

Meeting of the Trust Board Wednesday 3 February 2021

Dear Members

There will be a public meeting of the Trust Board on Wednesday 3 February 2021 at 1:30pm held on Zoom

Company Secretary Direct Line: 020 7813 8230

AGENDA

	Agenda Item <u>STANDARD ITEMS</u>	Presented by	Attachment	Timing
1.	Apologies for absence	Chair	Verbal	1:30pm
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	Minutes of Meeting held on 26 November 2020	Chair	K	
3.	Matters Arising/ Action Checklist	Chair	L	
4.	Chief Executive Update	Chief Executive	M	1:40pm
5.	Directorate presentation: International and Private Care Directorate	Chief Operating Officer/ Senior Leadership Team for Directorate	N	1:55pm
<u>STRATEGY AND PLANNING</u>				
6.	Declaration of a Climate Emergency	Director of Estates, Facilities and Redevelopment	O	2:20pm
7.	Update on Business Plan and Budget 2021/2022	Chief Finance Officer/ Chief Operating Officer	P	2:30pm
8.	Support for Siblings: update on action following experiences shared at Trust Board	Chief Nurse	Q	2:40pm
<u>RISK</u>				
9.	Board Assurance Framework Update	Company Secretary	R	2:50pm
10.	Brexit Update	Chief Operating Officer	S	2:55pm
<u>PERFORMANCE</u>				
11.	Integrated Quality and Performance Report (Month 9) December 2020	Medical Director/ Chief Nurse/ Interim Chief Operating Officer	T	3:00pm
12.	Finance Report - Month 9 (December) 2020	Chief Finance Officer	U	3:10pm
13.	Safe Nurse Staffing Report (October – December 2020)	Chief Nurse	V	3:20pm
<u>ASSURANCE</u>				
14.	Guardian of Safe Working Report Q3 2020/21	Guardian of Safe Working – Renee McCulloch	W	3:30pm

15.	Learning from Deaths Mortality Review Group - Report of deaths in Q2 2020/2021	Medical Director	X	3:40pm
16.	Board Assurance Committee reports <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee update – January 2021 meeting • Finance and Investment Committee Update –November 2020 • Audit Committee Assurance Committee Update – January 2021 meeting • People and Education Assurance Committee Update – December 2020 meeting 	Chair of the Quality, Safety and Experience Assurance Committee Chair of the Finance and Investment Committee Chair of Audit Committee Chair of the People and Education Assurance Committee	Y Z Verbal 1	3:50pm
17.	Council of Governors' Update – November 2020 and January 2021 (verbal) meeting	Chair	2 and verbal	
18.	Any Other Business (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			
19.	Next meeting The next public Trust Board meeting will be held on Wednesday 1 April 2020 in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.			

**DRAFT Minutes of the meeting of Trust Board on
 26th November 2020**

Present

Sir Michael Rake	Chair
Lady Amanda Ellingworth	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Akhter Mateen*	Non-Executive Director
Professor Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
Phillip Walmsley	Interim Chief Operating Officer
Sanjiv Sharma	Medical Director
Helen Jameson	Chief Finance Officer

In attendance

Professor David Goldblatt	Director of Research and Innovation
Dr Shankar Sridharan	Chief Clinical Information Officer
Mark Sartori	Trustee, GOSH Children's Charity
Claire Williams*	Head of Patient Experience and Engagement
Mike*	Parent of Lucas, GOSH patient
Professor Thomas Voit*	Director of NIHR GOSH Biomedical Research Centre
Dr Jenny Rivers*	Deputy Director of R&I
Dr Laura Turner*	Deputy Director of the NIHR GOSH Biomedical Research Centre
Dr Clarissa Pilkington*	Chief of Service; Blood, Cells and Cancer
Dr Anupama Rao*	Deputy Chief of Service; Blood, Cells and Cancer
Kate Pye*	Head of Nursing and Patient Experience; Blood, Cells and Cancer
Esther Dontoh*	General Manager; Blood, Cells and Cancer
Darren Darby*	Director of Nursing, Corporate
Sarah Ottoway*	Acting Deputy Director of HR and OD
Dr Renee McCulloch*	Associate Medical Director and Guardian of Safe Working
Helen Dunn*	Director of Infection Prevention and Control
Dr Pascale Du Pre*	Consultant Intensivist and Medical Lead for Child Death Reviews
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Isimat Orisasami	CQC inspector
Seven members of the public and staff	

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

140	Apologies for absence
140.1	Apologies were received from Professor Alison Robertson, Chief Nurse; Caroline Anderson, Director of HR and OD; Cymbeline Moore, Director of Communications and Richard Collins, Transformation Director.
141	Declarations of Interest
141.1	No declarations of interest were received.
142	Minutes of Meeting
142.1	The Board approved the minutes of the previous meeting.
143	Matters Arising/ Action Checklist
143.1	The actions taken since the last meeting were noted.
144	Chief Executive Update
144.1	Matthew Shaw, Chief Executive said that the Trust continued focus on returning to business as usual and treating the backlog of patients and was the top performing paediatric service in London in activity compared to the previous year. He thanked staff for their work to achieve this.
144.2	It was noted that Phillip Walmsley, Interim Chief Operating Officer would be leaving the Trust at the end of January and John Quinn would be joining the organisation as substantive Chief Operating Officer on 4 th January 2021. Matthew Shaw thanked Phillip Walmsley for his contribution to the Trust.
144.3	As part of the programme of internal reviews of the Trust's clinical services the review of the Ophthalmology Service had taken place and the outcome had been positive. The report would be considered by committees and groups in the Trust and Matthew Shaw congratulated the Ophthalmology Service and thanked Meredith Mora, Service Review Manager for her work. Amanda Ellingworth, Non-Executive Director asked how the action plan would be monitored and Sanjiv Sharma, Medical Director confirmed that this would be included in the Integrated Quality and Assurance Committee.
144.4	Matthew Shaw said that he had met with several groups of cleaning staff in recent months who had raised concerns about the lack of terms and conditions of employment which for some staff were in line with those of NHS employees and for others were not. These concerns had been reported to the Board. The Board had been clear about the value these staff contributed to the organisation and the importance of adhering to the Trust's values. Matthew Shaw said that action would be taken to ensure that fairness and parity was achieved for all staff working at GOSH and this would be discussed with staff and the contractor in the coming weeks.
145	Patient Story
145.1	The Board received a patient story via videoconference from Mike, the parent of GOSH patient Lucas. During an appointment in which Lucas had been frustrated due to a delay and had refused eye drops, Mike had been asked to restrain

	Lucas to enable the eye drops to be administered which he and Lucas had both found upsetting. Mike said that when he made a complaint he found the complaints process helpful. Changes were implemented at the next appointment such as the presence of a play worker which had led to a very positive experience for Lucas.
145.2	Chris Kennedy, Non-Executive Director asked if Mike's experience of the first appointment would have been different if staff had apologised at the time and Mike said that whilst it was unlikely to have been an issue that was apparent to staff at the time, it was vital that staff were empathetic to patients' experiences.
145.3	The Board thanked Mike for his feedback.
146	Research Hospital update: Focus on Biomedical Research Centre Renewal
146.1	Professor Thomas Voit, Director of the NIHR GOSH Biomedical Research Centre said that GOSH's BRC had received the eighth largest national award and had substantially increased its external income since 2017/18. Research funding had been shown to be unstable for future years and Professor Thomas Voit confirmed that the centre had sufficient cash reserves given this instability and the likely changes to the external political environment.
146.2	Focus had been placed on acknowledgement of the NIHR within publications and an extensive awareness campaign had resulted in a significant improvement in this metric.
146.3	Key pillars of funding were established for each BRC renewal and at the next application there would be an additional focus on a data science theme alongside a reconfiguration of existing pillars and the teams involved. Funding was being provided for two data scientists to follow patients who were not in the hospital and this was contributing to the development of a national leadership in paediatric data science handling.
146.4	Professor Voit emphasised the importance of all patients having the opportunity to benefit from the research hospital environment however the complex medications involved would necessitate dedicated ward space comprising both patient care and research capabilities to enable drugs to be administered and monitored safely.
146.5	Professor Russell Viner, Non-Executive Director highlighted the importance of the GOSH BRC activity and said that the COVID-19 pandemic had particularly emphasised the importance of the link between academic and clinical capabilities.
147	Patient Experience and Engagement Framework Progress Report
147.1	Claire Williams, Head of Patient Experience and Engagement said the framework set out the Trust's ambitions for enhancing patient and family experience at GOSH. The timetable for a delivery plan arising from the framework had changed as a result of a three year proposal being put to the GOSH Children's Charity Grants Committee which was subject to the development of a strategy and a proposed step change in patient and family experience. Significant work had taken place to request feedback from patients

147.2	and families and consideration was also being given to equality and diversity objectives. Chris Kennedy said that as the Trust moved forward with Epic digital exclusion would increase and asked what practical steps could be taken to support families. Claire Williams said that the Charity had received donations of tablets which could be used to support families however consideration was being given to how the reach of this work could be extended. She acknowledged the challenges of engaging with patients and families who were not in the hospital.
147.3	Amanda Ellingworth, Non-Executive asked if there had been any areas of the framework which had not progressed as anticipated. Claire Williams said that engagement in some areas such as work with siblings had been challenging and the key feedback from families had been in areas which were raised frequently such as food and Wi-Fi access.
147.4	Professor Russell Viner said that it was important to communicate this work through the website and added the patient story had been an excellent example of how feedback could considerably improve patient and family experience. Claire Williams said that all patient experience pages on the intranet would be updated to help demonstrate the Trust's plans in this area.
148	Directorate Presentation: Blood, Cells and Cancer Directorate
148.1	Clarissa Pilkington, Chief of Service for Blood, Cells and Cancer said that the Directorate had worked hard in response to the COVID-19 pandemic including partnership working with North Central London. The Infectious Disease team was leading and supporting the pandemic response both internally and nationally. RTT metrics had significantly reduced and were proving challenging to improve particularly in non-surgical services which required the use of theatres as patients' conditions often led to lower clinical prioritisation. Families were also often reticent to take up appointments and six patients had become 52 week waiters as a result of late referrals and families cancelling planned appointments. At the end of September 2020 RTT had been 82% and the Directorate had plans in place to improve this.
148.2	Clarissa Pilkington said that Safari Day Care was no longer scheduled to be relocated and requested the Board's support to identify an alternative location. She said that the Southwood Building had restricted capacity which prevented the development of new ways of working such as ambulatory chemotherapy.
148.3	Sir Michael Rake thanked the team for their excellent work during the pandemic. He agreed that improvements to the estates were required in advance of the completion of the Children's Cancer Centre.
148.4	Discussion took place around the funding of the Palliative Care Team which was currently provided by GOSH Children's Charity. Phillip Walmsley, Interim Chief Officer said that it was vital to continue to discuss this.
148.5	James Hatchley asked about the Directorate's preparedness for Brexit and Clarissa Pilkington said that this had not been discussed as frequently since the start of the pandemic however pathways were in place to mitigate risks around potential drug shortages.

148.6	Mark Sartori, Trustee of GOSH Children's Charity said that he would raise the issue of an interim solution for Safari Day Care with the Charity.
149	Approach to business planning and budget setting 2021/22
149.1	Helen Jameson, Chief Finance Officer said that business planning guidance had not yet been issued by NHS England and the Trust had therefore continued to work in line with previous years. Phillip Walmsley said that the process was being used as an opportunity to drive the strategy. He confirmed that initial plans would be submitted at the end of January 2021 with final documents being presented to the Board for approval in March 2021.
150	Integrated Quality and Performance Report – Month 7 (October) 2020
150.1	Sanjiv Sharma, Medical Director said that focus had been placed on improving compliance with the WHO checklist. Observational audits had shown a high level of compliance however documentation around compliance in non-theatre environment had been below the required standard. Improvements had been made both in theatre and non-theatre areas and a standard of 98% compliance had been maintained.
150.2	The Trust had reported a Never Event in November as a result of a guidewire from a central line being left in place. The event would be investigated and learning disseminated.
150.3	Mandatory training compliance remained at 94%. Focus was being placed on improving PDR compliance which was currently rated amber. Two cases were being managed under Freedom to Speak Up and a full time Freedom to Speak Up Guardian would be starting in post in December 2020.
150.4	Phillip Walmsley said that compliance with cancer waits remained at 100% however the number of patients waiting over 52 weeks was increasing and national focus was now being placed on 104 week waits. GOSH had 4 patients who had waited over 104 weeks due to families' requests to defer appointments.
151	Finance Report – Month 7 (October) 2020
151.1	Helen Jameson, Chief Finance Officer said that months 7-12 of 2020/21 would be paid on a block contract basis which assumed that all non-NHS income would resume at pre-pandemic levels and flow in line with previous years in months 7-12. She said that this was unlikely to be the case and therefore the Trust had submitted a plan to NHS England and Improvement indicating a year end outturn of a deficit of £26.3million.
151.2	Kathryn Ludlow, Non-Executive Director asked how new treatments without funding agreements in place were provided to patients and Helen Jameson said that in general funding arrangements were agreed prior to the drugs being provided to the patient however this was more challenging during the pandemic. It had also been challenging to make retrospective arrangements.

152	Safe Nurse Staffing Report (August - October 2020)
152.1	Darren Darby, Director of Nursing said that safe staffing levels had been in place for all shifts throughout the period and no Datix reports had been received in this respect.
152.2	Amanda Ellingworth noted that the Trust had periods of high intakes of newly qualified nurses and asked if there was a correlation with an increased number of incidents occurring this period. Darren Darby said that in the most recent intake a large proportion of newly qualified nurses who joined the Trust in September had already been working at GOSH in the final year at university throughout the pandemic. This had been beneficial in enabling them to receive considerable support in advance of becoming newly qualified nurses. He added that the practice educator team had developed a robust development package for newly qualified nurses which was very supportive.
152.3	Sir Michael Rake asked whether it was anticipated that retention would continue at higher levels following the pandemic and Darren Darby said that there had initially been an increase in nurses leaving the organisation in the initial stages of the pandemic in order to move closer to family. He said that there was substantial support in place and it was likely that this would encourage staff to remain at GOSH.
153	Brexit Update
153.1	Phillip Walmsley said that a fortnightly Brexit meeting would be moving to weekly and leads for each area had been asked to highlight any concerns. None had been raised however Phillip Walmsley said that it was vital to ensure that work was taking place to identify as many areas of potential impact as possible. An internal communications plan had been developed which would begin in December and would set out GOSH's position and ask staff to flag any concerns immediately.
153.2	Russell Viner, Non-Executive Director asked about the plans that were in place for storing drugs and Phillip Walmsley said it was clear that Trusts were not permitted to stockpile drugs.
153.3	James Hatchley noted that good work had taken place to support staff and asked if any specific concerns had been raised Britain's exit from the EU came closer. Phillip Walmsley that meetings had taken place with staff from non-UK EU countries to ensure they were clear how to seek support.
154	Self-Assessment Flu Vaccination
154.1	Sarah Ottaway, Acting Deputy Director of HR and OD said that a detailed flu plan had been submitted which required Board sign off. The Trust had been assigned a target to vaccinate 75% of staff and as at 20 th November the Trust had achieved 60% which was positive and greater than the London average.
154.2	Sir Michael Rake asked why staff chose not to receive the vaccination and Sarah Ottaway said that many concerns were based on myths surrounding the vaccination. Flu champion roles had been created which had been a positive and visible role. Matthew Shaw said that the Trust had not received the vaccine as reliably as in previous years and supply to some Trusts had been better than others.

155	Built Environment Update
155.1	<u>Progress with the Sight and Sound Hospital</u>
155.2	Zoe Asensio-Sanchez said that the completion date for the Sight and Sound hospital had passed and the building had not yet been handed back to the Trust. The remaining work was around testing and commissioning procedures. Discussion continued to take place around the additional costs associated with the COVID-19 pandemic. There continued to be a considerable gap between GOSH's and the contractor's expectations and work was continuing to conclude discussions. Zoe Asensio-Sanchez confirmed that GOSH had received external advice and was assured that the position was strong.
155.3	Clinicians had engaged well with the process and had given positive feedback on the development. The handover delay was not likely to lead to a delay to the opening of the building for clinical use.
155.4	Sir Michael Rake asked if the Chief Executive had been engaged with the contractor and Matthew Shaw confirmed that he had. He said that the Trust acknowledged that continued construction activity throughout the pandemic would lead to increased costs but did not accept that this was to the level set out by the contractor.
155.5	<u>Children's Cancer Centre</u>
155.6	Following the delivery of the RIBA 2 report the Programme Board had requested that work took place to set out the Trust's imaging strategy and this had been received at the November Programme Board meeting. It had been approved and the Board had noted its collaborative focus. A pre-commencement period with the design partner was also approved in order to provide assurance around the programme and costs; discussion had begun with the design partner who had been supportive and this had also been welcomed by GOSH Children's Charity.
155.7	Action: James Hatchley said that it was important to be clear about the GOSH Children's Charity's governance structure alongside the hospital's and to include this in future reports.
155.8	Matthew Shaw emphasised the Trust's continued commitment to completing the Children's Cancer Centre which was strategically vital for paediatric cancer. He said that a robust design and clinical engagement was in place and said that work would continue to refine the programme to reduce the cost pressure.
155.9	<u>Fire cladding update</u>
155.10	Following the Grenfell fire tragedy a national initiative was established by the National Health Service Improvement Team to inspect cladding across healthcare premises. The inspection had sought to establish whether any of the Trust's estate used ACP cladding which posed a risk of rapid or hidden fire spread. The inspection by the independent fire engineer found no ACP cladding.
155.11	Amanda Ellingworth highlighted that there had been a considerable gap between substantive fire offers being in post and asked if any requirements had slipped during this time. Zoe Asensio-Sanchez said that the team had worked well to ensure this was not the case and confirmed that an excellent fire officer was now in post.

