attended 4 meetings of 4 in 2021-22)
- Finance and Investment Committee (attended 5 meetings of 7 in 2021-22)

#### **Experience:**

- Chief Operating Officer, Moorfields Eye Hospital NHS Foundation Trust (2015 -2021)
- Divisional Manager, University College London Hospitals NHS Foundation Trust (2013 – 2015)
- Assistant Director of Operations/Director of Pharmacy, Bucks Healthcare NHS Trust (2002 – 2013)
- Qualified Pharmacist



**Helen Jameson**  
Chief Finance Officer

Helen is responsible for the financial management of the Trust, as well as leading on contracting and the North London Genomic Laboratory Hub.

Attended 7 Board meetings of 7 held in 2021-22

**Attendee of:**

- Finance and Investment Committee (attended 7 meetings of 7 in 2021-22)
- Audit Committee (attended 4 meetings of 4 in 2021-22)

**Experience:**

- Director, UCL Partners
- Established the North Central and East London office of Health Education England.
- Led on finance and governance for the London wide education commissioning system at the Strategic Health Authority
- Deputy Director of Finance and Joint Divisional Manager for Surgery and Critical Care, Kingston Hospital NHS Trust
- Assistant Director of Financial Planning and Reporting, Southeast Coast Ambulance Service NHS Trust



**Caroline Anderson**  
Director of Human Resources and Organisational Development

Caroline is responsible for the delivery of the People Strategy and organisational development programmes.

Attended 7 out of 7 Board meetings in 2021-22

**Attendee of:**

- Quality, Safety and Experience Assurance Committee (attended 3 meetings of 4 in 2021-22)
- People and Education Assurance Committee (attended 4 meetings of 4 in 2021-22)
- Trust Board Remuneration Committee (attended 3 meetings of 3 in 2021-22)

**Experience:**

- Director of HR, OD and Corporate Communications, HM Land Registry (2013 – 2019)
- Assistant Director, HR and OD, London Borough of Hackney (2007 – 2013)

**Other directors**

**Cymbeline Moore**

Director of Communications

Cymbeline is the Director of Communications for the hospital and leads on internal and external communications including press activity.

**Zoe Asensio-Sanchez**

Director of Space and Place

Zoe leads the work to redevelop the Trust's buildings and ensures they are suitable to support the capacity and quality ambitions of our clinical strategy.

**Professor David Goldblatt**

Director of Research and Innovation

David leads the strategic development of clinical research and development across the Trust. He is an Honorary Consultant Immunologist and Deputy Director (NHS Engagement) at GOS UCL ICH.

## Register of interests

Trust Board members are required to declare any interests that may compromise their role. This is also a standing item at the beginning of each board and committee meeting.

A register of directors' interests can be found at [gosh.mydeclarations.co.uk/home](https://gosh.mydeclarations.co.uk/home).

## Evaluation of Board performance

In 2021, the Trust commissioned an independent, developmental Well-Led Review of its leadership and governance, led by BDO and Arden & GEM. The review looked at governance and assurance and recognised that the Board is well-managed and the quality of board and committee papers is excellent. The report highlighted that NEDs make a key contribution to governance and assurance, with key reports on quality matters for example providing an opportunity for Board members to triangulate information and give greater confidence that all key risks and issues are known.

The review found that the leadership of GOSH has brought the organisation through a profound and significant period of improvement at all levels across the whole Trust. Looking to the future, the report recommended that to become a higher performing organisation, the leadership approach is considered by enabling a renewed external strategic focus amongst the executive team and at the same time providing directorates greater autonomy and focused support to tackle operational issues and take greater ownership and accountability.

An action plan capturing the developmental recommendations from the review is in place. Actions under implementation include reviewing and improving governance processes around managing and learning from incidents, complaints and engaging with stakeholders on these; decision making between the Trust and the Charity; and, updating the board development framework to have a greater focus on internal and external drivers.

The Executive Management Team retain overarching responsibility for monitoring delivery of the plan and ensuring that it is leading to the expected outcomes. Progress with the plan is also reported to the Trust Board. More information about the findings in relation to risk management can be found on page 117.

## Trust Board committees

The Board delegates certain functions to committees. The Board receives any amendments to committee terms of reference, annual reports and committee self-assessments. Members of the Board meet annually to discuss strategic risk and consider how the committees effectively share responsibility for monitoring strategic risk on behalf of the Board. Assurance committee chairs meet to discuss the remit of their committees and avoid duplication.

### Audit Committee

The Audit Committee is chaired by a non-executive director. It has delegated authority to review the adequacy and effectiveness of our systems of internal control and our arrangements for risk management, control and governance in support of our objectives. A summary of the work of the committee can be found on page 96.

### Quality, Safety and Experience Assurance Committee

The Quality, Safety and Experience Assurance Committee is chaired by a non-executive director. It has delegated authority from the Board to ensure we have the correct structure, systems and processes in place to manage quality and safety related matters, and that these are monitored appropriately. A summary of the work of the committee can be found on page 100.

### People, Education and Assurance Committee

The People, Education and Assurance Committee is chaired by a non-executive director. It has delegated authority from the Board to ensure the necessary structures and processes are in place to meet our responsibilities as an employer and a training and research hospital. The committee focuses on teamwork and collaboration and seeks assurances about the processes in place to ensure staff are well led and well managed and that everybody, irrespective of their role, feels valued, heard, supported, safe and connected. A summary of the work of the committee can be found on page 108.

### Finance and Investment Committee

The Finance and Investment Committee is chaired by a non-executive director. It has delegated authority from the Board to oversee financial strategy and planning, financial policy, investment and treasury matters and to review and recommend major financial transactions. The committee also maintains oversight of the Trust's financial position, relevant activity data and workforce metrics. A summary of the work of the committee can be found on page 104.

### Trust Board Remuneration Committee

The Remuneration Committee is chaired by a non-executive director. It is responsible for reviewing the terms and conditions of the Board's executive directors, including salary, pensions, termination and/or severance payments and allowances. A summary of the work of the committee can be found on page 69.

### Trust Board Nominations Committee

The Trust Board Nominations Committee has responsibility for reviewing the size, structure and composition of the Board and making recommendations about any changes – giving full consideration to succession planning and evaluating the balance of skills, knowledge and experience of both executive and non-executive directors. A review of the skills and experience of Board members (executives and non-executives) was presented to the Board and Council in June/ July 2021. The results helped inform the new NED appointments later in the year.

During the year the following executive appointments to the Board were made:

- Darren Darby was appointed as Acting Chief Nurse from 15 September 2021 to 31 January 2022
- Tracy Lockett was appointed Chief Nurse from 1 February 2022. Tracy came to GOSH from Moorfields Eye Hospital, where she worked for 13 years and was the Director of Nursing and Allied Healthcare Professions.

Information about NED appointments can be found on page 64.

## Council of Governors

As a foundation trust we are accountable to our members through our Council of Governors.

In 2021/22 the Council of Governors was made up of 27 elected and appointed governors. Governors support and influence the strategic direction of the Trust by representing the views and interests of our members.

The Council of Governors acts as a link to the hospital's patients, their families, staff and the wider community, ensuring their views are heard and reflected in hospital strategy. Although the Council of Governors is not involved in the operational management of the Trust, it is responsible for holding the non-executive directors individually and collectively to account for the performance of the Trust Board in delivering on the Trust's strategic objectives.

More about the responsibilities of the Council of Governors can be found at [www.gosh.nhs.uk/about-us/foundation-trust/council-governors](http://www.gosh.nhs.uk/about-us/foundation-trust/council-governors).

### Constituencies of the Council of Governors

Governors represent specific constituencies and are elected or appointed to do so for a period of three years, with the option to stand for re-election for a further three years. As a specialist Trust with a UK-wide and international catchment, we do not have a defined 'local community'. Therefore, it is important our geographically diverse patient and carer population is represented in our membership and in the composition of our Council of Governors. Governors are elected or appointed from the constituencies below:

6 Patient Governors	Constituency		Council of Governors
<ul style="list-style-type: none"> <li>• 3 Patients from London</li> <li>• 2 Patients from Home Counties</li> <li>• 1 Patient from rest of England and Wales</li> </ul>	Patients from London	Elected	3 Governors
	Patients from Home Counties**	Elected	2 Governors
	Patients from Rest of England and Wales***		Elected
6 Parent and Carer Governors	Parent/Carer from London*	Elected	3 Governors
<ul style="list-style-type: none"> <li>• 3 Parents/Carers from London</li> <li>• 2 Parents/Carers from Home Counties</li> <li>• 1 Parent/Carer from rest of England and Wales</li> </ul>	Parent/Carer from the Home Counties**	Elected	2 Governors
	Parent/Carer from Rest of England and Wales***	Elected	1 Governor
6 Public Governors	Public from London*	Elected	3 Governors
<ul style="list-style-type: none"> <li>• 3 Public Governors from London</li> <li>• 2 Public Governors from Home Counties</li> <li>• 1 Public Governor from rest of England and Wales</li> </ul>	Public from Home Counties**	Elected	2 Governors
	Public from Rest of England and Wales***	Elected	1 Governor
5 Staff Governors	Staff	Elected	5 Governors
<ul style="list-style-type: none"> <li>• 5 Staff Governors</li> </ul>	Young People's Forum	Elected	2 Governors
	Camden Council	Elected	1 Governor
	UCL Great Ormond Street Institute of Child Health	Elected	1 Governor
4 Appointed Governors			

\*The London constituency covers the following areas: All London Boroughs (32): Barking and Dagenham, Barnet, Bexley, Brent, Bromley, Camden, City of Westminster, Croydon, Ealing, Enfield, Hackney, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Lambeth, Lewisham, Merton, Newham, Redbridge, Richmond upon Thames, Royal Borough of Greenwich, Royal Borough of Kensington and Chelsea, Royal Borough of Kingston upon Thames, Southwark, Sutton, Tower Hamlets, Waltham Forest, Wandsworth, City of London

\*\* The Home Counties Constituency covers the following areas: Bedfordshire, Berkshire, Buckinghamshire, Essex, Hertfordshire, Kent, Surrey, Sussex (East and West)

\*\*\*The Rest of England and Wales Constituency cover the following areas: Bristol, Cambridgeshire, Cheshire, , Cornwall, including the Isles of Scilly, Cumbria, Derbyshire, Devon, Dorset, Durham, East Riding of Yorkshire, Gloucestershire, Greater Manchester, Hampshire, Herefordshire, Isle of Wight, Lancashire, Leicestershire, Lincolnshire, Merseyside, Norfolk, North Yorkshire, Northamptonshire, Northumberland, Nottinghamshire, Oxfordshire, Rutland, Shropshire, Somerset, South Yorkshire, Staffordshire, Suffolk, Tyne and Wear, Warwickshire, West Midlands, West Yorkshire, Wiltshire, Worcestershire

## Elections 2021-2022

In November 2021 the Trust conducted an election for 12 seats across the patient and carer, public and staff constituencies for appointment from 1 March 2022. The following Governors were elected / re-elected for three-year terms – unless otherwise stated in the table below:

Name	Constituency	Notes
Sapna Talreja	Parent and Carers from Home Counties	New governor
Kamran Ansari	Parent and Carers from London	New governor
Stephanie Nash	Parent and Carers from London	Re-elected to a two-year term as they will have reached the maximum aggregate Governor term of six years after two years.
Joshua Hardy	Patients from Home Counties	Elected in a non- contested seat.
Olivia Burlacu	Patients from Home Counties	Re-elected in a non- contested seat
Constantinos Panayi	Patients from London	New governor
Maisie Stewart	Patients from London	New governor
Georgina Townsend-Teague	Patients from Rest of England and Wales	New governor
Hannah Hardy	Public Home Counties	Re-elected
Sara Ayerman	Public London	New governor
Jacqueline Gordon	Staff	New governor
Tania Ahmad	Staff	New governor

## So you want to be a Governor

The Corporate Affairs Team presented a webinar called 'So you want to be a Governor'. It provided an opportunity for prospective Governors to hear from current Governors, ask questions and find out what it means to be a GOSH Governor.

## Elected Governor vacancies

Between 1 April 2021 and 28 February 2022, the following elected seats were vacant:

- One Patient from Rest of England and Wales
- Two Patients from London

During the course of the year, we had a number of Governors step down from their roles as follows:

- A Parent/Carer from London stepped down in October 2021
- A Patient from the Home Counties stepped down in September 2021
- One Staff Governor stepped down in November 2021
- One Staff Governor stepped down in December 2021

## Governor induction, training and development

Throughout 2021/22 Governor development sessions were run in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties. A number of training courses were also delivered by the NHS Providers GovernWell programme, and several Governors attended external training and events and provided reports to the Trust.

To ensure newly elected Governors were provided with enough information and support to fulfil their role, the Corporate Affairs Team, existing Governors and NHS Providers co-produced two induction sessions ahead of their first meeting on 27 April 2022.

## Buddying with non-executive directors

Buddying sessions were established to assist Non-Executive Directors and Governors in communicating between Council meetings and understanding each other's' roles and views. The sessions involved Non-Executive Directors hosting virtual tutorial style sessions focusing on a specific Trust Board or Assurance Committee paper or topic.

## Governors' attendance at meetings

The Council of Governors met five times in 2021/22. Governors attended these meetings as follows:

Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (Out of 4 unless otherwise stated)	Nominations and Remuneration Committee (Out of 6 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (Out of 4 unless otherwise stated)
Beverly Bittner Grassby	Parents and Carers: London	March 2021		4	4	3
Stephanie Nash	Parents and Carers: London	February 2018		4	6	Not a member
Emily Shaw	Parents and Carers: London	February 2018	September 2021	2(2)	Not a member	Not a member
Lisa Allera	Parents and Carers: Outside London	February 2018		4	Not a member	Not a member
Gavin Todd	Parents and Carers: Home Counties	March 2021		3	Not a member	Not a member
Claire Cooper-Jones (Lead Governor)	Parents and Carers: Rest of England and Wales	February 2018		4	6	Not a member
Emma Beeden	Patients: Home Counties	March 2021	September 2021	2(2)	Not a member	1(1)
Olivia Burlacu	Patients: Home Counties	March 2021		2	Not a member	2
Abbigail Sudharson	Patients: London	February 2018		1	Not a member	Not a member
Roly Seal	Public: London	March 2021		4	Not a member	Not a member
Peace Joseph	Public: London	March 2021		4	Not a member	Not a member
Kudzai Chikowore	Public: London	March 2021	February 2022	0	Not a member	Not a member
Eve Brinkley Whittington	Public: Home Counties	March 2021		3	Not a member	Not a member
Hannah Hardy	Public: Home Counties	March 2021		4	Not a member	Not a member
Julian Evans	Public: Rest of England and Wales	February 2018		3	Not a member	Not a member
Margaret Bugyei-Kyei	Staff	May 2019	December 2021	3(3)	Not a member	Not a member
Mark Hayden	Staff	March 2021		3	Not a member	Not a member
Benjamin Hartley	Staff	March 2021		4	Not a member	Not a member
Quen Mok	Staff	February 2018		4	6	Not a member
Graham Derrick	Staff	March 2021	November 2021	2(3)	Not a member	Not a member
Joshua Hardy	Young People's Forum	February 2019	February 2022	4	5	Not a member
Grace Shaw-Hamilton	Young People's Forum	March 2021		4	Not a member	3
Jugnoo Rahi	GOS UCL Institute of Child Health	February 2018		4	Not a member	Not a member
Alison Kelly	London Borough of Camden	March 2021		4	Not a member	2(2)

## Council of Governors' Nominations and Remuneration Committee

The Council of Governors' Nominations and Remuneration Committee has delegated responsibility for assisting the Council in:

- Reviewing the balance of skills, knowledge, experience and diversity of the non-executive directors.
- Succession planning for the chair and non-executive directors.
- Identifying and nominating candidates to fill non-executive posts.
- Considering any matter relating to the continuation of any non-executive director.
- Reviewing the results of the performance evaluation process for the chair and non-executive directors.

The committee is chaired by the chair of the Trust Board and Council of Governors. Governors nominate themselves each year to sit on the committee.

Membership and attendance of Governors at meetings is detailed on page 63.

## Non-executive director appointments

Non-executive directors are appointed for a three-year term and can be reappointed for a further three years (subject to consideration and approval by the Council of Governors).

In 2021/22 the Council of Governors approved the following:

- The reappointment of Chris Kennedy for a further three years from 1 April 2021 to 31 March 2024.
- The reappointment of Kathryn Ludlow for a further three years from 6 September 2021 to 5 September 2024.
- Extension to the tenure of Akhter Mateen from 28 March 2021 until 30 June 2022.
- The appointment of two new non-executive directors to the GOSH Board in 2022 (initially as associate non-executive directors from May and June 2022).

The Council also provided feedback on the performance of the chair and non-executive directors as part of their appraisals. The Council ratified the output of these appraisals during the year.

An external search company and open advertising are used for all new non-executive director appointments (except the university nomination, see below). The recruitment process includes inviting candidates to attend stakeholder events where they get the chance to meet staff, parents and patients and to take part in a tour of the hospital. For the university nominated non-executive director position, University College London conduct an internal search and interview process (in line with the Trust Constitution) and recommend a nominee for final approval by the Council.

The Trust Constitution explains that a Board member may not continue in the role if he/she has:

- Been adjudged bankrupt.
- Made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it.
- In the preceding five years, been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed.

Annex 7 of the constitution outlines additional provisions for the removal of the chair and non-executive directors, which requires the approval of three-quarters of the members of the Council of Governors. If any proposal to remove a non-executive director is not approved at a meeting of the Council of Governors, no further proposal can be put forward to remove the non-executive director based on the same reasons within 12 months of the meeting.

The chair's other significant commitments are disclosed to the Council of Governors before appointment and when they change. Information about Sir Michael Rake's significant commitments in 2021/22 can be found in the Board's declarations of interest at <https://gosh.mydeclarations.co.uk/>

## Trust Board and Council of Governors working together

The Trust's Chair is responsible for the leadership of both the Council of Governors and the Trust Board. The Chair is also responsible for effective relationship building between the Trust Board and Governors to ensure that Governors effectively perform their statutory duties and contribute to the forward planning of the organisation. There has been a continued focus on developing relationships between the Council of Governors and non-executive directors in this reporting period, with the delivery of several programmes of work to facilitate engagement. The key programmes are covered below. Additional examples of ways the Council of Governors and Board worked together in 2021/22 include:

- Governors have an open invitation to attend all Trust Board meetings.
- Governors observe at Trust Board assurance committee meetings.
- Governors and Board members worked together on the Constitution and Governance Working Group and Induction Working Group.
- Non-executive directors attend every Council of Governors meeting.
- Summaries of the Board assurance committees (Audit Committee, Quality and Safety Experience and Assurance Committee, People, Education and Assurance Committee and Finance and Investment Committee) are presented by the relevant non-executive director chairs of the committees at each meeting of the Council of Governors.
- Summaries of Council of Governors meetings are reported to the Trust Board.
- Governors and Non-Executive Directors participate in the Council's review of effectiveness.

In 2021/22 the Council of Governors has:

- Reviewed the Trusts management strategy and recovery from the COVID-19 pandemic
- Reviewed the Trust's declaration of a climate emergency and sustainability programme
- Approved the reappointment of Non-Executive Directors
- Received regular updates from the Young People's Forum (YPF)
- Received updates on our redevelopment plans, including the plans for the Children's Cancer Centre
- Contributed to the appraisal of non-executive directors.



- Commented on the findings of the GOSH Well-Led Review report relevant to the Council
- Received updates from the Membership Engagement Recruitment and Representation Committee (MERRC).

### Post Assurance Committee meeting discussions

Governors are invited to observe board assurance committees and provide feedback to Non-Executive Directors after each Committee meeting.

### Governors private meeting with the Chair

Prior to each Council of Governors meeting, the Chair meets with all Governors in a private session. This gives the Governors an opportunity to discuss any issues directly with the Chair.

### Governors private meeting with lead Governor and deputy lead Governor

Governors meet in private with the Lead Governor and Deputy Lead Governor. The session allows Governors an opportunity to discuss key issues, network and prepare for the private session with the Chair and for the Council of Governors' meeting.

### Report from Young Peoples Forum (YPF)

Every Council of Governors meeting receives a report from the appointed YPF Governors. This report helps keeps the Council abreast of the key issues affecting our younger members, patients and their siblings.

### NHS Providers' Governor Advisory Committee

One of the Council's Young People's Forum Governors was successfully elected to the NHS Providers' Governor Advisory Committee (GAC). The GAC oversees governor support work and provides valuable insight and advice on governor-specific issues. The Governor provided feedback to the Council on national changes affecting the Council of Governors. The Governor stood down from the role in April 2022.

### Governor newsletter

Governors received a monthly newsletter from the Corporate Affairs team containing key dates, developments and training and development opportunities.

### Council of Governor expenses

Governors can claim reasonable expenses for carrying out their duties. For the year 2021/22, no governors claimed expenses.

### Register of interests

A Register of Governors' interests is published on the Trust website at [www.gosh.mydeclarations.co.uk/home](http://www.gosh.mydeclarations.co.uk/home) and can also be obtained by request from the Company Secretary, Great Ormond Street Hospital for Children NHS Foundation Trust, Executive Offices, Barclay House, 37 Queen Square, Great Ormond Street, London, WC1N 3BH.

### Contacting a governor

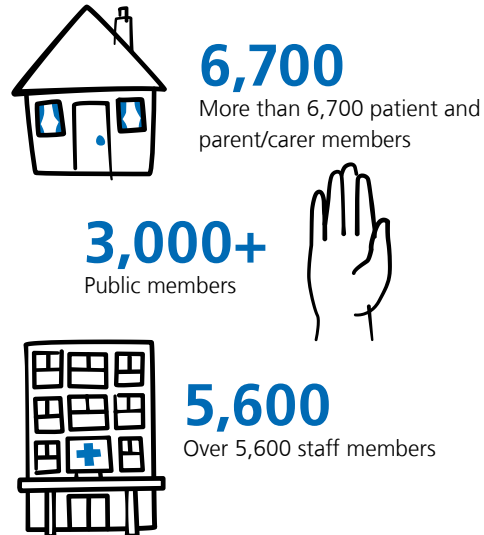
Anyone wanting to get in touch with a Governor and/or Director can email [foundation@gosh.nhs.uk](mailto:foundation@gosh.nhs.uk) and the message will be forwarded to the relevant person. These details can also be found at [www.gosh.nhs.uk/about-us/contact-us](http://www.gosh.nhs.uk/about-us/contact-us)

## Membership at GOSH

At GOSH, our membership is open to anyone who lives in England and Wales and is over the age of 10. It's important to us that our membership reflects the broad and diverse public communities we serve as well as our patients, their families and carers and our staff. We offer automatic membership to all employees at GOSH who have a permanent contract or fixed term contract of 12 months or more. There is more on becoming a member at [www.gosh.nhs.uk/aboutus/foundationtrust/foundationtrustmembership](http://www.gosh.nhs.uk/aboutus/foundationtrust/foundationtrustmembership).

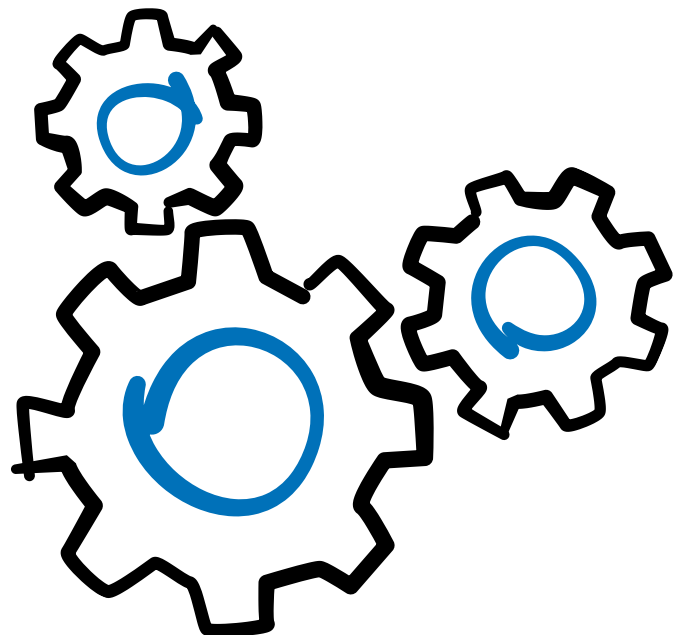
### What our membership looked like in 2021/22

On 31 March 2022, our membership totalled 9,903 patient, parent/carer and public members, alongside 5,791 staff members.



CIVICA is our membership database provider and holds and manages our public and patient and carer data.

In the past year, our public membership has increased from 2,880 to 3,111 whilst our patient and parent/carer membership has reduced from 6,947 to 6,792. Our plans to increase and retain members are outlined under the update on our Membership Strategy. The Board receives an update from every Council meeting including matters related to membership numbers and engagement.



## Membership Strategy

2021/22 was the last year of the Trust's membership strategy, which had the objectives of recruiting, communicating and engaging with our members. It aimed to strengthen the link between the hospital and its members by maximising involvement and engagement opportunities and focusing on better representing our younger membership community. During the year the Trust launched its membership Twitter page @GOSHMembership. The page serves as a way of becoming more active on social media and helping us reach more of our younger members.

In early 2022, in consultation with the Membership Recruitment and Retention Committee, the Trust developed its new Membership Strategy for 2022-2025. This was launched in April 2022 and seeks to address ways to increase the recruitment and retention of members by demonstrating that their contributions to the development of the Trust are valued. The new strategy has the following key themes:



These three themes will form the framework of the strategy and will be the basis of the membership objectives over the three-year period. The new programme will complement the wider Trust strategy, ensuring there is a consistent and cohesive alignment of effort. There will be a drive to display how membership initiatives are being implemented along with their outcomes and learnings ('Show and Tell' approach).

Overall, in this new strategy, the key areas of focus will be:

- Creating a robust, clear and attractive membership offer (the 'WHY') to help aid the recruitment and retention of members. This will have a heavy focus on targeting the groups who are under-represented in our membership statistics (patient and public members under the age of 21, male members in both the patient and public categories and ethnic minority members).
- Reviewing the use of various communications channels and ensuring they are accessible, inclusive and have diverse representation.
- Taking steps to ensure the communications/ engagement activities are conducted in a way that is sustainable and that the membership feeds into the sustainability agenda of the Trust.
- Elevating the profile of the Council of Governors and demonstrating how they partner with the senior management to make decisions that benefit different member groups across the Trust.
- Collaborating with stakeholders both internally and externally to promote the benefits of membership.
- Outlining the way we will measure success through regular reviews to ensure we are on the right track, accommodate any lessons and ensure there is continued commitment to developing, engaging, and communicating with our members.

## Membership engagement

Despite COVID-19 restrictions, we were still able to employ different ways to engage with our members. These included the following:

- Communicating with our members via the e bulletin 'Get Involved'.
- Hosting a virtual 'So You Want to be a Governor' session where attendees could hear from some of our Governors, ask questions and find out what it means to be GOSH Governor.
- Launching a new GOSH Membership Twitter page @GOSHMembership.
- Placing a direct focus on communicating the benefits of membership in web stories as well as promoting membership to partners such as the YPF, GOSH Arts and external organisations such as Camden Youth Council.
- Prominent placement of membership branding and messaging in internal channels such as the Roundabout newsletter, membership screensavers and intranet articles for staff members.

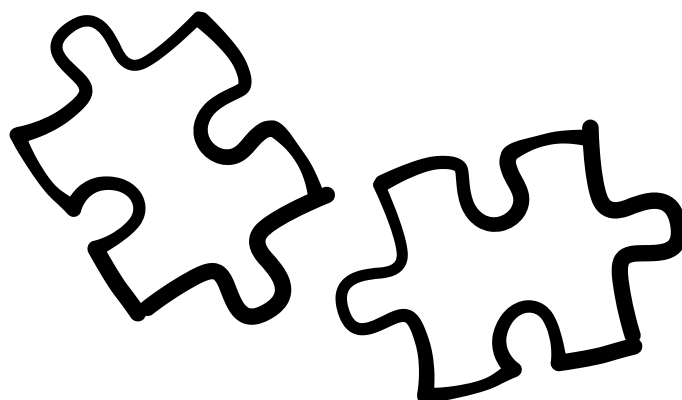
While Governors did not personally canvass the opinion of Trust members on the Trust forward plan in 2021/22, Governors did provide comments on the development of the GOSH operational plan in 2021/22 and 2022/23. The Trust has consulted with the local community and patients on the design of the Children's Cancer Centre (a priority in its strategy) and also presented plans for delivery of the strategy at the AGM in 2021.

## Annual General Meeting and Annual Members' Meeting

As the Trust was unable to conduct an Annual General Meeting and Annual Members Meeting in person, we held a virtual AGM and AMM on 8 September 2021 with the theme '**Innovative care during the pandemic**'. The meeting was an opportunity to hear colleagues give presentations on our performance in 2020/21 and how we adapted our services during the pandemic, alongside a chance to celebrate our successes. Some of the achievements in 2020/21 included:

- **Responding to COVID-19** and restoring clinical services, changing the way we engaged with and supported our patients, families and partners and responding comprehensively and collaboratively to the crisis through the determination and will of our staff.
- **Investing in our staff so we can make GOSH a great place to work**, developing the way we take care of staff and ensuring their voices were heard.
- **Making a difference now to impact the future for our young people**, becoming the first UK standalone children's hospital and first London NHS Trust to declare a Climate and Health Emergency.
- **Transforming outdated pathways and embracing the virtual world**, reconfiguring our Electronic Patient Record (EPR) to support admission of general paediatric patients from across NCL and oncology patients from other sites; providing access to NHS staff from other Trusts who were caring for patients admitted to GOSH; improving the functionality of MyGOSH and transitioning to virtual visits and outpatients appointments.
- **Launching our Above and Beyond strategy**, securing our future beyond the pandemic and setting out the priorities and principles that will help us achieve our goals.
- **Delivering essential research activity**, leveraging our extensive infrastructure and expertise to adapt to the changing needs arising from the pandemic and maintaining essential research activity.

We also discussed the Trust's finances, the costs associated with exploring new ways of working and how we communicate with members about plans for the future.





# Remuneration report

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The Trust Board's Remuneration Committee is chaired by a non-executive director. The committee is responsible for reviewing the terms and conditions of office of our most senior managers, including salary, pensions, termination and/or severance payments and allowances. The committee meets routinely twice a year, in November and March, with extraordinary meetings as required. Attendance at meetings held in during 2021/22 can be found on pages 54–59.

Under the terms of reference of the committee and for the report below, voting executive members of the Trust Board are defined as senior managers. Authority for approval of changes to other senior management roles on Trust contracts of employment has been delegated by the Remuneration Committee to the chief executive and director of HR and OD. The chief executive keeps the Remuneration Committee informed of any changes to remuneration for these staff.

The Council of Governors' Nominations and Remuneration Committee considers and recommends for approval the remuneration of non-executive directors. The Council of Governors consider the recommendation for approval. Further information is provided on page 72.

## Senior manager remuneration

The committee determines the remuneration of senior managers after taking into account NHSI guidance (see below), any variation in or changes to the responsibilities of the senior managers, market comparisons, job evaluation and weightings and uplifts recommended for other NHS staff. There is some scope for adjusting remuneration after appointment as senior managers take on the full set of responsibilities in their role.

The only non-cash elements of the remuneration package are pension-related benefits accrued during membership of the NHS Pension Scheme. Where appropriate, contributions into the scheme are made by both the employer and employee in accordance with the statutory regulations.

Affordability is also taken into account in determining pay uplifts for senior managers. Where it is appropriate, terms and conditions of service are consistent with NHS pay arrangements, such as Agenda for Change and those for very senior managers.

Performance is closely monitored and discussed through both annual and ongoing appraisal processes. All senior managers' remuneration is subject to performance – they are employed on contracts of employment and are substantive employees of the Trust. Their contracts are open-ended employment contracts, which can be terminated by either party with six months' notice. The committee considers on a case-by-case basis whether an element of performance related pay or earn-back pay will be included in senior manager contracts. This is consistent with NHSI guidance.

The Trust's redundancy policy is consistent with NHS redundancy terms for all staff. All new senior managers are now employed on probationary periods in line with all non-medical staff within the Trust.

## Senior Manager Remuneration policy

The structure of pay for senior managers is designed to reflect the long-term nature of our business and the significance of the challenges we face. Remuneration acts as a legitimate and effective method to attract, recruit and retain high-performing individuals to lead the organisation. That said, the financial and economic climate across the health sector is also considered.

NHS trusts, including foundation trusts, are free to determine the pay for senior managers in collaboration with the Trust Board's Remuneration Committee. Reference is made to:

- benchmarking information available from
  - NHSI on senior manager remuneration
  - other comparable hospitals
  - NHS Providers' Remuneration Survey results
- any recommendations made on pay across the wider NHS, for example changes applied under the Agenda for Change terms and conditions.

Our commitment to senior managers' pay is clear. While consideration is given to all internal and external factors, it is important that GOSH remains competitive so we can achieve our vision of being a leading children's hospital. The same principle of rating both performance and behaviour is applied to senior managers in line with the Trust's appraisal system. This in turn may result in senior managers having potential increases withheld, as is the case with senior managers under the Agenda for Change principles, should performance fall below the required standard.

### Senior manager future remuneration policy

The future policy table below highlights the components of directors' pay, how we determine the level of pay, how change is enacted and how directors' performance is managed.

How the component supports the strategic objective of the Trust	How the component operates (Including provisions for recovery of sums paid; how changes are made.)	Maximum potential value of the component	Description of framework used to assess performance
<b>Salary and fees</b>			
Set at an internationally competitive level to attract high-quality directors to a central London base. Benchmarked across other NHS trusts in order to deliver the Trust's strategic objectives.	Salaries are considered for review annually. Any changes are normally effective from 1 April. Such changes are proposed and made via the Board's Remuneration Committee, chaired by a non-executive director. Outside of this cycle, and in exceptional circumstances, changes to/new salaries are agreed by the Chair of the Remuneration Committee and ratified by the committee.  Any sums paid in error, malus, recovered due to breach of contract or to be withheld are considered and agreed by the Remuneration Committee and then followed up with the individual.	Application of cost of living is usually enacted as a percentage increase in line with national Agenda for Change pay arrangements, to ensure parity across the Trust (senior managers are proportionally not treated more favourably than other staff).  Changes to basic salary following a benchmarking review against other NHS trusts and relevant international competitors can be enacted as a percentage increase or a monetary increase.	Trust performance and development review (PDR)/ annual appraisal to set objectives linked to our strategic objectives. Failure to meet objectives is managed via our performance frameworks.
<b>Taxable benefits</b>			
Not applicable.			
<b>Annual performance-related bonuses</b>			
Provides the flexibility and capability to reward high performers adequately for their outcomes. Helps to retain highly specialised senior managers and supports innovation.	The committee reviews the application of performance-related pay (PRP) on appointment to a senior manager role (where relevant). The decision to apply PRP will be subject to the measurability of the outputs in relation to delivery of the strategy.	The committee will apply PRP as a maximum of 10% of total salary (excluding pension entitlements).	Trust PDR/annual appraisal process.
<b>Long-term-related bonuses</b>			
Not applicable.			
<b>Pension-related benefits</b>			
Pension benefits (which may be opted out of) are part of the total remuneration of directors, to attract high-calibre staff and enable the Trust to meet its strategic objectives.	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules. (See below for staff affected by the annual tax allowance threshold)	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules. Pension entitlements are determined in accordance with the HMRC method. (See below for staff affected by the annual tax allowance threshold)	Not applicable.