156	Guardian of Safe Working Update
156.1	Renee McCulloch, Guardian of Safe Working said that exception reports were being received from areas in which junior doctors were experiencing pressure due to under-recruitment. The Trust had received one fine as a result of an individual working an 80.5 hour week caused by a rota error.
156.2	Planning was taking place for a second surge of the COVID-19 pandemic and escalation plans were in place for managing increased junior doctor absence and to date out of hours capacity had been able to flex to accommodate unexpected gaps.
156.3	Renee McCulloch said that the Junior Doctors' Forum was working positively and the Medical Director's Office was working with Junior Doctors to ensure their membership was facilitated in all transformation and Medical Director Office projects.
156.4	Sir Michael Rake commended the collaborative work that was taking place often in challenging circumstances and Renee McCulloch said that open discussions were taking place and it was important that these continued.
156.5	James Hatchley asked if it was likely that Junior Doctors would take part in the staff survey. Renee McCulloch said that they were being regularly reminded but often felt that they had not been at the Trust sufficiently long to comment.
156.6	Russell Viner asked whether GOSH was receiving requests to redeploy staff to other Trusts and Sanjiv Sharma said that this was not the case in respect of doctors and GOSH had been clear about the need to continue with emergency and elective services. Matthew Shaw said that 20 nurses had been redeployed to another North Central London Trust.
156.7	Action: Amanda Ellingworth noted that Board members had been invited to attend the Junior Doctors' Forum and it was agreed that Board members would consider when they could attend.
157	Update to the infection Control Assurance Framework
157.1	Helen Dunn, Director of Infection Prevention and Control said that as an understanding of COVID-19 has developed guidance on infection control measures had been published and updated to ensure that organisations responded in an evidence based way. She said that standard infection control had continued throughout the period and the team was now responsible for acting as the hospital's 'track and trace' service. A practice educator and an infection control nurse had recently joined the team.
157.2	Four outbreaks had been declared at the Trust involving five staff or fewer which benchmarked well against other organisations and all were now closed. Key areas highlighted by the test and trace process were rest spaces and Helen Dunn said that it was vital that staff wore masks and practiced social distancing in these settings.
157.3	A good fit-testing service was in place and had fit-tested over 3200 staff. This was being funded on an interim basis but would be included in financial planning for 2021/22.

158	Learning from Deaths Mortality Review Group - Report of deaths in Q1 2020/2021
158.1	Dr Pascale Du Pre, Consultant Intensivist and Medical Lead for Child Death Reviews said the report was a requirement of the National Quality Board and supported the Board in being open about its deaths. She said that 31 children had died in the reporting period and all deaths had been reviewed. Reviews had highlighted particularly positive aspects of care in 21 cases and modifiable factors had been identified in one case; actions had been implemented as a result of learnings in the case.
158.2	James Hatchley noted that the majority of deaths were likely to occur in intensive care settings and asked if any commonalities had been identified in the 16 deaths which had occurred in intensive care. Dr Pascale Du Pre confirmed that there had not been and that there had not been any corresponding incidents.
158.3	Amanda Ellingworth asked whether any risk had been introduced to services by redeploying members of staff to other organisations during the first surge of the pandemic. Sanjiv Sharma confirmed that rotas had continued to operate in a robust way and there had been no reduction in staffing or reduced risk.
158.4	Russell Viner asked whether the data in the report was subject to an external process and it was confirmed that PICANET considered all deaths occurring in an ICU setting which applied to 80% of deaths at GOSH. Pascale Du Pre said that unexpected increases in mortality were escalated for review by Trusts. Sanjiv Sharma said that during the review of deaths professionals for different areas of the patient's pathway worked to scrutinise care which was an important part of the process.
159	Amendment to the Trust Constitution
159.1	Dr Anna Ferrant, Company Secretary said that the paper proposed an amendment to the Constitution which would provide authority to the Council of Governors to extend the maximum length of tenure of Non-Executive Directors or Chair on the GOSH Board. This had been approved by the Council of Governors and it was noted that the spirit of the Constitution would continue to ensure that a maximum tenure of 6 years was only exceeded under exceptional circumstances.
159.2	The Board approved the amendment to the constitution.
160	Board Assurance Committee reports
160.1	<u>Audit Committee</u>
160.2	Akhter Mateen, Chair of the Audit Committee said that the focus of the meeting had been risk management and a number of risks had been reviewed. He confirmed that a comprehensive update had been given at the Council of Governors' meeting.
160.3	<u>Quality, Safety and Experience Assurance Committee</u>
160.4	Amanda Ellingworth, Chair of the QSEAC said that a review was being undertaken to ensure that actions arising from reviews of safeguarding had been

Attachment K

160.5	implemented. She confirmed that a full update had been given at the Council of Governors' meeting.
160.6	<u>People and Education Assurance Committee Update –September 2020</u>
160.7	Kathryn Ludlow, Chair of the PEAC said that an update had been provided to the Council of Governors' meeting. She said the next meeting would be taking place in the first week of December and would consider the results of the staff survey.
160.8	<u>Finance and Investment Committee</u>
	James Hatchley, Chair of the Finance and Investment Committee said that given the challenges of financial forecasting the committee was continuing to review the Trust's cash position.
161	Any other business
161.1	It was reported that the report arising from the Dixon Enquiry had been published during the meeting and work was taking place to review the report.

**TRUST BOARD – PUBLIC ACTION CHECKLIST
February 2021**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
81.3	15/07/20	Sir Michael Rake requested that sustainability was discussed by the Board again at a time which was more appropriate to declare a climate emergency.	ZAS	Q1 2021	Actioned: On the agenda
107.3	16/09/20	It was agreed that a short report on the completion, and reliability of data related to the WHO checklist would be considered at a future next meeting. Matthew Shaw emphasised that this was a key matter.	PW/ SS	February 2021	Actioned: On agenda under the Integrated Quality and Performance Report
155.7	26/11/20	James Hatchley said that it was important to be clear about the GOSH Children's Charity's governance structure related to development projects alongside the hospital's and to include this in future reports.	ZAS	For next update report	Not yet due
156.7	26/11/20	Amanda Ellingworth noted that Board members had been invited to attend the Junior Doctors' Forum and it was agreed that Board members would consider when they could attend.	NEDs	On-going	Noted.



Trust Board 3 February 2021	
Chief Executive Report	Paper No: Attachment M
Submitted by: Matthew Shaw, CEO	<input type="checkbox"/> For information and noting
Purpose of report Update on key operational and strategic issues.	
Summary of report An overview of key developments relating to: <ul style="list-style-type: none"> • Covid-19 response • Key people, finance and service issues • Trust strategy and partnerships 	
Action required from the meeting None	
Contribution to the delivery of NHS Foundation Trust priorities <ul style="list-style-type: none"> <input type="checkbox"/> PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people <input type="checkbox"/> PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes <input type="checkbox"/> PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training <input type="checkbox"/> PRIORITY 4: Improve and speed up access to urgent care and virtual services <input type="checkbox"/> PRIORITY 5: Accelerate translational research and innovation to save and improve lives <input type="checkbox"/> PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care <input type="checkbox"/> Quality/ corporate/ financial governance 	Contribution to compliance with the Well Led criteria <ul style="list-style-type: none"> <input type="checkbox"/> Leadership, capacity and capability <input type="checkbox"/> Vision and strategy <input type="checkbox"/> Culture of high quality sustainable care <input type="checkbox"/> Responsibilities, roles and accountability <input type="checkbox"/> Effective processes, managing risk and performance <input type="checkbox"/> Accurate data/ information <input type="checkbox"/> Engagement of public, staff, external partners <input type="checkbox"/> Robust systems for learning, continuous improvement and innovation
Strategic risk implications All BAF risks with a focus on: Risk 1: Financial Sustainability Risk 4: Strategic Position Risk 16: Culture	Financial implications Not Applicable
Implications for legal/ regulatory compliance Not Applicable	Consultation carried out with individuals/ groups/ committees Not Applicable

Who is responsible for implementing the proposals / project and anticipated timescales? Executive team	Who is accountable for the implementation of the proposal / project? CEO
Which management committee will have oversight of the matters covered in this report? Executive team	

Part 1: COVID-19 response

System leadership to help sustain services for children and young people in North Central London

We continue to work with our NCL partners to support the local system in maintaining services for children and young people. Approximately 80 of our staff are out supporting the adult system and we have managed a variety of requests for mutual aid across London, working to the following priorities:

1. Delivering urgent care for our P1 and P2 patients.
2. Rolling out the GOSH vaccine programme, which is key to keeping our staff, patients and families safe and sustaining our services.
3. Expanding PICU services to support the sickest children from across London.
4. Honouring our commitment to the North Middlesex and other hospitals by taking general paediatric patients as needed, operating an 'always say yes' approach.

Our teams have invested huge effort and energy in putting a variety of new arrangements in place to take groups of children into GOSH from NCL hospitals. However, many requests were withdrawn before they were enacted. We experienced the same resistance to consolidation of children's activity within specialist children's centres that was prevalent during the first wave. We therefore welcomed NHS London's decision to mandate PICU consolidation at GOSH and Evalina as a timely decision to safeguard intensive care capacity for children and young people. We reached our first threshold for surge capacity with a peak of 51 patients (down to 46 at the time of writing) and have plans in place to support 'super surge' capacity of 60 patients.

As well as general paediatrics for North Middlesex, we continue to provide support to maintain gastroenterology procedures, complex vascular cases and emergencies involving appendicitis and testicular torsion for other NCL hospitals. 18 of our inpatients have tested positive for COVID-19. We have seen an increase in patients with PIMS-TS.

I am still chairing the NCL operational group for elective recovery, but work on paediatrics has temporarily paused to enable focus on the acute system pressures our colleagues in the adult sector are facing. I have previously reported that there is a review ongoing to assess the sustainability of paediatric services across the STP, which was instigated to address the learnings of the first wave. This work is not expected to conclude before March 2021.

Part 2: People

2.1 Staff health and wellbeing

We have received the raw scores for the 20/21 staff survey, which are under national embargo until mid-February. Overall the scores show significant improvement, particularly on staff health and wellbeing, which reflects the organisation-wide focus on supporting staff underpinned by the launch of the Health and Wellbeing Framework *Mind Body and Spirit*.

It is important for the Board to acknowledge that staff across the hospital are extremely tired and that staff health and wellbeing is of significant concern. It has been an extremely challenging year in which teams have had to work in entirely new ways, take on onerous new responsibilities and endure frequent public criticism as well as challenge from our regulators.

Although the successful vaccination programme has brought us a much needed sense of optimism, we still face huge challenges in terms of navigating the ongoing response to and recovery from the pandemic, in supporting tired staff who have gone above and beyond time and time again to support our patients, each other and the wider NHS system – and in stabilising our extremely challenging financial position.

I am planning to set aside time with the executive team as soon as possible over the coming weeks to reflect on our journey over the past year and consider our priorities during the rebuild phase.

2.2 Safer working on site: The Hands, Face, Space and Place audits (October 2020 – January 2021)

We established our Hands, Face, Space and Place guidance and have consistently reinforced the GOSH community's collective responsibility to keep each other safe. Our audits of compliance with the guidance were established to encourage and empower staff to take responsibility for meeting standards and review and change practice where necessary. This was supported by daily transparent feedback and learning during audit weeks.

Various initiatives to support best practice across the Trust have included:

- A frequent 'drumbeat' across communications channels and in key staff meetings to promote guidance and share audit learnings
- "Break the Chain" week in November 2020
- Support for managers to encourage modelling responsibility for meeting standards, owning audit results and finding solutions
- Engagement with junior doctors to understand their needs via the Associate Medical Director for Workforce and the Junior Doctors Forum.

We have seen widespread engagement and improvements since we started initial audits in October 2020. Our most recent audit week took place in January 2021. It was positive in that we have exceeded 90% compliance in all areas, but there was a slight dip from our November audit, so work is ongoing with Directorate management teams to have oversight of, and support any actions identified through the audit.

We will continue to use the audit process to support best practice as we move forward, and are mindful of the challenge inherent in driving continued vigilance now that our vaccination programme is underway.

2.3 Senior leadership changes

I am delighted that we have now welcomed John Quinn to the executive team as our Chief Operating Officer. He has been working extremely hard to connect with colleagues to understand the unique challenges we face at GOSH and has already provided excellent challenge and advice with the benefit of extensive experience as well as a fresh perspective.

We have appointed to the two new leadership roles that will now support the COO in managing the strategic and day-to-day functions of clinical operations – Anne Layther as Deputy COO and Herdip Sidhu-Bevan as Clinical Site Director. Herdip is currently on secondment at Moorfields as part of her continuous professional development so the role is being ably covered by Sue Chapman.

Professor Andrew Taylor has changed roles to support us in driving the expansion and optimisation of our digital service offering and partnerships in a new post as Director of Innovation.

Part 3: Quality & Safety

Always Improving Plan: Complaints and SIs

In early December 2020, the CQC announced an inspection into our processes for Serious Incidents and Red Complaints, with a focus on a number of cases which have been the subject of recent media attention. We have submitted all requested information and are waiting to hear back from the CQC as to the outcome. We anticipate that there will be areas in which we can improve, and this aligns with much of the work we have been doing over the last few months in terms of developing our Safety Strategy and working collaboratively with a number of patient safety organisations to review and enhance our processes, including the ways in which we engage and involve families during the investigations. We anticipate hearing the outcome very soon. We will develop an Always Improving Plan in conjunction with the relevant teams to address any concerns highlighted, and the details of this, including the progress we are making, will be shared with the Board in due course.

Part 4: Finance

The coming financial year will present significant financial challenges, not least because the recovery of our IPP and commercial research income will take time. We are focusing on getting a balanced plan for what is set to be a difficult year, with block contracts likely to be in place for first 3 months.

The executive team is leading work on a set of programmes to deliver our £19.5M Better Value Target. These schemes include:

1. Procurement and Contracts
2. Workforce (using our workforce as effectively as possible)
3. Service Transformation
4. Commercial Opportunities

We are well advanced with business planning for 2021/22 and have communicated that it is the shared responsibility for every Directorate, both Corporate and Clinical, to play their part to play in delivering our £19.5M Trust-wide Better Value Target. Each directorate has been allocated a 1.5% Better Value saving, which will reduce their control total.

Part 5: Strategy update

Development of the *Above and Beyond* Portfolio and its associated delivery plan for 2021/22 is nearing completion. The delivery plan sets out the schedule of all of the key initiatives to be delivered throughout the year along with the aggregated costs and benefits. It will be tracked regularly for progress against plan, and to manage dependencies, risks and issues, as well as strategic and organisational impact. The 2021/22 delivery plan will be presented at the April Trust Board.

Detailed design work is ongoing to prepare for RIBA stage 3 of the Children's Cancer Centre (Strategic Priority #6) commencing in March/April 2021. It is important that we proceed with this work at pace in order that this programme is not knocked off course by the pandemic.

Part 6: Partnerships

6.1 GOSH resumes the Chair for the UK Children's Hospitals' Alliance

Following last year's departure of Dena Marshall, CEO of Manchester Children's Hospital, I volunteered to work with Louise Shepherd, CEO at Alder Hey, to assume the co-chair of the UK Children's Hospitals Alliance (UKCHA).

At a meeting this month with CEOs, Medical Directors and Directors of Nursing at the other children's hospitals, we were able to identify common approaches to responding to the third wave and review important ongoing work to develop new models of care for complex children, establish a UKCHA paediatric pathology network and advocate for a fairer paediatric tariff.

My team will now work with Louise's to re-frame the priorities and work plan for the Alliance during the coming financial year around our shared goal to ensure children's services are re-prioritised as we emerge from the third wave and to mitigate the risks to quality and equity of access presented by the proposed fragmentation of specialised commissioning.

6.2 National policy on specialised services

We have been working with our partners in the Federation of Specialist Hospitals and the Children's Hospitals' Alliance to raise concerns about the proposal to devolve commissioning for specialised services into local Integrated Care Systems. We have contributed three separate responses to a public consultation on this policy – one from GOSH and one through each of these two partner alliances.

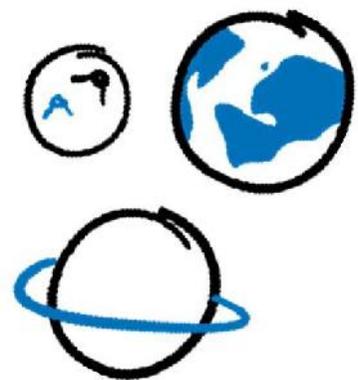
In general, specialist hospitals welcome the prospect of greater involvement and responsibility for the development of regional care pathways. However, there is a significant risk that a postcode lottery on access for children and families will emerge. This is because each ICS represents a tiny proportion of children with complex needs, and these services are unlikely to register highly on the list of local population health priorities.

In addition, the fragmentation of specialised services creates huge financial and governance challenges for GOSH in terms of contracting and negotiating with ICSs across the country and in the loss of skill and knowledge in the unique challenges of commissioning care for complex children as the national team disbands.

Attachment M

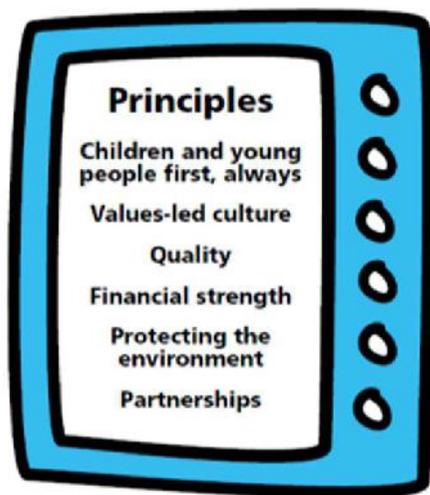
We continue to connect with partners and policy makers at a national and regional level to promote a broader understanding of the risks to children and families within the new system architecture and seek clarity on how they will be mitigated at a national level.

Ends



International & Private Care DIRECTORATE REVIEW

Trust Board
Wed 3 Feb 21

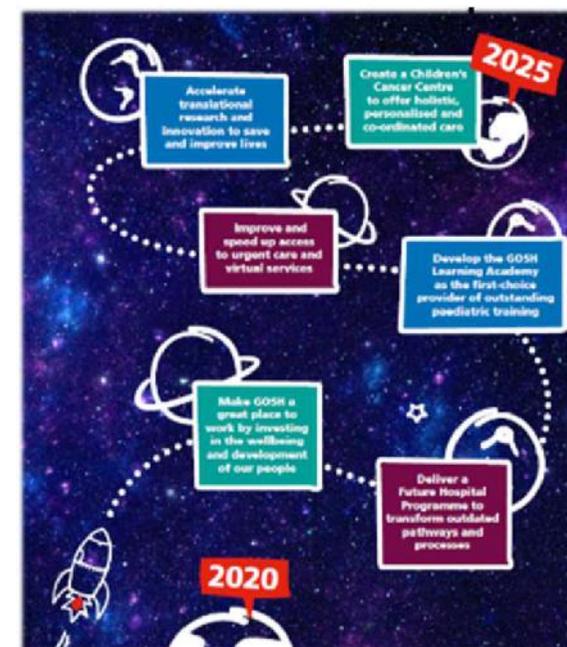


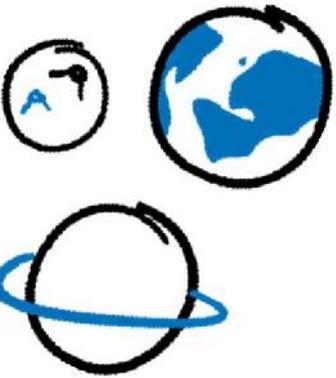
Trevor Clarke, Director

Melanie Hiorns, Clinical Director

Kate Rivett, Head of Nursing & Patient Experience

Ben Marshall, Deputy Director





Team Organogram



Director
Trevor Clarke



Clinical Director
Dr Melanie Hiorns



Head of Nursing
Kate Rivett



Deputy Director
Ben Marshall

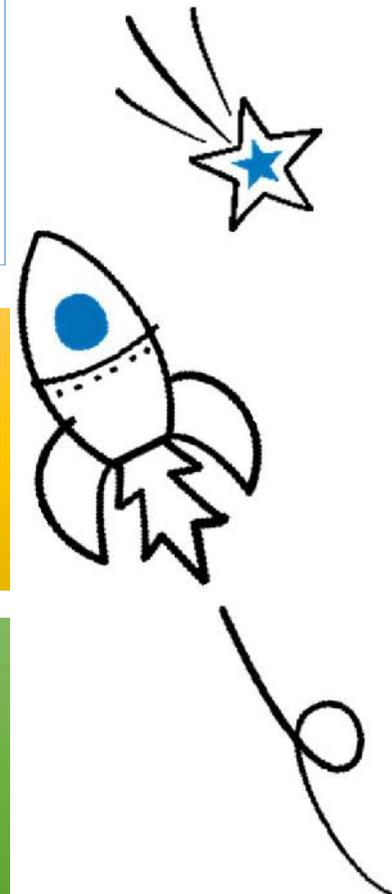
Caterpillar
Outpatients

Inpatients
Wards (3)

Non-Clinical
Operations

Finance
Department

Case Management service, Client
Relationship team & Gulf Office (Dubai)





Success & Challenges

Top 3 Successes

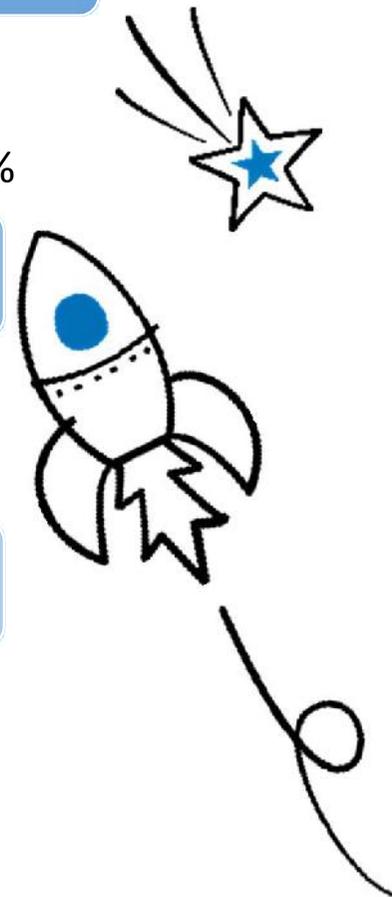
- #1 Redeployment of clinical and admin teams to support NHS London
- #2 Significant increase in Employee Engagement
- #3 Overhaul of Finance backlog, systems & processes. Reduction in historic debt by 25%

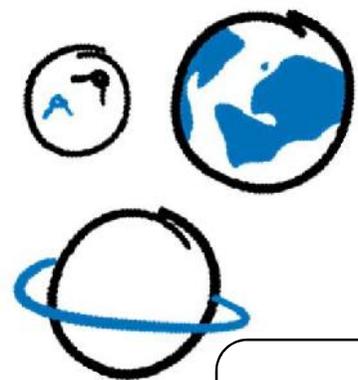
Top 3 Challenges

- #1 Recovery of activity from key Overseas Government clients
- #2 Internal constraints on maximising utilisation of available capacity
- #3 Working productively with Overseas Government funding/financial processes

Top 3 Priorities

- #1 Recover International and Private activity within GOSH constraints
- #2 Continue to look after and invest in our People
- #3 Embed productivity gains and exploit the opportunities identified





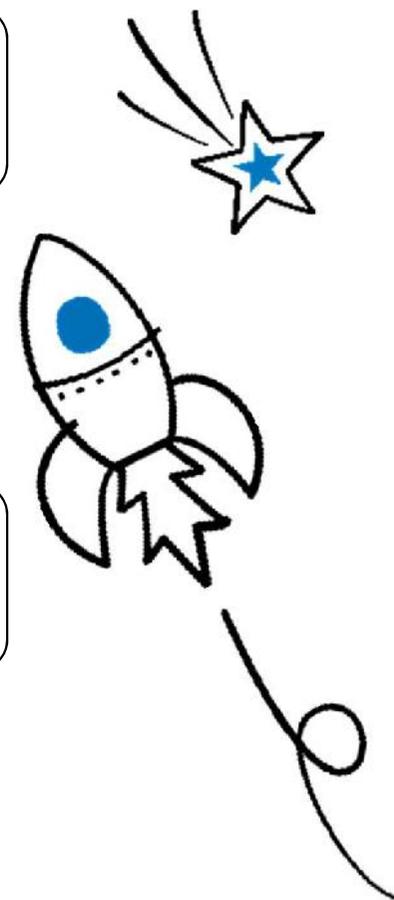
Principle 1: Children and young people first, always

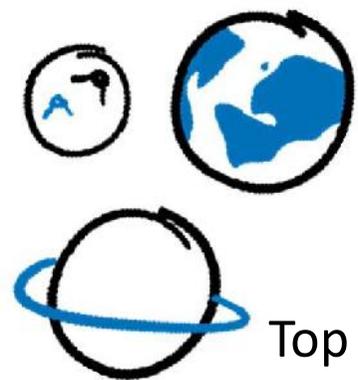
Activity

- Safe repatriations, remote support
- Admissions in line with Clinical Priorities
- Huge shift to virtual Outpatient Appointments
- Continued shift to quaternary patient type, increased complexity

Outcomes

- Higher complexity patients able to be managed on I&PC wards
- Commercialisation of novel pathways
- Incorporation of Paterson Inquiry recommendations





Principle 2: A values-led culture

Top 3 Workforce challenges;

- Overnight implementation of remote working for majority of operations staff
- Upskilling to increase breadth and depth of clinical practice across professions
- Communicating effectively

Wellbeing actions;

- Trained TRiM Practitioners + education
- Established qualified Peer Support Workers
- Specific focus on BAME colleagues
- Pilot of research-based intervention/analytics tool (Col Tom's fund)

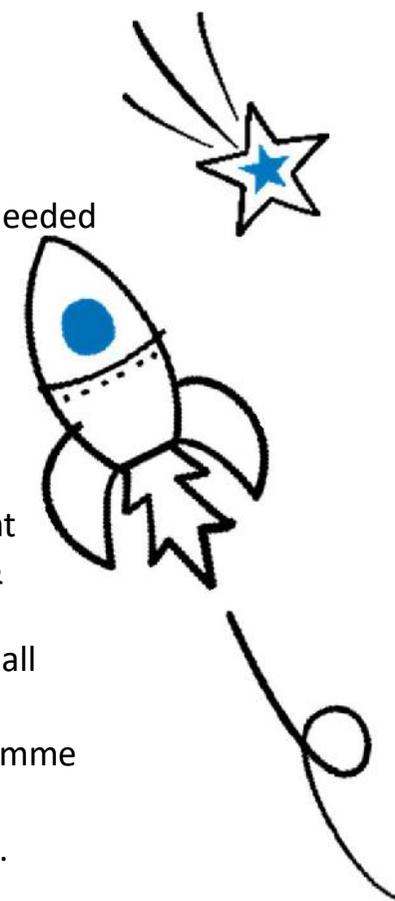
2019 NHS Staff Survey

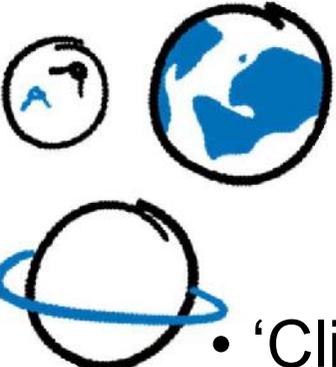
What we heard;

- Low engagement from staff and teams
- Investment in wellbeing & pastoral support needed
- Poor uptake of Training & Development

What we did;

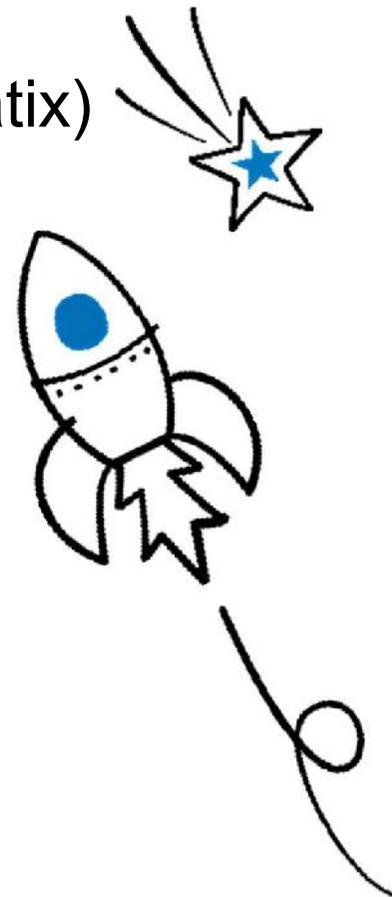
- Comprehensive 'Deep Dive'
- Relunched the ward Junior Sister roles
- Implemented a revised Nursing establishment
- Significantly improved Nursing recruitment & retention
- Introduced 'The Directors' Cut' virtual townhall
- Designed and launched team structure pilots
- Senior Leadership Team development programme
- Awaiting outcome of 2020 NHS Staff Survey...

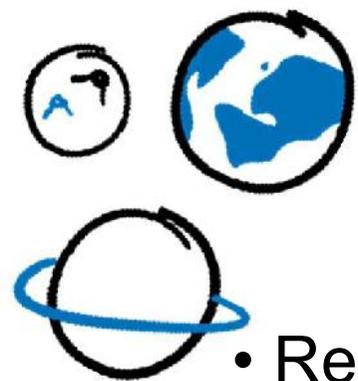




Principle 3: Quality

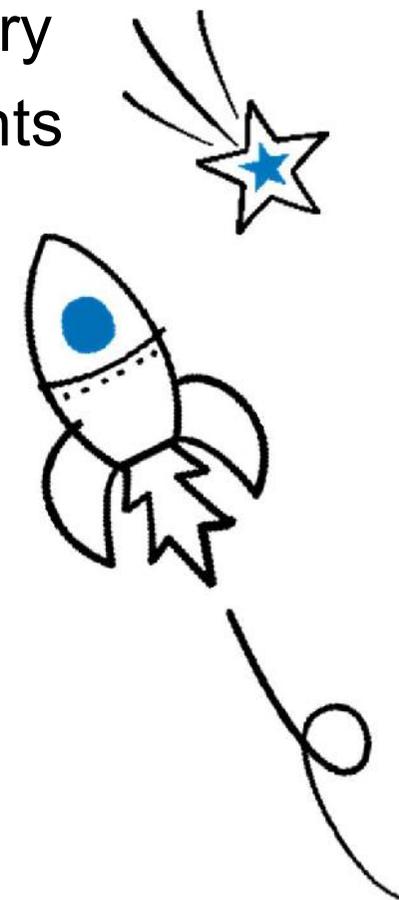
- ‘Clinical Quality Dashboard’ initiative
- Excellent incident reporting/management process (Datix)
- Key lessons from recent SIs;
 - Primacy of clinical observations
 - Recognition/timely escalation of a deteriorating child
 - Appropriate assessment of pre-admission information
- Introduction of ‘*Take 3*’ bulletin in order to broaden communication of safety & care issues
- Overwhelmingly positive FFT feedback
- Launch of Epic MyGOSH (Arabic)

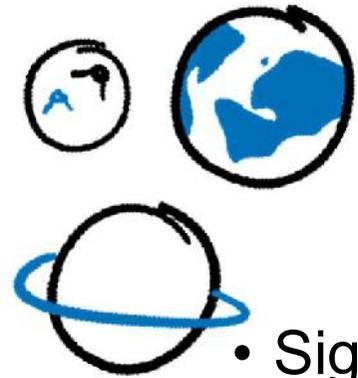




Principle 4: Financial strength

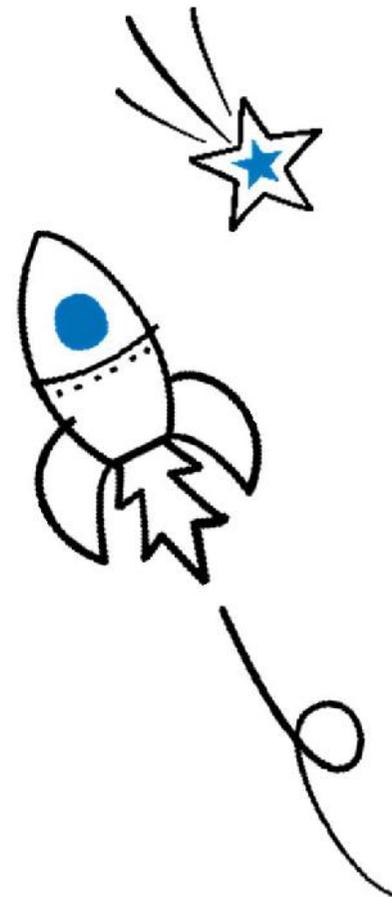
- Revenues tracking ahead of revised FY20/21 trajectory
- Buoyant referrals from previously less significant clients
- Increased UK activity, but less profitable
- Reduction in aged debt by c.25%
- Process optimisation plans in place with key clients





Principle 6: Partnerships

- Signed significant contracts;
 - King Faisal Specialist Hospital & Research Centre, KSA
 - Onassis Cardiac Surgery Centre, Greece
- Continued collaboration with Marketing/Referral agents;
 - China
 - Russia
- Significant role of our Gulf Office throughout COVID-19;
 - Supported repatriations from GOSH
 - Maintained relationships with key facilities and clients
 - Continued to facilitate complex referrals and admissions
 - ... all whilst working from home since March 2020!



**Trust Board
3rd February 2021****Climate & Health Emergency (CHE)****Paper No: Attachment O****Submitted by:
Zoe Asensio-Sanchez
Executive Director of Estates,
Facilities and the Built Environment** **For approval****Purpose of report**

To present to the Board a proposal for declaring a Climate Health Emergency in February 2021 including progress so far, delivery plans and targets and evidence on how this can benefit patients, families and staff.