## Directors with remuneration (total) greater than £150,000

The committee takes steps to satisfy itself that remuneration is reasonable for those senior managers paid more than £150,000 (and £142,500 pro rata for part-time senior managers), taking account of NHSI's Guidance on pay for very senior managers in NHS trusts and foundation trusts.

The Trust balances the market factors for recruiting top director talent against social responsibility in relation to executive pay. Remuneration is regularly benchmarked across peer UK NHS organisations.

## Service contract obligations

The Trust requires all senior managers to take continuing responsibility for their roles and requires executive directors to provide on-call cover for the hospital on a rostered basis which broadly equates to one week in every six. Details about length of service can be found on page 54.

## Policy on payment for loss of office

Senior managers' contracts primarily stipulate a minimum notice period of six months and are determined by the Remuneration Committee.

In the event of loss of office (e.g., through poor performance or misconduct), the Trust will apply the principles and policies set out in this area within its relevant employment policies (disciplinary and performance management policy) and any compensation for loss of office will be in line with the contract of employment. The Trust does have the right to use its discretion about compensation payments for loss of office. Any such payments over and above a contractual entitlement will be in line with appropriate guidance from NHSE/I.

Payment in lieu of notice as a lump sum payment may be made with the approval of the Trust's Remuneration Committee, in line with NHSE/I guidance.

## Remuneration for senior managers in 2021/22

Details of remuneration, including the salaries and pension entitlements of senior managers at GOSH are provided on pages 73–75.

### For the financial year 2021/22 the committee:

- Approved the salary for the acting Chief Nurse
  - Approved the salary for the incoming substantive Chief Nurse based on benchmarking data.
  - Approved a salary increase to the Chief Finance Officer.
  - Approved a non-pensionable leadership allowance for the former Chief Nurse when acting as designated Deputy Chief Executive during the time of their employment.
  - Conducted benchmarking exercises on very senior managers' remuneration packages to ensure they were competitive in terms of total remuneration. To inform the benchmarking exercise, data was used from NHSI and other Trusts data. Any appropriate revisions were capped to align with the 3% uplift awarded to staff under Agenda for Change. The committee agreed increases in salary for all very senior managers from 1 April 2021 followed consideration of this data. On the basis that these benchmarking increases were awarded, it was agreed that very senior managers would not be awarded a cost-of-living payment for 2021/22.
- Agreed the application of measures to manage pensionable pay for a very senior manager (no change to total remuneration) in line with NHS Employers' pension tax guidance for employers (Pension tax: local options for affected staff) - from 1 April 2022.
  - Ratified a proposal from the Chief Executive for a cost-of-living award for 2021/22 for relevant senior managers on Trust contracts who do not fall under the remit of the Remuneration Committee. The Chief Executive considered the financial position of the Trust, length of tenure in post, performance assessment via appraisals, staff survey results and statutory and mandatory team performance. The payment was in line with NHSE/I guidance and the 3% uplift awarded to staff under Agenda for Change.

## NHS Pension Annual Tax Allowance Threshold

For the 2019/20 tax year the annual tax allowance threshold was £40,000, tapering down to £10,000 depending on an employee's income. This impacted Trust staff (particularly doctors) and the Trust worked in partnership with other NHS trusts within the North Central London Sustainability and Transformation Partnership (STP) and approved a local policy for all staff to address operational risks created by the changes to the pension tax regime. The UK Government announced in the March 2020 Budget that the tapered allowance threshold for pensions' tax relief would increase to £200,000.

Any staff member affected by the tax relief threshold can consider requesting the application of alternative suggested approaches in line with guidance from NHS Employers (Pension tax: local options for affected staff).

The Remuneration Committee has agreed that the local policy remains in place for 2022/23 for the limited numbers of staff who previously took this up and as an option for staff affected by the threshold allowance going forward.

## Ensuring diversity and inclusion

One of the key outputs of the GOSH People Strategy has been the creation of an integrated Diversity and Inclusion (D&I) Framework. The framework includes actions to take in response to inequalities in remuneration, for example in relation to gender, profession etc. Further information can be found on page 77.

The Trust publishes an annual Gender Pay Gap Report. In 2020/21, the GOSH gender pay gap reduced further to 11.5%, down from 19.2% in 2017. Work to continue to address the gender pay gap is included in the commitments of the D&I Framework, Seen and Heard. The framework also reflects and responds to the breadth of diversity at GOSH, including gender/sex, ethnicity, disability, age, LGBTQ+ and intersectionality.

NHS foundation trusts may negotiate local terms and conditions for staff. In common with all other NHS foundation trusts, GOSH has chosen to remain with Agenda for Change rather than move to locally created pay systems due to the protection it affords in terms of ensuring work of equal value is paid equally and to ensure pay is consistent regardless of the diversity of the workforce. Agenda for Change was designed to evaluate the job rather than the person in it and, by doing so, to ensure equity between similar jobs in different areas. All new Agenda for Change roles are externally banded to ensure consistency across pay roles.

This national pay system covers all job roles at GOSH except those detailed below:

- Trust contracts for senior managers and directors
- National Junior Doctors’ contract
- National Consultants’ contract
- Clinical Excellence Awards
- Consistent application of national policy where applicable.

### Evaluation and remuneration of non-executive directors

The Council of Governors considered and approved a refreshed performance evaluation framework for non-executive directors in 2020, bringing it in line with newly published guidance from NHSE and NHSI. All non-executive directors were appraised throughout 2021/22 against this framework.

The Council of Governors’ Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors. The policy for benchmarking salaries for the chair and non-executive directors is reviewed on a three-yearly basis.

GOSH Chair and non-executive director remuneration is set in line with remuneration guidance issued by NHSE and NHSI. The Council of Governors has agreed salaries of the chair and non-executive directors will be considered every three years. The next review will take place in 2023.

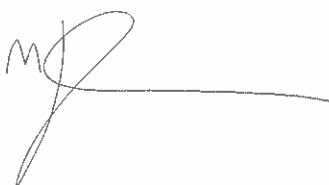
The Council of Governors considered and approved the appointment of two new non-executive directors on the GOSH Board, replacing two existing non-executive directors in 2022. As part of an agreed succession plan, the Council approved appointment of the new candidates as associate non-executive directors in the first instance, taking up the position in 2022/23 (see page 64). The role of the associate non-executive director was benchmarked against other trusts and, with advice from the nominated external search company, the Council agreed the position would be remunerated at £6,500 per annum.

No cost of living pay increase was awarded in 2021/22 for the chair or non-executive directors.

The table below shows the salaries for the chair and non-executive directors for 2021/22:

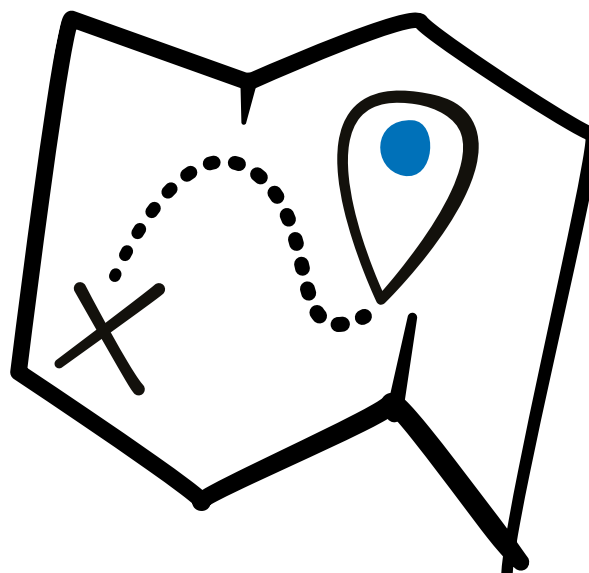
Role	2021/22 (application of NHSI guidance for a large trust £401m–£500m turnover) from 1 April 2021
Chair	£50k
Deputy Chair	£15k
Senior independent director	£15k
Other non-executive director	£13k
Associate non-executive director	£6.5k

Details of remuneration for the executive and non-executive directors are provided in the tables on pages 73–75.



**Matthew Shaw**  
Chief Executive

Date: 17 June 2022





## Salary entitlements of senior managers 2021/22

Name	Title	Salary and fees	Taxable benefits	Annual performance-related bonuses	Long-term performance-related bonuses	Pension-related benefits	Total
<b>Non-executive directors 2021/22 (£000)</b>							
Sir Michael Rake	Chair of Trust Board	50–55	0	0	0	0	50–55
Amanda Ellingworth	Non-Executive Director	10–15	0	0	0	0	10–15
James Hatchley	Non-Executive Director	15–20	0	0	0	0	15–20
Chris Kennedy	Non-Executive Director	10–15	0	0	0	0	10–15
Kathryn Ludlow	Non-Executive Director	10–15	0	0	0	0	10–15
Akhter Mateen	Non-Executive Director	15–20	0	0	0	0	15–20
Professor Russell Viner	Non-Executive Director	10–15	0	0	0	0	10–15
<b>Executive directors 2021/22 (£000)</b>							
Caroline Anderson	Director of Human Resources and Organisational Development	135-140	0	0	0	0	135-140
Darren Darby	Acting Chief Nurse (between 15 September 2021 and 31 January 2022)	45-50	0	0	0	90-92.5	135-140
Helen Jameson	Chief Finance Officer	150-155	0	0	0	55-57.5	205-210
Tracy Lockett	Chief Nurse (from 1 February 2022)	20-25	0	0	0	12.5-15	35-40
John Quinn	Chief Operating Officer	145-150	0	0	0	122.5-125	270-275
Professor Alison Robertson	Chief Nurse (until 14 September 2021)	85-90	0	0	0	0	85-90
Professor Sanjiv Sharma**	Medical Director	215-220	0	0	0	0	215-220
Matthew Shaw	Chief Executive	220-225	0	0	0	55-57.5	275-280

\*Data is subject to audit

\*\*The Medical Director's remuneration is made up of two elements: remuneration as a clinician and remuneration as medical director on the Trust Board

## Salary entitlements of senior managers 2020/21\*

Name	Title	Salary and fees	Taxable benefits	Annual performance-related bonuses	Long-term performance-related bonuses	Pension-related benefits	Total
<b>Non-executive directors 2020/21 (£000)</b>							
Sir Michael Rake	Chair of Trust Board	50-55	0	0	0	0	50-55
Amanda Ellingworth	Non-Executive Director	10-15	0	0	0	0	10-15
James Hatchley	Non-Executive Director	15-20	0	0	0	0	15-20
Chris Kennedy	Non-Executive Director	10-15	0	0	0	0	10-15
Kathryn Ludlow	Non-Executive Director	10-15	0	0	0	0	10-15
Akhter Mateen	Non-Executive Director	15-20	0	0	0	0	15-20
Professor Russell Viner	Non-Executive Director	10-15	0	0	0	0	10-15
<b>Executive directors 2020/21 (£000)</b>							
Caroline Anderson	Director of Human Resources and Organisational Development	130-135	0	0	0	0	130-135
Helen Jameson	Chief Finance Officer	140-145	0	0	0	27.5-30	170-175
John Quinn	Chief Operating Officer	35-40	0	0	0	5-7.5	40-45
Professor Alison Robertson	Chief Nurse	135-140	0	0	0	0	135-140
Professor Sanjiv Sharma**	Medical Director	190-195	0	0	0	87.5-90	270-275
Matthew Shaw	Chief Executive	215-220	0	0	0	50-52.5	265-270

\*Data is subject to audit

\*\* The Medical Director's remuneration is made up of two elements: remuneration as a clinician and remuneration as medical director on the Trust Board

## Pension entitlements of senior managers 2021/22\*

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash equivalent transfer value at 1 April 2021	Real increase/ (decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2022
<b>Executive Directors 2021/22 (£000)</b>							
<b>Darren Darby</b> Acting Chief Nurse (between 15 September 2021 and 31 January 2022)	2.5–5	10–12.5	40–45	95–100	544	82	763
<b>Helen Jameson</b> Chief Finance Officer	2.5–5	2–5.5	40–45	95–100	690	69	762
<b>Tracy Lockett</b> Chief Nurse (from 1 February 2022)	0–2.5	0–2.5	55–60	165–170	1136	20	1268
<b>John Quinn</b> Chief Operating Officer	5–7.5	10–12.5	50–55	105–110	913	147	1064
<b>Professor Sanjiv Sharma</b> Medical Director**	0–2.5	0–2.5	35–40	60–65	591	2	596
<b>Matthew Shaw</b> Chief Executive	2.5–5	0–2.5	50–55	90–95	756	67	827

\*Data is provided by the NHS Pensions Agency and reflects individual circumstances. Data is subject to audit.

\*\* The Medical Director's remuneration is made up of two elements: remuneration as a clinician and remuneration as medical director on the Trust Board

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

## Pension entitlements of senior managers 2020/21\*

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash equivalent transfer value at 1 April 2021	Real increase/ (decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2022
<b>Executive Directors 2020/21 (£000)</b>							
<b>Helen Jameson</b> Chief Finance Officer	2.5–5	0–2.5	35–40	90–95	636	43	690
<b>John Quinn</b> Chief Operating Officer	0–2.5	0–2.5	45–50	90–95	845	13	913
<b>Professor Sanjiv Sharma</b> Medical Director**	2.5–5	5–7.5	30–35	65–70	494	89	591
<b>Matthew Shaw</b> Chief Executive	2.5–5	0–2.5	45–50	90–95	682	63	756

\*Data is provided by the NHS Pensions Agency and reflects individual circumstances. Data is subject to audit.

\*\* The Medical Director's remuneration is made up of two elements: remuneration as a clinician and remuneration as medical director on the Trust Board

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

## Fair pay disclosures

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

In addition, reporting bodies are required to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

For all staff excluding directors, the total remuneration includes salary, benefits in kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Director's remuneration is equal to the salary and allowances component of pay.

The calculations are based upon the full-time equivalent Trust and agency staff for the year ended 31 March 2022 on an annualised basis.

The banded remuneration (salary) of the highest paid director in Great Ormond Street Hospital for Children NHS Foundation Trust in the financial year 2021/22 was £220,000-£225,000 (2020/21, £215,000 - 220,000). The relationship to the remuneration (salary) of the organisation's workforce is disclosed in the below table.

	2021/22	2020/21
Band of the highest paid director's total remuneration (£000)	220-225	215-220
Median total remuneration	44,635	43,102
Ratio	5.0	5.1
	2021/22	
	25th percentile	75th percentile
Band of the highest paid director's total remuneration (£000)	220-225	220-225
Total remuneration (salary)	30,834	58,499
Remuneration ratio	7.2	3.8

\*This data is subject to audit

In 2021/22, 23 employees received remuneration in excess of the highest-paid director (2020/21, 13). Remuneration for substantive, bank and agency staff ranged from £18,946 to £459,542 (2020/21 £16,609 to £302,616).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The calculations are based upon the full-time equivalent Trust and agency staff for the year ended 31 March 2022 on an annualised basis.

## Statement on better payment practice code

The Trust aims to pay its non-NHS trade creditors in accordance with the Prompt Payment Code and government accounting rules. The Trust has registered its commitment to following the Prompt Payment Code.

The Trust maintained its Better Payment Practice Code performance for non-NHS creditor payments and achieved payment within 30 days of 83% of non-NHS invoices measured in terms of number (83% in 2020/21) and 92% by value (89% in 2020/21).

Better payment practice code 2021/22	Number	£000
<b>Non-NHS</b>		
Total bills paid in the year	75,253	323,363
Total bills paid within target	62,749	298,009
Percentage of bills paid within target	83%	92%
<b>NHS</b>		
Total bills paid in the year	3,340	31,711
Total bills paid within target	1,437	23,589
Percentage of bills paid within target	43%	74%
<b>Total</b>		
Total bills paid in the year	78,593	355,074
Total bills paid within target	64,186	321,598
Percentage of bills paid within target	82%	91%

## Income from the provision of goods and services

The Trust has met the requirement in section 43(2A) of the *National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)*, which requires the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

# Staff report

Our people are the head, the heart, the hands and the face of GOSH. They make us who we are and allow us to do extraordinary things. We value and respect them individually and collectively for who they are as well as what they do.

As a Trust we are committed to ensuring all our people are well led and well managed, but also supported, developed and empowered to be and do their best. Over the last 2 years, we have seen our staff come together to support their patients, families and each other in extraordinary times and this report outlines some of the ways we have sought to support them.

## Our People Strategy

In 2019, we published our first integrated GOSH People Strategy. It was developed in the context of the changing NHS and local STP landscape, and what was then our current organisational context. The strategy covers the period from December 2019 to December 2022 and the annual work programmes and projects which support its delivery are overseen by the People and Education Assurance Committee.

### The People Strategy is built around four key themes:

1. Capacity and workforce planning – resourcing, retention, and strategy.
2. Developing skills and capability – ensuring the Trust continues to meet its responsibilities as a teaching, training and research hospital, as well as building skills and capability to meet new challenges and changing priorities.
3. Modernising and reshaping the corporate and HR infrastructure – including HR policies, processes, systems, and supporting structures.
4. Culture, engagement, health and wellbeing – ensuring all our staff feel empowered to be and do their best.

The delivery of the People Strategy work programmes was assessed at the beginning of 2020/21 at the onset of the pandemic. In 2021/22 that work continued, with identified work programmes reprioritised to support the wellbeing of our staff through this most challenging of years.

## Our staff

In 2021/22, the Trust employed an average of 5,196 full time equivalent (FTE) staff across the year.

On 31 March 2022 the Trust had a headcount of 5,791 substantively employed staff. This was an increase of 491 (9.2%) on the previous year. The increase was driven mainly by the onboarding of the domestic staff in August 2021.

On 31 March 2022, the gender mix of GOSH directors, senior managers and staff was:

Staff group	Female	Male
Director	43% (6)	57% (8)
Senior manager	43% (9)	57% (12)
Staff	76% (4,358)	24% (1,399)

## Analysis of staff costs

The table below provides analysis of the cost of staff for the year 2021/22:

Employee costs	Year to 31 March 2022			Year to 31 March 2021
	Total £000	Permanently employed £000	Other £000	Total £000
Salaries and wages	276,679	261,666	15,013	262,622
Social security costs	29,015	29,015	0	26,365
Apprenticeship levy	1,292	1,292	0	1,176
Pension cost – defined contribution plans employer's contributions to NHS pensions	31,098	31,098	0	28,324
Pension cost – employer contributions paid by NHSE on provider's behalf (6.3%)	13,554	13,554	0	12,365
Pension cost – other	63	63	0	74
Temporary staff – agency/contract staff	4,154	0	4,154	3,781
Termination benefits	0	0	0	397
<b>Total gross staff costs</b>	<b>355,855</b>	<b>336,688</b>	<b>19,167</b>	335,104
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	(2,240)	(2,240)	0	(1,716)
Recoveries from other bodies in respect of staff cost netted off expenditure	(260)	(260)	0	(899)
<b>Total staff costs</b>	<b>353,355</b>	<b>334,188</b>	<b>19,167</b>	329,814
<b>Included within:</b>				
Costs capitalised as part of assets	1,678	1,678	0	2,675
Analysed into operating expenditure:				
Employee expenses – staff and executive directors	330,245	314,905	15,340	308,182
Research and development	17,695	13,868	3,827	18,498
Education and training	3,737	3,737	0	2,737
Redundancy	0	0	0	397
<b>Total employee benefits excluding capital costs</b>	<b>351,677</b>	<b>332,510</b>	<b>19,167</b>	332,489

The figures in the above table have been subject to audit by the Trust External Auditors.

Average number of people employed*	Year to 31 March 2022			Year to 31 March 2021
	Total Number	Permanently employed** Number	Other Number	Total Number
Medical and dental	780	746	34	765
Administration and estates	1,621	1,570	51	1,388
Healthcare assistants and other support staff	323	323	0	327
Nursing, midwifery and health visiting staff	1,624	1,618	6	1,601
Scientific, therapeutic and technical staff	1,049	981	68	994
Other staff	15	15	0	13
<b>Total average numbers</b>	<b>5,412</b>	<b>5,253</b>	<b>159</b>	5,088

\* Whole Time Equivalent    \*\* Includes Bank Staff

## Raising concerns at GOSH

The Freedom to Speak Up service provides colleagues with confidential and independent support to speak up about any concerns they have about patient care and safety, or anything that impacts on their working life. When someone raises a concern, colleagues from across the Trust come together to make sure their concerns are heard, investigated, action is taken, and lessons are learned. Being able to work openly, transparently, compassionately and in partnership is key to this work.

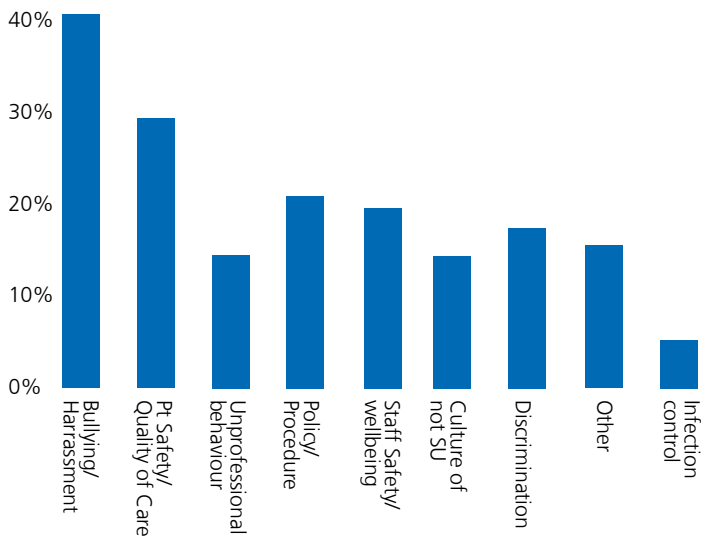
Providing a confidential and independent space for everyone at GOSH is important and we saw an increase in the number of people using the service. We believe that the more people who feel safe enough to raise concerns, the better we become as an organisation in terms of both safety and in making GOSH a great environment to work in.

2021/2022  
**187**  
concerns raised

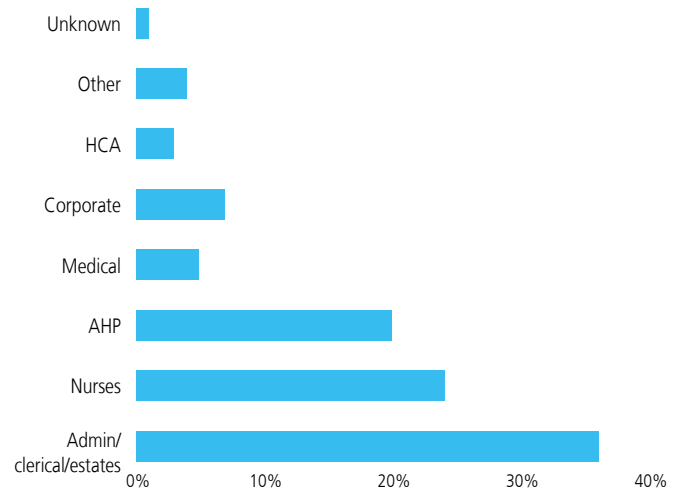
2020/2021  
**115**  
concerns raised



% of cases with an element of one of the following themes



Professional Backgrounds of workers speaking up about concerns.



## Feedback

We ask everyone who uses the service for feedback so we can improve the support we provide. A large majority reported a positive experience with the service and more than 90% said they would be willing to speak up about a concern again.

It was nice to be heard and have the opportunity to speak openly with someone from the Trust

This is just what staff need, for someone to listen to their issues and to be able to discuss a way forward. The support I got was incredible

They were professional, supportive and took my concern seriously. They followed up quickly with the relevant contacts and reported progress back regularly

I felt safe and supported and I would definitely let more people know about it. The support I got was incredible

I felt talking to someone made a difference

This year we increased the training available for staff. All new staff when they join the Trust are expected to undertake both our local and national speaking up training on our online learning and development platform, GOSH GOLD, provided in partnership with the National Guardian's Office and the Cognitive Institute. The Guardian reports to several assurance boards who support and hold the organisation to account around speaking up. These relationships are key to improving the mechanisms and culture of speaking up.

Over the past year the Freedom to Speak Up service has collected demographic data from users so we can see who is using it and who may face barriers to accessing it or speaking up. This has led to us working alongside the different Trust forums and steering groups which play a vital role in staff wellbeing and improving the working lives of colleagues.

The year ahead is about enhancing and building on our speaking up programmes and building new and stronger partnerships, both internally and externally, to make sure we are creating an environment where people feel safe to speak up about anything they need to.

### Sickness absence

Sickness absence rates in 2021/22 were consistently higher than the long-term average for the Trust. The average monthly reported rate was 4.03% (compared to an average of 2.7% the previous year). These rates include COVID-19 sickness (where staff had tested positive) but exclude those self-isolating because of exposure to another person with the virus. The winter Omicron wave saw particularly high rates of absence with nearly 6% sickness absence reported in December 2021.

Although rates have since reduced, the Trust continues to monitor and report sickness on a daily basis to manage high risk areas and ensure we contribute to the national and regional understanding of the impact of COVID-19.

In September 2020 the Trust launched the Mind, Body and Spirit Framework, which is overseen by the Trust Health and Wellbeing Steering Group and the Health and Wellbeing Recovery Group and supported the wellbeing of staff during COVID-19 and beyond.

We built the internal capacity to support people on the ground through Peer Support Workers, Health and Wellbeing Coaches and Trauma Risk Management (TRiM) Practitioners. This work has been supported financially by the GOSH Charity through a bid to The Captain Tom Foundation.

Absence data is published by NHS Digital at <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>.

### Staff turnover

Staff turnover is monitored monthly, and rates are reported to the Trust Board at a directorate and staff group level. The Trust has a target of 14% voluntary turnover and on 31 March 2022 its turnover rate was reported at 12.1%. Monthly turnover rates are reported by NHS Digital for NHS trusts here: [NHS workforce statistics - NHS Digital](#)

### Equality, diversity and inclusion

Promoting and supporting diversity in the workplace is an essential aspect of good people management. We are mindful that we can only provide the highest quality healthcare to children and their families if we represent the diverse communities that we serve, treat our members of staff with respect and give them a powerful reason to stay and grow within the Trust. We are committed to ensuring the best possible experiences and outcomes for patients, service users and the public.

The Trust Diversity and Inclusion Framework, Seen and Heard, was launched in 2020 and sets out four main work streams to improve the experience of all staff:

- **Opening up external recruitment**, promoting GOSH as a creative, diverse and inclusive employer of choice.
- **Creating internal career paths and opportunities for progression**, ensuring fair and transparent access to jobs, training and education.
- **Creating a more inclusive work culture for all**, to build understanding and connectivity and support value-based people management practice.
- **Creating channels and safe spaces which amplify the employee voice**, ensuring we listen, hear and take action as a consequence.

The framework outlines a number of performance measures based on staff experience (recorded through the annual staff survey) as well as statutory benchmarks such as gender pay gap reporting, the NHS workforce race equality standard (WRES) and the NHS workforce disability equality standard (WDES).

In November 2021, the Trust Board received a report on the key findings and immediate and planned actions for the future. These metrics are monitored by the Trust-wide Diversity and Inclusion Steering Group and outlined below:



Measure	Source	Baseline performance at framework launch (Sep 2020)	Year 1 (Based on 2021 Trustwide D&I Annual report-Nov 2021)
A more diverse and representative workforce.	Workforce demographics.	29% BAME which is significantly below the London average of 45%.	35% BAME staff
Greater diversity at Board and senior leadership levels.	WRES Indicator 9.	BAME representation at Board level is 8% lower than Trust workforce.	BAME representation was 12% lower than the Trust workforce.
Improvement in recruitment outcomes for BAME applicants.	WRES Indicator 2, recruitment data.	White applicants are 2.03 times more likely to be appointed than BAME applicants.	White applicants were 2.09 times more likely to be appointed than BAME applicants.
Improvement in recruitment outcomes for disabled applicants.	WDES Indicator 2, recruitment data.	Non-disabled applicants are 1.3 times more likely to be appointed than disabled applicants.	Non-disabled applicants were 1.1 times more likely to be appointed than disabled applicants.
Improvement in "Equality & Diversity" staff survey theme.	NHS staff survey.	2020 staff survey theme score was 8.9 (out of 10). National average for acute specialist trusts was 9.2.	Due to changes in Staff Survey results, this information is not available. See Staff Survey section.
Improvement in demographic pay gap.	Gender pay gap reporting, GOSH pay data.	The reported gender pay gap for 2019 was 17%.	The mean reported Gender pay gap for 2020 was 15.4% between male and female staff.
More internal applicants being promoted to role at GOSH.	Recruitment data.	40% of appointees were existing staff members.	35% of appointments were to internal candidates.
Increased access to training and development opportunities.	WRES indicator 4, training data.	White staff were 1.18 times more likely to access discretionary training.	White staff were 1.21 times more likely to access discretionary training than BAME staff.
Staff feeling GOSH acts fairly regarding career progression	NHS staff survey	50% of respondents felt that GOSH acted fairly with regard to career progression.	52% of respondents felt that GOSH acted fairly with regard to career progression.
Proportion of staff recommending GOSH as a place to work.	NHS staff survey.	67% of respondents would recommend GOSH as place to work.	71% of respondents would recommend GOSH as place to work
Reduction in relative likelihood BAME staff entering formal HR processes (e.g. disciplinary, capability)	WRES indicator 3, Employee Relations data.	BAME staff were 2.74 more likely to be in a formal disciplinary process.	BAME staff were 2.87 times more likely to be in a formal disciplinary process
Improved staff declaration rates against protected characteristics.	HR data.	34% of staff have opted to not disclose at least one protected characteristic.	32% of staff opted to not disclose at least one protected characteristic

The culture change required to improve in this area will take several years to deliver and embed. Our staff survey results related to equality, diversity and inclusion showed some early signs of improvement, but there remains significant work to do. Overall, we have seen improvements in the ethnic diversity of our workforce – with the proportion of BAME staff continuing to increase to 35% - having been static for several years.

During the year, our pipeline of new recruits, particularly in nursing, saw an increase of BAME staff. A trust-wide working group was established to implement the Debiasing Recruitment toolkit, which aims to ensure fairness and transparency in recruitment decisions. It was established in late 2021 and an action plan developed for delivery in 2022/23.

As part of the People Strategy an HR policy framework has been agreed that will ensure staff are seen and heard and will address any concerns arising from the current application of policies.

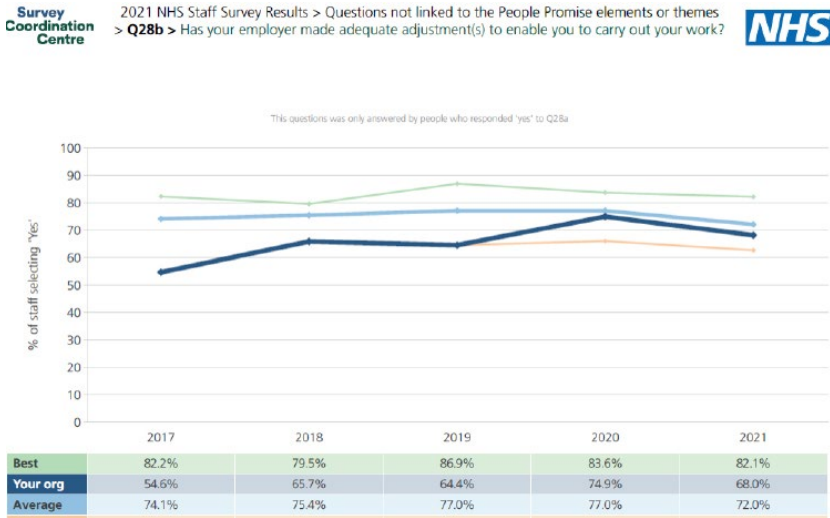
We have continued to develop the role and remit of our staff networks and extended the support we can provide so the networks are empowered to manage their events and interactions with their members.

Through the year we have run a series of Trust-wide "Big Conversations" aimed at improving understanding of equality and diversity, and particularly the importance of allyship for all staff.

## Disability

Due to the ongoing impact of the pandemic, we were unable to re-establish our Project Search programme for this year but aim to work with our partner organisations to get this re-established as soon as possible.

Satisfaction with our support for staff who require reasonable adjustments to do their work saw a reduction on the previous year's results in the staff survey, but remained above the 5-year average below:



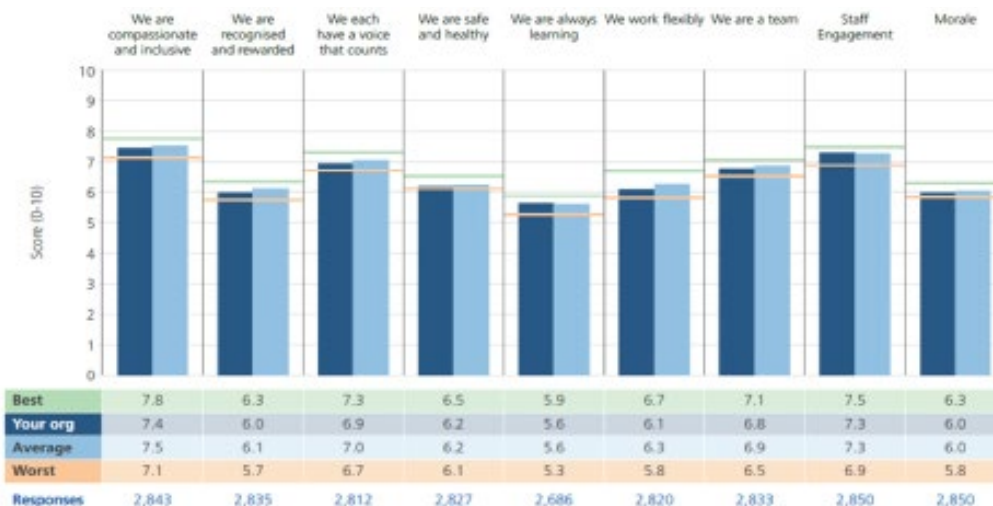
## Staff survey results

The NHS staff survey is conducted annually. For the 4th year, the Trust opted to carry out a census survey of all its staff to ensure their voices counted. This year saw major changes to the staff survey to align to the 7 elements of the NHS People Promise, as well as overarching themes of Staff Engagement and Morale. The indicator scores are based on a rating out of 10 for certain questions, with the indicator score being the average of those.