Summary of report

The Trust has demonstrated a commitment to sustainability and the environment by noting in the Above & Beyond strategy “we aren’t looking after children if we don’t protect the environment” as part of Principle 5 (Protecting the environment). In 2020, the NHS declared a climate and health emergency, alongside an aim to become the first net zero health system globally.

What does the Climate & Health Emergency declaration actually mean in practice?

GOSH has set out a pathway with the aim of creating effective change towards decarbonisation over the two decades ahead, in line with the NHS England Net Zero Plan. As outlined in the NHS Plan the Trust has also outlined two separate goals:

- 1) GOSH Carbon Footprint (circa 24% of total emissions)– The emissions we control directly, net zero by 2030
- 2) GOSH Carbon Footprint Plus (remaining 76% of total emissions) – the emissions we can influence, net zero by 2040

The attached paper includes delivery plans and targets, monitoring plans, governance arrangements and an action plan for year 1 / year 2.

Key risks and challenges

- Achieving suitable levels of funding to enable the work to fully move forwards
- Potential risk to reputation if GOSH does not continue to lead discussions in the sustainable healthcare environment
- Continuing strong leadership and excellent communications is key

Action required from the meeting

The Board are asked to **endorse** and **authorise** the following action:-

- Adopting the ‘Declaration of a climate & health emergency’ and associated goals (internally then externally) as the trust position, and supporting the implementation of the previously outlined plan of action
- To advise the GOSH CC to begin formally working with the Trust on this subject - & to add CHE/Sustainability to their funding ‘shopping list’ – at the earliest opportunity.

<p>Contribution to the delivery of NHS Foundation Trust priorities</p> <p><input type="checkbox"/> PRIORITY 6: Create a Children’s Cancer Centre to offer holistic, personalised and co-ordinated care</p>	<p>Contribution to compliance with the Well Led criteria</p> <p><input type="checkbox"/> Leadership, capacity and capability</p> <p><input type="checkbox"/> Vision and strategy</p> <p><input type="checkbox"/> Engagement of public, staff, external partners</p>
<p>Strategic risk implications</p> <p>Under review</p>	
<p>Financial implications</p> <p>The sustainability team have been working closely with GOSH Charity to explore corporate donations alongside reviewing funding options within the Trust.</p>	
<p>Implications for legal/ regulatory compliance</p> <ul style="list-style-type: none"> • The Climate Change Committee (CCC) recently issued its Sixth Carbon Budget that has been accepted by the UK Government. This states that “all new buildings will be Net Zero by 2025’. It also commits the Government to reach a 78% Carbon reduction (by 1990 levels) by 2035. • The NHS has committed to become Net Zero by 2040 (all emissions they control) & 2045 (all emissions we can influence) • An NHS net zero hospital standard will be issued in Spring 2021 for all new hospital builds and 40 hospitals nationally are already planned in to this standard. The ambition is that GOSH should meet and surpass this standard. <p>NHS Long term plan</p> <ul style="list-style-type: none"> • The NHS is committed to improving air quality by cutting business mileage by 20% by 2023/24; ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028; and phasing out primary heating from coal and oil fuel on NHS estates. • The NHS will ensure that all trusts adhere to best practice efficiency standards and adoption of new innovations to reduce waste, water and carbon, in addition to reducing single-use plastics. 	
<p>Consultation carried out with individuals/ groups/ committees</p> <p>Proposals have been presented to EMT, Young Person’s Forum, GOSH Portfolio Board and previously Trust Board.</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales?</p> <p>Head of Sustainability in the Built Environment team Director of Built Environment</p>	
<p>Who is accountable for the implementation of the proposal / project?</p> <p>Executive Director of Estates, Facilities and the Built Environment</p>	
<p>Which management committee will have oversight of the matters covered in this report?</p> <p>Trust Board and EMT GOSH Audit Committee GOSH Portfolio Programme Board(for information)</p>	

Context

The adoption of a Climate & Health Emergency (CHE) is a key strategic principle for the Trust, with significant support from staff and patients. It is crucial that this commitment is also financially sustainable. EMT has recommended the adoption of a CHE declaration.

The Trust strategy 'Above & Beyond' notes that "we aren't looking after children if we don't protect the environment". Simon Stephens states in the Net Zero NHS report the case for action from a purely health perspective is clear, present and immediate for the young people in NHS care.

Research states:

- 1/3 new asthma cases avoided due to efforts to cut emissions
- Combustion of fossil fuels is a primary contributor to deaths in UK from poor air quality
- There is a disproportionate effect on deprived and vulnerable
- The COVID19 pandemic has illustrated the link between global public health and health care systems and populations across world

Studies have shown that young children and adolescents are more vulnerable to the adverse exposures of climate related issues - due to their anatomic, cognitive, immunologic and psychological differences - than adults. Their small size brings added vulnerability to dehydration and heat stress, they are more likely to be affected by respiratory disease, renal disease, electrolyte balance and fever during persistent hot episodes. The associated exacerbation of allergens and air pollution also impacts them more severely.

NHSE's 'Net Zero NHS' report published in September estimates lives saved as 5770 and 38,400 pa respectively due to reduced air pollution and increased levels of physical activity. It is clear therefore that responding proactively to this 'Climate & Health Emergency' presents significant opportunities to drive health benefit and resilience in staff, patients and the wider society.

GOSH opportunity and challenges

Our estate is mixed and so costs for any work will vary as will the opportunities to make key changes. Healthcare is highly energy intensive and so is our specialist medical equipment. GOSH is also situated in a densely populated area with high levels of air pollution and the restricted estate footprint presents limitations. There are also financial restrictions alongside other barriers (societal, infrastructure, economic, technological, political). Many of these restrictions are not unique to GOSH but are important to note.

There are, however, opportunities from operational and advocacy perspectives, in collaboration with others, to engage with and influence grid decarbonisation progress, innovative energy purchasing models, technology research partnerships, funding streams for climate & health impact research, embedding decarbonisation into our cyclical building maintenance programmes and new builds.

We are in a unique position to build local, regional and national partnership movements around air quality and child friendly public realm revolutions. We can also exploit existing and exploring new innovative cross sector funding models and using our success and reputation to forge movements to influence child centred change in society and government policy more broadly.

Key benefits include:

- Unify our staff, young people and partners around a common goal of sustainability
- Strengthen organisational & business resilience through embedding sustainability principles across the board
- Prepare for mandated change on the horizon from Government and the NHS

Attachment O

- Cement a key leadership role within the NHS system supporting NHSE towards their stated Net Zero target
- Forge a leadership position on air quality within the health sector in relation to child health
- Pioneer a globally recognised, 'child centred climate resilience' approach

Drivers for change

- The UK Government has adopted the Committee for Climate Change's 6th Carbon budget committing to a 78% reduction in Co2 (on 1990 levels) by 2035.
- The UK assumes the 'presidency' of global climate change efforts in 2021, hosting the UN COP 26 summit in Glasgow in November 2020
- In 2020 the NHS declared a climate and health emergency and an aim to become the first net zero health system globally
- GOSH sits on the 'Net Zero System Leadership Sub group' convened by NHSE
- The NHS Long Term and NHS Operational Planning & Contracting Guidance will contain increasing obligations to meet climate change.
- LB Camden has publically declared a Climate & Ecological Emergency and a target to become a Net Zero borough by 2030
- GOSH works closely with Camden on climate and air quality issues
- GOSH is an active public advocate around improving air quality by collaborating with local Councillors, Sadiq Khan, NHSE and WHO.
- GOSH's new 5 year Strategy – Above & Beyond' is underpinned by a commitment to 'Protect the Environment' as "we aren't caring for children if we don't protect the environment".
- Sustainability is integral to all 5 Above & Beyond Planets.
- The Phase 4 Children's Cancer Centre presents an opportunity to create a world leading Net Zero Healthcare building
- GOSH Children's Charity has outlined the importance of our sustainability credentials to future funding success and has proposed the creation of a 'Green Fund' to facilitate our journey.
- COVID19 has affected staff morale and well-being. Key staff interventions agreed are based on sustainability including the CHEER (Children's climate & Health Emergency Response) Environmental Behaviours App , SAS (Safe, Active & Sustainable) travel working group and Cycle Friendly Employer Accreditation (Gold Award) achievements

What does the Climate & Health Emergency declaration actually mean in practice?

GOSH has set out a pathway with the aim of creating effective change towards decarbonisation over the two decades ahead, in line with the NHS England Net Zero Plan. As outlined in the NHS Plan the Trust has also outlined two separate goals:

- 1) GOSH Carbon Footprint (circa 24% of total emissions)– The emissions we control directly, net zero by 2030
- 2) GOSH Carbon Footprint Plus (remaining 76% of total emissions) – the emissions we can influence, net zero by 2040

Delivery plans and targets

The dedicated Sustainability & Climate & Health Emergency Portfolio area will report this agenda into the Portfolio Board, EMT and potentially the Audit Committee through the stages outlined below.

GOSH Carbon Footprint (Net zero by 2030): Estates and facilities: (Building energy/water/waste = 15% of total)

We'll reduce emissions from our estate through interventions including -

- Tailoring our hospital improvement programme
- Optimising how we use our buildings
- Maximising opportunities for onsite energy renewable energy & heat
- Supporting & engaging with national electricity decarbonisation

Attachment O

- Research, innovation and the possibility of high quality and socially beneficial offsetting

Travel & Transport: (Mix of GOSH 2030 & 2040 targets = 14% of total)

We'll reduce our transport and travel emissions through interventions including –

Business travel & fleet (4% of total by 2030)

- Adopting all national vehicle efficiency improvements
- Improving air quality through reduced polluting business mileage & improved fleet
- Reduced travel from digital care pathway redesign

Personal Travel (10% of total by 2040)

- Active travel from staff, patients and visitors
- Moving towards zero emission ambulances & patient transport
- Electrification of vehicles used by patients and visitors to the Trust

Reducing emissions from inhalers and anaesthetic gases (5% of total by 2030)

- Meeting Long Term Plan commitments to reduce anaesthetics
- Meeting Long Term Plan commitments to reduce metered dose inhalers
- Lowering Desflurane use
- Promoting & adopting forecasted changes in anaesthetic use
- Optimising gas flow rates
- Optimising anaesthetic gas capture and reuse
- Promoting & adopting forecasted changes in metered dose inhalers
- Green disposal of inhalers
- Research, innovation and the possibility of high quality and socially beneficial offsetting

GOSH Carbon Footprint Plus (Net Zero by 2040)

Supply Chain: (66% of total by 2040)

We'll reduce our supply chain emissions through interventions including –

- Reducing our single use plastics in line with 'NHS Plastics Pledge'
- Creating routes for metal instrument reprocessing
- A programme of device reuse and refurbishment
- Reduced use of paper to NHS targets
- Reduced food waste
- Innovation around contractor process and product
- Move towards bio based polymers where possible
- Move towards plant food & drink options
- Decarbonised construction (CCC)
- Normalising electrified freight deliveries to the Trust
- Our commissioned services will meet NHS commitment levels
- Our non-pharmaceutical suppliers will meet NHS commitment levels
- Our pharmaceutical suppliers will meet NHS commitment levels
- Research, innovation and the possibility of high quality and socially beneficial offsetting

Monitoring plans and governance arrangements

Formulation of a Climate Health Emergency response plan (CHERP) which will include:

- Sustainable Development Management Plan (SDMP) objectives: We will report progress against each objective, previously agreed with the GOSH Board
- Sustainable Development Assessment Tool (SDAT): Progress will continue to be measured through an annual assessment using the (NHS Sustainable Development Unit's) SDAT.
- UN Sustainable Development Goals: monitoring our progress against the SDGs (already embedded in SDAT) making links into wider core GOSH activity also and allows global benchmarking

Attachment O

Quantitative measures:

- Clean Air Hospital Framework (CAHF): Using the scoring tool the Trust can assess progress annually towards our targets to reach both a 'Good' then 'Excellent' rating.
- Energy and utilities: Implementing and further refining in-house manual and remote systems will provide an ongoing picture of trends and overall status.
- Waste: Monthly waste reports provide all required waste and recycling data.
- Sustainable Travel Survey: An annual staff travel survey is undertaken through HR
- Carbon reduction: total organisational carbon footprint is a key metric towards the gaps outlined. The Trust will continued to be measured annually using the NHS SDU Sustainability Reporting Portal.

Greenhouse gas (GHG) emissions quantification and reporting methodology:

The Trust will also be making improvements to our emissions quantification and reporting during 2021. This is likely to include methodology based on principles of the DEFRA Environmental Reporting Guidelines. More information available in the appendices.

Governance arrangements

- GOSH Trust Board and Executive Management team: Both groups offer senior level leadership, support implementation and ensure alignment with the organisation's values, culture, strategy and operations. Progress is reported annually by the Executive Director of Estates, Facilities and the Built Environment & Head of Sustainability. They hold overall progress of the CHERP to account, and engage with high-level decisions including spend-to-save investments. The Board may look to identify a non-executive with responsibility for sustainability.
- GOSH audit Committee: A process for the CHERP and associated carbon reduction data will be agreed for reporting into the Committee
- GOSH Portfolio Board: progress on the CHERP will be formally reported into the Portfolio Board ensuring that it is embedded across Trust Portfolios. This is a reflection of the key portfolio area for the Trust 'protecting the environment'
- CHERP Delivery Group: The mixed stakeholder group meets monthly to offer operational and strategic support and guidance and ensure that the CHERP is implemented, measured and reported on to a high standard and on time.
- Young Person's Forum: representatives on the CHERP Delivery Group and also feed into the Sustainability Team and sub-groups on a quarterly basis through attendance at Young People's Forum workshops and via the GOSH Children and Young People's Coordinator.

Action plan

0-6 months – scheduled and requiring minimal funding, some items already launched

- Launching CHEER staff environmental/wellbeing app across Trust on a trial basis
- Disseminating GOSH's Sustainability Roadmap (SDMP) with staff
- Climate Emergency clinical role in place , with backfill arrangements and clear objectives
- Cycle friendly employer (CFE) status achieved and continuing
- Safe, Active & Sustainable (SAS) Travel working group interventions including electric bike hire scheme
- United Nations COP Glasgow preparation
- Children's Cancer Centre (CCC) RIBA 3 commences with a net zero focus
- NHS England 2nd & 3rd Net Zero System Leadership Sub group meeting
- Clean Air Hospital Framework clinical speciality education campaign

Attachment O

- Programme of education developed with practice educators
- CCC public realm concept design completed
- Holborn 'Low Traffic Neighbourhood' partnership with LB Camden
- Engagement with GOSH suppliers/contractors on carbon footprint plus declaration

Year 1: Delivering our enhanced technical 'carbon analysis'. (2021/22)

This work ensures targeted implementation, monitoring and reporting of GOSH's Net Zero journey. Funding has been identified externally and work has been mapped out to stagger the stages of work, explore pro bono partnership options and work closely with the GOSH Charity.

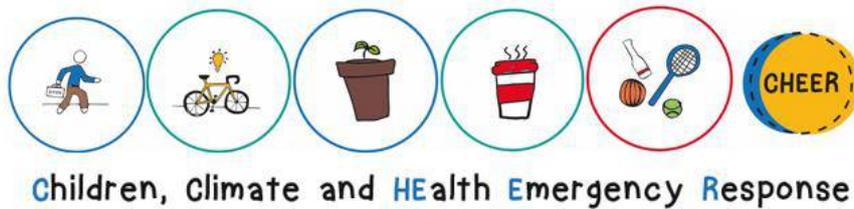
GOSH Charity feedback has noted that the hospital's 2030 and 2040 carbon neutrality goals present opportunities for securing support through Corporate Partners, both through financial support pro bono / knowledge and skill sharing. They note that this area is becoming more prominent and that funders will be interested to hear more about the work the hospital is doing. It can also allow tailored approaches for funding especially for donors working in this space or for those interested in longer term projects.

Phase 1 (2021) (Delivered In-house and with existing & evolving partners/funding)

- Stakeholder mapping: Identifying material carbon impacts & relevant decision makers/stakeholders.
- Quick wins: Initial focus on low and no cost measures with quick paybacks
- Baseline carbon assessment: Basic initial baseline assessment
- Raise awareness and motivate action: A key year one objective this will build on existing activity, occurring across the Trust for staff, children and suppliers.
- Leadership and clinical engagement: Formerly appoint (with backfill arrangements and clear objectives)) Climate Emergency clinician role to translate the science of the climate emergency and carbon literacy into a language readily accessible to clinical staff.
- Research: Further engagement with the well-established clinical research teams within GOSH, ICHR and DRIVE to plan, monitor and publish our initiatives and progress.
- Detailed Scope 3 assessment (Preliminary work only: Main outlined below)

Phase 2 (2021/2) (Delivered through a combination of the above + further external funding & pro bono collaboration)

- Detailed Scope 3 (GOSH Carbon footprint plus) assessment: separate and detailed scope 3 emissions assessment covering supply chain & CCC construction. Will inform emission reduction target areas.
- Setting carbon budgets: Having declared (2030/2040 Net Zero goals) we'll consider a science based carbon budget placing a cap on the absolute quantity of emissions generated. Viewed as best practice and commonly set by the Science Based Targets organisation but other options available
- Decarbonisation pathway planning: Investigation of emission reduction opportunities available (including associated costs and implementation practicalities), allowing development of a practical pathway/s to GOSH Net Zero goals.
- Build a decarbonisation action plan: Using agreed Net Zero pathways a clear action plan will be created with detailed expectations in terms of timelines, budgets, and responsibilities.
- Set in place monitoring and reporting processes: We'll simultaneously embed in depth monitoring and reporting infrastructure ensuring stakeholders kept informed of progress and decision makers held accountable to plans and commitments. (potentially through a dashboard currently under development)



Designed for our staff engagement app by the children & staff at Great Ormond Street Hospital

“In our planets current state, the declaration of a climate emergency is an obvious decision to make. This is the only way for Great Ormond Street to publicly show that the hospital are seriously considering the issue of climate change and are committed to holistically caring for the future generation’s health, beyond the clinical terms. As a chance to showcase the hospital’s work so far, and their plans for the future. It is an opportunity for the hospital, trusted by so many to use their influence and resources in a positive manner and spearhead the climate movement among similar healthcare organisations.

The declaration of a climate emergency, in my opinion, will only serve to improve GOSH’s reputation as a hospital of strong morals and an innovator that is prepared to adapt to the challenges of time”.

GOSH Young Person’s Forum 2020

Recommendation

The Board are asked to **endorse** and **authorise** the following actions:-

- Adopting the ‘Declaration of a climate & health emergency’ and associated goals (internally then externally) as the trust position, and supporting the implementation of the previously outlined plan of action
- EMT is required to advise the GOSH CC to begin formally working with the Trust on this subject - & to add CHE/Sustainability to their funding ‘shopping list’ – at the earliest opportunity.

Appendices and diagrams at the end of the paper for reference

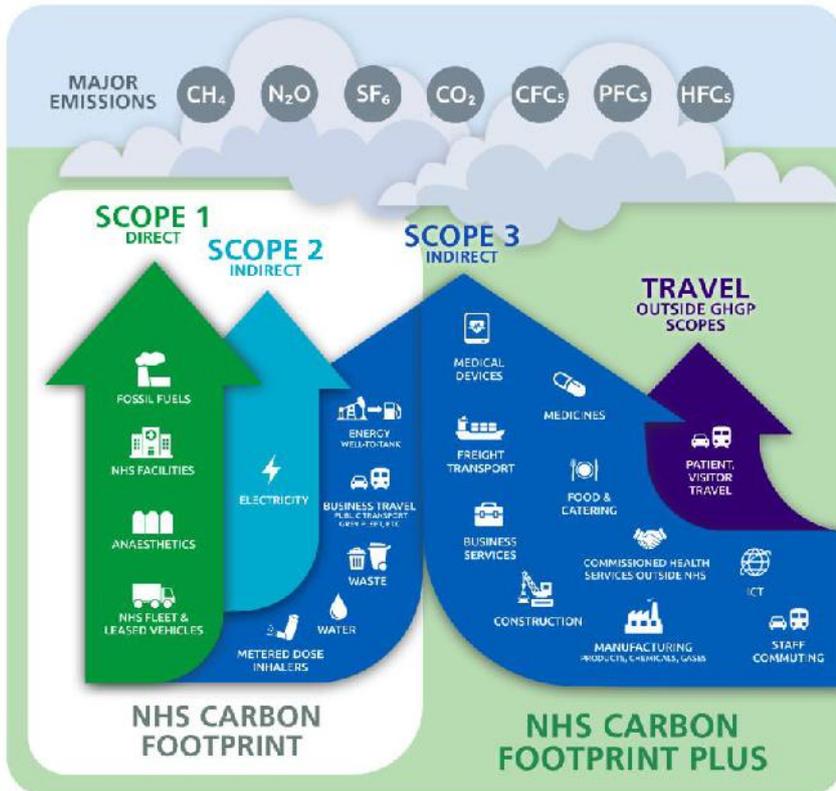
- Figure 1: Three scopes of emissions contained within ‘GOSH carbon footprint’ and ‘GOSH carbon footprint Plus’ goals
- Figure 2: Interventions required by % for ‘GOSH carbon footprint’ and ‘carbon footprint Plus’
- GOSH sustainability successes
- Greenhouse gas (GHG) emissions quantification and reporting methodology

PAPER END

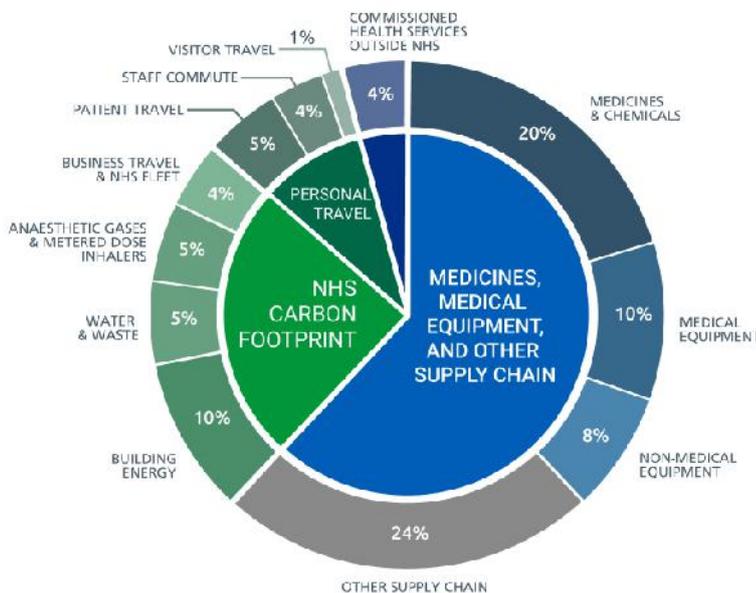
Attachment O

Appendices and diagrams for reference

- Figure 1: Three scopes of emissions contained within 'GOSH carbon footprint' and 'GOSH carbon footprint Plus' goals
- Figure 2: Interventions required by % for 'GOSH carbon footprint' and 'carbon footprint Plus'
- GOSH sustainability successes
- Greenhouse gas (GHG) emissions quantification and reporting methodology



Three scopes of emissions contained within 'GOSH carbon footprint' and 'GOSH carbon footprint Plus' goals



Attachment O

Interventions required by % for 'GOSH carbon footprint' and 'carbon footprint Plus'

GOSH's sustainability successes

a) Carbon reduction associated with Estate energy use: Reduction of 50% per staff member

Context info	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Carbon (tCO2e/employee)	5.47	4.70	4.57	4.00	3.00	2.80	2.56
Direct Emissions (tCO2e)	21,341	19,143	17,711	16,632	13,508	12,995	12,263

b) Staff wellbeing and engagement – Active staff Green Champions network and bespoke environmental/wellbeing behaviour App

Children, Climate and Health Emergency Response

CHEER for GOSH is all about bringing together our hospital, our people and our environment in response to the Climate Emergency.



CHEER for GOSH

All of the drawings on CHEER have been designed by children of GOSH.

c) YPF and patient involvement: YPF support and full integration into sustainability activity & governance



d) Embedded leadership commitment: Board level & whole organisation sustainability integration commitment

GOSH Strategy 2020-2025 (extract)

Principle 5: Protecting the environment

We aren't caring for children if we don't protect the environment.

In 2025, sustainable business practices will be embedded across our organisation so that our people find it easier to make the right choice. Sustainability will be central to our purpose, given the widely acknowledged impact of climate change on child health across the globe. Our sustainable development action plan will underpin our commitment to planetary health, every day.

Partnering with academia and industry, we will accelerate research & innovation into clinical practice to save and improve more children's lives.



e) Improving air quality: Leading the way with a global first

Attachment O

GOSH is now recognised within the NHS & beyond, as taking a leadership role in regard to air quality with our Clean Air Hospital Framework



f) Healthy & Sustainable Public Realm: A dedicated ‘sustainable place making’ project lead for GOSH & the Children’s Cancer Centre



g) Leadership and NHS peer recognition: Chief Executive and the Executive Director of Estates, Facilities and the Built Environment on the NHSE (Greener NHS) NET Zero leadership sub group

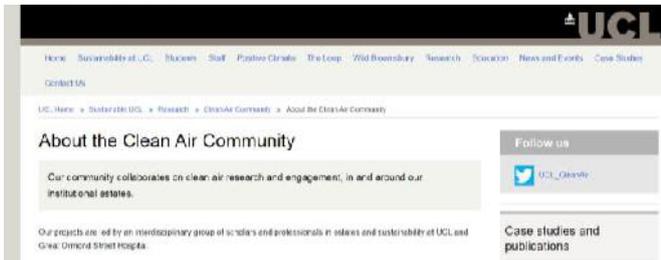


h) Staff travel: Ground breaking ‘Safe, Active and Sustainable Travel’ working group
The group informing our response to COVID and the Climate Emergency has already presented at a major conference, disseminated findings to peers across the sector and made GOSH the UK’s first NHS ‘Cycle Friendly Employer’ with a Gold award.



i) Academic partnerships: An established sustainability/air quality research partnership (with UCL) bringing students & funding routes

Attachment O



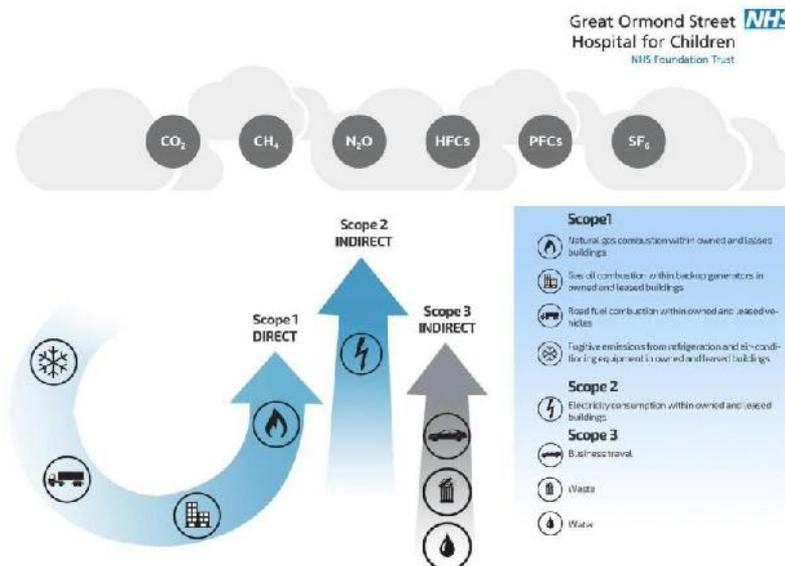
j) Clinical projects and Anaesthetic gases: Anaesthetic Gas working group

A GOSH consultant group is working with the Greener Anaesthesia and Sustainability Project (GASP) to target gas flows and reduce inhaled anaesthetic gases in high impact areas.



Greenhouse gas (GHG) emissions quantification and reporting methodology

This underpinning methodology, based upon the relevant principles of the DEFRA Environmental Reporting Guidelines, will be used when preparing future GOSH GHG information for varied purposes including CHE response reporting. It sets out a framework for quantification and reporting of emissions and applies the following accounting principles – relevance, completeness, consistency, transparency and accuracy – referenced by DEFRA in their GHG Protocol.



Attachment O

GOSH GHG sources

Scope 1 GHG sources

GHG source: Natural gas consumption. **Unit of measurement:** kWh converted into tCO₂e

Definition: Total natural gas consumed for use within boilers, heaters, CHPs, furnaces, kilns, ovens, flares, thermal oxidizers, dryers, laboratory equipment etc, in all owned or fixed assets held under operational leases that combust natural gas.

GHG source: Fuel oil combustion. **Unit of measurement:** Litres converted into tCO₂e

Definition: Total quantity of gas oil and biofuel combusted within boilers in all owned or fixed assets held under operational leases.

GHG source: Fugitive emissions from refrigerants. **Unit of measurement:** kg converted into tCO₂e

Definition: Total mass of refrigerant gases purchased to replenish all refrigeration, air-conditioning, heat pump and fire protection system equipment where the Trust or one of its appointed contractors is responsible for maintenance and servicing following either intentional or unintentional releases to the atmosphere during the reporting year.

Scope 2 GHG sources

GHG source: Purchased electricity for own consumption. **Unit of measurement:** kWh converted into tCO₂e. **Definition:** Total electricity purchased and consumed for use within buildings within owned or fixed assets held under operational leases that consume electricity.

Scope 3 GHG sources

GHG source: Water. **Unit of measurement:** Cubic metres (m³) converted into tCO₂e.

Definition: The quantity of water supplied to all owned or fixed assets held under operational leases that consume water during the reporting period.

GHG source: Waste. **Unit of measurement:** Tonnes converted into tCO₂e. **Scope:** All waste generated on sites owned or held under operational leases by GOSH.

Definition: The quantity of waste generated in GOSH's owned or controlled operations in the reporting year.

GHG source: Business travel. **Unit of measurement:** Miles converted into tCO₂e.

Definition: The total number of miles travelled by GOSH staff for business via air, rail and land in vehicles not owned or operated by GOSH.

Trust Board 3 February 2021	
Business Planning 2021/22 Submitted by: Helen Jameson, Chief Finance Officer John Quinn, Chief Operating Officer	Paper No: Attachment P <input type="checkbox"/> For information and noting
Purpose of report To update the Board on the business planning process for 2021/22, including budget setting and the progress made to date.	
Summary of report The Trust is required to submit an annual business plan to NHS England and NHS Improvement (NHSEI), detailing the goals and objectives of the organisation for the coming year. The organisation's overarching business plan will be informed by both the strategic direction of Above and Beyond and the detailed business plans developed by each of the clinical and corporate directorates. To meet the Trust's planning and commissioning expectations, a governance process, planning timetable, business planning template and supporting financial and budgetary rules have been developed for all directorates to guide them in achieving the Trust's obligations. This paper provides an update on the business planning process for the 2021/22 financial year which is continuing, although NHSE/I is unlikely to release further guidance until April 2021.	
Action required from the meeting To receive an update business planning for 2021/22	
Contribution to the delivery of NHS Foundation Trust priorities <input type="checkbox"/> PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people <input type="checkbox"/> PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes <input type="checkbox"/> PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training	Contribution to compliance with the Well Led criteria <input type="checkbox"/> Leadership, capacity and capability <input type="checkbox"/> Vision and strategy <input type="checkbox"/> Culture of high quality sustainable care <input type="checkbox"/> Responsibilities, roles and accountability <input type="checkbox"/> Effective processes, managing risk and performance <input type="checkbox"/> Accurate data/ information <input type="checkbox"/> Engagement of public, staff, external partners

<ul style="list-style-type: none"> <input type="checkbox"/> PRIORITY 4: Improve and speed up access to urgent care and virtual services <input type="checkbox"/> PRIORITY 5: Accelerate translational research and innovation to save and improve lives <input type="checkbox"/> PRIORITY 6: Create a Children’s Cancer Centre to offer holistic, personalised and co-ordinated care <input type="checkbox"/> Quality/ corporate/ financial governance 	<ul style="list-style-type: none"> <input type="checkbox"/> Robust systems for learning, continuous improvement and innovation
<p>Implications for legal/ regulatory compliance N/A</p>	
<p>Consultation carried out with individuals/ groups/ committees All clinical and corporate directorate leaders are involved in the business planning process. They in turn consult with their service leads and relevant external partners</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales? Directorates and Departments</p>	
<p>Who is accountable for the implementation of the proposal / project? Executive Team</p>	
<p>Which management committee will have oversight of the matters covered in this report? Finance and Investment Committee, Operational Board, Executive Management Team</p>	

Business Planning for 2021/22 Update Paper -

1. Introduction

This paper is to provide an update on the progress of business planning for the 2021/22 financial year whilst also setting out next steps. The process and assumptions will be updated as NHSEI release further planning guidance. The Trust currently does not have guidance from NHSEI about the information and timescales associated with the business plan submission for 2021/2022, and NHSE/I is unlikely to release further guidance until April 2021. The internal process is continuing at pace, to enable to Board to sign off the Trust Operational Plan (including budget) as planned in the original timetable (Appendix 1). This will then form the basis for the submission to NHSE/I.

2. Business Planning for 2021/22

A clear structure and timetable was set out for business planning for 2021/22. Progress to date is detailed below:

September 2020: The business planning process began at the end of September, with directorate specific business planning support sessions. The sessions involved directorate triumvirate colleagues, strategy and planning colleagues and finance and human resources business partners. They focussed on the parameters and challenges concerned with: clinical activity, revenue and capital budget, education, research, transformation, workforce development and international and private patients. They also highlight the internal and external parameters against which clinical and corporate directorates were required to plan.

November 2020: The first iteration of financial plans were submitted and scrutinised. Directorates were advised to review their proposals in line with data regarding Trust deficit position

December 2020: The first iteration of business plans and budgets were submitted. They were reviewed and feedback was provided to directorates. Feedback themes were:

- Need to ensure interdependencies across the organisation were fully assessed
- Reassessment of any proposed service growth based on potential for cost-covering income either by IP&C or NHSEI contract
- Need to identify organisation wide projects and establishing cross-directorate working groups to ensure sharing of good practice and standards

January 2021: Business plans and budgets have been presented to an Executive Panel Challenge Session for scrutiny. A further Challenge Session will be diarised for directorates in early February, to support them to achieve a breakeven budget, within their allocated control total.