## Staff survey themes



The response rate to the 2021/22 survey among Trust staff was 52% (2020/21: 56%). With 2,857, this was the most respondents to a Staff Survey the Trust have ever received. Scores for each indicator together with that of the survey benchmarking group (acute specialist trusts) are presented below.



As well as aligning to the NHS People Promise, the redesigned survey had a focus on staff emotional wellbeing and resilience as the NHS continued to manage the impact not just of COVID-19 but the backlog of patient care caused by two years of the pandemic.

Across the 9 themes in the 2021 Staff Survey, the Trust was at the benchmark average for four, and slightly below average for 5. This compares favourably to our 2018 performance when the Trust was lower in nine out of 10 themes. It should be noted that the Acute Specialist benchmark is usually the highest performing benchmark group. When we compare ourselves to the North Central London STP or London averages the Trust is above average for all 9 themes.

The table below shows our performance in each of the 9 indicators for the 2021 Staff Survey. Due to the changes in the survey format, it is not possible to show like for like comparison to previous years for seven of the 9 indicators.

Staff Survey Indicator	Trust 2021	Benchmark 2021
We are compassionate and inclusive	7.4	7.5
We are recognised and rewarded	6.0	6.1
We each have a voice that counts	6.9	7.0
We are safe and healthy	6.2	6.2
We are always learning	5.6	5.6
We work flexibly	6.1	6.3
We are a team	6.8	6.9
Theme: Staff Engagement	7.3	7.3
Theme: Morale	6.0	6.0

Only 2 of the 9 indicators have comparable scores for the previous surveys, conducted in 2020 and 2019, these are shown below.

Theme	Trust 2021	Benchmark 2021	Trust 2020	Benchmark 2020	Trust 2019	Benchmark 2019
Morale	6.0	6.0	6.2	6.4	6	6.4
Staff Engagement	7.3	7.3	7.4	7.4	7.3	7.5

At the end of March, local results were shared with more GOSH teams than ever before to ensure our staff voices can be heard, improvements celebrated, and concerns addressed. Directorates have been tasked with working with Human Resources to develop an action plan in response to the results using a toolkit of 7 Trust-wide priorities listed below as well as local improvements.

### Recognising reward and performance

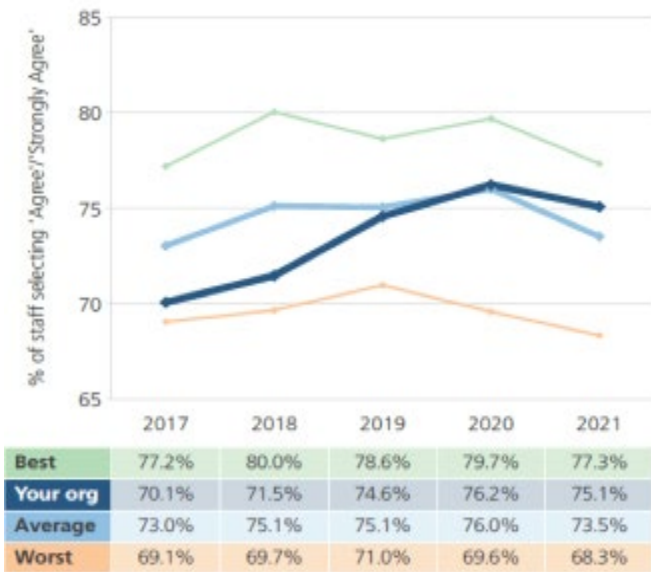
We continued to promote our Praise programme whereby staff can send a personal thank you and praise to individuals across the organisation. This is a great platform for building morale and recognising each other in an informal way and has been greatly appreciated by staff.

We recognise recognition of work and achievements by a staff member's immediate line manager is important, and our staff survey shows we performed above the benchmark group (labelled as average in light blue on the graph) for the second year in a row for the question 'My immediate manager values my work'.

We have taken the opportunity to thank our teams and individuals during our weekly senior leadership team meetings, our fortnightly Virtual Big Briefings, and local initiatives such as directorate 'town halls'.

In December 2021, staff came together to celebrate the achievements of all those who work at GOSH at a virtual annual awards ceremony. The awards, which have been running for 12 years, recognise the very best of GOSH people; those who epitomise our Always Values. Separately we also celebrated long service awards for staff who had worked at GOSH for 10, 20, 25, 30 and 35 years.

Q9e  
My immediate manager values my work



### Trade union facility time

Throughout 2021/22 the Trust engaged with its staff partners to ensure the response to changes driven by COVID-19 was developed in partnership with staff. The Trust has 16 trade union representatives across the organisation. The representatives spent an average of 5% of their work time on union activities (128 hours per month in total). The total cost of union activities was less than 1% of the total pay bill for the year.

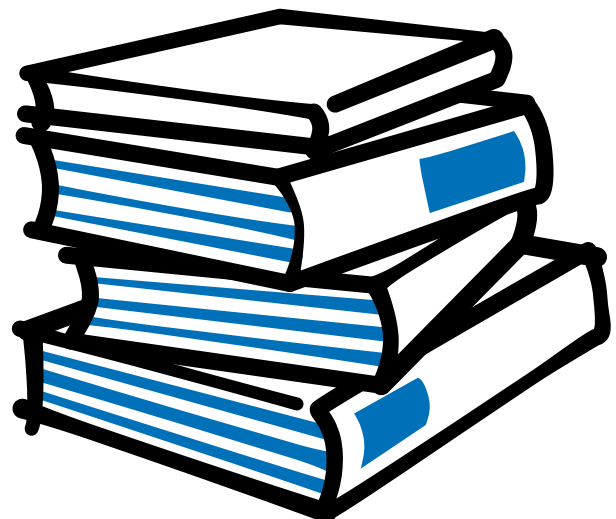
### Engaging and listening to staff

We adapted the ways we communicate internally to ensure we reached staff working both onsite and remotely. Through the use of different communication platforms, we accessed an increasing number of staff and the new routes proved an excellent way to ensure we shared information, listened to concerns and themes and built positive and supportive messages across the Trust.

- Since the start of the COVID-19 pandemic we have listened and responded to themes and concerns that have:
- come informally through the Wellbeing Hub
- been raised informally through the Operations Board
- been raised using the media platform Slido at our regular Virtual Big Brief with our chief executive and relevant senior leaders (see below)
- been recorded in our poll at Virtual Big Brief
- surfaced through our local pulse surveys to staff (see below).

Every two weeks as many as 1,000 staff dialled into the Virtual Big Brief both from within and outside the hospital site. The brief is a mix of sharing messages and responding to questions from the Slido platform, where people can vote for certain questions to be answered. In addition to this we run a short poll and we consistently use one question 'How do you feel you are coping with life at the moment?'. This has helped us see changes in the resilience of our staff during the pandemic.

In 2021 we aligned our local InTouch pulse survey to the national quarterly staff survey (replacing the Staff Friends and Family test), running the survey in July and January using different methodologies. We developed a plan for implementation in 2022 in partnership with our existing contractor for the annual staff survey from April 2022.



## Speaking up at the Trust

The Trust believes that every member of staff has a duty to raise concerns and is committed to supporting staff to raise and openly discuss concerns at the earliest reasonable opportunity. A number of ways in which this can be achieved are promoted across the Trust:

- Staff can use the Trust incident reporting system or talk to their line manager.
- They can make safeguarding referrals or speak to the FTSU team.
- Concerns can also be raised by following the Trust's whistleblowing policy and procedures.
- In addition, professionally registered staff have duties to raise such concerns via their respective professional regulatory bodies, such as the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and the Association of Chartered Certified Accountants (ACCA).
- The Trust has also implemented the 'Speaking up' programme to encourage staff to raise their concerns (see page 79 for further information).

## GOSH Learning Academy

In October 2019, the GOSH Charity Board granted approval to release funding for an initial three-year commitment to support the development of the GOSH Learning Academy (GLA), a key planet in the Trust strategy Above and Beyond.

The GLA continued to deliver against its key priorities and worked across the national and international landscape to influence care for children and young people. It remains the preferred specialist education partner across our Integrated Care System (ICS), with increased collaboration to deliver and co-deliver packages of education.

Our reputation grew as a trusted provider, leading to an increase in national bodies such as NHS England/Improvement (NHSE/I) and Health Education England (HEE) asking to collaborate with the GLA on a range of projects including 'Reducing Procedural Anxiety' and 'Whole Genome Sequencing'.

Further information on the GLA achievements throughout the year can be found on page 34.

## Learning and development

During 2021/2022 we established a hybrid delivery model (virtual/online learning/face to face) for our learning and development programmes, balancing our requirement to adhere to ongoing national COVID-19 guidelines whilst ensuring we provided development opportunities to colleagues alongside high quality essential training.

We maintained our statutory and mandatory training compliance throughout 2021/2022 - recording 93% compliance. We successfully inducted 1,178 new staff into the organisation, providing them with a robust induction programme to set them up for success in their career at GOSH, including a "Welcome to GOSH" virtual session, access to a comprehensive GOSH handbook and statutory and mandatory/role specific competency training.

In January 2022, as part of our programme to create internal career paths and opportunities for progression and ensure fair and transparent access to jobs, training and education, we launched our 'Admin & Clerical Career Development Programme'. The programme covers a variety of topics, including Communication Essentials, Time Management Essentials and Giving and Receiving

Feedback, to give administration and clerical colleagues training focused on key skills to support them in their current role or future career development.

## Nursing and non-medical education

Despite the continued challenges of the COVID-19 pandemic, the Nursing and Non-Medical Education team facilitated educational placements for more than 700 undergraduate nurses. Working closely with Health Education England, the GLA was also able to facilitate additional placements for Allied Healthcare Professionals (AHP), helping students gain knowledge and skills missed from placements cancelled during the pandemic.

The GLA continued to increase the number of education events from 470 to 640 over the past year. These events included postgraduate academia, conferences and study days.

## Postgraduate medical education

The Postgraduate Medical Education (PGME) department saw continued growth in activity over the year, with an increase in educational events, including very successful national and international programmes such as the Summer School, GOSH conference and 'Aim High', which was aimed at young adults considering medicine as a career.

The GLA welcomed back University College London (UCL) year 5 medical students to GOSH as part of their speciality placement. We expect to support 200 students throughout the year. These students are supported by a team of teaching fellows as well as the experts and educational supervisors across the Trust.

## Staff safety and occupational health

The Trust is committed to preventing staff harm and a high-profile agenda of controlling hazards and preventing harm is pursued. There is a robust process for incident reporting and staff are encouraged to make reports. In 2021/22 GOSH employees reported 874 health and safety incidents, including 75 patient safety accidents. This was a decrease from 1,013 incidents in 2020/2021 but similar to the 803 incidents in 2019/2020. A contributing factor to the reduction in 2021/22 may be the increase in staff working from home. There were 16 incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

The Trust's governance structure ensures statutory compliance within legislative requirements and assurance via the Health and Safety Committee was provided on a range of subjects, such as violence against staff, lone working, control of substances hazardous to health and fire safety. New improvements included a weekly health and safety walkaround attended by a range of staff, a drive to include more clinical areas in the Health and Safety Committee and the strengthening of the Health and Safety Team with an extra staff member.

COVID-19 also had a profound effect on the Trust. An initial review of the space and continuous audit allowed the Trust to provide a safe environment for our staff, visitors and patients. Keeping people safe and maintaining compliance in a complex and diverse hospital can prove challenging. The Trust is continuously assessing and auditing to develop systems to control risk effectively.

We have continued to support all our staff through a range of programmes using the table below as our guide. This was designed at the start of the pandemic and outlines the range of services we will continue to adjust and adapt over the coming year.

<p><b>Psychological Support:</b> Ensuring staff get access to wellbeing services, providing signposting and psychological first aid. CareFirst providing information services and counselling.</p>	<p><b>Occupational Health Service:</b> Providing specific individual guidance and support to keep people well and safe based on their risk. Undertaking fitness to return to work assessments following COVID-19 symptoms.</p>	<p><b>Track and Trace:</b> Identifying staff who have had contact with COVID-19 infected individuals, offering testing to staff with symptoms, and offering antibody testing. Providing appropriate advice and support including self-isolation.</p>	<p><b>Personal Protective Equipment:</b> Supplying and fitting staff with appropriate PPE to carry out their roles safely. Advising on face coverings and other measures to facilitate a safe commute to work.</p>
<p><b>Social Distancing:</b> Assessing all wards, offices, corridors and other spaces in the Trust to ensure the appropriateness of their use and ability to social distance. Identifying all COVID-19 secure areas.</p>	<p><b>Safer Travel:</b> Working with staff to consider ways of getting to and from work safely, such as working different hours and using alternative modes of transport.</p>	<p><b>Risk Assessments:</b> Assessing and reassessing the risks to our staff and making reasonable adjustments where practicable.</p>	<p><b>Remote Working:</b> Continuing to support remote working where possible and ensuring staff have what they need to work safely in the office or at home.</p>

The health and wellbeing of a staff has been a top priority and our Health and Wellbeing Framework 'Mind, Body and Spirit' is overseen by a cross-organisation steering group. We appointed our Trust Wellbeing Guardian, who will act as a champion at Board level, and we developed a programme of work to embed our wellbeing support into everyday life.



- Covid support will continue as set out in our Mind, Body and Spirit Framework – adapting to new guidance and circumstances
- I-Care 2 hour module – for all managers using national HWB conversation training delivered with a session on how I support my own resilience and wellbeing
- Health and wellbeing discussion recorded as part of annual appraisal
- HWB champions – consolidating our approach in line with national wellbeing champions for each Directorate (we currently have peer support workers, wellbeing coaches, wellbeing leads). Support and supervision to continue
- Continued support for the Internal Wellbeing Hub
- Promoting Carefirst app and crisis help
- ReactIMH training for Practice Facilitators, mentors, coaches, staff network execs
- Team Interventions – bespoke sessions with three main elements – self-care, supporting each other, tools and techniques
- Onsite financial advice for the year from Citizens Advice Bureau bookable appointments for financial anxiety
- Consistent and positive monthly themes for Health and wellbeing Communications with SLT leading their integration in directorates
- Webinar series movies to a monthly approach to align and give depth

### Countering fraud and corruption

We have a countering fraud and corruption strategy. Counter fraud arrangements were reviewed during the year by the Local Counter Fraud Service (LCFS). The LCFS undertakes an ongoing programme of work to raise the profile of counter fraud measures and carry out ad hoc audits and specific investigations of any reported alleged frauds. The LCFS delivered fraud awareness presentations and fraud awareness surveys. The Audit Committee receives and approves the counter fraud annual report, monitors the adequacy of counter fraud arrangements at the Trust and reports on progress to the Board.

### Expenditure on consultancy

Consultancy expenditure can be found in note 4 of the annual accounts on page 154.

### Exit packages

Information about exit packages can be found on page 157.

### Modern Slavery statement for 2020/21

GOSH supports the Government's objective to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combating it and supporting victims. In particular, we are committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

#### People

The Trust makes appropriate pre-employment checks on all directly employed staff. Only agencies on approved frameworks are used and they are audited to provide assurance that pre-employment clearance has been obtained for all agency staff. There are a range of policies and procedures designed to protect staff from poor treatment and/or exploitation, which comply with all relevant employment law and the Advisory, Conciliation and Arbitration Service code of practice. These include the provision of fair pay rates based on nationally negotiated terms and conditions of employment. There are also a range of benefits, including health and wellbeing support, and access to training and development opportunities.

Where changes to employment, work, organisation and policies and procedures are proposed, there is communication, consultation and negotiation with Trade Unions.

Efforts to engage and involve staff in matters which affect them include regular staff briefings and consultation with a range of staff forums, including BAME and LGBT, women and staff with disabilities and long-term health conditions.

#### **Procurement and our supply chain**

Most of our products are purchased from UK or EU based firms, which may also be required to comply with the requirements of the UK Modern Slavery Act (2015) or similar legislation in other European states.

A significant number of products are purchased through NHS Supply Chain and its Supplier Code of Conduct includes a provision around forced labour.

Where possible, and consistent with the Public Contracts Regulations, the Trust builds long-standing relationships with suppliers.

#### **Training**

Advice and training about modern slavery and human trafficking is available to staff through our Safeguarding Children and Adults training, our safeguarding policies and procedures and our Safeguarding team.

#### **Responding**

Any concerns about modern slavery are taken seriously and managed sensitively, and support is provided. This includes referring to external agencies, where appropriate.

#### **Approval**

This statement has been approved by the Chief Nurse, who chairs the Strategic Safeguarding Committee. The committee reviews and updates the statement on an annual basis.

#### **Off payroll engagements**

Information about off payroll engagements can be found on page 170.







# Disclosures

## Principal activities of the Trust

Information on our principal activities, including performance management, financial management and risk, efficiency, employee information (including consultation and training) and the work of the research and development directorate and International and Private Care is outlined in the Performance Report. Page 17 summarises GOSH's purpose and activities.

## Going Concern

Our going concern disclosure can be found on page 25.

## Directors' responsibilities

The directors acknowledge their responsibilities for the preparation of the financial statements.

## Safeguarding external auditor independence

While recognising that there may be occasions when the external auditor is best placed to undertake other accounting, advisory and consultancy work on our behalf, the Board seeks to ensure that the auditor is, and is seen to be, independent. We have developed a policy for any non-statutory audit work undertaken on our behalf to ensure compliance with the above objective. The Council has approved this policy, and it is monitored on an annual basis, or as a query arises.

## Code of Governance

Great Ormond Street Hospital for Children NHS Foundation Trust has applied the principles of *The NHS foundation trust Code of Governance* on a 'comply or explain' basis. The NHS foundation trust Code of Governance, most recently revised in July 2014, is based on the principles of the *UK Corporate Governance Code* issued in 2012. Throughout our annual report we describe how we meet the Code.

A summary of where detail can be found in the report on the issues we are required to disclose is given in the following table:

Code reference	Section of annual report
A.1.1	Accountability Report: Council of Governors (role of Council) Trust Board (role of Trust Board) Annual Governance Statement (role of Trust Board)
A.1.2	Accountability Report – Trust Board members 2021–22
A.5.3	Accountability Report – Governors' attendance at meetings 2021–22
Additional requirement (FT Annual Reporting Manual)	A statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors. Accountability Report – Trust Board members 2021–22 Accountability Report – Governors' attendance at meetings
B.1.1	Accountability Report – Trust Board members 2021–22
B.1.4	Accountability Report – Trust Board members 2021–22
Additional requirement (FT Annual Reporting Manual)	Brief description of the length of appointments of the non-executive directors, and how they may be terminated. Accountability Report – Trust Board members 2021–22

Code reference	Section of annual report
B.2.10	Accountability Report: <ul style="list-style-type: none"> <li>• Trust Board Nominations Committee</li> <li>• Council of Governors' Nominations and Remuneration Committee</li> </ul>
Additional requirement (FT Annual Reporting Manual)	Explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director. Accountability Report – Trust Board members 2021–22 Not applicable
B.3.1	Accountability Report – Trust Board members 2021–22
B.5.6	Accountability Report – Membership Engagement. Whilst Governors did not personally canvass the opinion of Trust members in 2021/22 on the trust forward plan, Governors did provide comments on development of the GOSH operational plan in 2021/22 and 2022/23. The Trust has also consulted with the local community and patients on the design of the Children's Cancer Centre (a priority in its strategy) and also presented plans for delivery of the strategy at the AGM in 2021.
Additional requirement (FT Annual Reporting Manual)	Governors having exercised their powers to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions. Not applicable in 2021-22.
B.6.1	Accountability Report – Evaluation of Board performance
B.6.2	Accountability Report – Evaluation of Board performance
C.1.1	Disclosures - Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust
C.2.1	Annual Governance Statement – review of the effectiveness of its system of internal controls
C.2.2	Accountability Report – Audit Committee Report
C.3.5	Not applicable for 2021/22
C.3.9	Accountability Report – Audit Committee Report
D.1.3	Accountability Report – Trust Board members 2021–22 Not applicable for 2021/22
E.1.4	Accountability Report – Contacting a Governor
E.1.5	Accountability Report – Trust Board and Council of Governors working together
E.1.6	Accountability Report - Membership constituencies and membership numbers 2021-22 and Membership Engagement
Additional requirement (FT Annual Reporting Manual)	Eligibility for being a member, membership statistics and membership strategy Accountability Report – Council of Governors
Additional requirement (FT Annual Reporting Manual)	Details of company directorships or other material interests in companies held by Governors and/or Directors Accountability Report: Trust Board and Council of Governors Register of Interest (Directors) Register of Interests (Governors)

## NHS System Oversight Framework

NHS England and NHS Improvement's **NHS System Oversight Framework** provides the framework for overseeing **systems** including providers and identifying potential support needs. The framework looks at five **national** themes:

- **quality of care, access and outcomes**
- preventing ill health and reducing inequalities
- **finance and use of resources**
- people
- leadership and capability.

For 2021/22, the Trust continued to be placed in Segment two by NHSI. This segmentation information is the Trust's position as at 31 March 2022. Current segmentation information for NHS trusts and foundation trusts is published on the NHSI website.

## Transactions with related parties

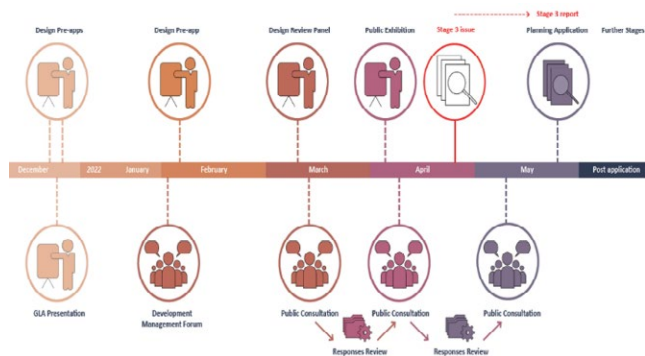
Transactions with third parties are presented in the accounts on page 169. None of the other Board members, the foundation trust's Governors, or parties related to them have undertaken material transactions with the Trust.

## Consultations in year

We consulted with stakeholders on the development of the Children's Cancer Centre.

A session was held with the YPF in December 2021 to present the current façade and main entrance designs to seek feedback from the group on what was working well and where we can strengthen the designs (see page 91).

We also held public consultations to gather thoughts, ideas and feedback from the local community on the design and planning of the Centre.



## Pension funding

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme, which covers all NHS employers. The Trust makes contributions of 14.3% to the scheme. From July 2013, staff who are not eligible for the NHS Pension Scheme have been subject to the auto-enrolment scheme offered by the National Employment Savings Trust. In 2021/22, the Trust contributed 3% for all staff who remain opted in. In addition to the above, the Trust has members of staff who are in defined contribution pension schemes for which it makes contributions.

Accounting policies for pensions and other retirement benefits are set out in note 1.8, page 145 to the accounts.

## Remuneration of senior managers

Details of senior employees' remuneration can be found on pages 73–75 of the Remuneration report.

## Treasury Policy

Surplus cash balances are lodged on a short-term basis with the National Loans Fund through the Government Banking Service.

## Statement of compliance with cost allocation and charging

The Trust has complied, to the extent relevant, with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

## Trust Board member expenses

Directors can claim reasonable expenses for carrying out their duties. For the year 2021/22, one director made claims totalling £777.73.

## How we govern quality

We place the highest priority on quality, measured through our clinical outcomes, patient safety and patient experience indicators.

Our patients, carers and families deserve and expect the highest quality care and patient experience. Despite a range of changing and increasing pressures, we must ensure we manage and deliver services in a way that never compromises our commitment to safe and high-quality care. The key elements of our quality governance arrangements are outlined in the Annual Governance Statement on page 115.

By measuring clinical outcomes, patient safety and patient experience indicators, we can identify areas that may require improvement. Once opportunities have been identified, the Quality Team works in collaboration with services and looks to build quality into our processes. This ensures that we all take responsibility for delivering safe and high-quality outcomes.

Our Quality Strategy 2021-2025 outlines our ambition to support and nurture GOSH in its quality journey, advancing improvement, assurance and innovation for exemplary patient care and experience (see page 124).

## Registration with the CQC

The Trust is fully compliant with the registration requirements of the CQC. Further information about how we retain oversight of our registration is provided in the Annual Governance Statement on page 126.

## Complaints and how we handle them

We value all complaints and the opportunity they present for us to listen and learn from what has happened and to improve the patient experience, safety and quality of the care and service we provide to our patients and families.

Complaints are managed in line with the NHS Complaints Regulations, the Trust's Complaints policy and principles of good complaints management. The complaints team aims to speak with all complainants to fully understand their concerns, needs and support they may require, and the outcomes they are seeking. Timescales are agreed with the complainant while taking into consideration the level of investigation required and individual circumstances.

We have a robust review process to ensure complaint investigations and responses are comprehensive, open and transparent. The Chief Nurse and Chief Executive (or their acting deputies) review and approve all complaint responses.

As part of complaint investigations, lessons are identified and action plans devised to improve the service and experience for our patients and families. Complaint trends and the actions taken in response to these are reported to the Trust Board. Compliance with these actions is monitored by the Complaints Team and at the Patient and Family Experience and Engagement Committee.

In 2021/22, the Trust received 78 formal complaints (2 were later withdrawn at the request of the complainant, 1 family opted to pursue their complaint via NHS England and 1 could not be investigated in line with the NHS Complaint Regulations due to the significant time since the events complained about). During the year, there was 1 new complaint investigated by the Parliamentary and Health Service Ombudsman (PHSO) and that was still ongoing.

We have continued to work on an extensive improvement plan and our aim is to enhance the complaints service at GOSH to ensure that it continuously delivers an accessible, personal, holistic and high-quality service which improves the experience, patient safety and outcomes for our patients and families.

### Detail of political and charitable donations

The Trust did not make any political donations during 2021/22.

### NHSI well-led framework

As part of their routine programme, the CQC undertook a Well-led inspection of the Trust in 2019 as a result of which the Trust was upgraded and subsequently rated as 'Good'. Over the year, actions arising from that inspection were monitored through to completion or are on track to be completed by Q1 of 2022/23. In 2021 the Trust commissioned BDO LLP, an external organisation, to undertake an independent review of the Trust against the 'Well-led' domain, primarily focusing on the Trust Board and senior management team. The findings were incorporated into the Trust's delivery plan to maintain its Well-led compliance (see page 126 for more information).

## Working with partner and stakeholder organisations

### Great Ormond Street Hospital Children's Charity



Great Ormond Street Hospital Children's Charity (GOSH Charity) is a vital partner for the hospital. It offers tremendous support both by raising money directly and through its network of corporate partners. The charity makes it possible for us to redevelop our buildings, buy new equipment and support new systems, fund paediatric research conducted at the hospital and the ICH, and to make the patient experience as good as it can be. Throughout 2021/22 the charity went to extraordinary efforts to support hospital staff and families through the challenges of COVID-19. The charity worked closely with generous corporate partners to provide vital wellbeing packs to staff on the frontline and to fund important equipment for clinical staff. We continued to work with the charity throughout the year to progress the plans for the Children's Cancer Centre, which is at the planning permission stage of the process. Further information about the work of the charity can be found at [www.gosh.org](http://www.gosh.org)

### North Central London Integrated Care System and the UCL Health Alliance: Provider Collaborative



The changing NHS landscape and implementation of Integrated Care Systems (ICS) will further encourage closer working between organisations. As part of the North Central London ICS, we have forged a number of key relationships and look forward to working even more closely with our colleagues.

### UCL Health Alliance: Provider Collaborative



GOSH is part of the UCL Health Alliance, a multi-sector collaborative for North Central London comprising 14 member organisations, two partner organisations and University College London. The purpose of the alliance is to enable effective partnership working to improve outcomes and experiences for the population we serve. Through the Alliance, NHS and university partners work together to respond to the most pressing health and care priorities for our organisations and communities and rapidly put our findings into practice in health services, education and research.

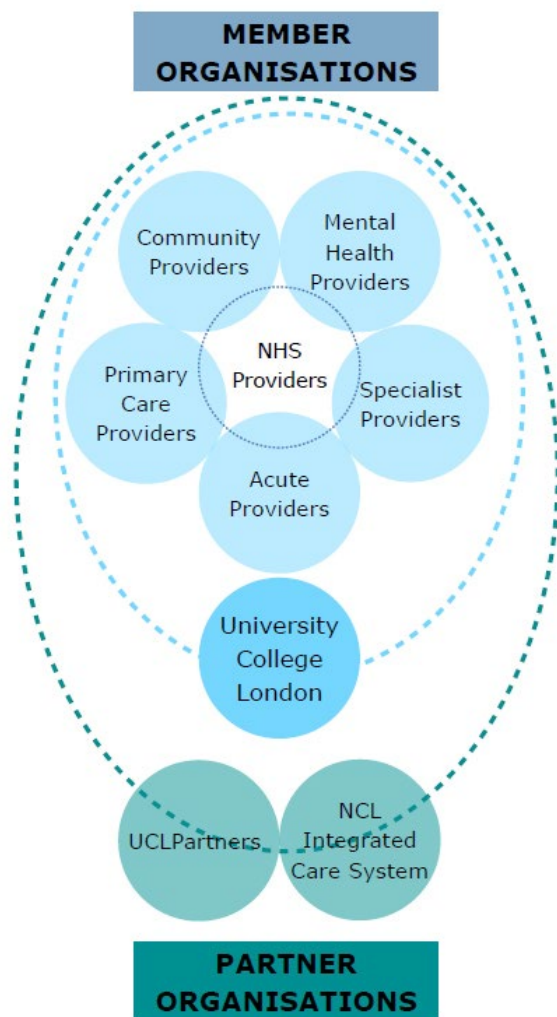
Matthew Shaw, our Chief Executive, meets with Chief Executives and Chairs from across the Alliance on a regular basis to address priorities and agree actions at a local system level. Through the Alliance, Matthew is leading on a programme to optimise efforts to address the challenge of historic patient waiting lists which have been compounded by the pandemic, resulting in a systemic issue no trust can solve on its own and which risks poor outcomes for patients.

### NCL 'Start Well' Programme



Start Well is a transformational change programme for children, young people and maternity and neonatal services that was introduced in October 2021. A review of paediatric services across the the North Central London Integrated Care System (ICS) commenced in the latter part of 2021 involving all providers, including Children's Acute Transport Service (CATS) and the North Thames Paediatric Network (NTPN). GOSH is represented on the programme board by our Medical Director, Sanjiv Sharma, and represented by clinical and operational leaders on all three workstreams in relation to planned care, emergency access and neonatal care. Initial workshops and discussions are planned, with the work scheduled to re-start in May 2022 following the pre-election period, with the expectation of going to public consultation in the summer.





The network acts as a unified voice advocating for children and young people's services and runs a variety of projects to share learning, innovation and best practice. Co-chaired by GOSH CEO Matthew Shaw and Alder Hey CEO Louise Shepherd, it successfully bid for £20m of the national accelerator for recovery funding to support specialist paediatric services.

Across participating hospitals, the paediatric accelerator programme delivered:

- **Recovery of activity at 101.6%** (May-Nov 2021), equivalent to 38,000 more episodes of activity than 2019-20.
- A £1m **Artificial Intelligence** project to identify children at risk of not attending, with 7 out of 10 Trusts sharing data and the tool working at 80% accuracy.
- **10 health inequalities intervention pilots**, building on the AI tool examples of these include free transport, appointments in schools, access for patients with ADHD and new virtual models of care.
- **Shared data insights** on activity and finance, demand and the impact of deprivation and neurodiverse conditions on access.
- Two **Super Saturdays** to deliver 2,000 additional appointments, trials of virtual reality in anaesthetics, community outreach, new multidisciplinary clinics, and celebrated the energy, enthusiasm, and commitment of our hospital staff.
- **Shared learning**, for example theatre productivity, working with commercial providers and international recruitment.

With no NHS Covid recovery funding currently available for specialist paediatrics in 2022-23, member trusts have committed to self-funding a programme of work to allow the UKCHA to continue progress into the new financial year across transformation for elective recovery, innovation and virtual care, health inequalities and data insights.

### UCL Partners



GOSH is a member of UCL Partners, an academic health science centre which works to tackle the greatest health challenges affecting our population by accelerating the translation of discoveries in areas of unmet need.

UCL Partners brings together expertise from five NHS trusts (GOSH, Barts Health, Moorfields, the Royal Free and University College Hospitals), four NIHR BRCs and three Universities (UCL, the London School of Hygiene and Tropical Medicine and Queen Mary, University of London). Chief Executive Matthew Shaw sits on the UCL Partners Board and attends Management Team meetings for the UCL GOS Institute of Child Health.

### The UCL Great Ormond Street Institute of Child Health

The Trust has a close and unique partnership with the UCL Great Ormond Street Institute of Child Health (ICH), with which we work to develop innovative new treatments for children with rare diseases. Together, we host the National Institute for Health Research (NIHR) Great Ormond Street Biomedical Research Centre (BRC) and represent the largest concentration of paediatric research expertise in Europe, and the largest outside of North America.

### UK Children's Hospitals Alliance



GOSH is part of the UK Children's Hospitals Alliance (UKCHA) – a group of children's hospitals across the UK that includes Alder Hey, Birmingham, Southampton, Manchester, Evelina London, Leeds, Sheffield, the Great North Children's Hospital and Bristol Royal Hospital for Children.

### Federation of Specialist Hospitals



The Federation of Specialist Hospitals (FSH) is a coalition of some of the country's best known and best regarded hospitals, which provide specialist services to patients drawn from all parts of the UK. Established in 2009, the FSH has helped ensure the voice of specialist providers is heard as the NHS shapes thinking on the delivery of commitments in the NHS Long Term Plan and the Health and Social Care Bill.

Working with Chief Executives and Finance Directors, the FSH has made progress in engaging with NHSE and broader policy and political stakeholders on the implications for specialised providers and their patients of the new localised financial architecture and commissioning arrangements through the emerging governance structures for Integrated Care Boards.

### European Children's Hospital Organisation (ECHO)



GOSH is a founding member of the European Children's Hospital Organisation (ECHO), a partnership of specialist paediatric hospitals across the continent. During 2021-22 GOSH collaborated with ECHO in a range of areas, including innovation, nursing leadership and co-ordinating offers of support for sick children fleeing the conflict in Ukraine.

### North Thames Paediatric Network



The North Thames Paediatric Network is the NHS Operational Delivery Network for children and young people cared for by 25 hospitals across three Integrated Care Systems – GOSH’s ‘home’ ICS North Central London and neighbouring ICSs in Northwest and Northeast London. The network is hosted by GOSH and chaired by GOSH CEO Matthew Shaw, with a core team of NHS clinicians and business support colleagues drawn from across the member hospitals. The team runs workstreams spanning surgery, critical care, neurology, gastro, transition, cardiac, cancer, dental and respiratory, providing a forum for providers and commissioners of paediatric services to work closely together to streamline pathways and ensure services are configured around children and young people. The Network aims to improve the efficiency and effectiveness of service provision by reducing the variation of treatment, developing sustainable pathways of care for specialist paediatric services and supporting sustainable services through training and the development of new models of care.

### International Precision Child Health Partnership (IPCHiP)



IPCHiP’s goal is to enable the world’s top experts in paediatrics and genomics to work together to improve diagnosis, implement personalised treatment decisions and develop new therapeutic targets and treatments that will benefit children around the world. The partnership is the first major global collaboration around genomics and child health, with particular focus on supporting multicentre data and clinical informatics projects. The project will see us joining forces to evaluate genomic data, clinical data and scientific and medical expertise to accelerate discovery and therapeutic development. Through the partnership we are working with Boston Children’s Hospital; the Murdoch Children’s Research Institute at The Royal Children’s Hospital (Melbourne); and SickKids in Toronto. The first project is focused on genetic changes in children with rare early onset epilepsies across the four countries.

### Other Partnerships

#### ViroCell Biologics Partnership and GOSH:



The new partnership will address the global viral vector manufacturing bottleneck for clinical trials. See page 38 for further information.



#### Collaboration with ROCHE to move GOSH closer to personalised healthcare for children:

In February 2022, GOSH announced a five-year collaboration with Roche Products Limited to help establish a new Clinical Informatics and Innovation Unit at GOSH as an exemplar in the NHS. See page 38 for further information.

#### The Royal Marsden Epic Partnership



In October 2021 a collaboration to work in partnership with The Royal Marsden on the shared Epic Electronic Patient Record (EPR) system was formed. See page 31 for further information.



### Partnership with Sensyne to work to make children’s lives better by developing new treatments for childhood illnesses:

In September 2021, GOSH announced a five-year non-exclusive agreement with Sensyne Health plc to analyse anonymised patient data using clinical artificial intelligence (Clinical AI) technology. The purpose of the partnership is to enable the ethical application of Clinical AI research to improve paediatric clinical outcomes and accelerate research into new medicines to find new and better ways to treat rare and complex childhood diseases.

### Disclosure of information to auditors

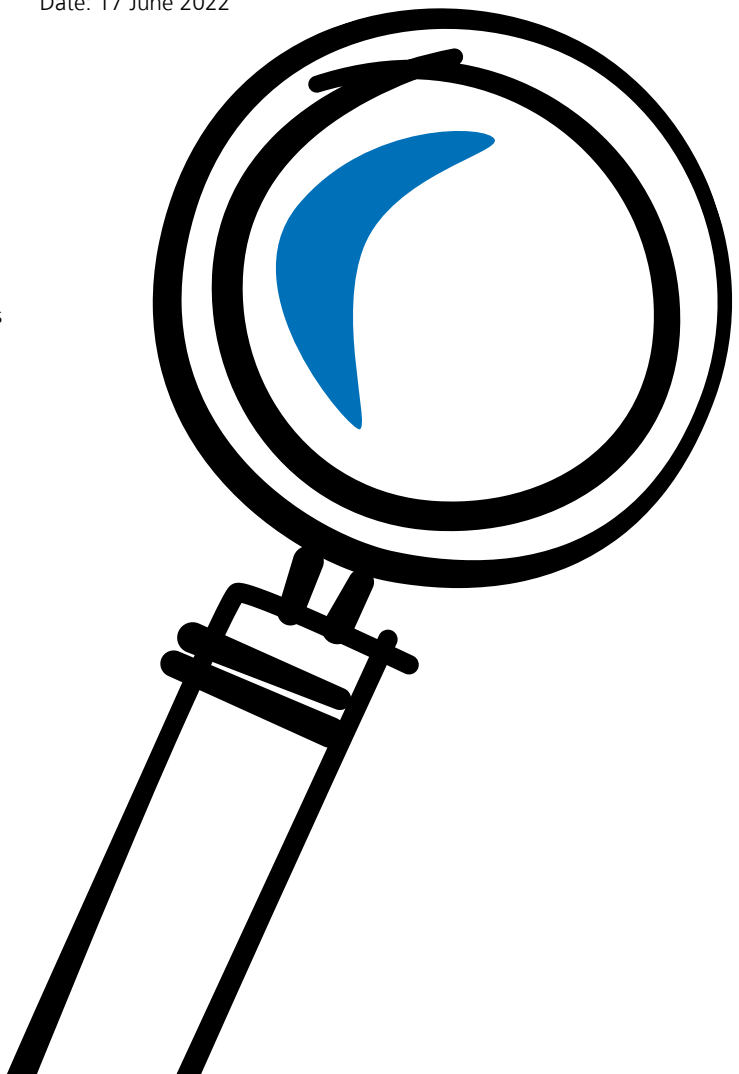
The Trust Board directors who held office at the date of approval of this annual report and accounts, confirm that, so far as they are each aware, there is no material audit information of which the Trust’s auditors are unaware. Each director has taken all the steps that he/she ought to have taken as a director to make himself/herself aware of any relevant audit information and to establish that the Trust’s auditors are aware of that information.

The directors consider that this annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for readers to assess the Trust’s performance, business model and strategy.

Signed,

**Mr Matthew Shaw**  
Chief Executive

Date: 17 June 2022



# Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust

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NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement (NHSI), in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Great Ormond Street Hospital NHS Foundation Trust (GOSH) to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of GOSH and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

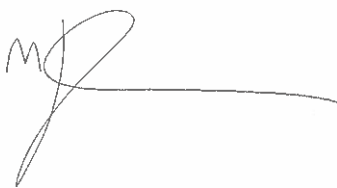
In preparing the accounts and overseeing the use of public funds, the accounting officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



**Mr Matthew Shaw**  
Chief Executive

Date: 17 June 2022

# Audit Committee report

## Introduction from the Chair of the Audit Committee

I am pleased to present the Audit Committee's report on its activities during the year ending 31 March 2022.

The Audit Committee is a non-executive committee of the Trust Board with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial internal controls which support the achievement of the organisation's objectives.

Key responsibilities of the committee include consideration of non-clinical risks and their associated controls, monitoring the integrity of the Trust's annual report and accounts and the effectiveness, performance and objectivity of the Trust's external and internal auditors. The committee is also required to satisfy itself that the Trust has adequate arrangements for countering fraud, business continuity, managing security and ensuring there are arrangements by which staff of the Trust may raise concerns.

The table on page 97 sets out, in detail, the responsibilities of the Audit Committee and how we have discharged those duties. The report also highlights the key areas considered by the committee in 2021/22, but I would like to draw particular attention to the following items:

**Estate compliance:** Throughout the year, the Committee requested assurance of the robustness of the processes in place to manage the estate from a compliance perspective in relation to fire, electricity and ventilation. External assurance was necessary and prompted the registering of this area as a risk on the Board Assurance Framework (see page 117). An update on progress with the action plan to establish robust controls is brought to each meeting of the Audit Committee.

**Business continuity:** The Committee retained a focus on business continuity as the Trust gradually started to exit COVID-19 planning. The committee was assured by management's ongoing drive to improve business continuity processes and test these processes via live exercises. The committee also sought assurance of the process in place to manage Vaccination as a Condition of Deployment (VCOD) and the risk assessments to determine the impact on delivery of services by both GOSH staff and contractors.

**Data Quality:** The Committee was assured by the continuous focus on improving the quality of data reported across the Trust and welcomed the proposal to enhance the Integrated Quality and Performance Report through the re-introduction of kite marking and a data quality score (see page 126). Positive external assurance was provided in the data quality element of the Elective Recovery Funding as well as the findings of the internal audit on access and activity data (significant assurance with minor improvement potential).

In addition to the above, the committee also continued to monitor cyber security risk (see page 126) and to be updated on risks arising from the development of the Children's Cancer Centre and implementation of the Integrated Care System.

## Adoption of Going Concern basis for 2022/23

The Trust has undertaken a review of the appropriateness of adopting the going concern basis for the preparation of the accounts. Throughout the year, the Audit Committee reviewed the impact of COVID-19 on the management of risk and financial and non-financial internal controls. The committee recognises the significant financial challenges faced by the Trust as it exits the pandemic, particularly in relation to the need to escalate and prioritise the delivery of services and recovery of non-NHS income. However, it also recognises the Trust's strong cash position to support recovery. The directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts (see page 25).

The committee is confident that the Trust's management has adopted the appropriate accounting basis in line with the DHSE Group Accounting Manual 2021/22 (see page 99 for further information).

The Audit Committee is composed of three independent non-executive directors. These are listed on pages 54–59. Two of the non-executive members of the committee are qualified accountants and all three members have recent and relevant financial experience.

The committee met four times over the financial year, and I am satisfied that it was presented with papers of good quality, in a timely fashion, to allow due consideration of the subjects under review. I am also satisfied those meetings were scheduled to allow sufficient time to enable a full and informed debate. All meetings were held virtually or semi-virtually (a hybrid meeting) and the findings from the committee effectiveness survey found this did not restrict discussion. Each meeting is fully minuted and summaries of the matters discussed at each meeting are reported to the Trust Board and Council of Governors. Members of the Council of Governors also observed committee meetings throughout the year.

The committee reviews its effectiveness annually and no material matters of concern were raised in the 2021/22 review.

The committee welcomed Governors from the GOSH Council of Governors observing committee meetings and discussing items with myself and the other NED members at the close of the meetings. Their observations have been insightful in relation to the way the committee operates and the topics it considers and discusses.



**Akhter Mateen**  
Chair of the Audit Committee

17 June 2022



## Audit Committee responsibilities

The committee's responsibilities and the key areas discussed during 2021/22, whilst fulfilling these responsibilities, are described in the table below:

	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed by the committee during 2021/22
Review of the Trust's risk management processes and internal controls	<ul style="list-style-type: none"> <li>Reviewing the Trust's internal financial controls, its compliance with NHSI's guidance for foundation trusts, including the Code of Governance, and the effectiveness of its internal control and risk management systems.</li> <li>Reviewing the principal non-clinical risks and uncertainties of the business and associated annual report risk management disclosures. (Clinical risks are reviewed by the Quality and Safety Assurance Committee.)</li> </ul>	<ul style="list-style-type: none"> <li>The Board Assurance Framework (BAF), the principal risks and uncertainties identified by the Trust's management and changes in the impact and likelihood of these risks in the year. Following a review of the Trust strategy, the committee recommended that the Board approve the addition of two new risks to the BAF: <ul style="list-style-type: none"> <li>BAF Risk 15: A risk around delivery of the Children's Cancer Centre</li> <li>BAF Risk 16: A risk around delivery of the GOSH Learning Academy.</li> </ul> </li> <li>Both risks are directly related to priorities outlined in the Trust 5-year strategy.</li> <li>Review and approval of the revised Trust Risk Appetite Statement.</li> <li>BAF risk deep-dives for Audit Committee relevant risks, review of the risk statement, the robustness of the controls cited and the evidence the controls were operating, the associated risk appetite and likelihood and impact scores.</li> <li>An annual report and fraud risk assessment prepared by the Trust's counterfraud officer. The counterfraud officer's annual plan for 2022/23.</li> <li>An annual report from the Trust's security manager.</li> <li>Regular reporting on the controls in place to manage data and comply with GDPR, including processes for responding to Data Subject Access Requests.</li> <li>Assurance of the controls in place for emergency planning and business continuity, with particular focus on COVID-19 planning.</li> </ul>
Financial reporting and external audit	<ul style="list-style-type: none"> <li>Monitoring the integrity of the Trust's financial statements and annual financial returns; reviewing significant financial reporting judgements contained within them.</li> <li>Making recommendations to the Board regarding the appointment of the external auditor.</li> <li>Monitoring and reviewing the external auditor's independence, objectivity and effectiveness.</li> <li>Developing and implementing policy on the engagement of the external auditor to supply non-audit services, taking</li> </ul>	<ul style="list-style-type: none"> <li>A commentary on the annual financial statements.</li> <li>Key accounting policy judgements, including valuations.</li> <li>Impact of changes in financial reporting standards where relevant (IFRS 16).</li> <li>Basis for concluding that the Trust is a going concern.</li> <li>External auditor effectiveness and independence. A survey on the effectiveness of the external auditor was conducted in order to inform the recommendation to the Council of Governors to reappoint the external auditor for an additional year (as per the terms of the contract).</li> <li>External auditor reports on planning, risk assessment, internal control and value for money reviews.</li> <li>External auditor recommendations for improving the financial systems or internal controls.</li> <li>Review of non-audit work conducted by the external auditors.</li> <li>Approval of revised GOSH Standing Financial Instructions</li> </ul>
Internal audit	<ul style="list-style-type: none"> <li>Monitoring and reviewing the effectiveness of the Trust's internal audit function, including its plans, level of resources and budget.</li> </ul>	<ul style="list-style-type: none"> <li>Internal audit programme of reviews of the Trust's processes and controls, and an assurance map showing the coverage of audit work over three years against the risks.</li> <li>Status reports on audit recommendations and any trends and themes emerging.</li> <li>The internal audit reports discussed by the committee included: <ul style="list-style-type: none"> <li>Core Financial Controls (significant assurance with minor improvement potential).</li> <li>Sustainability (partial assurance with improvements required).</li> <li>Data Quality – access and activity data (significant assurance with minor improvement potential).</li> <li>Board Assurance Framework (significant assurance).</li> <li>Quality Governance (partial assurance with improvements required).</li> <li>Freedom of Information (significant assurance with minor improvement potential).</li> <li>DSP Toolkit (significant assurance with minor improvement potential).</li> </ul> </li> </ul>

	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed by the committee during 2021/22
Other	<ul style="list-style-type: none"> <li>• Reviewing the committee's terms of reference and monitoring its execution.</li> <li>• Considering compliance with legal requirements, accounting standards.</li> <li>• Reviewing the Trust's whistle-blowing policy and operation.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of the Audit Committee terms of reference and workplan in the light of external guidance.</li> <li>• Updates on compliance with GDPR and data quality.</li> <li>• Scrutiny of the delivery of the Trust cyber security strategy.</li> <li>• Updates on staff raising concerns policy (whistleblowing) and issues raised with the Freedom to Speak Up Guardian.</li> <li>• Assurance of estates compliance including ventilation and fire safety.</li> <li>• Monitoring of the process for and approval of procurement waivers.</li> <li>• Reporting to the Board and Council of Governors where actions are required and outlining recommendations.</li> <li>• Assurance of compliance with the Bribery Act 2011.</li> <li>• Assurance on the management of claims and associated costs.</li> </ul>

## Effectiveness of the committee

The committee reviews its effectiveness and impact annually, using criteria from the NHS Audit Committee Handbook and other best practice guidance, and ensures that any matters arising from this review are addressed.

The information from the committee self-assessment survey 2021/22 was used to review the committee's terms of reference with no major changes being made.

## External audit

A survey on the effectiveness of the external auditor was conducted to inform the recommendation to the Council of Governors on whether to reappoint the external auditor for an additional year (as per the terms of the contract). At its meeting in February 2022, the Council approved the extension of the contract to Deloitte for an additional year (as per the current contract).

The audit and non-audit fees are set, monitored and reviewed throughout the year and are included in note 4, page 154 of the accounts.

## Internal audit and counter-fraud services

Internal audit services were provided by KPMG LLP during 2021/22, covering both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee.

The Trust's counter fraud service was provided by Grant Thornton UK LLP during 2021/22. The service provided fraud awareness training to the Board and senior management team, carried out reviews of areas at risk of fraud and investigated any reported frauds.

The Committee reviewed the effectiveness of the internal auditor and, separately, the Counterfraud team and agreed to reappoint the Internal auditor and Counterfraud teams each for an additional year (as per the terms of the contracts).

## Key areas of focus for the Audit Committee in the past year

### Cyber security

The committee received regular updates on work undertaken to categorise and assess the GOSH strategic cyber security risk profile in line with regulatory and compliance requirements as well as tracking and countering the evolving threat landscape. The committee continues to seek assurance of the robustness of the Trust's cyber security risk assessments.

## Compliance with GDPR

During the year, the committee received updates on the maintenance of compliance with the Data Protection Act 2018. The committee sought assurance of the learning identified from investigations into data breaches and the processes in place to respond to Subject Access Requests.

## Board Assurance Framework (BAF)

The Risk Assurance and Compliance Group reviewed each strategic risk on the BAF along with the related mitigation controls and assurances and made recommendations to the assurance committees about changes to controls, assurances and residual risk scores.

For each risk relevant to the Audit Committee, the committee reviewed the risk statement, the robustness of the controls cited and the evidence the controls were operating, the associated risk appetite and likelihood and impact scores. The committee received presentations on relevant strategic risks at each committee meeting based on focused questions posed to risk owners by Audit Committee members prior to the meeting. The committee considered and recommended a revised risk appetite statement for approval by the Board.

## Whistle-blowing processes

The committee sought assurance of the robustness of the processes for raising concerns at GOSH. There are a number of routes for staff to raise concerns and work took place during the year to bring these routes together and ensure they are accessible. The committee emphasised the importance of taking action when concerns are raised.

## Internal controls

During the year, the committee focused in particular on controls relating to cyber security, information governance, delivery of the Data Security and Protection Toolkit, business continuity, management of procurement waivers and claims and data quality. Action plans were put in place to address issues in operating processes.

The audit plan for the internal auditors is risk-based, and the Executive Team works with the auditors to identify key risks to inform the audit plan. The Audit Committee considers the links between the audit plan and the BAF. The Audit Committee approves the internal audit plan and monitors the resources required for delivery. During the year, the committee considers any proposed changes to the audit plan and monitors delivery against the plan approved at the start of the financial year.

### Fraud detection processes

The committee reviewed the levels of fraud and theft reported and detected, and the arrangements in place to prevent, minimise and detect fraud and bribery. We continue to seek assurance of the actions being taken to fully meet the Government functional standard 013-Counter Fraud.

### Financial reporting

- The committee reviewed the Trust's financial statements and determined how to position these within the annual report. We considered reports from management and the internal and external auditors in our review of:
- The quality and acceptability of accounting policies, including their compliance with accounting standards.
- Judgements made in preparation of the financial statements.
- Compliance with legal and regulatory requirements.
- The clarity of disclosures and their compliance with relevant reporting requirements.
- Whether the annual report as a whole is fair, balanced and understandable and provides the information necessary to assess the Trust's performance and strategy.

### Significant financial judgements and reporting for 2021/22

The committee considered a number of areas where significant financial judgements were taken which have influenced the financial statements.

We identified, through discussion with both management and the external auditor, the key risks of misstatement in the Trust's financial statements. We discussed these risks with management during the year and with the auditor at the time we reviewed and agreed the external auditors' audit plan and also at the conclusion of the audit. We satisfied ourselves that these risks of misstatement had been appropriately addressed. Please refer to page 25 for details of the Trust's significant financial judgements.

### Level of debt provisions

The financial statements include provisions in relation to uncertainty. Judgements in this area are largely related to the timing of recognition of these provisions, the quantum recognised and the amount utilised in previous years. We reviewed and discussed with management the level of debt and debt provisions, calculated following an evidence-based approach under IFRS 9. This included consideration of new provisions and any release and utilisation of existing provisions. Management confirmed to us that they had applied a consistent approach to the recognition and release of provisions. We also considered the views of the external auditors in respect of the provisions and associated disclosures in the accounts. We concluded that we were satisfied with the level of provisions carried and the disclosure in respect of those provisions.

### Valuation of assets

The Trust has historically revalued its properties each year, combining properties held under freehold with those held under finance and operating leases. The judgements relate to the future life of these buildings, which can change the appropriate accounting treatment and affect the carrying value on the balance sheet. We reviewed reports from management which explained the basis of valuation for the most significant buildings, including the future life and rationale for any impairments associated with structural refurbishment expenditure. The valuer has advised the Trust that its valuations consider, and will continue to include, sustainability and environmental, social and governance (ESG) factors where applicable and reflect the risks associated with climate change and other key considerations. We also considered the auditor's views on the accounting treatment for these buildings. We are satisfied that the valuation of these properties in the financial statements is consistent with management intention and is in line with accepted accounting standards.

### Conclusion

The committee has reviewed the content of the annual report and accounts and advised the Board that, in its view, taken as a whole:

- It is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.
- It is consistent with the Annual Governance Statement, head of internal audit opinion and feedback received from the external auditors and there are no matters that the committee is aware of at this time that have not been disclosed appropriately.
- It is appropriate to prepare accounts on a going concern basis.



**Akhter Mateen**

Chair of the Audit Committee

17 June 2022

# Quality, Safety and Experience Assurance Committee report

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## Introduction from the chair of the Quality, Safety and Experience Assurance Committee

I am pleased to present the Quality, Safety and Experience Assurance Committee's (QSEAC) report on its activities during the year ending 31 March 2022.

QSEAC is a non-executive committee of the Trust Board with delegated authority to assure the Board that the necessary structures and processes are in place to deliver safe, high-quality, patient-centred care and an excellent patient experience. The committee also works in partnership with the Audit Committee and the People and Education Assurance Committee to ensure that the implications for clinical care of non-clinical risks and staff related incidents and risks are identified and adequately controlled.

The table on page 101 sets out, in detail, the responsibilities of the committee and how we have discharged those duties. The report also highlights the key areas considered by the committee in 2021/22.

During the year QSEAC sought to refine the breadth and coverage of the information presented at its meetings, focusing on emerging areas of serious clinical risk facing the Trust and seeking assurance of the validity of data and processes through benchmarking and external review. The Committee is assured by the transparency of reporting of areas of serious incidents, red rated complaints and risks at every meeting. The Committee has welcomed the appetite of the senior management team to learn from these issues through horizon scanning and benchmarking current performance and governance processes and inviting in external experts where necessary. The Committee also welcomed the transparent approach senior management takes when things go wrong. The committee took a specific interest in services and processes where improvements were needed and external reviews were conducted to support the improvement work, including for Pharmacy and the Trust's safety procedure framework (see page 99).

During the year, the Committee was assured of the programme of work to recover clinical services to 'business as usual' following surges of the COVID-19 pandemic and of the quality and

safety framework implemented to ensure appropriate clinical prioritisation of patients during this time.

The Committee continued to monitor the implementation of the five-year Quality Strategy and Safety Strategy after the reconfiguration of the Quality and Safety team and investment to ensure sufficient capacity and capability was in place to support the ambitious programmes of work. The Committee reviewed a driver diagram, developed in consultation with the organisation 'Patient Safety Learning', which provided a coordinated approach to showing the link between each area of planned work and the strategies in light of the considerable number of workstreams.

The Committee welcomed the introduction of the Ward Accreditation Scheme, part of an international framework for nursing excellence supported by NHS England and the Chief Nurse for England. It sets out standards of care as a quality performance framework with the aim of creating a positive practice environment for nursing staff. It provides opportunities to recognise clinical areas with excellent care and to support clinical areas which require improvement.

The Committee met four times over the financial year and I am satisfied it was presented with papers of good and improving quality, in a timely fashion, to allow due consideration of the subjects under review. I am also satisfied those meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting was fully minuted and summaries of the matters discussed at each meeting reported to the Audit Committee, People and Education Assurance Committee, Trust Board and Council of Governors.

The Committee is composed of three independent non-executive directors. These are listed on pages 53–57. The Committee reviewed its effectiveness during the year and no material matters of concern were raised in the 2021/22 review.

Members of the Council of Governors observed committee meetings throughout the year and provided insightful reflections on the items discussed, the quality of the papers and the level of scrutiny of key issues.

As Chair of the QSEAC, I commend this report to you for the year 2021/22.

## Quality, Safety and Experience Assurance Committee responsibilities

Key responsibilities of the committee include consideration of clinical risks and the effectiveness of their associated controls; seeking assurance of learning from incidents, complaints, horizon scanning and external reviews and investigations, and work to improve the experience of our patients and their families.

The committee requests assurance on scheduled matters as well as quality and safety issues arising during the year. Where weaknesses are identified, the committee agrees and tracks the strengthening actions. The committee's responsibilities and the key areas discussed during 2021/22 are outlined below..

Principal responsibilities of the committee	Key areas formally reviewed during 2021/22
<p>Review the establishment and maintenance of an effective system of governance, risk management and internal control in relation to clinical services, research and development, education and training and workforce, in order to ensure the delivery of safe, high quality, patient-centred care.</p>	<ul style="list-style-type: none"> <li>• The committee receives updates at every meeting from the Risk Assurance and Compliance Group about the management of strategic quality related risks. It conducts deep dives into these risks, testing the robustness of the controls and assurances cited.</li> <li>• The committee received:               <ul style="list-style-type: none"> <li>- Reports on the experience of patients and families, tracking improvements resulting from complaints, Friends and Family Test results and PALs feedback.</li> <li>- Assurance from a thematic review of red complaints which had been undertaken following an increase in the number of complaints received.</li> <li>- A quarterly safeguarding report at every meeting. This provided assurance of processes and structures in place to provide a comprehensive safeguarding service and covered an overview of referrals, our work with partners, staff training, supervision, updates on policies and guidance and audit results. The Committee received an update on progress against actions arising from a safeguarding governance review.</li> <li>- Two research hospital updates. The report focused on quality and the patient experience perspective of research.</li> </ul> </li> </ul>
<p>Assure the Board that appropriate action is taken to identify implications for the delivery of safe, high quality, patient-centred care and excellent patient experience arising out of recommendations from external investigations of other organisations/systems and processes.</p>	<ul style="list-style-type: none"> <li>• As Chair, I reported to the Board following every meeting of the committee on the key matters requiring escalation or assurance. The Committee is charged with seeking assurance around the significant clinical/quality related issues facing the Trust – this includes understanding the findings from external reviews and how learning from complaints, incidents and external reports is cascaded across the Trust to improve outcomes.</li> <li>• Matters pertinent to other assurance committees (Audit Committee and People and Education Assurance Committee) are also reported to those committees as appropriate.</li> </ul>
<p>Be responsible for reviewing, on behalf of the Trust Board, progress with quality improvement priorities set in the Quality Strategy and Quality Report.</p>	<ul style="list-style-type: none"> <li>• The Committee received assurance of progress against the Quality and Safety Strategies, including the development of the Patient Safety Delivery Plan.</li> <li>• Non-executive director committee members annually review the Quality Report on behalf of the Board.</li> <li>• The Committee reviewed the five-year Learning Disability Strategy and received assurance of progress.</li> <li>• A new overview report on quality and safety matters at GOSH under the Medical Director's remit was introduced.</li> <li>• The committee reviewed the outcome of a focused inspection by the CQC on high profile cases, serious incidents and red complaints noting that no regulatory breaches had been identified.</li> </ul>

Principal responsibilities of the committee	Key areas formally reviewed during 2021/22
<p>Review and seek assurance on any issues identified by the Trust Board (as requiring more detailed review that falls within the remit of the committee) including on any quality, safety or patient experience matters or shortcomings arising from the Trust's operational and quality and safety performance.</p> <p>Review when an issue occurs which threatens the Trust's ability to enable excellent clinical care to flourish, that this is managed and escalated appropriately and actions are taken and followed through.</p>	<ul style="list-style-type: none"> <li>• Every six months, the committee receives an update on recent reports and guidance issued by a range of external stakeholders. This horizon scanning report provides a summary of documents that could/should shape the Trust's approach to quality and governance.</li> <li>• At every meeting the Medical Director reported on emerging significant risks. The reports were based on the aggregation and integration of information from a broad range of sources in the Trust including serious incidents, complaints, inquests, clinical negligence claims, harm reviews and other external inspections or reviews. The reports outlined how the risks are currently being managed, providing updates on progress where appropriate.</li> <li>• The Committee received updates from the Patient and Family Experience and Engagement Committee including assurance of progress with the Patient Experience Framework. This included updates on actions taken in response to patient stories received at Trust Board meetings.</li> <li>• The Committee received reports from the GOSH Paediatric Bioethics Centre. A review of the service is underway and the Committee will review the findings and seek assurance of implementation of the actions recommended.</li> </ul>
<p>Assure the Trust Board that the controls to mitigate risk within the areas of responsibility of the committee are in place and working within a regulatory and legislative framework.</p>	<ul style="list-style-type: none"> <li>• The Committee noted that all 'must do' actions from the CQC inspection in January 2020 were completed and work continued on a small number of 'should do' actions. The Committee also received updates on other compliance matters, including readiness for other regulatory inspections and assessments.</li> <li>• The Committee received an update on cases reported to the Freedom to Speak Up Guardian at every meeting (those that related to quality and safety matters)</li> <li>• The Committee received quarterly updates on clinical quality, patient safety or other matters considered to be "qualifying disclosures" under the Public Interest Disclosure Act 1998 (Whistleblowing).</li> </ul>
<p>Assure the Trust Board that the annual internal audit and annual clinical audit plans are aligned and focused on the appropriate quality focused risks</p> <p>Review of findings and recommendations from internal audit, clinical audit and learning from external investigations and reports</p>	<ul style="list-style-type: none"> <li>• The Trust's internal auditors reported to the Committee at every meeting and provided an update on any clinical related internal audit reports as well as progress with closing relevant internal audit actions.</li> <li>• The clinical audit team reported to the Committee every six months and provided an overview of monitoring of specialty-led clinical audits as well as progress with implementation of relevant NICE guidance.</li> <li>• Committee members are annually provided with an opportunity to review the draft Internal Audit Plan for the following year and make suggestions on areas of risk to be audited.</li> <li>• The Committee received a report on the key messages, lessons learned and actions arising from an external review of a child who had died many years before and had initially been treated at GOSH (The Dixon Enquiry).</li> <li>• External review findings in Pharmacy, and progress with actions arising from external reviews in Urology and Gastroenterology were reported to the Committee during the year (please see page 103), as was a summary of initial findings of an external independent review into GOSH's incident review process.</li> </ul>

### Review of effectiveness of the committee

The QSEAC conducted a self-assessment effectiveness survey in March 2022. This was completed by committee members, senior management, staff who regularly attend our meetings and governors who observe the committee. Overall, the results of the survey were positive and respondents provided some helpful and supportive feedback on how the committee can function more efficiently and effectively.

The majority of respondents agreed that the Committee fulfils its role in obtaining assurance of safe, high quality, patient-centred care and an excellent patient experience and seeks to understand any shortcomings in these areas. The recommendations proposed a focus on supporting authors and presenters by producing guidance on the role of the committee and the way in which assurance can be demonstrated through papers. While respondents noted that a lot of work had been conducted to ensure duplication of reporting is minimised, the need for further work to allow sufficient discussion of key risk matters was highlighted. Work continues to focus the agenda on the significant risks to quality, patient safety and patient experience.

The information from the committee self-assessment survey 2021/22 will be used to review the committee's workplan for 2022/23.

## Key areas of focus for QSEAC in 2021/22

### Implementation of the Quality and Safety Strategies

Following the approval by the Committee of the Quality Strategy and Safety Strategy and the associated operational plans in 2020/21, QSEAC received assurance on progress with the implementation of the strategies. This included feedback on the strategies and programmes of work from the Chief Executive of Patient Safety Learning and a review of the driver diagram developed to provide a coordinated approach to demonstrating the link between each area of work and the strategies. A safety transformation programme was designed with the support of external experts with the aim of embedding new policies and procedures into routine safety practices (see below).

### Review on the effectiveness of the Trusts safety procedures

Verita undertook an independent review on the effectiveness of the Trusts safety procedures in February 2022, including whether there are effective processes in place for managing safety risks in red complaints and in claims and inquest. The outcome of the review estimated the Trust is at the 'Reactive' level, meaning plans are in place to meet statutory and regulatory requirements and suggested a number of improvements to help move through the patient safety maturity framework (Patient Safety Learning's Blueprint for Action). Verita presented its findings to the Trust Board in May 2022 and the QSEAC will retain scrutiny of delivery of the recommended actions.

### CQC compliance

Following a routine CQC inspection in October 2019, the Board welcomed the regulator's report and QSEAC was charged with seeking assurance of progress with actions put in place to respond to its recommendations. As at Q4 2021/22 all 'must do' actions were closed and final work was underway to complete a small number of remaining 'should do' actions (see page 102). Further information about the CQC is available on page 126.

### Follow up following the MHRA Pharmacy inspection

An MHRA inspection of Pharmacy in May 2019 highlighted deficiencies in the Trust's Quality Management System, especially in manufacturing. An internal review was undertaken to provide insight into the management of the department and to understand whether there was sufficient organisational understanding and oversight of the problems and challenges it faced. The MHRA returned to undertake an interim inspection of the Trust in May 2020 and the findings were generally positive. The service remained under scrutiny by the MHRA and a follow up inspection took place in August 2021. The MHRA confirmed improvements had been made but made a further critical finding. Mitigating action was quickly taken which was reviewed by the MHRA and confirmed to be appropriate. An action plan is in place and the Committee continues to seek assurance at each meeting around the delivery of the action plan.

### Royal College Review of Gastroenterology

In recent years there have been two external reviews relating to Gastroenterology. These reports contained recommendations for actions to improve the quality of care for patients in these services and the action plans are now complete. The final recommendation, to commission a further follow-up review of the service by an external, independent organisation is in progress. The Royal College of Paediatrics and Child Health has paused its invited review service and therefore the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) has reviewed and approved the Terms of Reference for the review, which is being undertaken by an international panel of experts.

### Royal College Review of Urology

Following an invited Royal College of Surgeons review of Urology in 2019 and implementation of the identified actions, the Royal College wrote to the Trust in January 2021 to confirm it was satisfied with progress. The committee was assured of the results of an aggregated analysis of incidents within the service which did not reveal any significant commonalities and the findings were reported to the College.

### Learning Disability Strategy

The GOSH Learning Disability Strategy 2020-2025 was developed in response to the identification of an inconsistent strategic approach to supporting patients with a learning disability and/or autism across the Trust. The Strategy drew on national and local evidence of areas of importance to the families involved in order to ensure the Trust would be able to make measurable progress in this area. The Committee reviewed progress against the year one action plan and noted the risks to completion throughout the year, welcoming the progress made, particularly the level of training taking place.

## Conclusion

As Chair of the Quality, Safety and Experience Assurance Committee, I am satisfied the committee adequately discharged its duties in accordance with its terms of reference throughout 2021/22.



### Amanda Ellingworth

Chair of the Quality, Safety and Experience Assurance Committee

17 June 2022

# Finance and Investment Committee report

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## Introduction from the chair of the Finance and Investment Committee

I am pleased to present the Finance and Investment Committee's report on its activities during the financial year ending 31 March 2022.