A timetable for next steps can be found at Appendix 1

3. Activity Planning for 2021/2022

The Phase 3 Letter received from NHSE/I on the 31st July 2020 outlined the need for systems to obtain 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) and 90% for elective activity compared to the same timeframe in the 19/20 period. Directorates are planning activity with this as a baseline, whilst taking into account the impact of Covid in terms of change in practices on the case-mix of patients, and the change in activity that Covid has brought, which will undoubtedly be felt into 2021/22. This will be reviewed in light of the priorities set out from NHSE/I and the system on receipt of the Phase 4 letter.

Contracting Income – Service Developments: The Trust wrote to commissioners in September 2020 outlining a number of areas of service developments and pathways changes for discussion as part of the 2021/22 contract negotiations. Due to the levels of uncertainty regarding 2021/22 these development areas have not been included in the financial and activity plan.

4. Revenue Budget Setting for 2021/22

Due to the latest surge in Covid-19 cases the Trust has been informed that the guidance expected in January has been delayed and will not be released to Trusts yet. It is now expected that some information will be available in March but the system wide planning process will not be undertaken until Q1 of 2021/22. As outlined previously the Trust cannot wait to develop its plans for this to be released and is therefore continuing with the budget setting process that is underway.

The Trust, in line with the budget setting timetable, issued control totals to each directorate on the 23rd December 2020. The control totals came to the initial Trust plan of a £41.9m deficit and included a £19.5m better value programme. The directorates have been working on developing their initial budget submissions and bringing them down to their control totals and identifying better value schemes.

In order to provide support and challenge to the budget setting process each directorate had an Executive challenge meeting in January ahead of the 3rd submission on the 22nd January. The challenge meetings were chaired by the CEO with other members of the executive leadership team in attendance. Each directorate presented:

- Current position and plans to reach their control total
- Activity assumptions and what was needed to deliver the activity
- Better value schemes
- Service transformation plans.

These meetings highlighted the progress that has been made on the budget planning process and also the areas that both further development or some focus. Following these

meetings Directorate teams went to work on reducing the cost of running the services next year both by reducing costs and developing up better value schemes.

The Trust continues to update income assumptions for NHS commissioners, non-NHS clinical commissioners and private patients as details become available. The current financial block arrangements will be extended to the end of 2020/21 quarter 1 with funding levels being confirmed in March. Detailed planning for quarter 2-4 will be undertaken during quarter 1 with a system allocation that contract values should align with and a blended payment approach as the default mechanism for most secondary care services (as shared in the November tariff engagement document). It is unclear at this current time how funding for specialised services will flow however they will follow the same principles.

The draft Trust wide business plan and budget will be taken to the next Finance and Investments Committee on the 17th February 2021. The Final plan will be signed off by the Trust Board in the March meeting.

5. Better Value for 2021/2022

Directorates are developing better value schemes and the Trust is in the process of developing up a number of work streams around better value. In addition each directorate is working to develop their own local plans to deliver the local better value target they have been given. The better value work streams are:

- Commercial
- Contracts/Procurement
- Space
- Services
- Workforce

Each of these work streams is led by a member of EMT and meet weekly to ensure sufficient drive and progress is achieved on developing detailed plans out of the initial general schemes that were developed. EMT receive a weekly update on the progress of the Better Value.

6. Capital Budget Setting for 2021/22

In 2020/21 a new capital regime was introduced whereby ICSs/STPs allocated capital funding budgets to Trusts even if the costs are funded by their own cash. It is expected that STP/ICS capital envelopes for 2021/22 will be issued February 2021. The Trust is still required to complete a five year capital plan, the first year of which will require a detailed scheme-by-scheme submission. These requirements also meets the GOSH Children's Charity's need for information about hospital priorities, facilitating the determination of their future business planning needs. The amount of capital funding across the NHS is lower than it has been in previous years. System-wide plans are expected to be required for submission in April 2021.

The new accounting rule IFRS 16 which was expected to be implemented in the NHS on the 1st April 2021 has now been further delayed until the 1st April 2022. Although

this will not impact on capital expenditure until 2022/23, work is being done to identify all relevant leases and embed processes so that a smooth transition can be ensured.

The Trust has calculated an affordable level of Trust-funded capital expenditure based on cash available. This affordable level is £18m. EMT agreed that this be the starting point for 2021/22 planning; however, as noted above, the final total envelope for Trust-funded capital expenditure will be set by the STP/ICS.

The Trust leads for capital, built environment, ICT, medical equipment and estates and facilities have been developing their capital plans in conjunction with business planning leads.

The Estates and ICT teams have prepared schedules of risk assessed back log maintenance to give assurance that high risk spend requirements are covered in the capital plan. These schedules of planned preventative maintenance (PPM) will be presented to EMT.

The current plans that have been developed as part of the capital planning process described above exceed the £18m available to the Trust. EMT is being presented with a current plan so that it can identify those schemes that can be delayed into future years and the associated risk with doing that.

As per previous years, capital planning of equipment replacement will continue to be on a rolling basis in line with the information held on the central equipment database. This informs the Trust and Charity about future demands and allows both organisations to plan future budgets and charitable fundraising programmes, respectively.

Regular reports will continue to be provided to EMT, the FIC and the Trust Board.

7. Next Steps

The next key milestones within the business planning process for 2021/22 are:

- 2nd Business plan submission on 1st February
- Charity bids to be submitted to GOSH Charity on 15th February
- Budget submission on 19th February

Business Planning 2021/22 – Key Milestones

February 2021	
1/2	<ul style="list-style-type: none"> Clinical and Corporate Directorate plans and budgets submitted to Strategy and Planning (submission 2). Plans shared with clinical and corporate directorates
3/2	<ul style="list-style-type: none"> EMT review Capital Programme Charity submissions to EMT (papers 27/1)
15/2	<ul style="list-style-type: none"> Service Delivery Submission to be submitted to Charity
17/2	<ul style="list-style-type: none"> Draft NHSEI Operational and Capital Plan presented to Finance and Investment Committee (papers 10/2)
19/2	<ul style="list-style-type: none"> Budget submission 4
24/2-25th	<ul style="list-style-type: none"> 2nd Executive Panel Challenge Sessions
March 2021	
3/3	<ul style="list-style-type: none"> EMT – final report (papers 26/2)
11/3	<ul style="list-style-type: none"> Final business plans and budgets presented to Operational Board (papers 5/3)
18/3	<ul style="list-style-type: none"> Charity Grants Committee (papers 10/3)
24/3	<ul style="list-style-type: none"> Finance and Investment Committee (papers 17/3)
30/3	<ul style="list-style-type: none"> Final NHSEI Operational and Capital Plan presented to Trust Board (papers 19/3)
31/3	<ul style="list-style-type: none"> Budget loaded into the Finance ledger and made available on QlikView
TBC	
TBC	<ul style="list-style-type: none"> Final Operational Plan submitted to Sustainability and Transformation Partnership and plans for submission to NHSEI

**Trust Board
3 February 2021****Support for Siblings: update on action
following experiences shared at Trust Board**

Submitted by: Alison Robertson, Chief Nurse
Prepared by: Suzanne Collin, Patient Feedback
Manager and Claire Williams, Head of Patient
Experience and Engagement

Paper No: Attachment Q **For information and noting****Purpose of report**

To present an update on action taken to improve sibling experience following a patient story presented at Trust Board in September 2019.

Summary of report

This paper:

- Highlights action taken to obtain further feedback from siblings about their needs and support required
- Describes the findings of surveys and further engagement with siblings
- Outlines how sibling feedback has informed short, medium and long term initiatives (including sibling school packs, a sibling badge, sibling forum and potential sibling space) to enhance experiences of siblings
- This work is being monitored through the Patient and Family Experience and Engagement Committee (PFEEC) and forms part of the Patient and Family Experience proposal

Action required from the meeting

For the Board to receive for information, providing any comment for future direction.

**Contribution to the delivery of NHS Foundation
Trust priorities** **PRIORITY 4: Improve and speed up
access to urgent care and virtual services****Contribution to compliance with the
Well Led criteria**

-
- Vision and strategy**
-
-
- Culture of high quality sustainable care**
-
-
- Engagement of public, staff, external
partners**
-
-
- Robust systems for learning, continuous
improvement and innovation**

Strategic risk implications

None

Financial implications

None

Implications for legal/ regulatory compliance

'Not Applicable'

Consultation carried out with individuals/ groups/ committees

Consultation with Children, Young People and their Families. PFEEC. GOSH Children's Charity

Attachment Q

Who is responsible for implementing the proposals / project and anticipated timescales?

Head of Patient Experience and Engagement

Who is accountable for the implementation of the proposal / project?

Chief Nurse

Which management committee will have oversight of the matters covered in this report?

Patient and Family Experience and Engagement Committee

Sibling Support

Subject: Support for Siblings: update on action following experiences shared at Trust Board

Prepared by: Suzanne Collin, Patient Feedback Manager and Claire Williams, Head of Patient Experience and Engagement

Date of Meeting: 3 February 2021

1. Introduction

In September 2019 Hannah attended Trust Board and shared her experiences of being the sibling of a patient with a long term condition at GOSH. Hannah spoke about the impact on her family and her day to day life, and the unique insight she has on her sibling's condition and the hospital. Hannah described the importance of involving siblings and in enabling them to choose their role. Since then Hannah and the Patient Experience team have been working together to better understand the sibling perspective and how the Trust can support siblings. This report sets out action to obtain further feedback and plans to enhance the experiences of siblings at GOSH.

2. Further feedback

Following consultation with the Young People's Forum, a survey, designed by Hannah and the Patient Experience team was created. The purpose of the survey was to understand the needs of siblings and establish what GOSH can do to support them. The survey was launched via social media between July and September 2020 alongside a film message from Hannah <https://www.youtube.com/watch?v=Cc4N74Mm9jw> to encourage siblings to share their views.

"It hasn't always been easy [being a sibling of a patient]...I began to realise that I'm not the only one who's felt scared at times and I'm not the only one who's felt lonely sometimes.. Being a sibling of a patient makes you special. You have a unique story and we want to hear it' Hannah

91 surveys were completed (17% were under 10 years-, 45% were aged between 10 – 15 years 45% and 38% were 16-21 years).

The survey results highlighted that 45% of respondents felt they needed emotional support

while their sibling was at GOSH.

However, 51% of all respondents felt they didn't get the support they needed. Some siblings described positively feeling informed and supported. However, siblings also described feeling scared, lonely and confused and they told us that they felt excluded and forgotten.

"I felt forgotten about. I'm not allowed in, will he forget me?" Sibling

The current restrictions which prevent siblings coming into GOSH have exacerbated this feelings.

The survey results highlighted the impact of being a sibling with 43% of siblings reporting that their mental health was affected. 27% of siblings said that relationships with family members changed as did their performance at school and their friendships.

Siblings told us about the lack of understanding they faced and lack of recognition for what they were going through. They talked about the long lasting negative effects of what they witnessed and being separated from family.

“My relationship with my family suffered as they spent a lot of time at GOSH with my Sister and I had to stay with my Nan so felt a little left out. I felt sad a lot of the time too”.

Sibling

The survey results also gave a valuable insight into what siblings would find helpful including but not limited to:

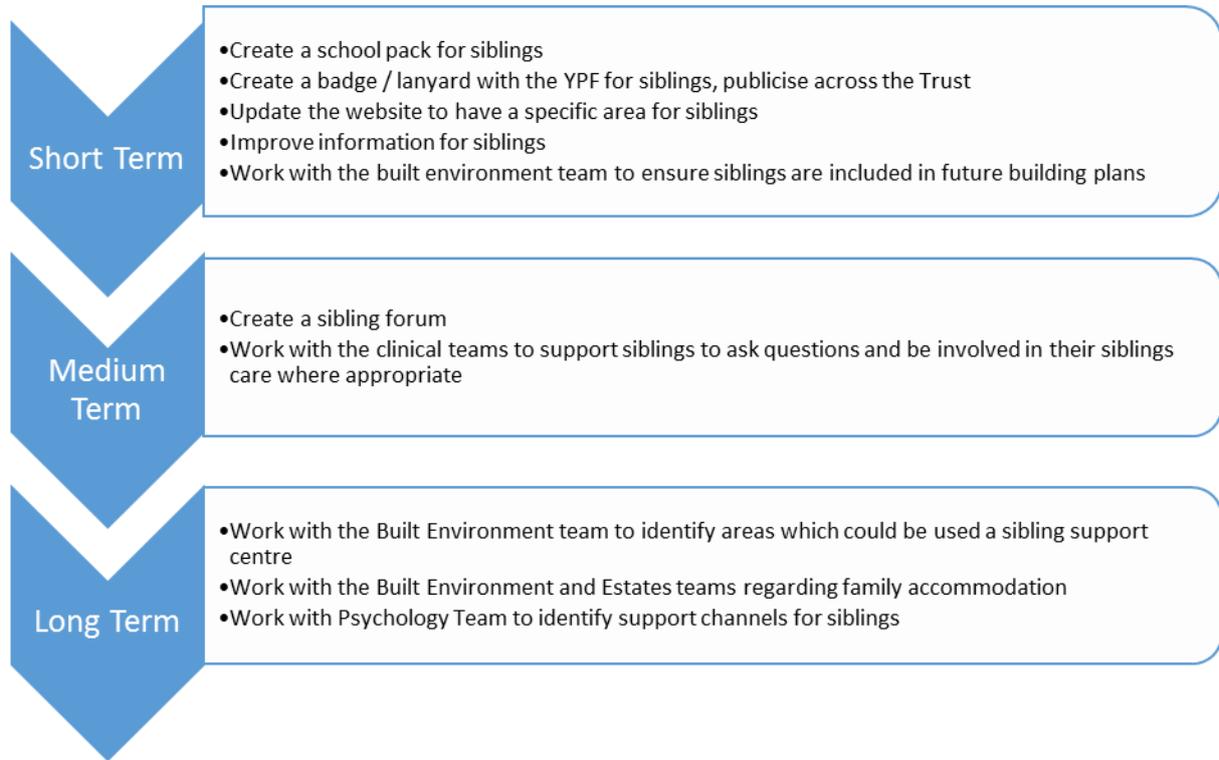
- Being able to stay with my parents/ or my sibling at or close to the hospital
- A Sibling Support Group
- Having someone to talk to and/or counselling
- Being made to feel included rather than an outsider
- More visits
- Explanation about my sibling’s condition and procedures and more information to enable siblings to help more
- Support from school to enable hospital visits
- Understanding what to do in an emergency
- Better Wi-Fi at the hospital to enable us to play games with them from home

3. Actions

The survey feedback along with further engagement with the siblings of patients has informed a number of specific proposals.

Siblings were asked which of the following things would be helpful

- A pack to give to your school which could include a letter from the hospital saying your sibling/s are ill and what this means for you – **75%**
- A room specifically for siblings, to chill out, revise etc. – **64%**
- A sibling pass / badge to remind clinicians to include siblings – **63%**
- GOSH Sibling Forum - a safe space where siblings can help to improve the hospital for other siblings – **51%**
- Dedicated time with Clinical Nurse Specialists, Doctors to ask questions – **45%**
- Rights to have training on medical procedures / medicine administration – **41%**



Next steps

Sibling support forms a fundamental part of the Patient and Family Experience Proposal being presented to the GOSH Children’s Charity Grants Committee. While sibling visiting is not possible at present, this under close review and actions will be reviewed as restriction ease and in line with the Patient Experience Learning Cycle





Trust Board 3 February 2021	
Update on the Board Assurance Framework Submitted by: Anna Ferrant, Company Secretary	Paper No: Attachment R
<u>Risk Assurance and Compliance Group (RACG) review of the Board Assurance Framework (BAF)</u> <p>The purpose of this paper is to provide an update on the Board Assurance Framework (BAF) and to remind Board members of the current status of risks on the BAF. A summary of all risks is presented at Appendix 1. All BAF risks were updated in December 2020/ January 2021. A copy of the full BAF is provided for information.</p> <p>The RACG undertook an in-depth of all BAF risks at its meeting on 12 January 2021. The results of this review were reported to the Audit Committee on 29 January 2021 for consideration and recommendation to the Trust Board. The BAF risks have been matched to the Trust strategy principles and priorities (see summary sheet at front of BAF).</p> <p>The Audit Committee will report back to the Board at the meeting on its consideration of the following proposals from the RACG:</p>	
<p><u>Risk 5 Unreliable data: Current net score 4 (L) x 4 (C) = 16</u></p> <p>The RACG agreed that the data quality strategy was in place, actively monitored and reported on and progress made with its delivery. Based on this, it was agreed that the consequence score for the risk is reduced due to the fact that a data management framework has been established.</p> <p>Recommendation for Audit Committee: RACG to seek approval from the Audit Committee to reduce the net score for this risk through a reduction in the consequence score. The likelihood score will remain until the actions cited in the BAF risk are delivered. Reduce net score to 4 (L) x 3 (C) = 12.</p>	
<p><u>Risk 8 EPR: Current net score 4 (L) x 4 (C) = 16</u></p> <p>The RACG noted that the gross and net scores are the same and this seemed incongruous. It was noted that whilst there remained reporting issues from the EPIC system, the Trust had achieved HIMSS levels 6 and 7 that provided assurance of the level of digital maturity of the system.</p> <p>Recommendation for Audit Committee: The Committee agreed that the EPR system was well embedded across the Trust and proposed that the relevant controls/ assurances are rolled in to existing risks on the BAF (financial sustainability, service innovation and unreliable data).</p>	
<p><u>Risk 9 Business Continuity: Current net score 3 (L) x 5 (C) = 15</u></p> <p>The RACG reflected that GOSH was one of a few trusts that were compliant with the emergency planning assessment conducted by NHSE. The committee agreed that the Trust</p>	

<p>had recently tested its business continuity plans with Covid, but fire, a flood and bed bugs. It was agreed that the impact of Covid should be removed from this risk and documented across the other BAF risks where relevant.</p> <p>Recommendation to Audit Committee: It was agreed that a recommendation be put to the Audit Committee to reduce the net risk score to 3(L) x 4 (C) on the basis that the business continuity framework was in place and had been tested a number of times.</p> <p>Reduce the net risk score to 3(L) x 4 (C)</p>
<p>To note: The RACG has started work to revise the Trust risk appetite statement. This will be circulated after the meeting for comment and brought to the April Audit Committee for final ratification and recommendation to the Trust Board.</p> <p>The Company Secretary will rearrange the Annual Board Risk Management Meeting for June/ July 2021 where Board members will have the opportunity to horizon scan risks facing the Trust.</p>
<p>Action required from the meeting</p> <p>Board members are asked to note the updated BAF risks and consider the recommendations from the Audit Committee.</p>
<p>Financial implications</p> <p>None</p>
<p>Legal issues</p> <p>None</p>
<p>Who is responsible for implementing the proposals / project and anticipated timescales</p> <p>Risk Owners</p>
<p>Who is accountable for the implementation of the proposal / project</p> <p>N/A</p>

Great Ormond Street Hospital for Children NHS Foundation Trust: Board Assurance Framework (January 2021)

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T							
1	Financial Sustainability	Principle 4: Financial Strength		Failure to continue to be financially sustainable	5 x 5	25	5 x 5	25	Low (1-6)	1-2 years	Chief Finance Officer	Helen Jameson, Chief Finance Officer	14/12/2020	Audit Committee	January 2020 October 2020
2	Recruitment and Retention	Principle 3: Safety and quality/	Priority 1: Make GOSH a great place to work/ Priority 3: Develop the GOSH Learning Academy	The risk that the organisation will be unable to recruit and retain sufficient highly skilled staff	4 x 5	20	2 x 5	10	Med (8-10)	1-2 years	Director of HR and OD	Sarah Ottaway, Acting Director of HR and OD	04/01/2021	People and Education Assurance Committee	February 2020 February 2021
3	Operational Performance	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme / Priority 3: Improve and speed up access to urgent care and virtual services	Failure of our systems and processes to deliver efficient and effective care that meets patient/carer expectations and supports retention of NHS statutory requirements and the FT licence.	4 x 5	20	3 x 5	15	Low (1-6)	1 year	Chief Operating Officer	Sue Chapman, Richard Collins, Rebecca Stevens	16/12/2020	Audit Committee/ QSEAC	January 2021 QSEAC
4	GOSH Strategic Position	Principle 6: Partnerships		The risks to delivery of the GOSH strategy as approved by the Board in February 2020 are Financial, Political, Social, Existential.	3 x 4	12	2 x 4	8	Med (8-10)	5-10 years	Chief Executive	Matthew Shaw/ Louisa Desborough	04/01/2021	Audit Committee	October 2019 October 2020
5	Unreliable Data	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Failure to establish an effective data management framework:	4 x 4	16	4 x 4	16	Low (1-6)	1-2 years	Chief Operating Officer	Richard Brown, Chief Data Officer	16/12/2020	Audit Committee	October 2020
6	Research infrastructure	Principle 3: Safety and quality/ Principle 4: Financial Strength	Priority 5: Accelerate translational research and innovation to save an improve lives	The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure.	3 x 4	12	3 x 4	12	Med (8-10)	1-2 years	Director, Research & Innovation	Jenny Rivers, Dep Dir, R&I	11/12/2020	Audit Committee	April 2021
7	Cyber Security	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	The risk that the technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means.	5 x 5	25	4 x 5	20	Low (1-6)	1-2 years	Chief Operating Officer	Jagdeep Nagra, Assistant Director ICT/ Trevor Osborne, Assistant Director ICT/ Phil Walmsley, Director of ICT	16/12/2020	Audit Committee	May 2020 October 2020 January 2021
8	Electronic Patient Records	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	The risk that the Epic system is not fully adopted by staff; successfully optimised within a defined governance framework; does not realise the benefits for the organisation (as outlined in the EPR Business Case); has a	4 x 4	16	4 x 4	16	Low (1-6)	1-2 years	Chief Operating Officer	John Quinn, Chief Operating Officer/ Richard Collins, Director of Transformation	17/12/2020	Audit Committee/ Trust Board	July 2020 (TB)

Attachment R

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T							
				detrimental impact on the quality, safety and experience of patients, families and carers and on staff experience.											
9	Business Continuity	Principle 3: Safety and quality/ Principle 5: Protecting the Environment	Priority 2: Deliver a Future Hospital Programme	The trust is unable to deliver normal services and critical functions during periods of significant disruption. Due to: Gaps in planning, logistical challenges or unexpected events causing difficulties for staff and patients. Impact: An adverse effect on the trust's operational performance	4 x 5	20	3 x 5	15	Low (1-6)	1 year	Chief Operating Officer	Camilla McBrearty, Emergency Planning Officer/ John Quinn, Chief Operating Officer	16/12/2020	Audit Committee	January 2021
10	Redevelopment	Principle 1: Children and young people first and always/ Principle 4: Financial Strength	Priority 6: Create a CCC to offer holistic, personalised and co-ordinated care.	Inadequate maintenance of the estate and planning of redevelopment programmes will result in an unsatisfactory environment for provision of quality and efficient care, VFM and failure to deliver expected business benefit.	4 x 3	12	3 x 3	9	Med (8-10)	1-5 years	Director of Estates, Facilities and Built Environment	Zoe Asensio-Sanchez, Director of Estates, Facilities and Built Environment	04/01/2021	Audit Committee	November 2020 (TB)
11	Information Governance	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements.	4 x 5	20	3 x 5	15	Low (1-6)	1 year	Chief Operating Officer	John Quinn, Chief Operating Officer / Julian Marku, Head of Information Governance	16/12/2020	Audit Committee	January 2020 October 2020 January 2021
12	Medicines Management	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	5 x 5	25	4 x 5	20	Low (1-6)	1-2 years	Chief Operating Officer	Steve Tomlin, Chief Pharmacist/ Chris Longster, GM/ John Quinn, Chief Operating Officer	14/12/2020	Quality, Safety and Experience Assurance Committee	May 2020 (TB) January 2021 (QSEAC)
13	Inconsistent delivery of safe care	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Patients are not consistently cared for within a comprehensive safety system which ensures they are protected from avoidable harm and focuses on openness, transparency and learning when things go wrong.	4 x 4	16	3 x 4	12	Low (1-6)	1-2 years	Medical Director	Sanjiv Sharma, Medical Director, Roisin Mulvaney, Head of Special Projects	21/12/2020	Quality, Safety and Experience Assurance Committee	Reports on quality of services at every Board and QSEAC
14	Political Instability	Principle 3: Safety and quality/ Principle 6: Partnerships		The recent political instability caused by Brexit and the ongoing reconfiguration of the health economy will have an adverse impact on the ability of Trust to ensure continuity of effective patient care.	4 x 5	20	3 x 5	15	Med (8-10)	1-5 years	Chief Operating Officer	Heather Goult, Events Manager/ John Quinn, Chief Operating Officer	04/12/2020	Trust Board	November 2020 (TB) February 2021 (TB)
15	Service Innovation	Principle 1: Children and young people first and always	Priority 2: Deliver a Future Hospital Programme	Failure to embrace service transformation and deliver innovative, patient centred and efficient services.	4 x 4	16	3 x 4	12	Med (8-10)	1-5 years	Director Of Transformation	Richard Collins, Director of Transformation	17/12/2020	People and Education Assurance Committee	December 2020
16	Culture	Principle 2: Values led culture	Priority 1: Make GOSH a great place to work	There is a risk that GOSH fails to develop its culture and levels of staff engagement and motivation in alignment with its strategy and values,	4 x 4	16	3 x 4	12	Low (1-6)	1-5 years	Chief Executive	Sara Ottaway, Acting Director of HR and OD	04/01/2021	Trust Board/ People and Education	September 2020

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T							
														Assurance Committee	

GOSH BAF Risks – Gross Scores January 2021

		Consequences				
Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	5 Almost Certain					
4 Likely				10. Redevelopment	5. Unreliable data 8. EPR 16. Culture 13. Consistent delivery of services 15. Service Innovation	2. Recruitment & Retention 14. Political Instability 7. Cyber Security 11. Information Governance 5. Operational Performance
3 Possible					9. Business Continuity 4. GOSH Strategic Position 6. Research Infrastructure and resourcing	
2 Unlikely						
1 Rare						

GOSH BAF Risks – Net Scores January 2021

		Consequences				
Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	5 Almost Certain				7. Cyber Security	1. Financial Sustainability
	4 Likely				5. Unreliable data	12. Medicines Management
	3. Possible			9. Business Continuity 10. Redevelopment	16. Culture 8. EPR 6. Research Infrastructure and resourcing 15. Service Innovation 13. Consistent delivery of services	11. Information Governance 14. Political Instability 3. Operational Performance
	2. Unlikely				4. GOSH Strategic Position	2. Recruitment & Retention
	1. Rare					



Trust Board 3 February 2021	
EU Exit Assurance template Submitted by: John Quinn, Chief Operating Officer	Paper No: Attachment S For information and noting
Purpose of report To provide the Board with assurance that the Trust has an acceptable level of preparedness for issues arising from the UK's exit from the European Union	
Summary of report The attached template is the document used to review the Trusts preparedness at regular Brexit steering group meetings. There has been very little by way of specific guidance from the Regional or National teams, but the group continues to meet and plan for these unknowns by ensuring robust business continuity practices and scenario planning. Since the UK left the European Union on 31st December 2020, the impact on GOSH has been minimal. The only issue declared has been a disruption to supply of a B Braun product, which the suppliers reference Brexit in their explanation. This has not had an impact on service, and we are working with the centre to ensure it does not cause disruption.	
Action required from the meeting None - For information and noting	
Contribution to the delivery of NHS Foundation Trust priorities <input type="checkbox"/> Quality/ corporate/ financial governance	Contribution to compliance with the Well Led criteria X Leadership, capacity and capability X Vision and strategy X Responsibilities, roles and accountability X Effective processes, managing risk and performance X Accurate data/ information X Engagement of public, staff, external partners
Strategic risk implications BAF Risk 14: Political Instability	
Financial implications Unknown at this time. Systems are in place to capture possible price increases in goods, for example.	
Implications for legal/ regulatory compliance Compliance with GDPR and processing data	
Consultation carried out with individuals/ groups/ committees None	

Attachment S

Who is responsible for implementing the proposals / project and anticipated timescales?

Chief Operating Officer

Who is accountable for the implementation of the proposal / project?

Chief Operating Officer

Which management committee will have oversight of the matters covered in this report?

Brexit Steering Group

Since the previous Trust Board meeting, we have submitted a further update to NHS England, assuring that we have the appropriate preparedness in place for issues arising from the UK's Exit from the European Union.

Since the UK left the European Union on 31st December 2020, the impact on GOSH has been minimal. The only issue declared has been a disruption to supply of a B Braun product, which the suppliers reference Brexit in their explanation. This has not had an impact on service, and we are working with the centre to ensure it does not cause disruption.

Great Ormond Street Hospital for Children

Questions to support EU Exit Executive meetings

Operational communications

- Is the board sighted on published operational guidance for EU Exit and subsequent publications and information shared at the recent national workshops?
 - CEO updated the Board at Board meetings in 2019. Brexit on the agenda for board meeting on 26 November 2020.
 - COO updated Operational Board based on regional workshop in 2019.
 - Chair and Board members updated by email with latest GOSH preparations for a no-deal exit in November 2019, and on business continuity plans in March 2020.

- Have you taken steps to communicate EU Exit preparation actions to front-line staff?
 - Communications have gone out via intranet, the external website and through a regular update to the Senior Leadership Team meeting.
 - Screensaver displays around the hospital to remind EU staff of support available.
 - Communicated directly with EU staff encouraging them to apply for the EU settlement scheme, hosted drop in sessions to walk EU staff through application process.

- Have you discussed EU Exit impact across the local health system and through LHRP?
 - COO attended regional meeting, and staying up to date via regional forum.
 - Acting COO and Emergency Planning Officer attended Regional EU Exit Workshop for the London region on the 19th September 2019.
 - COO and Emergency Planning Officer attended EU Exit End of Transition Period Workshop on the 4th November 2020.

Operational readiness for a response

- Has the organisation established its EU Exit team and planned for the potential to respond out of hours or over a sustained period of time?
 - Emergency processes are in place.
 - EU Exit team has been established and began meeting regularly again commencing September 2020.

- Have you established a single point of contact for EU Exit and communicated the escalation process across the organisation?
 - Yes – Phillip Walmsley, Chief Operating Officer (COO).
 - Escalation to EU Exit Steering Group communicated via intranet.

- Have you identified local leads for workforce, supply, data, research and medicines?
 - All local leads have been identified.

Supply

- Are national contingency arrangements for supply understood across the organisation and the local actions required in progress?
 - Arrangements for supply are understood by the EU Exit group, and these have been communicated across the organisation as appropriate.
 - Local action to ensure forward planning to accommodate possible additional lead time on orders will be communicated to teams at the appropriate time.

- Are plans in place to “walk the floor” to escalate any further EU dependent supply issues that are not addressed nationally?
 - Supply issues that are not covered nationally have been addressed so far as practical and possible The situation is being re-addressed in the light of the revised list of suppliers made available w/b 2 November 2020.

- Are plans in place to manage with longer lead times for supplies, and for potentially receiving deliveries out of hours?
 - Communication will be shared to allow for longer lead times at the appropriate time.
 - Arrangements for out of hours delivery have been put in place.
 - Stock levels of certain items have been impacted by COVID but are generally healthy.

Workforce

- Are systems in place to monitor uptake of the EU settlement scheme?

- These systems are in place.
 - EU staff are asked to notify HR when settled status obtained.
 - Numbers of EU staff without settled status to be regularly reported to workforce assurance committee
- Are the key workforce risks of EU exit understood in the organisation and have actions been put in place to mitigate this and monitor impact?
 - Key risks are understood. These are minimal at this time.
 - Impact assessment undertaken, staff groups/ areas with highest exposure identified – monitoring of exit data in place.
 - Non-EU international recruitment opportunities being explored with partner groups (e.g. STP, Capital Nurse).

Clinical Trials

- Has information about EU funded clinical trials been sent to eugrantsfunding@ukri.org
 - This information has been shared.
- Have study sponsors for Investigational Medicinal Products (IMPs) used by the organisation been approached for assurance on continuity of supply?
 - Sponsors were approached prior to October 2019, we are in regular dialogue with them and do not anticipate any problems with supply at this time.
 - Some sponsors previously asked us to store 6 weeks of products; we pushed back on those requests.

Data

- Have the critical data flows affected by EU Exit (including for clinical trials) been assured?
 - Two outstanding external partners utilise systems hosted in Europe.
 - The NHS X template letter is to be utilised to get assurance from the partners.
 - Cloud services are required to host data in the UK.
 - Information sharing protocols have been reviewed for possible data transfers to EU.

Finance

- Are systems in place to record the costs of EU Exit preparations and impact?
 - Procurement recorded suppliers who had notified that costs would increase by more than 5% on 1 April 2019, and/or had identified Brexit as a cause of increased cost. 20 suppliers identified at that time. Procurement team have begun recording cost increases again from 06/11/2020.
 - Note – concern that there may be an additional wave of increased costs if any tariffs are added as a result of EU Exit.

- Systems were in place to monitor the cost of EU preparations and impact. There was a rise in some costs, some of which were disputed successfully.
- Do you have any risks or concerns to flag?
 - Business Continuity Plans are all up to date to deal with potential risks.
- Is any additional support or information required from a national or regional level?
 - Not at present

Geography / Health Demand

- Have the wider risks of EU Exit on the local health and care system been assessed? E.g. increased demand, difficulties in accessing key sites.
 - As far as possible, these risks have been assessed. GOSH is in close contact with the North Central London STP.
 - Emergency plans are in place.
 - Anxiety over whether other organisations would give stock up, if it was needed.