Throughout the financial year the Committee discussed the changing NHS financial framework and the way funding was provided to NHS bodies, whilst ensuring strong financial controls and an efficient use of public funds.

The Finance and Investment Committee Chair is a non-executive director and has delegated authority from the Board to oversee financial strategy and planning, financial policy, investment and treasury matters and to review and recommend for approval major financial transactions. The committee also maintains an oversight of the Trust's financial position, and relevant activity data and metrics.

The Finance and Investment Committee's membership consists of three independent non-executive directors, the Chief Executive, Chief Operating Officer and Chief Finance Officer. These are listed on pages 54–59. Two of the non-executive members of the committee are qualified accountants and all three members have recent and relevant financial experience.

## Key responsibilities of the committee

### Include:

- Reviewing the Trust's annual and medium-term financial plans
- Reviewing progress against key financial and operational targets, financial performance ratings, trends, capacity utilisation, productivity and efficiency measures
- Overseeing the Trust's treasury management strategy and borrowings arrangements
- Reviewing changes in the Trust's corporate structures, investments or acquisitions, including significant transactions
- Retaining oversight on the financial implications of all major investments, commercial activities and business developments
- Advising the Board on all proposals/business cases for major capital expenditure in line with the scheme of delegation, including Estates and IT strategies

## Key areas of work

The list below sets out the key areas considered by the committee in 2021/22 that I would particularly like to draw attention to.



Recovery from COVID-19	Throughout the year, the committee received updates on the recovery agenda. A patient-centric approach was always taken as activity volumes were considered against financial realities and staff availability and wellbeing.
Children's Cancer Centre	The Committee reviewed progress on several Children's Cancer Centre workstreams, including partnership working with the GOSH Children's Charity, proposed optimisation of the scheme, potential implications of and mitigations against materials price increases, the planning process and work towards preparing the Full Business Case in 2022/23.
Sustainability at GOSH and Climate Emergency	Throughout the year the Committee encouraged various sustainability approaches and a focus on the quality of the key KPIs to monitor and manage the Trust's commitment to climate change, including, for example, increasing the weighting of sustainability in tenders for services.
Financial planning for 2022/23	During the latter half of the financial year, the Committee focused on the challenges in the system associated with financial planning for 2022/23. This included both the National and ICS perspectives and the Trust's specific strategy, role and expertise. Specifics included a focus on working smarter with current resources, being available to treat new patients, clearing the backlog of patients from COVID-19 and continuing investment in maintaining a healthy and diverse workforce.
Finance report	The Committee received a detailed finance report at each meeting and discussed performance against targets. Emphasis was placed on operational recovery, efficiency of the use of resources - especially given the experience of higher inflation in selected areas, the wellbeing and availability of staff and the impact on the Trust's financial position.
Integrated Performance Report	The Committee received an integrated performance report at every meeting and challenged Executives where necessary. It retained a specific focus on increasing activity to treat patients who had their appointments delayed by COVID-19.
Commercialisation	The Committee received reports on the Trust's Commercial strategy and considered several initiatives during the year. Progress was made across several workstreams to ensure the Trust has a range of options to accelerate its commercial activities over the coming years.
International and Private Care Directorate	The Committee received regular updates on the International and Private Care Directorate's business activity, with a focus on efficiently utilising the cost base while seeking to return activity to pre-COVID-19 levels and exploring new opportunities
Procurement services and major contracts	The Committee received an annual update on the Trust's procurement services and considered the renewal of a number of major contracts during the year. One example of a specific additional review in this area was in relation to the provision of services by single suppliers of equipment at the Trust.
High costs spend review	The Committee received a report that compared the Trust's high cost spends and discussed the savings associated with reduced office space at the Trust as some staff worked from home.
2020/21 National Cost Collection	The Committee reviewed the outputs of the 2020-21 return.
Treasury management strategy	The Trust's Treasury Management Policy was reviewed and endorsed for approval.
NHS Resolution member contribution notice	The Committee noted the contribution to NHS Resolution and the renewal of policies for 2021/22.
Annual review of the capital program	The Committee reviewed the management of the Trust's capital programme for 2020/21, including its approach to addressing risks and the prioritisation of capital spend for the year to ensure it was effective and enabled lessons learned to be built into future years' planning processes.
Major project updates	The Committee received progress updates, details of issues and remedial actions on the Trust's major redevelopment projects.

Better Value	Better value initiatives continued during the year, providing positive results with the consideration and prioritisation of safety, staff wellbeing and the recovery agenda when savings were identified.
Post project implementation reviews	The Committee reviewed completed major estates post-project evaluations to identify lessons learned that could be applied to future projects.
Cyber security	For part of the year the Committee received regular updates, in conjunction with the Audit Committee, on the GOSH response to its strategic cyber security risk.
Electronic Patient Record (EPR)	The Committee continued its evaluation of the benefits and risks of the Trust's EPR and considered opportunities to ensure the sustainability of investment in the system through working with other Trusts for mutual benefit.
2021/22 Committee review of effectiveness and terms of reference	<p>The Committee undertook an annual review of its effectiveness, which showed no material matters of concern. Further to this, members felt the quality of meeting papers had enabled enhanced discussion at the Committee during the year. Members have requested that meetings in person commence as soon as guidance allows.</p> <p>The Committee also revised and approved its terms of reference.</p>



The committee met seven times over the financial year, and I am satisfied that it was presented with good quality papers.

I am also satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting was fully minuted and summaries of the matters discussed at each meeting were reported to the Trust Board, Council of Governors, Audit Committee, People and Education Assurance Committee and the Quality, Safety and Experience Assurance Committee.

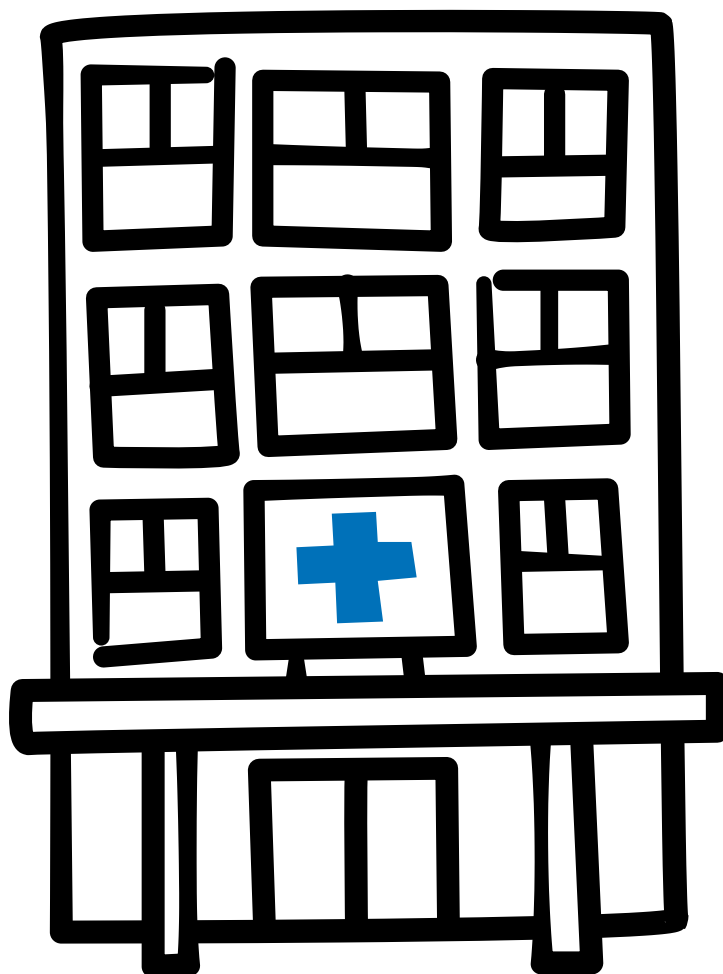
The Chair of the People and Education Assurance Committee and the Chair of the Quality, Safety and Experience Assurance Committee observed meetings throughout the year. Members of the Council of Governors also observed committee meetings throughout the year and their feedback at the end of each meeting was valuable.



**James Hatchley**

Chair of the Finance and Investment Committee

17 June 2022



# People and Education Assurance Committee report

## Introduction from the chair of the People and Education Assurance Committee

I am pleased to present the People and Education Assurance Committee's (PEAC) report on its activities during the year ending 31 March 2022.

The committee was established in July 2019 with a remit to obtain assurance on behalf of the Board on the wellbeing, training, education and management of all the people who work for GOSH. The Board approved a new People Strategy in 2019 and the role of PEAC is to scrutinise its delivery through the associated action plan. We seek assurance of investment in the development and welfare of the whole workforce as well as the ongoing development of the Trust as an open and inclusive employer of choice, which is able to attract, retain and grow talent. During the year, the committee monitored progress across four areas: capacity and workforce planning; developing skills and capability; modernising and reshaping the corporate and HR infrastructure and culture, engagement, health and wellbeing.

This report highlights the key areas considered by the committee in 2021/22. I would like to draw particular attention to the following key areas:

**Delivery of the People Strategy and COVID-19:** The GOSH response to COVID-19 provided a unique opportunity to reposition the Trust's organisational culture. The impact of the pandemic on staff was central to planning, decision-making and responding to the pandemic. The committee was assured of the processes put in place to ensure staff were safe, informed and supported. With the strategy moving into year two, the committee heard how the Trust was prioritising implementation and engaging staff to raise awareness and to emphasise the importance of the strategy. There are many aspects of the strategy, and the Trust used a variety of means of communication to ensure the message reached different groups of staff.

**Health and Wellbeing:** Working in the NHS during the pandemic has been extremely challenging for all staff. During the year we saw sickness absence rates increase, with the second most common reason being stress and anxiety. We are well aware that staff not only had the stress of their jobs but were also dealing with anxiety related to the wellbeing of family members. In response, the Trust introduced additional means of support for staff. For example, one of the Trust's psychiatrists was made available for staff to

consult directly about difficulties they may be facing. "Wednesday Wellbeing Webinars" were started to provide staff with new wellbeing ideas and to encourage them to take some time out for themselves. The Trust also continued to improve its Wellbeing Hub, an online source of support and resources with specific Covid support dedicated to our three wellbeing areas: Mind, Body and Spirit. During the latter part of the year, I was delighted to be appointed as the Trust's NHS Wellbeing Guardian and through this role I will continue to champion health and wellbeing and seek to ensure it is at the heart of everything we do.

**GOSH Learning Academy (GLA):** The committee received quarterly updates from the GLA which, throughout the pandemic, has reset its milestones to accommodate the suspension of business as usual. The GLA continues to be the specialist paediatric education provider of choice for our partners in our Integrated Care System. The Trust achieved the fifth best score for Junior Doctor experience based on a General Medical Council survey of Health Education England sponsored training posts. As a result of the ongoing growth of the GLA, we have seen an increase in national bodies asking to collaborate with us or to showcase our education programmes. Notwithstanding the inevitable impact of the pandemic, learners were kept actively involved in their education. The GLA also explored ways to expand to support other providers. It recently gave another Children's Hospital the ability to use the Digital Education Network (DEN), which enables it to access free education. See page 34 for further information.

The principal purpose of the PEAC is to assure the Board that the necessary structures and processes are in place to meet our responsibilities as an employer and a training and research hospital. By focusing on those structures and processes which promote and value teamwork and collaboration, we intend to create an organisation where all staff are well led and well managed and everybody, irrespective of their role, feels valued, heard, supported, safe and connected. The committee also works alongside the Audit Committee and the Quality, Safety and Experience Assurance Committee to ensure any staff-related matters that have an impact on the management of clinical or non-clinical risk are shared and considered appropriately.

The committee's responsibilities and the key areas discussed during 2021/22 are described in the table below:

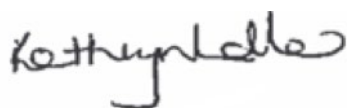
Principal responsibilities of the committee	Key areas formally reviewed during 2021/22
<p>Delivery of the People Strategy via its associated action plan, seeking assurance of investment in the development and welfare of the whole workforce at GOSH and establishment of the Trust as an open and inclusive employer of choice to attract and retain talent.</p> <p>Alignment of the deliverables within the People Strategy to ensure appropriate people resources are allocated to deliver the Trust-wide strategic objectives and successfully innovate GOSH services.</p> <p>Review those entries on the Trust's Board Assurance Framework (BAF) which are to be overseen by the committee</p>	<ul style="list-style-type: none"> <li>• The Committee received updates on the development of the delivery plan for the People Strategy as well as progress reports on relevant aspects of the plan and its associated frameworks, including Diversity and Inclusion, Health and Wellbeing, Internal communications and engagement and modernising the HR and Organisational Development infrastructure.</li> <li>• The Committee reviewed the Seen and Heard framework and the analysed data for all four themes. There is an action plan to address the challenges identified and progress. A Diversity and Inclusion Organisational Development Partner was appointed to be responsible for implementing the key objectives set out in the framework and to report progress back to the Committee six-monthly.</li> <li>• The Risk Assurance and Compliance Group also reviewed each strategic risk on the BAF, along with the related mitigation controls and assurances, and made recommendations to the committee about changes to controls, assurances and residual risk scores. For each risk relevant to the PEAC, the committee reviewed the risk statement, the robustness of the controls cited, evidence the controls were operating, the associated risk appetite and the likelihood and impact scores.</li> </ul>
<p>Assurance of delivery of the strategic priorities relating to education and training and the plans for the GOSH Learning Academy (GLA).</p>	<ul style="list-style-type: none"> <li>• The committee received regular updates on the development of the GLA, its structure, funding and recruitment plans to support the establishment of work programmes in academic education; clinical simulation; apprenticeships; clinical specialty training; leadership and technology enhanced learning.</li> <li>• There was a risk added to the Board Assurance Framework for the GOSH Learning Academy in December 2021. This focuses on the GLA not establishing a financially sustainable framework, impacting on its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and to drive improvements in paediatric healthcare. It is currently rated as a medium net score and there are KPI's in place to ensure its continued monitoring which will be kept under review by the Committee.</li> </ul>
<p>Seeking assurance of the creation of opportunities for career development and advancement across all disciplines and professions</p>	<ul style="list-style-type: none"> <li>• The committee listened directly to the experiences of staff in relation to the support, development and opportunities available to them and the functioning of their teams via its regular 'Staff Voice' agenda item.</li> <li>• The committee was updated on programmes to support staff retention and ensure career development opportunities are available. Particular focus has been given to administrative areas and the Trust is starting to see a significant improvement in retention relative to previous years.</li> <li>• The Trust is incredibly proud of the work undertaken to transfer previously outsourced domestic services staff to become employees of GOSH and thereby make improvements to the working conditions and potential opportunities for further development of this vital part of the workforce.</li> </ul>
<p>Seeking assurance of enhanced leadership and line management capability, developing compassionate and inclusive leaders.</p> <p>Seeking assurance of development in the competence and skills of GOSH staff to deliver existing and future innovative services</p>	<ul style="list-style-type: none"> <li>• The committee learned how the pandemic had continued to create a number of leadership, learning and development opportunities. This included teams and individual staff members providing corporate and system leadership as part of the emergency planning response. This was visible leadership in action.</li> <li>• The committee was assured by the way line managers and leaders responded to the Vaccination as a Condition of Deployment (VCOD) requirement. Although the legislation was retracted by the Government, the committee recognised how sensitively the process had been managed in such difficult circumstances.</li> </ul>

Principal responsibilities of the committee	Key areas formally reviewed during 2021/22
<p>Seeking assurance on improvements to the Trust's internal communication with staff, embedding GOSH values across the Trust.</p>	<ul style="list-style-type: none"> <li>• The committee was updated on plans outlined in the People Strategy on communication and engagement. It noted that COVID-19 continued to present a demand for enhanced communications with staff via regular Covid update emails, newsletters, the intranet and weekly briefings.</li> <li>• The Trust captured staff experiences directly through forums such as the Virtual Big Brief and the launch of the Big Conversation engagement event. Feedback from these were shared with the Committee.</li> </ul>
<p>Seeking assurance of the establishment of a culture which promotes transparency and supports the right and responsibility for all staff to speak up for safety, for themselves and for others.</p> <p>Review the development and implementation of an integrated health and wellbeing strategy to provide a more holistic approach to managing health and wellbeing based on the prevention of physical and mental health and the promotion of wellness.</p>	<ul style="list-style-type: none"> <li>• The committee received regular updates from the Freedom to Speak Up Guardian on the types of concerns being raised by staff. The Trust continued to promote a culture of speaking up. In response, the committee saw a steady increase in the number of concerns being raised. The feedback from those speaking up suggests that accessing the service and speaking up within the organisation is generally a positive experience.</li> <li>• The committee received a regular update on the Health and Wellbeing framework, which focuses on three key areas, Our Mind, Our Body and Our Spirit. The committee felt assured through that report and monitoring that appropriate methods, resources and support are in place to help staff manage their health and wellbeing.</li> </ul>
<p>Seek assurance that the Trust is compliant with relevant legislation and regulations relating to workforce and education matters.</p> <p>Receive and review the findings of relevant internal and external audit reports covering workforce, education and training and staff engagement and to assure itself that recommendations are appropriately responded to and implemented in a timely and effective way.</p>	<ul style="list-style-type: none"> <li>• I was appointed as the NHS Wellbeing Guardian, in accordance with the NHS People Plan. My fellow non-executive director, Amanda Ellingworth, was appointed as Diversity and Inclusion Guardian (whilst not a requirement of the NHS People Plan, GOSH wanted to ensure equal importance was given to D&amp;I).</li> <li>• The Trust's internal auditors reported to the committee and provided an update on any staff related internal audit reports as well as progress with closing relevant internal audit actions.</li> <li>• As chair, I reported to the Board and to the Council of Governors following every committee meeting on the key matters requiring escalation or assurance. Matters pertinent to other assurance committees (Audit Committee and Quality, Safety and Experience Assurance Committee) were reported to them.</li> </ul>

The committee met virtually four times over the financial year. I am satisfied that, despite the impact of the pandemic, meetings were scheduled to allow sufficient time to enable a full and informed debate. Full minutes were taken of each meeting and summaries of the matters discussed reported to the Trust Board and Council of Governors. Members of the Council of Governors also observed committee meetings throughout the year and were given the opportunity to provide their feedback to the Chair of the Committee after each meeting.

## Conclusion

As chair of the People and Education Assurance Committee, I am satisfied that the committee adequately discharged its duties in accordance with its terms of reference during 2021/22.



**Kathryn Ludlow**

Chair of the People Education Assurance Committee

17 June 2022



# Head of Internal Audit opinion 2021/22

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## Basis of opinion for the period 1 April 2021 to 31 March 2022

Our internal audit service has been performed in accordance with KPMG's internal audit methodology which conforms to Public Sector Internal Audit Standards (PSIAS). As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) or International Standard on Assurance Engagements (ISAE) 3000. PSIAS require that we comply with applicable ethical requirements, including independence requirements, and that we plan and perform our work to obtain sufficient, appropriate evidence on which to base our conclusion.

## Roles and responsibilities

The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives.
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The Assurance Framework should bring together all of the evidence required to support the AGS.

The Head of Internal Audit (HoIA) is required to provide an annual opinion in accordance with PSIAS, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (i.e., the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below.

The purpose of our HoIA Opinion is to contribute to assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist the Board in the completion of its AGS and may be taken into account by regulators to inform their conclusions.

The opinion does not imply that the HoIA has covered all risks and assurances relating to the Trust. The opinion is derived from the conduct of risk-based plans generated from a robust and Management-led Assurance Framework. As such it is one component that the Board takes into account in making its AGS.

## Opinion

### Our opinion is set out as follows:

- Basis for the opinion
- Overall opinion; and
- Commentary



## Basis for the opinion

### The basis for forming our opinion is as follows:

- An assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes.
- An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of these areas; and
- An assessment of the process by which the organisation has assurance over the registration requirements of its regulator(s).

## Overall opinion

### Our overall opinion for the period 1 April 2021 to 31 March 2022 is that:

*'Significant assurance with minor improvements' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.'*

## Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety. Our opinion covers the period 1 April 2021 to 31 March 2022 inclusive, and is based on the audits that we completed in this period.

We issued one review graded as 'significant assurance' related to the Board Assurance Framework. We also issued four reviews graded as 'significant assurance with minor improvement opportunities' and highlight the review related to the data quality of access and activity data which has markedly improved since our last review of the data quality of this metric.

We issued two reviews graded as 'partial assurance with improvements required' and zero 'no assurance with improvements required' reviews. Our partial assurance reports related to the following areas:

- Sustainability – We reviewed the Trusts response to the Climate and Health Emergency Declaration and for reaching the associated Net Zero carbon targets that have been committed to. We identified one high priority finding which highlighted the need to enhance the methodology used to calculate the baseline emissions assessment. Work is underway to implement the revised process which will be completed by the end of August 2023.
- Quality Governance – We reviewed the Trusts quality strategy and assessed how this has been monitored through the organisation. We identified four medium priority findings. The strategy had not been communicated to staff since approval by the Trust Board. In addition, action plans had not been monitored through the governance structure and updates had not been presented to the Quality, Safety and Experience Assurance Committee who have overall responsibility for overseeing the delivery of the strategy.

## The design and operation of the Assurance Framework and associated processes

The Assurance Framework reflects the Trust's key objectives and risks and is regularly reviewed. The Executive reviews the Assurance Framework on a monthly basis and the Audit Committee provides reviews whether the Trust's risk management procedures are operating effectively.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year.

As at 31 March 2022 we raised one high priority management action in the period relating to Sustainability and have zero high priority management actions from previous periods which are still being implemented.

This does not prevent us from issuing 'significant assurance with minor improvements' overall as the organisation is implementing the management actions raised as a result of our work to address the issues identified. The status of management actions is reported by Management to Audit Committee. The organisation has directed us towards areas where there have been concerns in terms of operation or performance in year.

KPMG UP .

### KPMG LLP

Chartered Accountants, London

31 March 2022



# Annual Governance Statement

## 1. Scope of responsibility

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

## 2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of GOSH, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place at GOSH for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

## 3. Capacity to handle risk

As chief executive, I have overall responsibility for ensuring there is an effective risk management system within the Trust for meeting all relevant statutory requirements and for ensuring adherence to guidance issued by regulators, including NHS Improvement (NHSI) and the Care Quality Commission (CQC).

The Medical Director leads the risk management team at GOSH. This team administers the risk management processes. Each clinical operational directorate has a deputy chief of service who is responsible for championing safety and is supported by an individual within the Risk Management team. The Risk Management team also meets regularly with its peers at other trusts to share learning. Further accountability and responsibility for elements of risk management are set out in the Trust's risk management strategy.

All staff receive relevant training to enable them to manage risk in their directorate, specialty or department. At a Trust level, we emphasise the importance of preparing risk assessments where required and the importance of reporting, investigating and learning from incidents. Support to discuss and document risks is available to staff from various corporate areas of the Trust, including the Quality and Safety team, Health and Safety team, Emergency Planning Officer and Information Governance team. Frameworks are in place to support learning from practice and these are detailed on page 129 below.

During 2021/22 the Trust continued to implement its emergency management processes in response to the COVID-19 pandemic,

with clear accountability at an executive (Gold), senior operational (Silver) and local operational (Bronze) team level and a clear cascade system in place. Risk assessments of key areas of delivery were conducted at the appropriate level in relation to safety of patients, quality of care, patient experience, workforce, activity, performance and finances. As a result of these risk assessments, planned work was reprioritised based on the impact on safety and effectiveness of delivery of care and the wellbeing and availability of the workforce. Further information can be found on page 116.

## Trust Board and assurance committees

The Board has a formal schedule of matters reserved for its decision and delegates certain matters to committees, as set out below. Matters reserved for the Board in relation to risk management include:

- Determining the overall Trust strategy
- Ratifying the Trust's policies and procedures for the management of risk
- Determining the risk capacity of the Trust in relation to strategic risks
- Reviewing and monitoring operating plans and key performance indicators
- Creation, acquisition or disposal of material assets
- Prosecution, defence or settlement of material incidents and claims
- Matters of public interest that could affect the Trust's reputation

The Board has a work programme, which includes all matters it is required to consider by statutory, regulatory and other forms of guidance. It also receives a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust's operations and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda.

In 2021/22 there were three Board assurance committees in place: the Audit Committee, the Quality, Safety and Experience Assurance Committee (QSEAC) and the People and Education Assurance Committee (PEAC). These committees scrutinise the controls in place to mitigate the strategic risks to the organisation and seek assurances that these risks are working effectively. They review the Trust's non-clinical risks (Audit Committee), clinical and quality risk management processes (QSEAC) and seek assurance that the necessary structures and processes are in place to deliver the Trust's vision for a supported and innovative workforce and an excellent learning environment (PEAC). All three committees raise issues that require the attention of the Board. In addition to the three assurance committees, the Finance and Investment Committee considers financial performance, productivity and use of resources. The chairs of these committees report to the Board after every committee meeting and to the Council of Governors. Each committee is charged with reviewing its effectiveness

annually and making improvements to the way it works and is administered (see the committee annual reports). Board member attendance at the Board and its committees is provided at pages 54–59.

### **Risk Assurance and Compliance Group**

The Risk Assurance and Compliance Group (RACG) comprises executives and quality, safety and compliance leads. The group is chaired by the chief executive and reports to the Audit Committee, QSEAC and PEAC. The RACG monitors the effectiveness of risk management systems and control and assurance processes across the Trust, including the effectiveness of the controls cited to mitigate the strategic risks on the Board Assurance Framework (BAF) and the timeliness of the closure of gaps in controls and assurances of these risks. It considers the breadth of compliance requirements applied to the Trust and monitors responses to external and internal reviews of services and implementation of the policy governance framework..

### **Operational Board**

The Operational Board comprises senior managers from the directorates and corporate departments and has oversight of delivery of Trust-wide operational performance. It holds responsibility for reviewing high-rated risks and Trust-wide risks (risks that have been identified as affecting more than one directorate) and considering whether these should be escalated to the RACG for consideration for inclusion on the BAF. As outlined above, during 2021/22 the Operational Board was temporarily replaced with emergency management processes in response to the COVID-19 pandemic to ensure clarity and transparency of decision-making and communication.

### **Standing committees**

- Standing committees are responsible for managing cross-Trust issues relevant to their area of expertise and, as such, have delegated authority within their terms of reference for a specific remit. This includes assessing the effectiveness of the control systems in place to reduce the risks relevant to their areas of expertise. Standing committees with responsibility for risk management include, but are not limited to:
- Patient Safety and Outcomes Committee
- Patient, Family Experience and Engagement Committee
- Health and Safety Committee
- Information Governance Steering Group.
- The PSOC is currently undergoing an effectiveness review to ensure that risk reporting and escalation are streamlined and understood.

### **Risk Action Groups**

Local Risk Action Groups (RAGs) are multidisciplinary meetings that discuss the principal risks to patient safety and service delivery within a directorate or department. The RAGs review low, medium and high risks, approve scores, monitor actions to mitigate the risks and accept low and medium risks where appropriate. The RAGs receive information monthly on their clinical and non-clinical incidents (reported through the central reporting system) to consider actions to control risks and identify key themes. These are the key management forums for consideration of risks. The RAGs report into the directorate boards and equivalent in corporate areas.

### **Learning from good practice**

The following frameworks are in place to support learning from the auditing of current practice and best practice:

- **Closing the Loop:** Closing the Loop is a sub-committee that reports to the Patient Safety and Outcomes Committee and is responsible for overseeing the implementation of key actions identified in response to learning from errors and excellence. The group aims to deliver on the organisational quality priority of embedding a learning culture which supports our people to learn and thrive, by:
  - Monitoring action plans from Serious Incidents, Red Complaints and Learning from Deaths.
  - Taking referrals from other groups or committees at GOSH to support the delivery of actions associated with systemic or Trust-wide quality issues.
  - Identifying opportunities for spreading learning from error and learning from excellence through communication, education and quality improvement techniques.
- **Clinical audit:** clinical audit is undertaken at GOSH to ensure the quality of care and services are reviewed against best practice standards and improvement actions taken where those standards are not met.
- **Clinical outcomes:** the GOSH Clinical Outcomes Programme is run by a dedicated team that supports clinical staff to collect, analyse and publish their clinical outcomes. GOSH has published more outcomes data to its hospital website than any other paediatric hospital in the world. GOSH leads on the benchmarking of Specialised Services Quality Dashboards, in partnership with the Children’s Hospital Alliance and NHSE. This initiative is live on the NHSE portal and we are now able to compare our results - in detail - with other member hospitals for purposes of improvement, not ranking.
- **Horizon Scanning:** lessons learned in other organisations can often be transferred into wider learning for NHS Trusts. A horizon-scanning review is presented at QSEAC, providing a short overview of recent reports and guidance issued by a range of external stakeholders that could shape the approach to quality and governance in the organisation. The report identifies any learning and provides the Trust with an opportunity to review and implement change where appropriate.

### **Cascading risk and embedding learning**

There are a range of ways in which information on risk is embedded across the Trust. Lessons are learned from specific incidents, complaints and other reported issues. These include:

- Quality impact assessments, for example of the Better Value schemes.
- Equality impact assessments of our policies, programmes of work and strategies.
- Privacy impact assessments where personal data is processed.
- Incident reporting and investigating.
- Freedom to Speak up reporting and analysis
- Establishment of a cyclical internal review process for clinical services and cascading the findings and learning.
- Reports to and cascaded from RAGs, directorate boards and the Operations Board where high risks and Trust-wide risks are discussed.
- Key risk meetings such as Closing the Loop and the Patient and Safety Outcomes Committee.
- Risk management training.

## 4. The risk and control framework

### The risk management strategy and process

The Trust's risk management strategy sets out how risk is systematically managed. This extends across the organisation, from the frontline service through to the Board, and promotes the mitigation of clinical and non-clinical risks associated with healthcare and research and ensures the continuous review of business continuity plans across the Trust.

The strategy identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk, and the duties and authority of key individuals and managers with regard to risk management activities. It describes the process to provide assurance for the Trust Board review of the strategic organisational risks and the local structures to manage risk in support of this policy.

The strategy is integrated into the management, performance monitoring and assurance systems of the Trust, to ensure that safety and improvement are embedded in all elements of the Trust's work, partnerships, collaborations and existing service developments. This enables early identification of factors, whether internally or externally driven, which may prevent the Trust from achieving its strategic objectives.

In 2021, the Trust commissioned an independent, developmental Well-Led Review of its leadership and governance, led by BDO and Arden & GEM. The report found the risk register and the risk appetite statement to be both good and comprehensive, detailing that they are adequately supported by effective active risk management at the Risk Assurance and Compliance Group (RACG). The findings went on to confirm that where potential significant risks have been identified, the Board has undertaken higher profile decision-making and scrutiny and is now rightly seen as being more directly involved with managers on understanding how key issues are being managed. NEDs make a key contribution to governance and assurance, with reports on quality matters for example providing an opportunity for Board members to triangulate information and give greater confidence that all key risks and issues are known.

### Risk appetite

The Trust defines its risk appetite as the amount of risk it is prepared to accept, tolerate, or be exposed to at any particular time, in the context of the highly specialised services the Trust offers. The Board is committed to doing everything possible to reduce risk for children and to deliver high-quality, efficient and effective care.

In May 2021, the Board approved an updated risk appetite statement. Consideration was given to the environment in which we operate alongside a review of the Trust strategy and the priorities cited.

The Board recognises that the Trust delivers clinical services and research activity within a high-risk environment. The delivery of GOSH's strategic objectives and its relationships with its patients, the public, funders and other strategic partners determines the Trust's long-term sustainability. As such, the Board has agreed that the Trust has an overall low appetite for risks relating to its clinical service and research delivery and, in particular, safety and compliance objectives, including preventable patient harm and public and employee health and safety. The Trust is open to innovative practice (clinical, operational and commercial) within a governance framework where risk assessments (clinical, ethical, financial, data and multi-disciplinary) are undertaken and actions implemented.

### Identification, evaluation and control of risk

The Trust's Assurance and Escalation Framework presents a single, comprehensive overview of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through key governance processes and frameworks including:

- The Performance Management Framework. This is the most significant of the Trust's frameworks and policies that outline how the Trust's performance objectives and standards will be met, reviewed and managed.
- The Trust's risk management strategy (see above) sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level. Further detail on the identification and evaluation of strategic and local risks is provided below.
- The Trust has a comprehensive and integrated Compliance Framework that seeks to ensure ongoing compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory requirements (including CQC) and that external guidance and alerts are considered in a full and responsive way.
- The policy framework, which provides for clear and accessible policies, procedures and guidelines to support staff in undertaking their duties in a safe and effective way that takes account of all relevant legislation, regulation and guidance. The Trust's policy framework is administered by the Policy Approval Group (PAG) and monitored by the RACG.
- The Trust's committee structure, developed from the Trust Board down, is under review to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions, others have authority to make decisions and direct actions, while others provide advice, support and oversee specific functions.

### Identification and monitoring of strategic risks

The Trust's Board Assurance Framework (BAF) is used to provide the Board with the assurance that there is a sound system of internal control to manage the risks of the Trust not achieving its strategic objectives. The BAF records information about the controls in place to manage key risks and details the evidence that they are operating effectively. The BAF includes cross-references to assurance obtained from internal and external audits and self-assessments of compliance with other regulatory standards. It has been monitored and updated throughout the year.

The RACG reviews all strategic (BAF) risks on the assurance framework (including the related mitigation controls and assurance available about the effectiveness of the controls). This includes testing the robustness of the controls through analysis of available outcome data, external assurance reporting and application of governance processes.

The Audit Committee, QSEAC and PEAC scrutinise the BAF risks relevant to their remits on a rotational basis and at least annually. These assurance committees look for evidence that the controls are appropriate to manage the risk and independent assurance that the controls are effective. They monitor progress with actions to reduce or remove control or assurance gaps.

In addition, the Trust Board recognises the importance of scanning the horizon for emerging risks and reviewing low-probability/high-

impact risks to ensure contingency plans are in place. The Board included such matters in Board discussions of risks (for example at the annual Board Risk Management meeting held in June 2021) as well as holding development sessions during the year and inviting external speakers to present on risk matters relevant to paediatric and wider healthcare.

The Trust's Internal Auditor presented an audit of Strategic Risk Management and the Board Assurance Framework in January 2022 and provided an assurance rating of 'Significant Assurance'. The scope of the audit covered how the BAF is prepared and whether there are appropriate governance arrangements in place for monitoring it to obtain assurance that risks are effectively managed. Areas of good practice highlighted in the audit included:

- A full review of the BAF by the Board takes place at least once a year.
- Risks are assigned both an executive owner and a management owner to provide responsibility for implementation and the monitoring of actions and oversight of the risk.
- Assurance committees are assigned to each of the risks and undertake cyclical deep dives to assess the effectiveness with which the risks are being managed.
- The current BAF is structured in a way which makes it clear what the risk is (including the cause, effect, and impact), the key controls in place and the associated assurances on those controls.

Six low rated key findings were identified in the audit and an action plan is in place with timelines for completion.

In 2021/22, all risks were reviewed by the RACG, assurance committees and Trust Board.

The following BAF risk statements were reframed to better describe the risk to delivery of the Trust strategy (new risk statements in brackets):

- GOSH Strategic Position (*Failure to optimise the Trust strategy under current and future NHS, financial, political and social frameworks.*)
- Service transformation (*Failure to embrace service transformation and deliver innovative, patient centred and efficient services.*)
- Inconsistent delivery of safe care (*Risk of (severe/serious) patient harm arising from a failure to follow safety standards, foster a culture of openness and transparency, and use data to support improvement*)
- Business continuity (*Business continuity management plans are insufficiently robust and understood to support delivery of services and critical functions.*)

#### **New risks were added to the BAF on:**

- Estate compliance (*Inadequate maintenance of the estate affects the safety of the environment in which care is delivered by staff to patients and carers*)
- GOSH Learning Academy (*Risk of the GOSH Learning Academy not establishing a financially sustainable framework, impacting on its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and drive improvements in paediatric healthcare.*)

- Children's Cancer Centre (*Failure to build a new cancer centre and failure to deliver holistic, personalised and coordinated care.*)
- Workforce sustainability - replacing recruitment and retention risk (*Failure to attract, support and develop a sustainable and highly skilled workforce.*)

#### **Identification and monitoring of local risks**

Each directorate and department is required to identify, manage and control local risks, whether clinical, non-clinical or financial, in order to provide a safe environment for patients and staff and to reduce unnecessary expenditure. This ensures the early identification of risks and the devolution of responsibility for management of risks to staff at all levels of the organisation. In practice, this is achieved through the involvement of staff in risk action groups, risk training and occasional surveys.

Risks are identified through diverse sources of information such as:

- formal risk assessments
- audit data
- clinical and non-clinical incident reporting
- complaints
- claims
- patient/user feedback
- freedom to speak up reporting
- information from external sources in relation to issues which have adversely affected other organisations
- operational reviews
- use of self-assessment tools
- mortality reviews - identifying learning points, themes and risks.

Further risks are also identified through specific consideration of external factors, progress with strategic objectives, and other internal and external requirements affecting the Trust.



Risks are evaluated using a '5x5' scoring system that enables the Trust to assess the impact and likelihood of the risk occurring and prioritise accordingly. Assessments are made as to whether the prioritised risks are acceptable or not.

Control measures aimed at both prevention and detection are identified for accepted risks, to either reduce the impact or the likelihood of the risk. An assessment is then made of the effectiveness of the control on reducing the risk score, and what assurance is available to the Board that the control is both in place and operating effectively to reduce risk. A designated person is responsible for monitoring, reviewing and reporting on the effectiveness of the control in place. Risks and controls are evaluated periodically, when new or changed risks are identified and if the degree of acceptable risk changes.

Verita undertook an independent review of the effectiveness of the Trust's safety procedures in February 2022; this included whether there are effective processes in place for managing safety risks in complaints and in claims and inquest. The outcome of the review estimated the Trust is at the 'Reactive' level and suggested a number of improvements which will be considered by the Quality Safety Experience Assurance Committee.

### Principal risks in 2021/22

The principal risks identified during 2021/22 are outlined below. Management and monitoring of medicines in line with statutory and regulatory guidance.

- **Financial sustainability** in a changing financial framework for the NHS where:

- The NHS has continued to deliver during the COVID-19 pandemic.
- Money available to NHS organisations is being allocated via a different framework and methodology.
- The cost of delivering services is higher due to infection control guidelines and the changing profile of patients.
- The impact of COVID-19 on delivery of International and Private Care services, which are crucial to supporting funding of NHS services at GOSH.
- Risks to future access to central research funding.

- **Estate compliance:** Maintenance of the estate against standards and best practice.

- **Operational Performance** in a context of the delivery of services and prioritisation of patients and the impact on staff availability of Vaccination as a Condition of Deployment (VCOD).

These risks are broken down into component parts covering their different drivers, with appropriate mitigating actions for each component identified. A summary of these four risks and the mitigations in place to manage them are outlined below:

Risk	Explanation	Mitigating actions implemented and underway
<b>Operational Performance</b>	The trust is unable to deliver normal services and critical functions during and after periods of significant disruption, with particular emphasis on delivery of services during the COVID-19 pandemic and the impact on staff availability as a result of Vaccination as a condition of deployment (VCOD).	<p>Gold, Silver and Bronze command was established for managing the COVID-19 pandemic and responding to central returns. Cascade communication system implemented. Chief executive and GOLD Command linked up with NHS/NHSE on scenario planning and supporting wider NHS to manage the COVID-19 pandemic across North Central London.</p> <p>Programme of work implemented to respond to delivery of services during the pandemic and post the second surge:</p> <p>Continuation of the Clinical Prioritisation Group to make decisions on the delivery of clinical services and prioritisation of patients and services.</p> <p>This prioritisation process provides us with a picture of patient demand. This demand is assessed against our capacity (staffing, space, time) allowing us to model our service delivery requirements for the future.</p> <p>Continued monitoring of compliance against Referral to Treatment and Diagnostic and Cancer standards within the context of the implications arising from clinical prioritisation plans.</p> <p>Individual directorate meetings with those clinical areas of the Trust who are not achieving trajectory.</p> <p>Comprehensive vaccination programme (for staff) in place to support delivery of services.</p> <p>Risk assessment of impact of VCOD on numbers of staff whose vaccination could not be evidenced and resultant impact on delivery of services.</p> <p>From March 2021 onwards, a focus on recovery of all clinical services (see page 31).</p>

Risk	Explanation	Mitigating actions implemented and underway
<b>Medicines management</b>	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and processes are not appropriately documented or monitored.	<p>The Medicines, Therapies Oversight and Assurance Committee (MTOAC) seeks assurance of the safe management of medicines, with committees such as the Drugs and Therapeutics Committee reporting to it.</p> <p>Medicines are dispensed by competent pharmacy staff and there is a program of training and competence assessment now in the dispensary.</p> <p>Pharmacy and Use of Medicines Recovery Programme established. A review of team resourcing and leadership has been conducted and is being implemented.</p> <p>Medicine management policies updated and cascaded.</p> <p>Action plan under implementation for standardisation of stock control. Scheduled estates work is underway to improve pharmacy facilities.</p> <p>Following inspections by the MHRA in 2019 and 2020, the service remains under scrutiny with outstanding actions completed throughout 2021/22. External assurance sought for review of the processes for the manufacture of aseptic products.</p>
<b>Financial sustainability</b>	Failure to be financially sustainable and deliver productivity and efficiency targets and International and Private Care (I&PC) income plans.	<p>The NHS issued a new financial framework for the first half of 2021/22 which was updated during the final 6 months of the year. The trust ensured it was aligned to this and adapted its governance and reporting processes to ensure a tight grip on spending. Tracking systems were maintained for COVID-19 related costs. Monthly reporting continued with a focus on forecast outturn and the impact of the different stages of the pandemic on spend and income.</p> <p>Financial governance and reporting processes were maintained in line with the Standing Financial Instructions and Scheme of Delegation to ensure appropriate oversight of spend.</p> <p>During 2021/22 the Trust continued to invest in its estate and equipment with risk assessments undertaken for each project to understand the likelihood of disruption to the site infrastructure.</p> <p>Work continued with commissioners to support the implementation of newly approved treatments and care pathways.</p> <p>The Trust regularly carries out evidence-based reviews of its debtors and the associated risk they may default.</p> <p>The Trust continued involvement in forums to influence future funding mechanisms for complex paediatric care with the introduction of Integrated Care Boards in 2022 and proposed devolution of specialized commissioning funds.</p> <p>Global events have had a detrimental impact on the level of private income we receive through I&amp;PC. The Trust continued to monitor the situation in order to be in position for this activity to recommence as the pandemic resolves.</p>
<b>Estate compliance</b>	Maintenance of the estate against standards and best practice	<p>This risk was added to the Board Assurance Framework in May 2021.</p> <p>A Space and Place Programme Board was established to monitor and seek assurance of compliance requirements. The governance structure below the Programme Board is under review and a new directorate structure was in the process of being implemented at year end 2021/22.</p> <p>A number of workstreams are underway covering fire safety systems, ventilation systems other estates related maintenance.</p> <p>External validation of estate and facility systems have been sought and areas of priority are escalated via the Programme Board.</p>



Risk	Explanation	Mitigating actions implemented and underway
<b>Cyber Security</b>	The risk that technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means. The risk posed by national and international cyber threats.	<p>The ICT Committee oversee cyber security at the Trust and provides assurance to the Audit Committee that controls are in place, robust and identified actions are being closed in a timely way. The Audit Committee sought assurance throughout the year of progress with the cyber security programme including assurance of the security of the network, servers, email and endpoints</p> <p>The ICT governance framework has been reviewed. Policies and procedures are in place around the use of ICT equipment, disposal of equipment and incident response and disaster recovery.</p> <p>Work has been completed on reviewing risks related to working with suppliers and ensuring appropriate data protection and cyber security assessments are undertaken.</p> <p>Real time monitoring of the boundary is undertaken, responding to and reporting on national and international cyber threats. An annual external review process is in place to provide additional assurance around our cyber security risk.</p>

### **Involvement of stakeholders in risk management**

The Trust recognises the importance of involving stakeholders in ensuring accidents are minimised and patients, visitors, employees, contractors and other members of the public are not exposed to any unnecessary risks or hazards.

Risks are assessed and managed to ensure the Trust's systems reflect consideration of all stakeholder interests. Stakeholders are also involved in the Trust's risk management process where appropriate. For example:

- Patient views on issues are obtained through the Patient Advice and Liaison Service (PALS).
- Patient representatives are involved in Patient-led Assessments of the Care Environment (PLACE) inspections.
- There are regular discussions of service issues and other pertinent risks with commissioners.
- Staff are involved in strategic planning groups with the North Central London Integrated Care System, commissioners and other healthcare providers.
- The Trust Board receives patient stories at every Board meeting and tracks learning and actions agreed from these stories via the QSEAC.
- The PEAC receives staff stories and tracks learning and agreed actions.
- Governors observe Board assurance committees to seek assurance of how risk is scrutinised and mitigated.
- Non-executive directors undertake "zoomarounds" with teams prior to Board meetings and report back their findings at the meeting (walkarounds were suspended in 2021/22 due to the COVID-19 pandemic for safety reasons).
- Regulatory and compliance reports about GOSH and regarding other healthcare services are considered, monitored and cascaded in a similar way.
- The Board agreed a Board development programme which includes presentations from external speakers on various risk related topics.
- An independent organisation was invited to GOSH to review aspects of the Trust's safety management and reporting processes and systems (Verita).

- Work was conducted in partnership with a variety of other external organisations to ensure best practice is embedded in quality governance processes at GOSH. These organisations included Patient Safety Learning; the Doctor's Association; AvMA; Health Education England and AoMRC.

### **Internal audit function**

The Trust contracts with KPMG LLP for its internal audit function. All internal audit reports are presented to the Audit Committee, with reports relevant to the QSEAC and PEAC reported as required. Further information about internal audits can be found on page 97. KPMG appraises the Audit Committee of progress with adoption and closing of identified internal audit management actions. The Trust has focused on ensuring these recommendations are responded to and closed within the stated timescales.

### **Workforce safeguards**

Above and Beyond (our five-year strategy to 2025) guides GOSH as we advance care for children and young people with complex health needs. It is based on six principles, one of them being 'Above and beyond in our culture'. By 2025, the aim is for GOSH to be a tolerant, inclusive, open and respectful place where staff are valued for who they are as well as what they do. Our people will enjoy coming to work and will live the GOSH Always Values: Always Kind and Welcoming, Always Helpful, Always Expert and Always One Team. We will form strong, supportive multi-disciplinary teams in which everyone has the freedom to learn and contribute and no-one is afraid to speak up.

The GOSH People Strategy was launched in 2019 and its purpose is to bring together all of the people-related issues and activities in order to provide visibility and ensure they are aligned and coordinated. The strategy is built around four themes:

- Capacity and workforce planning
- Skills and capability
- Modernising and reshaping the corporate and HR infrastructure
- Culture, engagement, health and wellbeing
- A plan is in place to deliver the strategy based upon distinct workstreams. These include:
  - Amplifying the employee voice and improving internal communications
  - Investing in the role and capability of our leaders and line managers
  - Strengthening the support available from HR Business Partners and wider HR

- Improving core HR processes related to pay and employment
- Providing a holistic approach to health and wellbeing
- Delivering our diversity and inclusion framework priorities
- Reviewing our approach to reward and recognition

We have implemented work programmes as defined in the two frameworks: Seen and Heard, to support the work for diversity and inclusion, and Mind Body and Spirit, for staff health and wellbeing. We have continued to support the delivery of the COVID-19 response through staff resourcing and repositioning, the coordination of HR input, managing redeployment, providing HR policy advice, providing occupational health service advice and wellbeing support.

Assurance against our workforce strategies is provided by the following groups and committees:

- The People Planet Programme Board, which reports into the executive led Above and Beyond Oversight Group monitoring implementation of the Trust's strategy.
- GOSH Learning Academy Programme Board.
- Nursing Board.
- Nursing Workforce Assurance Group, which reports into the Nursing Board.
- Modernising Medical Workforce Board.

The PEAC seeks assurance that the necessary structures and processes are in place to deliver the Trust's vision for a supported and innovative workforce and an excellent learning environment.

The Trust undertakes workforce planning throughout the organisation as part of its business planning and operational activity to support the Trust's strategic approach to its workforce. The assessment is informed by levels of activity, safe staffing requirements and finance planning to establish demand requirements at project outline document (POD)/specialty level for future years. National, international and local drivers are also considered in the drawing up of plans. A gap analysis, in conjunction with a risk analysis, is carried out to support the Trust's business plans and meet the level of anticipated demand. A vacancy control panel reviews these risk assessments and challenges new appointments. New positions and business developments identified through this process are aligned with our operational plans.

Business developments, within or outside the activity planning cycle, are subject to scrutiny by clinical and corporate professionals to ensure business plans are fit for purpose, have taken account of risk and mitigations, included downside strategies and retain or improve quality and outcomes. Organisational change across the Trust is subject to similar considerations, prior to and during consultations. Workforce implications are considered in a similar way and are supported by equality impact assessments undertaken before final decisions are taken.

The Trust recognises the challenging financial environment it must adapt to and, as such, stresses quality and workforce risk as an integral part to its Better Value programme. Proposed schemes, during scoping and revisited throughout the programme, have an associated Quality Impact Assessment (QIA) undertaken to address the consequences and likelihood of risks occurring.

The Trust Board regularly receives workforce analysis, key performance indicators and benchmarked metrics, including staffing profile, voluntary and non-voluntary turnover, sickness,

agency usage (as a percentage of the payroll) and vacancies. Monthly directorate performance reviews are executive-led and consider this workforce data at a drill-down level in conjunction with finance, activity and quality data in order to identify themes or impact on service delivery. In addition, other quality metrics such as staff survey results are reported to the Board, Executive Management team and at directorate performance meetings to give an overall picture of workforce issues within each directorate, including cultural and leadership issues. In 2021, the first Equality and Diversity Annual Report was presented to the Trust Board and to PEAC, which set out the Seen and Heard framework on workforce demographics as well as progress against the D&I published data sets, including the gender pay gap and WRES and WDES

Nurse recruitment and retention workstreams are overseen by the Nursing Workforce Assurance Group, which reports to the Nursing Board. The nursing workforce is further supported through participation in NHSEI retention work, a nursing retention plan and initiatives including international recruitment and apprenticeship programmes. Work on daily operational safe staffing requirements is led by the Heads of Nursing, supported by the use of Safecare. Safe Staffing Assurance and alignment to safe staffing requirements, including through the implementation of NQB recommendations and use of the Shelford Safer Nursing Care Tool, is led by the Head of Nursing Workforce with executive oversight and responsibility held by the Chief Nurse.

Services, specialties and directorates hold risk registers that are reviewed and updated to provide a feedback mechanism for Trust risk registers. Trust-wide strategies to mitigate workforce risks are formulated.

Assurance of safe staffing is provided to the Nursing Board, People and Education Assurance Committee (PEAC) and Trust Board via quantitative and qualitative workforce data and metrics. These include statutory and mandatory training compliance, appraisal rates, temporary staffing spend, annual staff survey and pulse survey results, quality metrics such as patient feedback and serious incidents.

Other means of assurance include:

- Monthly Nursing Workforce Assurance Group reviews on all aspects of the nursing workforce, including performance against workforce metrics, reviews of safe staffing incidents, rostering compliance, planning and recruitment pipelines, review of retention issues, temporary staffing usage and benchmarking of Care Hours Per Day (CHPPD).
- Biannual Staffing Establishment Reviews, which report to the Nursing Board to ensure we are maintaining safe staffing levels and adhering to National Quality Board workforce safeguards.
- The Guardian of Safe Working also reports to every Board meeting about safe working practices for junior doctors.
- The Modernising Medical Workforce Board reviews current and future workforce challenges while the Nursing Workforce Advisory Group ensures there is a bottom-up approach which supports the development of our Trust-wide plans for nursing.
- Safe staffing meetings and bed management meetings are held twice a day. Any issues of safety relating to staffing are notified to the Executive Management team via the weekly safety report.

In a year where business as usual has continued to be dominated by the COVID-19 pandemic, current workforce challenges are documented below, including the governance framework through which they are monitored and managed.

Workforce Challenge	Initiatives in place
<b>Potential volatility in the post pandemic establishment</b>	We will continue to offer staff wellbeing support and enhance our employee value proposition, which is linked to the ongoing programme of work on the culture of the Trust to promote it as an employer of choice. We plan to connect with staff groups (staff forums, Junior Doctor forums) to understand staff experience and how to improve it so people see GOSH as a place to make a career.
<b>Staff Health and wellbeing</b>	<p>The work to implement our Mind, Body and Spirit Framework has continued at pace with our wellbeing hub and staff communications. We have introduced financial support for staff, with an advisor onsite 2 days a week, and have developed our health and wellbeing support throughout the year.</p> <p>We will deliver a bespoke GOSH training programme for managers called I-Care, which is focused on self-care and having high quality health and wellbeing conversations</p> <p>We will also introduce a Targeted approach to wellbeing support aligned to teams at high risk of 'burnout'.</p>
<b>Driving a culture of inclusivity</b>	<p>The Diversity and Inclusion Framework Seen and Heard includes implementation of a culture change programme around allyship which will lead to a GOSH allyship toolkit for all staff to access and use.</p> <p>Our Apprenticeship programme has developed and grown. We now have 37 different types of apprenticeship available and high retention and completion to enable career progression. Our Staff networks have a renewed leadership structure which is clear about roles and responsibilities, and they have developed their connections with the Trust Executive team leads.</p> <p>In the coming year we will drive the changes we need to ensure fair and inclusive recruitment and selection processes using the London De-biasing recruitment toolkit.</p>
<b>Staff Health and wellbeing</b>	<p>The Health and Wellbeing Framework and a steering group for it have been established. A Wellbeing hub has been set up and training provided for peer support workers, TRiM practitioners and health and wellbeing coaches. Further work is planned to focus on team resilience and recovery, supported by The Captain Tom Foundation.</p> <p>Leadership and management programmes have a central theme of health and wellbeing, Appraisal Policy is being updated to reflect a focus on constructive wellbeing conversations and REACT Mental Health training is being rolled out by internal trainers.</p>
<b>Driving a culture of inclusivity</b>	<p>The Diversity and Inclusion Framework is in place and a new steering group will drive the programme of work.</p> <p>We will support our staff networks to achieve momentum and reach and set up an internal mentoring scheme to specifically support groups which are less heard.</p> <p>We will focus on career opportunities and how to support staff to build a career at GOSH and implement the de-biasing recruitment toolkit.</p>
<b>Use of Temporary staff</b>	<p>Agency usage is a workforce KPI reported to the Trust Board through the Integrated Quality Performance Report, as well as at directorate Performance Review Meetings. The Trust also reports externally to NHSI on agency usage on a weekly basis. Although Bank does not have a target, it will be a focus of delivering Better Value for the Trust by ensuring requests are used appropriately.</p> <p>HR Business Partners work with directorates to establish plans to recruit to permanent roles, replacing agency staff.</p>

## Trust quality governance arrangements

The Trust places a high priority on quality, measured through clinical outcomes, clinical audit and patient safety experience indicators. The Board is committed to placing quality and safety at the top of its own agenda, to encourage continuous improvement in safety and quality and to establish mechanisms for recording and benchmarking clinical outcomes.

### Governance structure

There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives.

- Under the stewardship of the Executive Medical Director, quality improvement at the Trust is part of the broad remit of the Quality team, and incorporates clinical audit, quality improvement facilitators and analysts and clinical outcomes.
- Executive oversight of patient experience and engagement is through the Chief Nurse who, with the Medical Director, ensures an organisation-wide approach to integrated delivery of the quality governance agenda. They are supported in this work by a number of senior roles, including the associate medical directors for patient safety and for wellbeing, leadership and improvement, heads of quality and patient safety, head of patient experience, director of safety surveillance, deputy chief nurse and the director of nursing – corporate.
- Working with the clinical directorate leadership teams, and in particular the deputy chiefs of service, the aim is to continue to develop a culture of continual identification of learning from events and to make changes that are effective, sustainable and improve the quality of the service and experience of our children, young people and their families.
- The Quality Improvement specialists at GOSH work to support, enable and empower teams to continuously improve the quality of care provided to patients across the Trust. They will be assigned to work with individual Directorates in a QI Business Partner capacity to ensure the needs of individual Directorates are understood and supported through an integrated Quality Improvement Programme.

### Quality and safety strategies and Patient Experience Framework

The Board approved the following in 2020/21:

- **Quality Strategy (2020-2025):** Our ambition is to support and nurture GOSH in its quality journey, advancing improvement, assurance and innovation for exemplary patient care and experience. To deliver on our strategy, our intention is to link across to other services and teams, working collaboratively to maximise our ability to fulfil our aims while supporting the wider organisation to achieve goals and objectives.
- **Safety Strategy (2020-2025):** Patient safety is one of the cornerstones of high-quality healthcare. Our intention is to cultivate and nurture a just, kind and civil safety culture that supports the reduction of avoidable harm to children and young people with complex health needs and empowers our staff to continuously and consistently learn and improve our care processes.
- **Patient and Family Experience and Engagement Framework (2021-2024):** this guides the work of everyone in the Hospital to make sure that patients and their families are at the very heart of everything we do. It sets out our ambition for the future of Great Ormond Street Hospital to make the

experiences of children, young people and families out of this world through:

- **Caring and Respecting:** We will ensure patients and their families feel safe, supported and well cared for by staff who treat them with kindness, compassion, understanding and respect.
- **Listening, Engaging and Improving:** As world leaders in engaging innovatively with children, young people and their families, we are working towards collaborative improvement in the experiences of our patients and families.
- **Accessibility:** We will develop, enhance, and expand existing and new initiatives to improve experiences for patients and families through technology, effective use of resources and partnerships with others.

The framework takes into consideration the Patient Experience Improvement Framework produced by NHSI, feedback from patients, families and our staff, and other internal strategies.

### Monitoring and reporting

The delivery of high-quality care and highly specialised services in a complex healthcare environment requires good processes for the early identification of potential risks, early intervention and robust arrangements for ongoing review, and accountability at the correct level in the organisation to ensure effective and timely resolution.

Each specialty and clinical directorate has an internal monitoring structure so teams can regularly review their progress and identify areas where improvements may be required.

Each directorate's performance is considered at monthly performance review meetings.

Key quality and performance indicators are presented on a monthly basis to the Trust Board. The report includes progress against external targets, internal safety measures, operational efficiency/process measures, Well-led and other clinical quality measures such as complaints, incidents and reports from specific quality functions within the Trust, such as PALS. It also includes the external indicators assessed and reported monthly by the CQC. The report is aligned to the CQC key lines of enquiry: Safe, Effective, Caring, Responsive and Well Led. It asks the question: are our patients receiving high-quality care?

The Board receives a regular update on current and ongoing concerns which the organisation is managing. This covers cases where the Trust has caused harm or potential harm to patients; the delivery of services to patients has not met requirements; which create a difficult working culture for our staff; might worry patients and their families; threaten the delivery of our strategy or result in regulatory action. Examples include:

- Royal College reviews into gastroenterology and urology
- Updates on the roll out of Duty of Candour regulations
- Updates on progress with actions arising from externally led inspections, such as the MHRA inspection into manufacturing in the pharmacy department
- learning from individual patient and staff cases.

Risks to quality are managed through the Trust risk management process, which includes a process for escalation. There is a clear structure for following up and investigating incidents and complaints and disseminating learning from the results of investigations.

Closing the Loop is a group which monitors and oversees the completion of actions and learning identified through patient safety investigations, complaints, harm, legal cases, and learning from deaths. It has proved invaluable to cascading learning.

The Managing Internal and External Review standard operating procedure provides a clear process for approving the need for a review (internal or external). It also sets out the scope of the review to ensure it is fair and proportionate, staff are supported during the process, robust governance arrangements are in place and recommended actions are implemented in a timely and appropriate way.

The Trust has established the deteriorating patient QI steering group, which oversees ongoing implementation of relevant processes including PEWS (Paediatric Early Warning Score) and Sepsis 6. PEWS is a score-based system designed to identify the potential for clinical deterioration in children and young people.

### Quality assurance and improvement

We know from benchmarking data, adverse events and local audits that we are not consistently delivering the same standard of care for every patient every time. Reliably implementing best practice remains a challenge across the NHS, sparking a number of initiatives, including audits and peer reviews, inspection and mandated monitoring and, most recently, the National GIRFT programme.

We have already done significant work supporting clinical services within GOSH to define the standards against which performance can be judged. These standards arise from regional, national and international practice guidelines and include clinical outcomes, patient reported outcomes, patient experience measures and staff related outcomes.

In the past year the GOSH nursing team (with support from the Quality Improvement team) has developed a Ward Accreditation Programme. It is a structured method for self and peer review of ward processes that we aim to test, refine and roll out over the next 12 months. The programme will be aligned to other quality assurance processes, triangulating different sources of data to highlight areas for improvement.

All quality improvement (QI) projects are monitored through QI project dashboards that are reviewed for improvement or deviation by the steering group for each project.

Our ambition around quality assurance and improvement continues through our plans to:

- Support the training and development of colleagues across GOSH, mentoring front line staff with work to build confidence and ability to deliver positive change. The objective for 2022/23 is to focus on raising awareness of quality management of GOSH staff from Board to ward.
- Continue benchmarking both internally and externally with national and international partners.

In late 2017, the Trust launched the Safety and Reliability Improvement Programme in partnership with the Cognitive Institute and the Medical Protection Society. COVID-19 inevitably impacted the way in which we were able to deliver Speak Up for Safety, but a few projects were launched:

- Praise: To acknowledge the excellence demonstrated by colleagues during the COVID-19 pandemic, this online feedback tool to share praise with colleagues across the organisation was launched in June 2020. Individuals commended through Praise receive a certificate celebrating their kindness or achievement.

To date over 1,000 Praise messages have been submitted and received.

- Correct and Safe Use of Personal Protective Equipment (PPE): To support staff with speaking up the moment they see colleagues who are not complying with our latest measures to reduce the transmission of COVID-19, we developed top tips for how to use the Safety C.O.D.E when addressing someone who is not wearing their face mask correctly.
- Our Speak Up for Our Values programme was established to deliver systems, processes and behaviours to enable a shift in culture by giving leaders essential tools and strategies to address unreasonable and unprofessional behaviour across all staff groupings. The Trust trained 24 peer messengers whose role is to share feedback with individuals highlighted via the iSpeakUp messaging system, which indicates behaviour falling below the standards expected by the Trust.

### Risk management during the COVID-19 pandemic

Operating within a pandemic became business as usual for the Trust as well as the rest of the NHS. The Trust did not experience any significant business continuity issues during the year. We continuously reviewed and revised our business continuity plans to respond to issues arising both internally and those affecting our partners.

GOSH approached the pandemic as a major incident in accordance with national direction. The hospital's gold, silver and bronze planning groups met multiple times every week during specific times of the year, with Gold reporting into the Executive Management team and the Board appraised of developments on a regular basis.

GOSH was committed to supporting the NHS, and our North Central London (NCL) network, to care for all paediatric patients. The Trust remodelled its workforce and expanded the intensive care bed capacity. At the beginning of the financial year GOSH continued to support partners by taking general paediatric inpatients.

In order to restore our services we established a Clinical Prioritisation Group. The group agreed and monitored implementation of a robust, evidence-based methodology for the safe clinical prioritisation of our patients. Our approach reflected the availability of required drugs, PPE and other resources, as well as the external environment and clinical support available for our patients outside GOSH – see page 18 for further details.

### Never Events

The Trust reported two Never Events in 2021/22. The first event related to a wrong-side nerve block in a patient's arm in preparation for theatre. One factor in the nerve blocking of the wrong arm occurred because the 'Stop Before You Block' protocol was not followed on this occasion. Multiple lessons were learned during the investigation, relating to distractions in the anaesthetic room, communication challenges during briefs, team composition and experience. The actions drawn up in response to the recommendations have all been implemented to improve patient safety. In addition, the new 'Stop Before You Block' guidance, updated by the national Safe Anaesthesia Liaison Group, has been implemented to follow the new process of Preparation-Stop-Block.

The second Never Event was related to wrong side surgery. It was declared in March 2022, and investigation was underway at the time of writing this report. Never Events are always investigated as Serious Incidents, in line with the NHS Serious Incident Framework, and the Trust closely monitors completion of recommended actions.

**Data quality**

Data underpins all that we do at GOSH, from each patient’s journey through the hospital to the running of our theatres and wards, and ultimately to feed the research that helps inform new medical developments. We see it as imperative that we do all we can to ensure the best quality of that data, as mistakes, errors or omissions can impact every aspect of this work. Our vision is that we should strive to ensure data is correct and complete at the time of entry, that we check the quality of data through our processes and we enhance it where appropriate. We aim to ensure that data, wherever it is needed by our staff, partners or patients, is as accurate as possible.

Data quality governance is managed through the Data Quality Review Group, which sits monthly and reports into the Information Governance Steering Group.

The Epic EPR system is the core “system of record” for patient data within the Trust. As an integrated system available and updated live throughout the hospital, it drives a data quality agenda. We continue to develop improvements in this through:

- Careful monitoring of data quality by our Data Assurance Team and Data Quality Manager, who carry out daily checks and regular data quality audits. This process feeds back to adjust processes in the hospital, adapt Epic configuration and provide training for staff to continually improve data quality.
- Legacy system replacement, where practical incorporating the functionality into the Epic system.
- Removal of manual off-system records, which helps drive all users to ensure data is correct in Epic.
- Enhanced interactive reporting to help users across the hospital engage and better understand their data. This feeds back to improved data entry.

Information on our operational performance against national treatment standards can be found on page 18. The Trust Board receives the latest data on operational performance and quality/safety matters at every Trust Board meeting via the Integrated Quality and Performance Report (IQPR). This tracks performance against key indicators, set nationally and internally at GOSH. The data quality team actively reviewed all KPIs reports in the IQPR as part of a major revision of the metrics report in 2021/22. The Board was assured by the quality of data reported following an internal audit in 2021/22 which provided an assurance rating of ‘Significant assurance with minor improvement opportunities’.

The Trust has become aware of a backlog of open referrals with no future activity. Some of these are the result of administrative issues in the Epic system. A Taskforce has been established to lead and manage the process to resolve this issue. The Audit Committee retains oversight of any data quality related issues and QSEAC retains oversight of any patient safety related issues arising from this backlog.

**Cyber security**

We treat the confidentiality and security of the data we hold with the utmost seriousness and have controls in place to ensure the security of data and access to it.

Through policies and security solutions (e.g., dual-factor authentication), we ensure access to data is only provided to those individuals that should be accessing it and that data, while held or communicated electronically, is secured through the use of UK Government approved encryption standards. The Trust has solutions in place to detect any security related incidents and provide assurance that a robust, and well managed process exists to respond to incidents.

Work continues on delivery of the Trust’s Cyber Security Plan. Risks to information security and operational systems are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the ICT Board and the Information Governance Steering Group, with oversight provided by the Audit Committee.

See page 129 for information on compliance with the Data Protection Security Toolkit.

**Compliance with CQC registration**

The Trust is fully compliant with the registration requirements of the CQC.

The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with the CQC registration standards. It is the responsibility of these staff to collate evidence of compliance with the standards and report this to the Risk Assurance and Compliance Group and the QSEAC.

Due to the Covid-19 pandemic, the CQC paused their inspection process, and as such the Trust remains at ‘Good’ with both Effective and Caring still rated as ‘Outstanding.’

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement	Outstanding	Outstanding	Good	Good	Good
↓	→ ←	→ ←	→ ←	↑	→ ←
Jan 2020	Jan 2020	Jan 2020	Jan 2020	Jan 2020	Jan 2020

Following the publication of the report in 2020, the Trust developed an Always Improving Plan which addressed the areas of improvement identified as part of the CQC inspection. All but one of these actions are completed and the remaining one, which relates to the rebuild of our current incident management system, is underway and due to be completed in 2022. The Trust has recently recruited a Director of Safety Surveillance, who is responsible for oversight and preparation in relation to the CQC key lines of enquiry and ensures the processes in place are sustainable across the Trust.

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Medical care (including older people's care)</b>	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015
<b>Surgery</b>	Requires Improvement ↓ Jan 2018	Good → ← Jan 2018	Good ↓ Jan 2018	Good ↑ Jan 2020	Requires Improvement → ← Jan 2018	Requires Improvement → ← Jan 2018
<b>Critical care</b>	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires Improvement Apr 2015	Good Apr 2015
<b>Neonatal services</b>	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
<b>Transition services</b>	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires Improvement Apr 2015	Good Apr 2015
<b>End of life care</b>	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015
<b>Outpatients</b>	Good → ← Jan 2018	Not rated	Outstanding → ← Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018

In November 2021, as part of the CQC's pilot inspection programme, the Dental services at GOSH underwent a virtual inspection. GOSH was chosen as part of a group of hospitals across London which deliver dental services in an acute setting and the process will help the CQC define its thinking on future inspections of dental services provided by acute and/or specialists trusts. Although no formal feedback was provided, there were no concerns arising from the review and the team were happy with the work currently being undertaken within the Dental services.

### **NHSI Well Led framework**

The CQC rated the Trust as 'Good' for Well Led in January 2020.

In 2021, the Trust commissioned an independent, developmental Well-Led Review of its leadership and governance, led by BDO and Arden & GEM. The review looked at governance and assurance and recognised that the Board is well-managed and the quality of board and committee papers is excellent. The report highlighted the risk register and the risk appetite statement to be both good and comprehensive, detailing that they were adequately supported by effective active risk management at the Risk Assurance and Compliance Group (RACG). The findings went on to confirm that where potential significant risks have been identified, the Board has undertaken high profile decision-making and scrutiny and is now rightly seen as being more directly involved with managers in understanding how key issues are managed. More information can be found on page 116.

### **Compliance with the foundation trust licence conditions**

The Trust has reviewed its compliance with the NHS foundation trust licence conditions and, in relation to condition four, it has concluded it fully complies with the requirements and there are processes in place to identify and mitigate risks to compliance. No significant risks have been identified. Mitigations include:

- Governance structures, including clarity on the role of directors as outlined below and under the Accountability Report.
- Reporting lines and accountabilities.
- The Trust's assurance and escalation framework details the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance.
- Submission of timely and accurate information to assess risks to compliance with the Trust's licence.
- The board's oversight of the trust's performance – as outlined below.

### **Governance structure, responsibilities and reporting**

The Trust's committee structure has been developed, from the Trust Board down, to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions (for example the Trust Board, Health and Safety Committee, Infection Prevention and Control Committee), others have authority to make decisions and direct actions (for example the Executive Management team and Operational Board) and others provide advice, support and oversee specific functions.

The Trust has terms of reference and work plans in place for the Board, Council and relevant committees. The Board committees conduct annual effectiveness reviews (surveys) on the delivery of their terms of reference and running of the committees. Findings are reviewed and, where appropriate, changes made to the terms of reference and workplans of the committees.

The Trust's assurance and escalation framework details how the Trust presents a single, comprehensive picture of its governance

and assurance structures and systems through which the Trust Board and other stakeholders receive assurance.

There are seven clinical directorates, each with a chief of service, deputy chief of service, head of nursing and general manager (see page 13). The Senior Leadership team meets weekly (around 100 senior managers from across the clinical and corporate areas of the Trust join a virtual meeting). An Operational Board meets fortnightly. Its purpose is to bring together clinical and corporate senior leadership members to ensure the robust, effective and efficient operational management of the Trust.

The Trust's risk management strategy identifies the organisational risk management structure, process and systems and roles and responsibilities of committees and groups that have some responsibility for risk (including the Board Assurance Framework). It also outlines the duties and authority of key individuals and managers with regard to risk management activities, setting out the monitoring arrangements for oversight at different risk levels. The strategy is currently under review and is due for publication in 2022/23.

### **Oversight of performance by the Board**

The Board receives an integrated performance and quality report at every meeting. This report was subject to review during 2021/22, with the aim of rationalising the data reported at Board level and cascading different operational metrics through the hospital. Further information on how the Board retains oversight can be found under 'Review of economy, efficiency and effectiveness of the use of resources', below.

### **Declarations of interest**

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past 12 months, as required by the Managing Conflicts of Interest section in the NHS guidance.

### **NHS Pension Scheme**

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that members' Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations. Information about the Trust's approach to the ongoing management of the implications of the NHS Pension Annual Tax Allowance Threshold can be found on page 71.

### **Equality, inclusivity and diversity**

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust has launched the Diversity and Inclusion Strategy that focuses on ensuring all staff in the organisation have the opportunity to be seen and heard in all aspects of work with a particular focus on progression and promotion. Further information can be found on page 71.

### **Carbon reduction**

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. GOSH recognises that climate change and environmental



degradation pose a real, immediate, and growing threat to human health and the climate and ecological emergency is a health emergency. As a result, in February 2021 the Trust became the first London hospital to declare a Climate and Health Emergency (CHE). A sustainability framework has been established to manage and monitor delivery of 10 programmes of work, Further information is available on page 45.

## 5. Review of economy, efficiency and effectiveness of the use of resources

The Board has agreed standing orders and standing financial instructions which provide the framework for ensuring appropriate authorisation of expenditure in the Trust. The Board's processes for managing its resources include approval of annual budgets for both revenue and capital, reviewing financial performance against these budgets, and assessing the results of the Trust's cost improvement programme on a monthly basis. The Trust also has a prescribed process for the development of business cases for both capital and revenue expenditure and, where significant, these are reviewed by the Trust Board.

The Trust's performance management framework is aligned to the directorate management structure. The Finance and Investment Committee reviews the operational, productivity and financial performance and use of resources both at Trust and directorate level (see page 104). More details of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the performance report (see page 17).

The Trust's external auditors are required to consider Value for Money (under the revised Code of Audit Practice) and whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The report from the external auditors can be found on page 131.

## 6. Information governance

Our Information Governance (IG) Framework ensures compliance with the principles relating to the processing of personal data. We continue to work to enhance the framework and our approach to IG through:

- Ensuring that we have embedded throughout the Trust a 'data protection by design and default' approach.
- Maintaining the documentation of processing activities, including the lawful basis for processing personal data.
- Ensuring the appropriate security measures, such as our commitment to meeting the standards of the Data Security and Protection Toolkit (DSPT).

The updated IG Framework aims to support our future strategy to protect data as an asset and provide a balanced and proportionate approach to risk, placing the child first and always.

Risks to data processing are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the Information Governance Steering Group, in turn providing assurance to the Trust's Audit Committee.

During 2021/22, the Trust compiled its submission for the DSPT. This annual submission demonstrates GOSH's position against the legal requirements, providing assurance that we are practicing good data security and our personal information is handled correctly. This was due for submission 31 March 2021. However, NHSX recognised that it was difficult for many organisations to fully complete the Toolkit without impacting on their COVID-19 response. The final deadline for the 2020/21 Toolkit submission

was 30 June 2021. Initially, the Trust did not achieve all standards under the DSPT 2020/21 and presented an action plan to close all gaps. The Trust closed all outstanding actions and was informed by NHSX that it was compliant in full against the standards. The final deadline for submission for the 2021/22 DSPT is 30 June 2022 and the Trust is actively seeking assurance against all standards.

This year there have been four serious information governance incidents (classified at a reportable level using the Incident Reporting Tool within the DSPT). Details are as follows:

- Personal data shared with the wrong individual: a clinic letter containing confidential information was sent to the incorrect email address. This was recalled but there was no confirmation if the recall was successful. The Local Authority were informed due to safeguarding concerns.
- Personal data shared with the wrong individual: the address and telephone number was shared without consent during an outpatients appointment. The individual informed the Police due to safeguarding concerns.
- Personal data shared with the wrong individual: a clinic letter containing personal information was shared with a patient's nursery. Parts of the information should have been redacted.
- Patient Record System Flagging System: there have been three incidents where confidential information has been shared across platforms including MYGOSH, which is viewable to family members, without consent and with potential safeguarding concerns.

All of these incidents were reported to the Information Commissioner's Office (ICO) and NHSX as Serious Reportable Incidents with an internal root cause and analyses completed and shared. The Trust has not been informed of any enforcement action for these incidents. However, the ICO did recommend that the Trust should implement measures identified through our investigations to prevent reoccurrence. The ICO also provided its own recommendations, and these have been taken forward.

## 7. Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust, who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, QSEAC, PEAC and Risk Assurance and Compliance Group and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by:

- Monitoring of the BAF risks by the Risk Assurance and Compliance Group that I chair. The group stress-tests the BAF risks on a rotational basis to check that the data available supports the robustness of the controls and validity of the assurances that are cited.
- Reviews of the strategic risks facing the Trust by the Board assurance committees. This includes deep dives into each BAF risk on a rotational basis every year, with committee members

scrutinising the effectiveness of controls and seeking assurances that any gaps in controls will be closed in a timely manner.

- Internal audit reports providing evidence that controls are in place and effective in mitigating risk.
- The Trust clinical audit programme.
- Reviews of compliance with CQC standards and other regulatory bodies (see above for explanation of the work programme in place).
- Consideration of performance against national targets (see above on waiting list data for example).
- The assessment against the Data Security and Protection Toolkit (see above for further information).
- Health and safety reviews.
- Relevant reviews by external bodies.
- Horizon scanning for risks and learning from reviews in the wider NHS.
- Results of the assessment of compliance with the NHSI Code of Governance for NHS foundation trusts (which are set out on page 89).

The Head of Internal Audit Opinion is one of *'significant assurance with minor improvement opportunities'*. The instances where the assurance was not sufficient, or controls were not adequate when subject to routine audits during 2021/22 are outlined below (all reports below were rated 'partial assurance with improvements required'). Plans are in place to implement necessary actions. The Risk Assurance and Compliance Group monitors progress with these actions at every meeting and reports this to the relevant Board assurance committee where further scrutiny takes place:

- **Sustainability:** The auditors reviewed the Trust's response to the Climate and Health Emergency Declaration and its goal of reaching the associated Net Zero carbon targets that have been committed to. They identified one high priority finding related to the need for a baseline assessment of greenhouse gas emissions and environmental performance.
- **Quality Governance:** The auditors reviewed the Trust's quality strategy and assessed how this has been monitored through the organisation. They identified four medium priority findings. At the time of the audit, it was noted that implementation of the strategy had been delayed as a result of the Trust responding to the pandemic. Action plans had not been developed and required KPIs had not been monitored or presented to the relevant committees.

#### Assurance of core systems and controls

The governance section in this report explains how the Trust is governed and provides details of its Board committee structure, the frequency of meetings of the Board and its committees, attendance records at these meetings and the coverage of the work carried out by committees. For further details see page 54

During the year, the Board and its assurance committees reviewed the risks and assurance available in relation to the following key operational risks:

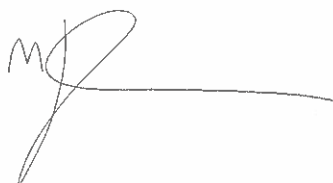
- Business continuity in relation to COVID-19: In response to COVID-19, the Trust put in place a system of gold, silver and

bronze emergency planning meetings to manage the hospital. The Audit Committee retained responsibility for seeking assurance of the robustness of the emergency planning framework at GOSH throughout the year.

- In response to plans to implement Vaccination as a Condition of Deployment (VCOD), the People and Education Assurance Committee sought assurance of the safeguards in place to reduce the risk of interruption to delivery of services and support staff.
- Medicines management: The Executive Management team retained a dedicated focus on delivery of the pharmacy transformational plan and the leadership of the team, with regular reporting to the Risk Assurance and Compliance Group and the QSEAC.
- Data protection and data quality: The Audit Committee scrutinised compliance with GDPR and the programme of work in place to improve the quality of data throughout the year, reporting assurances and gaps to the Board (see above on data quality).
- Redevelopment of the site: During the year, the Board and the Finance and Investment Committee actively considered and balanced the risks involved in redeveloping the Frontage Building of the hospital into a Children's Cancer Centre.
- Estate compliance: The Board agreed to add a new risk to the Board Assurance Framework on compliance of maintenance and general management of the estate.
- Level of international and private practice debt: Throughout the year the Audit Committee scrutinised the mitigations in place to secure payment from authorities for outstanding debt. The committee retained a focus on the impact from the realisation of the risk of International and Private Care services not being delivered as a result of the COVID-19 pandemic.
- Cyber security: With the increase in the level of threat faced by NHS organisations to the security of their data, the Audit Committee sought assurance throughout the year of the controls in place to secure GOSH systems and enhance the cyber maturity of the organisation.

## 8. Conclusion

My review confirms that GOSH has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. There were no significant internal control issues identified in 2021/22 and I am confident the gaps in internal controls and matters where assurances can be improved (as set out above), are being actively addressed.



**Matthew Shaw**  
Chief Executive

17 June 2022

# Independent auditor's report 2021/22

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## Independent auditor's certificate of completion of the audit

### Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2022 issued on 17 June 2022 we reported that, in our opinion, the financial statements:

- Gave a true and fair view of the state of the foundation trust's affairs as at 31 March 2022 and of its income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

### Foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

As part of our audit, we are required to report to you if we are not able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

As at the date of issue of our audit report for the year ended 31 March 2022 on 17 June 2022, we had not completed our work on the foundation trust's arrangements, and had nothing to report in respect of this matter as at that date.

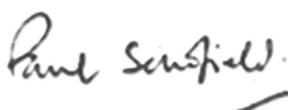
### Certificate of completion of the audit

In our audit report for the year ended 31 March 2022 issued on 17 June 2022, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources and our reporting to National Audit Office. We have now completed our work in these areas.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion [r on our exception reporting on the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We certify that we have completed the audit of Great Ormond Street Hospital for Children NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



### Paul Schofield (Key Audit Partner)

For and on behalf of Deloitte LLP  
Appointed Auditor  
London, United Kingdom

5 July 2022

# Independent auditor's report to the Board of Governors and Board of Directors of Great Ormond Street Hospital for Children NHS Foundation Trust

## Report on the audit of the financial statements

### Opinion

In our opinion the financial statements of Great Ormond Street Hospital for Children NHS Foundation Trust (the 'foundation trust'):

- Give a true and fair view of the state of the foundation trust's affairs as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- The statement of comprehensive income;
- the statement of financial position;
- the statement of changes in taxpayers' equity;
- the statement of cash flow; and
- the related notes 1 to 26.

We have also audited the information in the Remuneration Report and Staff Report that is subject to audit, being:

- The table of salary entitlements of senior managers and related narrative notes;
- the table of pension entitlements of senior managers and related narrative notes;
- the table of fair pay disclosures and related narrative notes; and
- the table of staff exit packages included within note 8.4 of the financial statements.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the foundation trust is adopted in consideration of the requirements set out in the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

## Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## Responsibilities of accounting officer

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust's services to another public sector entity.

## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the foundation trust and its control environment, and reviewed the foundation trust's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management and local counter fraud about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the foundation trust operates in, and identified the key laws and regulations that:

- Had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- Do not have a direct effect on the financial statements but compliance with which may be fundamental to the foundation trust's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists such as valuations, IT and industry specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following areas, and our specific procedures performed to address it are described below:

- Determination of whether an expenditure is capital in nature at 31 March 2022; we tested the design and implementation of controls around the capitalisation of costs and we tested the expenditure on a sample basis to assess whether they meet the relevant accounting requirements to be recognised as capital in nature.
- Determination of which assets under construction are completed and brought into use: we tested the design and implementation of controls around the transfer of assets under construction into use and we have tested the assets under construction in terms of the status of individual projects to ensure depreciation is charged from the correct date, where relevant.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- Reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements.
- Performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- Enquiring of management and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations.
- Enquiring of the local counter fraud specialist and review of local counter fraud reports produced.
- Reading minutes of meetings of those charged with governance and reviewing internal audit reports.

## **Report on other legal and regulatory requirements**

### **Opinions on other matters prescribed by the National Health Service Act 2006**

In our opinion:

- The parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which we are required to report by exception**

#### **Use of resources**

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Our work in respect of the foundation trust's arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the foundation trust's arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor's Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

### **Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources**

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in December 2021, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

#### **Annual Governance Statement and compilation of financial statements**

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- The Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

#### **Reports in the public interest or to the regulator**

Under the Code of Audit Practice, we are also required to report to you if:

- Any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.
- Any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

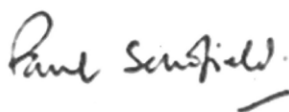
We have nothing to report in respect of these matters.

#### **Delay in certification of completion of the audit**

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report and our final reporting to the National Audit Office. We are satisfied that our remaining work in these areas is unlikely to have a material impact on the financial statements or on our value for money conclusion.

#### **Use of our report**

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Great Ormond Street Hospital for Children NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



#### **Paul Schofield (Key Audit Partner)**

For and on behalf of Deloitte LLP  
Appointed Auditor  
London, United Kingdom

17 June 2022







# Accounts

# Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust

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The National Health Service Act 2006 states that the chief executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Great Ormond Street Hospital for Children NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Great Ormond Street Hospital for Children NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

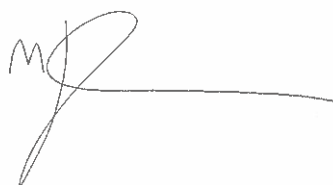
- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed



**Matthew Shaw**  
Chief Executive

17 June 2022

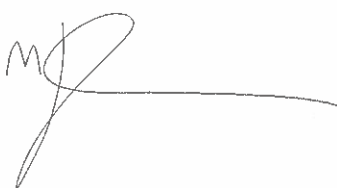
## Foreword to the accounts

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Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012.

These accounts for the year ended 31 March 2022 have been prepared by Great Ormond Street Hospital for Children NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form which NHS Improvement, with the approval of the Treasury, has directed.

Signed



**Matthew Shaw**  
Chief Executive

17 June 2022

## Statement of comprehensive income for the year ended 31 March 2022

	NOTE	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
Operating income from patient care activities	2	512,630	470,574
Other operating income	3.1	68,613	108,568
Operating expenses	4	(591,140)	(566,122)
<b>Operating (deficit)/surplus</b>		<b>(9,897)</b>	13,020
Finance costs:			
Finance income	9	125	0
Finance expenses	10	(41)	25
PDC dividend expense		(6,772)	(6,749)
<b>Net finance costs</b>		<b>(6,688)</b>	(6,724)
(Losses)/Gains on disposal of assets		(714)	34
<b>(Deficit)/surplus for the year</b>		<b>(17,299)</b>	6,330
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
- Impairments	7	(265)	(6,017)
- Revaluations - property, plant, equipment and intangible assets	21	24,086	0
- Fair value losses on equity instruments designated at fair value through OCI	13	(4)	0
<b>Total comprehensive income for the year</b>		<b>6,518</b>	313

The notes on pages 143 to 170 form part of these accounts.

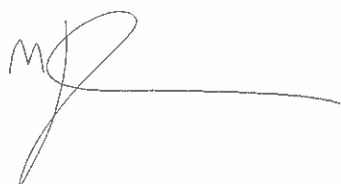
All income and expenditure is derived from continuing operations.

The Trust has no minority interest.

## Statement of financial position as at 31 March 2022

	NOTE	31 March 2022 £000	31 March 2021 £000
<b>Non-current assets</b>			
Intangible assets	11	31,989	35,420
Property, plant and equipment	12	507,309	489,139
Other investments / financial assets	13	161	0
Trade and other receivables	16	6,941	8,189
<b>Total non-current assets</b>		<b>546,400</b>	<b>532,748</b>
<b>Current assets</b>			
Inventories	15	11,712	11,750
Trade and other receivables	16	50,506	53,981
Cash and cash equivalents	17	123,671	126,187
<b>Total current assets</b>		<b>185,889</b>	<b>191,918</b>
<b>Total assets</b>		<b>732,289</b>	<b>724,666</b>
<b>Current liabilities</b>			
Trade and other payables	18	(97,446)	(98,462)
Provisions	20	(370)	(519)
Other liabilities	19	(6,811)	(4,985)
<b>Net current assets</b>		<b>81,262</b>	<b>87,952</b>
<b>Total assets less current liabilities</b>		<b>627,662</b>	<b>620,700</b>
<b>Non-current liabilities</b>			
Provisions	20	(2,440)	(3,000)
Other liabilities	19	(2,927)	(3,449)
<b>Total assets employed</b>		<b>622,295</b>	<b>614,251</b>
<b>Financed by taxpayers' equity:</b>			
Public dividend capital		133,468	131,942
Income and expenditure reserve		345,228	362,527
Financial assets reserve		(4)	0
Revaluation reserve		143,603	119,782
<b>Total taxpayers' equity</b>		<b>622,295</b>	<b>614,251</b>

The financial statements on pages 139 to 170 were approved by the Board and authorised for issue on 17 June 2022 and signed on its behalf by **Matthew Shaw**, Chief Executive.



**Matthew Shaw**  
Chief Executive

17 June 2022

## Statement of changes in taxpayers' equity for the year ended 31 March 2022

	NOTE	Public Dividend Capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Financial assets reserves £000	Total £000
<b>Balance at 1 April 2021</b>		131,942	119,782	362,527	0	<b>614,251</b>
<b>Changes in taxpayers' equity for the year ended 31 March 2022</b>						
- Surplus for the year	SOCI	0	0	(17,299)	0	<b>(17,299)</b>
- Fair value gains/(losses) on equity instruments designated at fair value through OCI	13	0	0	0	(4)	<b>(4)</b>
- Net impairments	21	0	(265)	0	0	<b>(265)</b>
- Revaluations - property, plant and equipment	21	0	24,086	0	0	<b>24,086</b>
- Public Dividend Capital received		1,526	0	0	0	<b>1,526</b>
<b>Balance at 31 March 2022</b>		<b>133,468</b>	<b>143,603</b>	<b>345,228</b>	<b>(4)</b>	<b>622,295</b>

## Statement of changes in taxpayers' equity for the year ended 31 March 2021

		Public Dividend Capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Financial assets reserves £000	Total £000
<b>Balance at 1 April 2020</b>		129,321	125,799	356,197	0	611,317
<b>Changes in taxpayers' equity for the year ended 31 March 2021</b>						
- Surplus for the year		0	0	6,330	0	<b>6,330</b>
- Net Impairments		0	(6,017)	0	0	<b>(6,017)</b>
- Public Dividend Capital received		2,621	0	0	0	<b>2,621</b>
<b>Balance at 31 March 2021</b>		<b>131,942</b>	<b>119,782</b>	<b>362,527</b>	<b>0</b>	<b>614,251</b>

### Public Dividend Reserve

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

### Revaluation Reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

### Income and Expenditure Reserve

The balance on the Income and Expenditure reserve is the accumulated surpluses and deficits of the Trust

### Financial Assets Reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

## Statement of cash flows for the year ended 31 March 2022

		Year ended 31 March 2022	Year ended 31 March 2021
	NOTE	£000	£000
<b>Cash flows from operating activities</b>			
<b>Operating (deficit)/surplus</b>		<b>(9,897)</b>	13,020
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	4	<b>28,358</b>	24,950
Net Impairments	7	<b>6,221</b>	1,194
Income recognised in respect of capital donations (cash and non-cash)	3.1	<b>(8,051)</b>	(9,060)
Decrease in trade and other receivables		<b>4,514</b>	42,457
Decrease/(increase) in inventories		<b>38</b>	(606)
(Decrease)/increase in trade and other payables		<b>(3,610)</b>	10,543
Increase/(decrease) in other liabilities		<b>1,304</b>	(2,905)
(Decrease)/increase in provisions		<b>(750)</b>	650
<b>NET CASH GENERATED FROM OPERATIONS</b>		<b>18,127</b>	80,243
<b>Cash flows from investing activities</b>			
Interest received		<b>125</b>	0
Purchase of financial assets		<b>(165)</b>	0
Purchase of property, plant and equipment		<b>(22,525)</b>	(26,716)
Purchase of intangible assets		<b>(1,584)</b>	(616)
Sales of property, plant and equipment		<b>24</b>	38
Receipt of cash donations to purchase capital assets		<b>8,052</b>	16,333
Net cash outflow from investing activities		<b>(16,073)</b>	(10,961)
<b>NET CASH INFLOW BEFORE FINANCING</b>		<b>2,054</b>	69,282
<b>Cash flows from financing</b>			
Public Dividend Capital received		<b>1,526</b>	2,621
PDC dividend paid		<b>(6,096)</b>	(7,030)
<b>Net cash outflow from financing</b>		<b>(4,570)</b>	(4,409)
<b>NET (DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS</b>		<b>(2,516)</b>	64,873
<b>Cash and cash equivalents at start of the year</b>		<b>126,187</b>	61,314
<b>Cash and cash equivalents at end of the year</b>	17	<b>123,671</b>	126,187

# Notes to the accounts

## 1. Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

### 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

### 1.3 Segmental reporting

Under IFRS 8 Operating Segments, the standard allows aggregation of segments that have similar economic characteristics and types and class of customer.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker, which is the overall Foundation Trust Board and which includes senior professional non-executive directors. The Trust Board review the financial position of the Foundation Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process implies a single operating segment under IFRS 8.

In addition, the large majority of the Foundation Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust, together with the related supplies and overheads needed to establish this service. The business activities which earn revenue

and incur expenses are therefore of one broad combined nature and therefore on this basis one segment of "provision of acute care" is deemed appropriate.

Therefore, all the Foundation Trust's activities relate to a single operating segment in respect of the provision of acute care.

### 1.4 Critical accounting judgments and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

### 1.5 Critical judgments in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

a) As described in note 1.10, the Trust's plant and equipment is valued at depreciated replacement cost; the valuation being assessed by the Trust taking into account the movement of indices that the Trust has deemed to be appropriate. The Trust is required to review property, plant and equipment for impairment. In between formal valuations by qualified surveyors, management make judgments about the condition of assets and review their estimated lives.

b) Management use their judgment to decide when to write off revenue or to provide against the probability of not being able to collect debt especially in light of the changing healthcare commissioning environment. Judgment is also used to decide whether to write off or provide against International Private Patient and overseas debt.

c) a provision is recognised when The Trust has a legal or constructive obligation as a result of a past event and it is probable that an outflow of economic benefits will be required to settle the obligation. In addition to widely used estimation techniques, judgment is required when determining the probable outflow of economic benefits.

### 1.6 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period not already included in note 1.5 above, that have

a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- a) The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements as an accrual. As the calculation involves a large number of staff, sampling techniques are used to collate the results for the entire Foundation Trust.
- b) The useful economic life of each category of fixed asset is assessed when acquired by the Foundation Trust. A degree of estimation is occasionally used in assessing the useful economic lives of assets.
- c) For early retirements that took place before the NHS pension scheme was modified in 1995, a provision is made in the accounts incorporating inflation and the discount rate. Inflation is estimated at 2.5% and where the effect of the time value of money is material, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of -0.5% in real terms.
- d) When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates. The valuation is based on various assumptions subject to expert valuer review.
- e) The Trust leases a number of buildings that are owned by Great Ormond Street Hospital Children's Charity. The Trust has assessed how the risks and rewards of ownership are distributed between itself and the charity in categorising these leases as either operating or finance leases.
- f) The Trust has incurred expenditure relating to payments to a third party power supplier in order to increase the amount of power supplied to the Trust's main site. This expenditure is included in prepayments and is being amortised over the estimated period of use.

### 1.7.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### Revenue from NHS Contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

#### 2021/22

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

#### Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance obligation completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

#### NHS Injury Costs Recovery Scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

### 1.7.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at



the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

### 1.7.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income received from commissioners may be in the form of an investment in quality. Any quality investment income surplus may be used in subsequent years to supplement any major projects / capital schemes.

## 1.8 Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following year.

### Pension costs

#### NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with

updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2019, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

#### NEST Pension Scheme

Where staff are not eligible for, or choose to opt out of, the NHS Pensions Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme.

NEST is a government-backed, defined contribution pension scheme set up to make sure that every employer can easily access a workplace pension scheme.

The employer's contribution rate in 2021/22 was 3% which equated to £34k (2020/21: 3%, £34k).

## 1.9 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## 1.10 Property, Plant and Equipment

### Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Property, Plant and Equipment is also only capitalised where:

- it individually has a cost of at least £5,000; or
- it forms a group of assets that individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

### Measurement Valuation

Under IAS 16 assets should be revalued when their fair value is materially different from their carrying value. NHS Improvement requires revaluation at least once every 5 years.

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of the revaluation less any subsequent accumulated depreciation and impairment losses.

All land and buildings are revalued using professional valuations in accordance with IAS16. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

### Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value and asset life. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

### Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed during the year, with the effect of any changes recognised on a prospective basis.

Freehold land is considered to have an infinite life and is not depreciated. Property, plant and equipment that has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

### Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### Impairments

In accordance with the DHSC Group Accounting Manual impairments that are due to a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale'

and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donat Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to Income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain. ed assets

### Government grants

The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

### Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Buildings excluding dwellings	5	54
Dwellings	43	51
Plant & machinery	3	26
Information technology	3	15
Furniture & fittings	1	21

Land is assumed to have an infinite life.

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

## 1.11 Intangible assets

### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights.

They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to the Foundation Trust and for at least a year and where the cost of the asset can be measured reliably and is at least £5,000.

### Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised and expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Foundation Trust intends to complete the asset and sell or use it;

- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

### Software

Software that is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

### Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, this is interpreted as depreciated replacement cost. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

### Impairment

Intangible assets not yet available for use are tested for impairment annually at the financial year end.

### Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

### Useful lives of intangible assets

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

	Min life Years	Max life Years
<b>Intangible assets - internally generated</b>		
Development expenditure	10	10
<b>Intangible assets - purchased</b>		
Software licences	3	14
Licences & trademarks	10	10

## 1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

The Trust provides at 3% for goods with a limited shelf life.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

### 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values."

### 1.14 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO<sub>2</sub> emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO<sub>2</sub> it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO<sub>2</sub> emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO<sub>2</sub> emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation."

### 1.15 Financial assets and financial liabilities

#### Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

#### Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified and subsequently measured at amortised cost with the exception of Sensyne Health PLC Shares which is classified and subsequently measured at fair value through other comprehensive income.

#### Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable. After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability. Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

#### Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Financial assets are included in current assets. The Foundation Trust's financial assets comprise: current investments, cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.

Financial liabilities are included in current liabilities. The Foundation Trust's financial liabilities comprise: NHS and Non NHS payables, accrued expenditure and 'other payables'.

#### Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal

and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

### Impairment of financial assets

“For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).”

“HM Treasury has ruled that central government bodies may not recognise impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds’ assets where repayment is ensured by primary legislation. The Foundation Trust therefore does not recognise loss allowances for impairments against these bodies. Additionally, the Department of Health provides a guarantee of last resort against the debts of its arm’s length bodies and NHS bodies (excluding NHS charities), and the Foundation Trust does not recognise loss allowances for impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset’s gross carrying amount and the present value of estimated future cash flows discounted at the financial asset’s original effective interest rate. Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.”

### De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

## 1.16 Leases

### Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding

liability and is charged to Finance Costs in the Statement of Comprehensive Income.

The following is the methodology used for the re-classification of operating leases as finance leases:

Finance leases in which the Trust acts as lessee:

- the finance charge is allocated across the lease term on a straight line basis.
- the capital cost is capitalised using a straight line basis of depreciation.
- the lease rental expenditure that would otherwise have been charged to expenditure under an operating lease is removed from expenditure on a straight line basis.

### Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

### Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

## 1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury’s discount rates effective for 31 March:

		Nominal rate	
		31 March 2022	31 March 2021
Short-term	Up to 5 years	0.47%	0.01%
Medium-term	After 5 years up to 10 years	0.70%	0.55%
Long-term	Exceeding 10 years	0.95%	1.99%

Early retirement provisions and injury benefit provisions both use the HM Treasury’s pension discount rate of minus 1.30% in real terms (prior year minus 0.95%).

### Clinical Negligence Costs

The NHS Resolution (NHSR) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSR, which, in return, settles all clinical negligence claims. Although the NHSR is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHSR on behalf of the Foundation Trust is disclosed at note 20

### Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual

contribution to the NHSR and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

## 1.18 Public Dividend Capital

"Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

## 1.19 Value Added Tax

"Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.20 Corporation Tax

Great Ormond Street Hospital for Children NHS Foundation Trust has determined that it has no corporation tax liability as the Trust has no private income from non-operational areas.

## 1.21 Foreign exchange

The functional and presentational currencies of the Foundation Trust are sterling.

A transaction that is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Foundation Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;

- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and

- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

## 1.22 Cash, bank and overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the Foundation Trust's cash book.

## 1.23 Heritage Assets

Heritage assets (under FRS 30 and as required by the FT ARM) are tangible assets with historical, artistic, scientific, technological, geographical or environmental qualities, held principally for their contribution to knowledge or culture. The Foundation Trust holds no such assets as all assets are held for operational purposes - this includes a number of artworks on display in the hospital.

## 1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

## 1.25 Charitable Funds

From 2013/14, the divergence from the FReM that NHS Charitable Funds are not consolidated with bodies' own returns was removed. Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns. The funds of Great Ormond Street Hospital for Children's Charity are not under the control of the Foundation Trust and have not, therefore, been consolidated in these accounts.

## 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

### IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised

in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

### IFRS 16 Leases

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short-term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
<b>Estimated impact on 1 April 2022 statement of financial position</b>	
Additional right of use assets recognised for existing operating leases	84,714
Additional lease obligations recognised for existing operating leases	(27,163)
<b>Net impact on net assets on 1 April 2022</b>	<b>57,551</b>
<b>Estimated in-year impact in 2022/23</b>	
Additional depreciation on right of use assets	(5,945)
Additional finance costs on lease liabilities	(234)
Lease rentals no longer charged to operating expenditure	2,531
<b>Estimated impact on surplus / deficit in 2022/23</b>	<b>(3,648)</b>
<b>Estimated increase in capital additions for new leases commencing in 2022/23</b>	<b>540</b>

## 1.27 Additional Reporting Measures

The financial performance of NHS providers is measured using operating surplus/(deficit) prior to capital donations, gains on disposals, donated inventory, depreciation in respect of donated assets and impairments.

	2021/22	2020/21
Retained (deficit)/surplus for the year	<b>(17,299)</b>	6,330
Adjustments in respect of:		
Capital donations	<b>(8,051)</b>	(9,060)
Depreciation on donated assets	<b>16,694</b>	15,038
Gains on disposal of fixed assets	<b>(24)</b>	(37)
Donated consumables	<b>483</b>	(607)
Impairments	<b>3,803</b>	1,194
Adjusted retained (deficit)/surplus	<b>(4,394)</b>	12,858

## 2. Revenue from patient care activities

### 2.1 Analysis of revenue from patient care activities

	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000
<b>Acute Services</b>		
Block contract / system envelope income*	417,511	394,964
High cost drugs income from commissioners	23,956	12,569
Other NHS clinical income	1,566	373
<b>Mental Health Services</b>		
Block contract / system envelope income	5,089	4,916
Other clinical income from mandatory services	118	90
<b>Other Services</b>		
Private patient income	24,913	37,402
Elective recovery fund	18,524	0
Additional pension contribution central funding**	13,554	12,365
Other clinical income	7,399	7,895
<b>Total income from patient care activities</b>	<b>512,630</b>	<b>470,574</b>

\*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework that has continued in 2021/22 built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes.

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. From 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

The Trust's Provider Licence sets out the Commissioner Requested Services that the Trust is required to provide. All of the income from activities before private patient income and other non-protected clinical income shown above is derived from the provision of Commissioner Requested Services.

### 2.2 Analysis of revenue from patient care activities by source

	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000
NHS England	412,494	391,601
Clinical commissioning groups	65,158	36,157
NHS Foundation Trusts	1,305	0
NHS Trusts	225	271
Local Authorities	118	90
Non-NHS:		
Private patients	24,913	37,402
Overseas patients (non-reciprocal)	213	148
Injury costs recovery	36	102
Other	8,168	4,803
<b>Total revenue from patient care activities</b>	<b>512,630</b>	<b>470,574</b>

All of the Trust's activities relate to a single operating segment in respect of the provision of acute healthcare services.



## 2.3 Overseas visitors

	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000
Income recognised in-year	213	148
Cash payments received in-year	223	160
Amounts added to provision for impairment of receivables	125	(111)
Amounts written off in-year	66	0

## 3.1 Other operating income

	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000
<b>Other operating income recognised in accordance with IFRS 15</b>		
Research and development (IFRS 15)	5,773	6,592
Education and training	9,806	8,906
Non-patient care services to other bodies	2,881	2,029
Reimbursement and top up funding*	0	46,444
Clinical tests	4,577	4,140
Clinical excellence awards	1,834	787
Catering	1,089	898
Crèche services	454	354
Staff accommodation rentals	87	41
Other revenue	3,614	2,395
	<b>30,115</b>	<b>72,586</b>

\*In 2020/21, the Trust received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. This is not relevant for the current financial year.

### Other operating income recognised in accordance with other standards

Research and development (non-IFRS 15)	18,435	17,792
Education and training - notional income from apprenticeship fund	626	474
Charitable contributions in respect of capital expenditure	8,051	9,060
Charitable contributions to expenditure	10,610	5,247
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	703	3,409
Other revenue	73	0
	<b>38,498</b>	<b>35,982</b>
<b>Total other operating income</b>	<b>68,613</b>	<b>108,568</b>
<b>of which</b>		
Related to continuing operations	68,613	108,568

## 4. Operating expenses

	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000
Services from other NHS bodies	5,889	4,056
Purchase of healthcare from non-NHS bodies	5,284	5,143
Staff and executive directors costs	330,245	308,182
Non-executive directors' costs*	142	140
Supplies and services - clinical - drugs	91,526	90,546
Supplies and services - clinical - other	41,558	36,283
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	1,186	2,798
Supplies and services - general	5,778	4,812
Establishment	4,155	3,624
Research and development - staff costs	17,695	18,498
Research and development - non-staff	1,111	1,992
Education and training - staff costs	3,737	2,737
Education and training - non-staff	1,957	1,781
Education and training - notional expenditure funded from apprenticeship fund	626	474
Transport - business travel	707	323
Transport - other	3,987	3,573
Premises - business rates payable to local authorities	4,281	5,133
Premises - other	28,197	35,474
Operating lease rentals	3,059	2,797
Movement in credit loss allowance: contract receivables/assets	(4,754)	(239)
Movement in credit loss allowance: all other receivables & investments	71	(42)
Change in provisions discount rate	16	(26)
Inventories write down	402	418
Inventories written down (consumables donated from DHSC group bodies for COVID response)	0	4
Depreciation	23,536	21,760
Amortisation of intangible assets	4,822	3,190
Impairment of property, plant and equipment	6,221	1,194
Audit services - statutory audit	127	136
Clinical negligence insurance	6,785	7,088
Redundancy costs	0	397
Consultancy costs	346	337
Legal fees	893	927
Internal audit costs	129	103
Losses and special payments	1	1
Other	1,425	2,508
	<b>591,140</b>	<b>566,122</b>

\* Details of non-executive directors' remuneration can be found in the Remuneration Report on page 72.

## 5. Operating leases

### 5.1 As lessee

#### Payments recognised as an expense

	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
Minimum lease payments	<u>3,059</u>	<u>2,797</u>

	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
<b>Total future minimum lease payments</b>		
<b>On building leases:</b>	<b>£000</b>	<b>£000</b>
Payable:		
Not later than one year	<b>2,377</b>	2,612
Between one and five years	<b>11,075</b>	12,281
After 5 years	<b>15,638</b>	17,056
Total	<u><b>29,090</b></u>	<u>31,949</u>

	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
<b>Total future minimum lease payments</b>		
<b>On other leases:</b>	<b>£000</b>	<b>£000</b>
Payable:		
Not later than one year	<b>660</b>	0
Between one and five years	<b>1,959</b>	0
After 5 years	<b>0</b>	0
Total	<u><b>2,619</b></u>	<u>0</u>

## 6. Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial year ended 31 March 2022.

## 7. Impairment of Assets

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus resulting from:		
Loss or damage from normal operations	<b>3,803</b>	0
Changes in market price	<b>2,418</b>	1,194
Total net impairments charged to operating surplus	<u><b>6,221</b></u>	<u>1,194</u>
Impairments charged to the revaluation reserve	<b>265</b>	6,017
Total net impairments	<u><b>6,486</b></u>	<u>7,211</u>

## 8. Employee costs and numbers

### 8.1 Employee costs

	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000
Salaries and wages	276,679	262,622
Social security costs	29,015	26,365
Apprenticeship levy	1,292	1,176
Pension cost - defined contribution plans employer's contributions to NHS pensions	31,098	28,324
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	13,554	12,365
Pension costs - other	63	74
Temporary staff - agency/contract staff	4,154	3,781
Termination benefits	0	397
<b>Total gross staff costs</b>	<b>355,855</b>	<b>335,104</b>
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	(2,240)	(1,716)
Recoveries from other bodies in respect of staff costs netted off expenditure	(260)	(899)
<b>Total staff costs</b>	<b>353,355</b>	<b>332,489</b>
<b>Included within:</b>		
Costs capitalised as part of assets	1,678	2,675
Analysed into operating expenditure		
Employee expenses - staff and executive directors	330,245	308,182
Research and development	17,695	18,498
Education and training	3,737	2,737
Redundancy	0	397
<b>Total employee benefits excluding capital costs</b>	<b>351,677</b>	<b>329,814</b>

### 8.2 Average number of people employed\*

	Year ended 31 March 2022	Year ended 31 March 2021
	Total Number	Total Number
Medical and dental	780	765
Administration and estates	1,621	1,388
Healthcare assistants and other support staff	323	327
Nursing, midwifery and health visiting staff	1,624	1,601
Scientific, therapeutic and technical staff	1,049	994
Other staff	15	13
<b>Total average numbers</b>	<b>5,412</b>	<b>5,088</b>
<b>of which:</b>		
Number of employees (WTE) engaged on capital projects	21	41

\*Whole Time Equivalent

### 8.3 Retirements due to ill-health

During the year there was one early retirement from the Trust on the grounds of ill-health resulting in additional pension liabilities of £317k. (There were one early retirements in 2020/21 (£45k)).

### 8.4 Staff exit packages

Foundation Trusts are required to disclose summary information of their use of staff exit packages agreed in the year.

Exit packages number and cost	Number of Compulsory redundancies		Cost of compulsory redundancies		Year to 31 March 2022		Total number of exit packages	Total cost of exit packages
	Number	£000	Number	£000	Number of other departures agreed	Cost of other departures agreed		
<£10,000	0	0	6	32	6	32	6	32
£10,000 - £25,000	0	0	1	24	1	24	1	24
£25,001 - £50,000	0	0	1	30	1	30	1	30
£50,001 - £100,000	0	0	1	53	1	53	1	53
<b>Total</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>139</b>	<b>9</b>	<b>139</b>	<b>9</b>	<b>139</b>

Exit packages number and cost	Number of Compulsory redundancies		Cost of compulsory redundancies		Year to 31 March 2021		Total number of exit packages	Total cost of exit packages
	Number	£000	Number	£000	Number of other departures agreed	Cost of other departures agreed		
<£10,000	2	19	2	9	4	28	4	28
£10,000 - £25,000	3	47	0	0	3	47	3	47
£25,001 - £50,000	2	75	0	0	2	75	2	75
£50,001 - £100,000	2	151	0	0	2	151	2	151
£100,001 - £150,000	1	105	0	0	1	105	1	105
<b>Total</b>	<b>10</b>	<b>397</b>	<b>2</b>	<b>9</b>	<b>12</b>	<b>406</b>	<b>12</b>	<b>406</b>

Any exit packages in relation to senior managers (should they arise) are not included in this note as these would be disclosed in the remuneration report.

The cost of ill-health retirements falls on the relevant pension scheme, not the Trust, and is included in note 8.3.

### 8.5 Exit packages: other (non-compulsory) departure payment

	Payments agreed		Total value of agreements	
	2021/22		2020/21	
	No.	£000	No.	£000
Contractual payments in lieu of notice	8	86	2	9
Exit payments following employment tribunals or court orders	1	53	0	0
<b>Total</b>	<b>9</b>	<b>139</b>	<b>2</b>	<b>9</b>

## 9. Finance Income

	<b>Year ended 31 March 2022</b>	Year ended 31 March 2021
	£000	£000
Bank interest	<b>125</b>	0
Total finance income	<b>125</b>	0

## 10. Finance Expenses

	<b>Year ended 31 March 2022</b>	Year ended 31 March 2021
	£000	£000
Interest on late payment of commercial debt	0	0
Total interest expense	<b>0</b>	<b>0</b>
Provisions - unwinding of discount	41	(25)
Other finance costs	0	0
Total finance expenses	<b>41</b>	<b>(25)</b>

## 11. Intangible assets

### 11.1 Intangible assets

	Software licences	Licences and trademarks	IT (internally generated and 3rd party)	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
<b>Gross cost at 1 April 2021</b>	42,019	388	0	1,043	110	<b>43,560</b>
Additions - purchased	499	0	0	0	67	<b>566</b>
Additions - assets purchased from cash donations	10	0	0	0	0	<b>10</b>
Reclassifications	1,413	0	0	0	(67)	<b>1,346</b>
Disposals	(5,412)	(35)	0	(897)	0	<b>(6,344)</b>
<b>Valuation/Gross cost at 31 March 2022</b>	<b>38,529</b>	<b>353</b>	<b>0</b>	<b>146</b>	<b>110</b>	<b>39,138</b>
Amortisation at 1 April 2021	6,917	209	0	1,014	0	<b>8,140</b>
Provided during the year	4,786	23	0	13	0	<b>4,822</b>
Disposals	(4,881)	(35)	0	(897)	0	<b>(5,813)</b>
<b>Amortisation at 31 March 2022</b>	<b>6,822</b>	<b>197</b>	<b>0</b>	<b>130</b>	<b>0</b>	<b>7,149</b>
<b>Net book value</b>						
<b>NBV total at 31 March 2022</b>	<b>31,707</b>	<b>156</b>	<b>0</b>	<b>16</b>	<b>110</b>	<b>31,989</b>

All intangible assets are held at cost less accumulated amortisation based on estimated useful economic lives.

	Software licences	Licences and trademarks	IT (internally generated and 3rd party)	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
<b>Gross cost at 1 April 2020</b>	17,748	623	67	4,790	30,417	53,645
Additions - purchased	402	0	0	0	55	457
Reclassifications	30,320	0	0	0	(30,362)	(42)
Disposals	(6,451)	(235)	(67)	(3,747)	0	(10,500)
<b>Valuation/Gross cost at 31 March 2021</b>	<b>42,019</b>	<b>388</b>	<b>0</b>	<b>1,043</b>	<b>110</b>	<b>43,560</b>
<b>Amortisation at 1 April 2020</b>	10,214	421	67	4,748	0	15,450
Provided during the year	3,154	23	0	13	0	3,190
Disposals	(6,451)	(235)	(67)	(3,747)	0	(10,500)
<b>Amortisation at 31 March 2021</b>	<b>6,917</b>	<b>209</b>	<b>0</b>	<b>1,014</b>	<b>0</b>	<b>8,140</b>
<b>Net book value</b>						
<b>NBV total at 31 March 2021</b>	<b>35,102</b>	<b>179</b>	<b>0</b>	<b>29</b>	<b>110</b>	<b>35,420</b>

## 12. Property, plant and equipment

### 12.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2021</b>	78,820	315,778	10,127	36,702	90,305	25,718	20,167	<b>577,617</b>
Additions - purchased	0	1,465	0	12,883	1,909	1,304	57	<b>17,618</b>
Additions - assets purchased from cash donations/grants	0	820	0	4,332	2,429	90	370	<b>8,041</b>
Impairments charged to operating expenses	0	(6,221)	0	0	0	0	0	<b>(6,221)</b>
Impairments charged to the revaluation reserve	0	0	(265)	0	0	0	0	<b>(265)</b>
Revaluations	6,130	9,569	303	0	0	0	0	<b>16,002</b>
Reclassifications	0	22,345	0	(29,324)	2,487	3,025	121	<b>(1,346)</b>
Disposals/derecognition	0	(786)	0	0	(8,562)	(4,201)	(1,670)	<b>(15,219)</b>
<b>Cost or valuation at 31 March 2022</b>	<b>84,950</b>	<b>342,970</b>	<b>10,165</b>	<b>24,593</b>	<b>88,568</b>	<b>25,936</b>	<b>19,045</b>	<b>596,227</b>
<b>Accumulated depreciation at 1 April 2021</b>	0	4,095	0	0	58,035	13,415	12,933	<b>88,478</b>
Provided during the period	0	9,646	224	0	7,606	4,396	1,664	<b>23,536</b>
Revaluations	0	(7,860)	(224)	0	0	0	0	<b>(8,084)</b>
Disposals/derecognition	0	(579)	0	0	(8,562)	(4,201)	(1,670)	<b>(15,012)</b>
<b>Accumulated depreciation at 31 March 2022</b>	<b>0</b>	<b>5,302</b>	<b>0</b>	<b>0</b>	<b>57,079</b>	<b>13,610</b>	<b>12,927</b>	<b>88,918</b>
<b>Net book value at 31 March 2022</b>								
Owned - purchased	80,870	111,517	543	18,505	8,756	9,985	1,209	<b>231,385</b>
Finance leased	0	2,165	0	0	0	0	0	<b>2,165</b>
Owned - donated / granted	4,080	223,986	9,622	6,088	22,733	2,341	4,909	<b>273,759</b>
<b>NBV total at 31 March 2022</b>	<b>84,950</b>	<b>337,668</b>	<b>10,165</b>	<b>24,593</b>	<b>31,489</b>	<b>12,326</b>	<b>6,118</b>	<b>507,309</b>



	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2020</b>	74,100	333,167	10,651	29,753	100,900	41,265	20,233	<b>610,069</b>
Additions - purchased	0	1,366	0	5,040	1,739	2,695	121	<b>10,961</b>
Additions - assets purchased from cash donations	0	820	0	5,460	2,694	42	44	9,060
Impairments charged to operating expenses	0	(1,576)	0	0	0	0	0	<b>(1,576)</b>
Impairments charged to the revaluation reserve	0	(10,443)	(294)	0	0	0	0	<b>(10,737)</b>
Reversal of impairments credited to operating expenses	0	382	0	0	0	0	0	<b>382</b>
Reversal of impairments credited to revaluation reserve	4,720	0	0	0	0	0	0	<b>4,720</b>
Reclassifications	0	470	0	(3,551)	1,193	1,792	138	<b>42</b>
Revaluations	0	(8,133)	(230)	0	0	0	0	<b>(8,363)</b>
Disposals	0	(275)	0	0	(16,221)	(20,076)	(369)	<b>(36,941)</b>
<b>Cost or valuation at 31 March 2021</b>	<b>78,820</b>	<b>315,778</b>	<b>10,127</b>	<b>36,702</b>	<b>90,305</b>	<b>25,718</b>	<b>20,167</b>	<b>577,617</b>
<b>Accumulated depreciation at 1 April 2020</b>	0	3,210	0	0	67,270	29,814	11,724	<b>112,018</b>
Provided during the period	0	9,293	230	0	6,982	3,677	1,578	<b>21,760</b>
Revaluations	0	(8,133)	(230)	0	0	0	0	<b>(8,363)</b>
Disposals	0	(275)	0	0	(16,217)	(20,076)	(369)	<b>(36,937)</b>
<b>Accumulated depreciation at 31 March 2021</b>	<b>0</b>	<b>4,095</b>	<b>0</b>	<b>0</b>	<b>58,035</b>	<b>13,415</b>	<b>12,933</b>	<b>88,478</b>
<b>Net book value at 31 March 2021</b>								
Owned - purchased	75,020	112,033	830	14,697	6,898	9,074	1,563	<b>220,115</b>
Finance leased	0	3,066	0	0	0	0	0	<b>3,066</b>
Owned - donated / granted	3,800	196,584	9,297	22,005	25,372	3,229	5,671	<b>265,958</b>
<b>NBV total at 31 March 2021</b>	<b>78,820</b>	<b>311,683</b>	<b>10,127</b>	<b>36,702</b>	<b>32,270</b>	<b>12,303</b>	<b>7,234</b>	<b>489,139</b>

## 12.2 Valuation of Land and Buildings

For assets held at revalued amounts:

- \* the effective date of revaluation was 31 March 2022
- \* the valuation of land, buildings and dwellings was undertaken by Richard Ayres, a Member of the Royal Institution of Chartered Surveyors and a partner in Gerald Eve LLP; and
- \* the valuations were undertaken using a modern equivalent asset methodology.

The valuer issued this statement to the Trust on the valuation:

The freehold and leasehold property known as Great Ormond Street Hospital for Children NHS Foundation Trust was valued as at 31 March 2022 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FRM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

### Climate Change considerations in the valuation

In recognition of the need to consider the potential effect of Climate Change on the Trust's assets, the valuer has advised the Trust that their valuations do currently and will continue to consider sustainability, and environmental, social and governance (ESG) factors where applicable and reflect the risks associated with climate change as well as any other key considerations when arriving at their assessment of value. In doing so, the valuer has taken account of guidance in the RICS Valuation – Global Standards (the "Red Book") section on ESG matters, and the RICS guidance note "Sustainability and ESG in commercial property valuation and strategic advice" effective 31 January 2022.

## 12.3 Charitably Funded Capital Expenditure

Great Ormond Street Hospital Children's Charity donated £8,051k towards property, plant, equipment and intangibles expenditure during the year (2020/21, £9,060k).

The Trust has completed a number of agreements with Great Ormond Street Hospital Children's Charity in connection with amounts donated to fund capital expenditure on building work in relation to buildings used by the Trust for its core activities. The agreements provide that, in the event that there is a material change in use of these buildings, the amounts donated would be repayable based on a formula which takes account of the total value of donations received and the period for which the new building work has been in use by the Trust. There are no past events or events foreseen by the directors which would require the recognition of an obligation to the Charity as a result of these agreements.

## 13. Other investments / financial assets

### 13.1 Other investments / financial assets

	31 March 2022	31 March 2021
	£000	£000
<b>Carrying value at 1 April</b>	<b>0</b>	<b>0</b>
Acquisitions in year	165	0
Movement in fair value through OCI	(4)	0
<b>Carrying value at 31 March</b>	<b>161</b>	<b>0</b>

The Trust recognises Sensyne Health PLC shares as Fair Value through OCI. As at 31 March 2022 the Trust recognised the shares at the AIM listed valuation. The Trust has made the decision to recognise the investment as Fair Value through other comprehensive income given the equities are not held for trading and as part of a long term strategic relationship.

## 14. Commitments

### 14.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	<b>31 March 2022</b>	31 March 2021
	<b>£000</b>	£000
Property, plant and equipment	<b>5,616</b>	10,548
Intangible assets	<b>28</b>	269
<b>Total</b>	<b>5,644</b>	<b>10,817</b>

### 14.2 Other financial commitments

The Trust has entered into non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements). The payments to which the Trust is committed are as follows:

	<b>31 March 2022</b>	31 March 2021
	<b>£000</b>	£000
Not later than one year	<b>10,362</b>	9,007
Later than one year and not later than five years	<b>10,757</b>	7,381
<b>Total</b>	<b>21,119</b>	16,388

## 15. Inventories

### 15.1 Inventories

	<b>31 March 2022</b>	31 March 2021
	<b>£000</b>	£000
Drugs	<b>3,465</b>	3,461
Consumables	<b>8,088</b>	7,647
Consumables donated from DHSC group bodies	<b>124</b>	607
Energy	<b>35</b>	35
<b>Total</b>	<b>11,712</b>	11,750

The cost of inventories recognised as expenses during the year in respect of continuing operations was £121,659k (2020/21: £118,551k); of which £1,186k related to expenses relating to the utilisation of consumables donated by DHSC bodies (2020/21: £2,798k).

## 16. Trade and other receivables

### 16.1 Trade and other receivables

	Current		Non-current	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Contract receivables: invoiced	35,723	46,727	0	0
Contract receivables: not yet invoiced / non-invoiced	7,105	4,259	0	0
Capital receivables	1,516	1,517	0	0
Allowance for impaired contract receivables	(6,319)	(11,205)	0	0
Allowance for impaired other receivables	(161)	(137)	0	0
Prepayments (revenue)	5,761	5,201	6,016	6,697
PDC dividend receivable	0	208	0	0
VAT receivable	566	582	0	0
Clinician pension tax provision reimbursement funding from NHSE	21	0	925	1492
Other receivables	6,294	6,829	0	0
<b>Total</b>	<b>50,506</b>	<b>53,981</b>	<b>6,941</b>	<b>8,189</b>

### 16.2 Allowances for credit losses on receivables

	Total 2021/22	Contract receivables and contract assets	All other receivables
	£000	£000	£000
<b>Allowance for credit losses at 1 April 2021 - brought forward</b>	<b>11,342</b>	11,205	137
New allowances arising	2,326	2,237	89
Changes in the calculation of existing allowances	282	286	(4)
Reversals of allowances (where receivable is collected in-year)	(7,291)	(7,277)	(14)
Utilisation of allowances (where receivable is written off)	(179)	(132)	(47)
<b>Total allowance for credit losses at 31 March 2022</b>	<b>6,480</b>	<b>6,319</b>	<b>161</b>

### 16.3 Allowances for credit losses on receivables

	Total 2020/21	Contract receivables and contract assets	All other receivables
	£000	£000	£000
Allowance for credit losses at 1 April 2020 - brought forward	13,532	13,353	179
New allowances arising	6,181	6,156	25
Changes in the calculation of existing allowances	(293)	(236)	(57)
Reversals of allowances (where receivable is collected in-year)	(6,169)	(6,159)	(10)
Utilisation of allowances (where receivable is written off)	(1,909)	(1,909)	0
<b>Total allowance for credit losses at 31 March 2021</b>	<b>11,342</b>	<b>11,205</b>	<b>137</b>

## 17. Cash and cash equivalents

	<b>31 March 2022</b>	31 March 2021
	<b>£000</b>	£000
Balance at beginning of the year	<b>126,187</b>	61,314
Net change in year	<b>(2,516)</b>	64,873
<b>Balance at the end of the year</b>	<b>123,671</b>	126,187
<b>Made up of</b>		
Commercial banks and cash in hand	<b>12</b>	14
Cash with the Government Banking Service	<b>123,659</b>	126,173
<b>Cash and cash equivalents as in statement of financial position</b>	<b>123,671</b>	126,187
<b>Cash and cash equivalents as in statement of Cashflows</b>	<b>123,671</b>	126,187

## 18. Trade and other payables

### 18.1 Trade and other payables

	<b>Current</b>	
	<b>31 March 2022</b>	31 March 2021
	<b>£000</b>	£000
Trade payables	<b>20,869</b>	26,314
Capital payables	<b>6,864</b>	4,738
Social Security costs	<b>4,419</b>	3,682
Other taxes payable	<b>4,081</b>	3,052
Other payables	<b>13,524</b>	8,938
Accruals	<b>40,946</b>	46,161
Annual leave accrual	<b>6,275</b>	5,577
PDC dividend payable	<b>468</b>	0
<b>Total</b>	<b>97,446</b>	98,462
Of which, payable to NHS and DHSC group bodies:	11,500	18,306

## 19. Other Liabilities

	<b>Current</b>		<b>Non-current</b>	
	<b>31 March 2022</b>	31 March 2021	<b>31 March 2022</b>	31 March 2021
	<b>£000</b>	£000	<b>£000</b>	£000
Deferred income: Contract liability (IFRS 15)	<b>4,394</b>	2,909	<b>0</b>	0
Deferred income: other (non-IFRS 15)	<b>1,917</b>	1,564	<b>0</b>	0
Lease incentives	<b>500</b>	512	<b>2,927</b>	3,449
<b>Total</b>	<b>6,811</b>	4,985	<b>2,927</b>	3,449

## 20. Provisions

	Current		Non-current	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Pensions relating to other staff	111	112	570	595
Legal claims	49	43	0	0
Redundancy	13	17	0	0
Lease dilapidations	28	70	945	913
Clinician pension tax reimbursement	21	0	925	1,492
Other	148	277	0	0
<b>Total</b>	<b>370</b>	<b>519</b>	<b>2,440</b>	<b>3,000</b>

	Pensions relating to other staff	Legal claims	Clinician pension tax reimbursement	Redundancy	Other	Lease dilapidations	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	707	43	1,492	17	277	983	3,519
Change in the discount rate	16	0	0	0	0	0	16
Arising during the year	48	22	0	0	0	131	201
Utilised during the year	(111)	(16)	0	(4)	(49)	(141)	(321)
Reversed unused	(20)	0	(546)	0	(80)	0	(646)
Unwinding of discount	41	0	0	0	0	0	41
At 31 March 2022	681	49	946	13	148	973	2,810

### Expected timing of cash flows:

- not later than one year	111	49	21	13	148	28	370
- later than one year and not later than five years	440	0	42	0	0	0	482
- later than five years	130	0	883	0	0	945	1,958
	681	49	946	13	148	973	2,810

Provisions for capitalised pension benefits are based on tables provided by the NHS Pensions Agency reflecting years to normal retirement age and the additional pension costs associated with early retirement.

“Legal Claims” consist of amounts due as a result of third party and employer liability claims. The values are based on information provided by the Trust’s insurer, in this case, the NHS Resolution. The amount shown here is the gross expected value of the Trust’s liability to pay minimum excesses for outstanding cases under the Scheme rules. Provision has also been made for cases which are ongoing with the Trust’s solicitors.

‘Other’ provisions of £148k relates to a provision for employee salary enhancements for unsocial hours.

‘Lease dilapidation’ provisions relate to amounts the Trust is liable to pay to landlords at the end of agreed leases.

‘Redundancy’ provision relates to amounts due to be paid to staff where there is a likelihood that they will be made redundant.

NHS Resolution records provisions in respect of clinical negligence liabilities of the Trust. The amount recorded as at 31 March 2022 was £222,660k (£161,338k at 31 March 2021).

‘Clinician Pension tax reimbursement’ provision of £0.9m (2020/21 £1.0m) has been included in the Trust’s accounts. This figure was provided by NHSE, using information provided by the Government Actuaries Department and NHS Business Services Authority.

## 21. Revaluation reserve

	31 March 2022	31 March 2021
	£000	£000
Opening balance at 1 April	119,782	125,799
Net impairments through the OCI	(265)	(6,017)
Revaluations	24,086	0
Closing balance at 31 March	<u>143,603</u>	<u>119,782</u>

## 22. Financial instruments

The carrying value and the fair value are equivalent for the financial assets and financial liabilities shown below in notes 22.1 and 22.2. All financial assets and liabilities included below are receivable/payable within 12 months.

### 22.1 Financial assets by category

	2021/22		2020/21	
	Total Financial Assets	Financial Assets at Amortised Cost	Financial Assets at Fair Value through OCI	Total Financial Assets
	£000	£000	£000	£000
Carrying values of financial assets				
Receivables (excluding non-financial assets) with DHSC Group bodies	8,168	8,168	0	8,845
Receivables (excluding non-financial assets) with other bodies	36,936	36,936	0	40,637
Other investments / financial assets	161	0	161	0
Cash and cash equivalents at bank and in hand	123,671	123,671	0	126,187
Total at 31 March	<u>168,936</u>	<u>168,775</u>	<u>161</u>	<u>175,669</u>

### 22.2 Financial liabilities by category

	2021/22	2020/21
	£000	£000
<b>Carrying values of financial liabilities at amortised cost</b>		
Trade and other payables (excluding non-financial liabilities) with DHSC Group bodies	6,031	18,004
Trade and other payables (excluding non-financial liabilities) with other bodies	82,447	73,724
<b>Total at 31 March</b>	<u>88,478</u>	<u>91,728</u>

## 22.3 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with NHS England and Clinical Commissioning Groups and the way those bodies are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditor.

### **Currency risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. Although the Trust has operations overseas, it has no establishment in other territories. The Foundation Trust therefore has low exposure to currency rate fluctuations.

### **Interest rate risk**

The Trust's cash balances are held with the Government Banking Service. The Trust therefore has low exposure to interest rate fluctuations.

### **Credit risk**

Because the majority of the Trust's income comes from contracts with other public sector bodies, it has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from customers, as disclosed in the trade and other receivables note.

A high proportion of private patient income is received from overseas government bodies. The Trust has a good record of collection of this income although there can be delays.

These funding arrangements ensure that the Trust is not exposed to any material credit risk.

### **Liquidity risk**

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament.

The Trust finances its capital expenditure mainly from donations and internally generated funds and is not, therefore, exposed to significant liquidity risks in this area.



## 23. Related Party Transactions

Paragraph 25 of IAS 24 allows entities which are related parties because they are under the same government control to reduce the volume of the detailed disclosures. Note also that IAS 24 is interpreted such that DHSC group bodies must disclose the Department of Health and Social Care as the parent department and provide a note of the main entities within the public sector with which the body has had dealings, but that no information needs to be given about these transactions.

Great Ormond Street Hospital for Children NHS Foundation Trust is a body corporate established under the National Health Service Act 2006.

No Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Great Ormond Street Hospital for Children NHS Foundation Trust. Remuneration of senior managers is disclosed in the audited part of the director's remuneration report on page 69.

During the year the Trust has had a significant number of material transactions with the following organisations which fall within the Whole of Government Accounting Bodies and Local Authorities:

NHS England / Improvement

- NHS Clinical Commissioning Groups
- NHS Foundation Trusts
- NHS Trusts
- Department of Health and Social Care
- Health Education England
- NHS Pension Scheme

The Trust also had significant transactions with Great Ormond Street Hospital Children's Charity.  
The total values are below:

	<b>2021/22</b>	2020/21
	<b>£000</b>	£000
Income	<b>18,192</b>	14,237
Expenditure	<b>1,876</b>	1,895
Receivables (31 March)	<b>4,009</b>	4,575
Payables (31 March)	<b>149</b>	1,772

## 24. Events after the reporting period

There are no events after the reporting period which require disclosure.

## 25. Losses and special payments

	2021/22		2020/21	
	Number	£000	Number	£000
Bad debts relating to private patients	0	0	274	1,803
Bad debts relating to overseas visitors	22	66	0	0
Bad debts relating to other debtors	224	113	181	106
Stores losses	15	402	15	418
Total losses	<b>261</b>	<b>581</b>	470	2,327
Overtime corrective payments (nationally funded)	0	0	1	83
Ex-gratia payments	6	1	6	1
Total special payments	6	1	7	84
<b>Total losses and special payments</b>	<b>267</b>	<b>582</b>	477	2,411
Of which, cases of £300,000 or more:				
Bad debts and claims abandoned	<b>0</b>	<b>0</b>	2	1,134

The amounts above are reported on an accruals basis but exclude provisions for future losses.

## 26. Off-Payroll engagements

As at 31 March 2022, the Trust had no off-payroll engagements for more than £245 per day lasting for longer than six months.

There were no new off-payroll engagements, or any that reached six months in duration, between 1 April 2021 and 31 March 2022, for more than £245 per day and that lasted for longer than six months.

# Glossary

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<b>ACAS</b>	Advisory, Conciliation and Arbitration Service	<b>I&amp;E</b>	Income and Expenditure
<b>BAF</b>	Board Assurance Framework	<b>I&amp;PC</b>	International and Private Care
<b>BAME</b>	Black Asian and Minority Ethnic	<b>IGSG</b>	Information Governance Steering Group
<b>BRC</b>	Biomedical Research Centre	<b>IP</b>	Intellectual Property
<b>CAHF</b>	Clean Air Hospital Framework	<b>LCFS</b>	Local Counter Fraud Service
<b>CHES</b>	Children's Hospital Education Specialist Symposium	<b>LITT</b>	Laser interstitial thermal therapy
<b>COVID-19</b>	(Coronavirus) An infectious disease caused by severe acute respiratory syndrome first identified in December 2019 and resulted in a pandemic.	<b>MES</b>	Membership Engagement Services
<b>CHP</b>	Combined Heat and Power	<b>NCL</b>	North Central London
<b>CRF</b>	Clinical Research Facility	<b>NED</b>	Non-Executive Directors
<b>CQC</b>	Care Quality Commission	<b>NHS</b>	National Health Service
<b>D&amp;I</b>	Diversity and Inclusion	<b>NHSE</b>	NHS England
<b>DHSC</b>	Department of Health and Social Care	<b>NHSI</b>	NHS Improvement (Monitor)
<b>DRIVE</b>	Digital Research Informatics & Virtual Environment	<b>NIHR</b>	National Institute for Health Research
<b>DSP</b>	Data Security and Protection	<b>NIHR BRC</b>	National Institute for Health Research Great Ormond Street Biomedical Research Centre
<b>DSPT</b>	Data Security and Protection Toolkit	<b>PALS</b>	Patient Advice and Liaison Service
<b>ECHO</b>	European Children's Hospital Organisation	<b>PEAC</b>	People and Education Assurance Committee
<b>EEA</b>	European Economic Area	<b>PDR</b>	Performance and development review
<b>EMT</b>	Executive Management Team	<b>PHSO</b>	Parliamentary and Health Service Ombudsman
<b>EPIC</b>	The service provider of the EPR	<b>PICB</b>	Premier Inn Clinical Building
<b>EpiCARE</b>	The European Reference Network for rare and complex epilepsies	<b>PLACE</b>	Patient-led Assessments of the Care Environment
<b>EPR</b>	Electronic Patient Record	<b>PPE</b>	Personal Protective Equipment
<b>ERN</b>	European Research Networks	<b>QIA</b>	Quality impact assessment
<b>EU</b>	European Union	<b>QSEAC</b>	Quality, Safety and Experience Assurance Committee
<b>FTE</b>	Full-time equivalent	<b>RACG</b>	Risk Assurance and Compliance Group
<b>FTSU</b>	Freedom to Speak Up	<b>SDMP</b>	Sustainable Development Management Plan
<b>GDPR</b>	General Data Protection Regulations	<b>SID</b>	Senior independent director
<b>GEMS</b>	GOSH Exceptional Member of Staff	<b>STP</b>	Sustainability and Transformation Partnerships
<b>GLA</b>	GOSH Learning Academy	<b>UCL</b>	University College London
<b>GOSH</b>	Great Ormond Street Hospital	<b>UCLH</b>	University College London Hospitals
<b>H&amp;W</b>	Health and Wellbeing	<b>UCLP</b>	UCL Partners
<b>HEE</b>	Health Education England	<b>WHO</b>	World Health Organisation
<b>ICH</b>	UCL Great Ormond Street Institute of Child Health	<b>WOW</b>	Workstation on wheels
		<b>YPF</b>	Young People's Forum



# Great Ormond Street Hospital for Children NHS Foundation Trust

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