Template for completion by EU Exit SRO (1 per NHS organisation) to be returned to Regional EU Exit mailbox by 25 March 2019

Topic	Great Ormond Street Hospital for Children NHS Foundation Trust	Comments & risks identified
Operational Communications	Green	
Operational Readiness	Green	
Supply	Amber/ Green	<i>Some suppliers suggest there may be an issue with delay to supplies. This has been fed back to regional/ national teams.</i>
Workforce	Green	
Clinical trials	Green	
Data	Green	
Finance	Green	
Health Demand	Amber/ Green	<i>GOSH is in close contact with the STP.</i>

Please RAG rate:

- Red – no preparations made
- Amber – preparation commenced, but some risks outstanding
- Green – organisation fully prepared

**Trust Board
3 February 2021****Integrated Quality and Performance Report****Paper No: Attachment T****Submitted by:**Sanjiv Sharma, Medical Director
Alison Robertson, Chief Nurse
John Quinn Chief Operating Officer
Caroline Anderson, Director of HR & OD **For discussion****Purpose of report**

To provide a 3 month snapshot of hospital performance in key metrics relating to quality (safety, experience, effectiveness, responsiveness and whether we are well led)

To provide a qualitative analysis of trends and themes and learning within the organisation. This now includes upcoming inquests with their links to other incidents and complaints.

To provide assurance regarding the plans to address non-compliance.

Summary of report***Are we safe?***

- There were 3 new **serious incidents** declared in December 2020. One of these was also reportable to the ICO.
- The investigation into the retained guidewire **Never Event** continues and is on track. Actions were taken immediately to prevent recurrence including the addition of a specific guidewire check on the Epic checklist used on critical care.
- There are three overdue serious incidents at the time of reporting (an increase from 1 overdue SI in November). These are being closely monitored and expected to be completed in early February.
- We have seen a fourth month of very much improved **incident closure** timescales. The average days taken to investigate an incident has dropped from 54 in August to 29 in December. 78% of all incidents closed in December were closed within 45 days. This provides assurance that we are effectively addressing the concerns raised by the CQC in Jan 2020 report.
- There were no **covid-19 outbreaks** in December 2020. There has been one outbreak reported in our estates department in January 2020. An action plan has been developed to manage this with the support of the Infection, Prevention and Control Team.
- **WHO checklist** documentation compliance within Main Theatres is at 98% (up from 97% in November). This suggests that we have embedded a lot of the learning from Project Apollo with continued individual support based on analysis at the GOSHSSIPs group.
- **Stat & Man training** In December the compliance rate across the Trust remained stable at 94%, which remains above the target with all clinical directorates achieving target. There are three topics which remain below the 90% target: Blood Transfusion (not held on GOLD) and Resuscitation training (not possible to do virtual training). IG training has not met the 95% threshold.

Are we caring?

- **FFT** performance in December has been excellent again with 99% experience rating for inpatients and 96% experience rating for outpatients
- Our new **red complaints** account for 12% of our total complaints in each of the last three months. There is no evidence of a thematic concern. All red complaints continue to be reviewed through the EIRM process. Overall numbers of complaints were above average in October (11) and November (10) and in December we have seen 7 complaint which is consistent with December 2019 and more in line with our average over the last year. It is understood anecdotally that this is in line with the national picture, but there is no benchmarked data nationally yet.
- **Pals** contacts were much higher than usual in December, although reduced from the significant peak in November. This is attributable mainly to the role the team have taken on in supporting families who are unable to reach the relevant clinical team via switchboard. There are a high proportion of families requesting information on shielding, impact of tier restrictions when travelling to the hospital, and information about whether appointments/admissions are impacted by the lockdown.

Are we effective?

- We remain fully compliant with all **NICE** national guidance gap analysis completion.
- 75% of specialty led clinical audits are on track in November which remains a very positive position. The overall volume of **clinical audits** completed over the last few months had been lower than usual given the pandemic. As anticipated we have seen a reduction in activity during October and November 2020 which is likely to continue into early 2021. Hands, face, space & place audits are showing good levels of compliance with covid-safe guidance in the hospital.
- 83.64% of patients **discharged** from GOSH in December had a letter sent to their referrer within 24 hours, with 91.3% sent within 48 hours. On average for December, letters were sent within 1.08 days of discharge which is comparable to previous months.
- For December 2020, performance for **7 day clinic letter** turnaround has deteriorated to 62.76% compared with 66.98% in November but is still an improvement on the September position of 59.06%. At the point of writing the report, a backlog of 2365 letters (November - 2142) not yet sent was reported for this financial year of which 1133 are in December 2020 (November - 1341).

Are we responsive?

- November 2020 **cancer waiting times** data has now been submitted nationally and the Trust achieved 100% across all standard. For December, the Trust is forecasting reporting 100% achievement across all of the five standards.
- We have submitted a 70.05% **RTT** position with 2038 patients waiting longer than 18 weeks and 432 waiting over 52 weeks.
- **NHS Outpatient attendances** over the last 8 weeks has averaged 100.3%, with new attendances being 88.5% and follow-up 102.7%.
- **NHS Spell discharges** over the last 8 weeks has averaged 85%, with Day-case being 81.40%, Elective 90.6% and Emergency 91.2%.
- **Main Theatre procedures** over the last 8 weeks has averaged 85.4% against previous year
- **Imaging activity** over the last 8 weeks has averaged 94.2% against previous year, with MRI being 81.1%, Non-obstetric Ultrasound 104.6% and CT 93.6%
- **DMO1** performance is 61.93% with 722 breaches.

Are we well Led?

- Compliance with **Duty of Candour** for initial conversations is 100% for December 2020. 80% of stage 2 letters were completed. There were two outstanding letters. One family is in regular discussion with the Head of Nursing via email and the Consultant involved in the second case is being provided with directorate leadership support to ensure it gets completed. All letters for October and November have been sent.
- There were 4 **duty of candour investigation reports** shared with families in December. There has been an increase in the number of overdue stage 3 cases with 3 overdue RCAs at the time of reporting. However the investigations for all three are either complete or in the final stages and should therefore be sent out within first week of February.
- **PDR:** The non-medical appraisal increased to 88% in December with 8 Directorates achieving the 90% target. Consultant appraisal rates increased in December to 86%. The Medical Appraisal and Revalidation Committee has established processes to address levels of medical appraisals that commenced from August. PDR non-compliance is targeted at directorate performance reviews.
- **Honorary contract** performance has dipped below 90% for each month in the last quarter – reporting 83% for December 2020. The HR team have been in communication with the contract holders, and in conjunction with the directorates a deadline will be set in February. Failure to meet the deadline will result in contract termination.

Action required from the meeting

To note the report, and the actions identified to improve compliance with key quality metrics

Contribution to the delivery of NHS Foundation Trust priorities

- PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people**
- PRIORITY 4: Improve and speed up access to urgent care and virtual services**
- Quality/ corporate/ financial governance**

Contribution to compliance with the Well Led criteria

- Culture of high quality sustainable care**
- Effective processes, managing risk and performance**
- Accurate data/ information**
- Robust systems for learning, continuous improvement and innovation**

Financial implications

'Not Applicable'

Who is responsible for implementing the proposals / project and anticipated timescales?

Relevant leads are identified in the report.

Who is accountable for the implementation of the proposal / project?

Sanjiv Sharma, Medical Director
Alison Robertson, Chief Nurse
Phil Walmsley, Interim COO
Caroline Anderson, Director of HR & OD

Which management committee will have oversight of the matters covered in this report?

Patient Safety and Outcomes Committee
Patient & Family Experience and Engagement Committee
Performance Reviews

Integrated Quality & Performance Report

January 2021

(December 2020 data)

Sanjiv Sharma

Alison Robertson

John Quinn

Caroline Anderson

Medical Director

Chief Nurse

Chief Operating Officer

Director of HR & OD

Data correct as of 24 January 2021



Hospital Quality Performance – December 2020 (November data)

Are our patients receiving safe, harm-free care?

	Parameters	Oct 2020	Nov 2020	Dec 2020
Incidents reports (per 1000 bed days)	R<60 A 61-70 G>70	88 (n=651)	86 (n=623)	79 (n=555)
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	546	589	470
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	75.5%	77.8%	77.7%
Average days to close	R ->50, A - <50 G - <45	32.4	29.3	29.8
Medication Incidents (% of total PSI)	TBC	22.2%	21.1%	15.7%
WHO Checklist (Main Theatres)	R<98% G>98-100%	98%	97%	98%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	4.3%	4.2%	6.8%
New Serious Incidents	R >1, A -1 G – 0	1	1	3
Overdue Serious incidents	R >1, A -1, G – 0	1	1	3
Safety Alerts overdue	R- >1 G - 0	1	0	0
Serious Children's Reviews Safeguarding children learning reviews (local)	New	0	2	0
	Open and ongoing	8	10	10
Safeguarding Adults Board Reviews	New	0	0	0
	Open and ongoing	2	2	2

Are we delivering effective, evidence based care?

	Target	Oct 2020	Nov 2020	Dec 2020
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	75%	78%	75%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	56	66	68
NICE guidance overdue for assessment of relevance	R=1+, G=0	0	0	0
Relevant NICE national guidance without a gap analysis	R=1+, G=0	0	0	0
Participation in mandatory relevant national audits	G=100%	100%	100%	100%

Are our patients having a good experience of care?

	Parameters	Oct 2020	Nov 2020	Dec 2020
Friends and Family Test Experience rating (Inpatient)	G – 95+, A- 90-94, R<90	98%	98%	99%
Friends and Family Test experience rating (Outpatient)	G – 95+, A-90-94,R<90	96%	97%	96%
Friends and Family Test - response rate (Inpatient)	25%	31%	33%	26%
PALS (per 1000 combined pt episodes)	N/A	8.56	10.43	8.51
Complaints (per 1000 combined pt episodes)	N/A	0.49	0.43	0.36
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	11%	11%	12%
Re-opened complaints (% of total complaints since April 2020)	R>12% A- 10-12% G- <10%	2%	4%	3%

Are our People Ready to Deliver High Quality Care?

	Parameters	Oct 2020	Nov 2020	Dec 2020
Mandatory Training Compliance	R<80%,A-80-90% G>90%	94%	94%	94%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	85%	85%	85%
PDR	R<80%,A-80-89% G>90%	86%	86%	88%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	Actual: 87%	Actual: 83%	Actual: 86%
Honorary contract training compliance	R<80%,A-80-90% G>90%	83%	82%	83%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	85%	90%	90%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	94%	95%	96%
Resuscitation Training	R<80%,A-80-90% G>90%	87%	87%	87%
Sickness Rate	R -3+% G= <3%	2.6%	2.6%	2.7%
Turnover - Voluntary	R>14% G-<14%	12.2%	11.8%	11.5%
Vacancy Rate – Contractual	R- >10% G- <10%	7.4%	7%	7.6%
Vacancy Rate - Nursing		4.9%	4.6%	5.7%
Bank Spend		5.4%	5.4%	5.7%
Agency Spend	R>2% G<2%	1%	1.1%	1.1%

Do we deliver harm free care to our patients?

Central Venous Line Infections

3. GOSACVCRB (GOS acquired CVC related bacteraemias ('Line infections'))*

Period	GOSACVCRB_No	DaysRecorded	Rate	Rate_YtD
Year 16/17	87	52679	1.7	1.7
Year 17/18	82	50835	1.6	1.6
Year 18/19	82	52959	1.5	1.5
Year 19/20	73	55761	1.3	1.3
Apr-20	8	4829	1.7	1.7
May-20	9	4530	2	1.8
Jun-20	4	4454	0.9	1.5
Jul-20	7	4571	1.5	1.5
Aug-20	4	4237	0.9	1.4
Sep-20	3	3997	0.8	1.3
Oct-20	5	4471	1.3	1.1
Nov-20	9	4509	2	1.4
Dec-20	4	4660	0/9	1.3

*During the initial covid surge, the blood culture assessment was not completed for March of year 2019/20. 4098 line days were removed from the total year days recorded, so this figure is for 11 months data.

Infection Control Metrics

Care Outcome Metric	Parameters	June 2020	Jul 2020	August 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	6	9	8	8	2	3	4
	YTD (financial year)	23	32	40	48	50	53	57
C Difficile cases - Total	In month	1	0	0	1	0	4	0
	YTD (financial year)	5	5	5	6	6	10	10
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from	In Month	0	0	0	1	0	4	0
	YTD	3	3	3	4	4	8	8

Pressure Ulcers

Hospital-acquired pressure ulcers reported (category 2+) per 1,000 bed days



Medication Incidents

Datix Medication Incidents Per 1000 Administrations



% of Medication Administration Incidents Reported via Datix Causing Harm

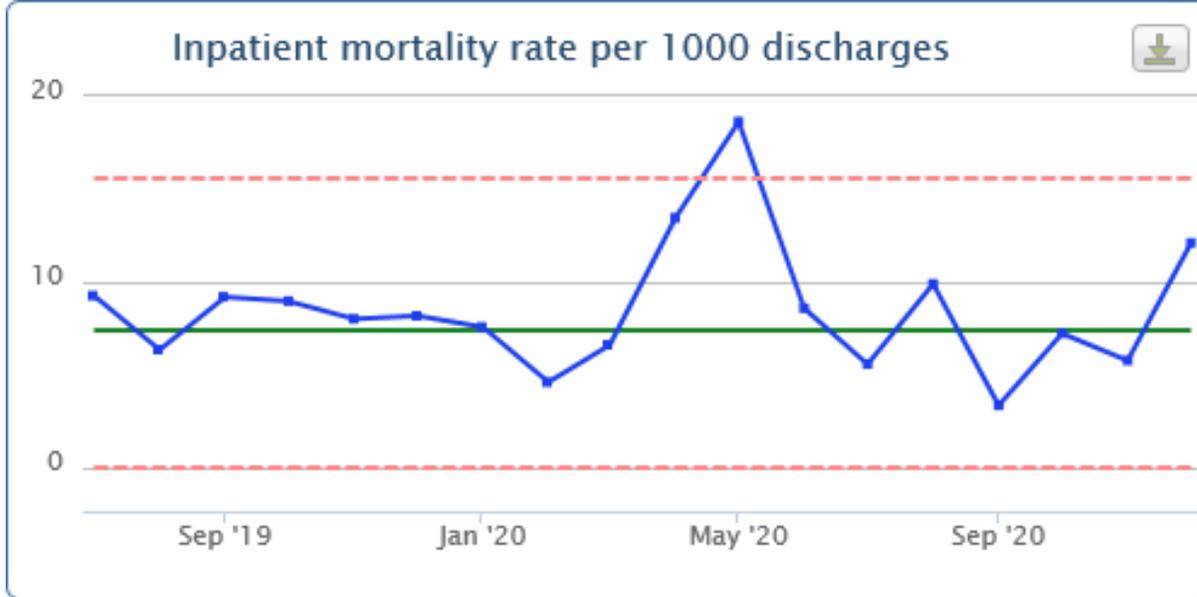


		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Volume	R-12+, A 6-11 G =0-5	4	6	1	3	1	2	7	5	7
Rate	R=>3 G=<3	0.6	0.79	0.14	0.43	0.14	0.31	0.95	0.99	1.0

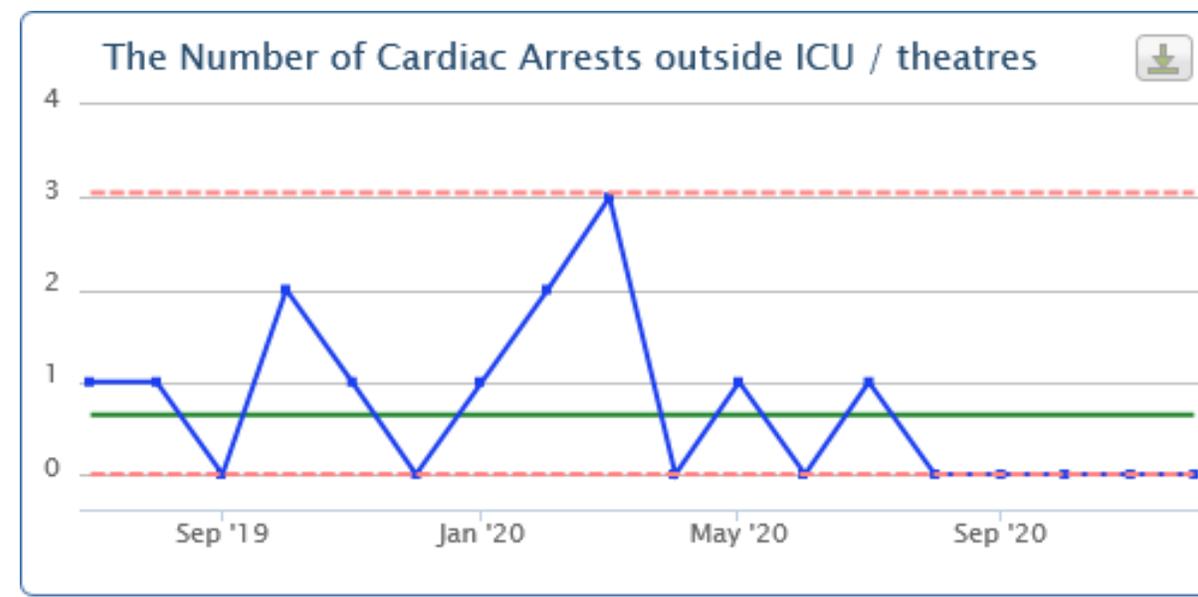
	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
% medication incidents causing harm	11%	10%	10%	4%	13%	9%	11%	10%	14%

Does our care provide the best possible outcomes for patients?

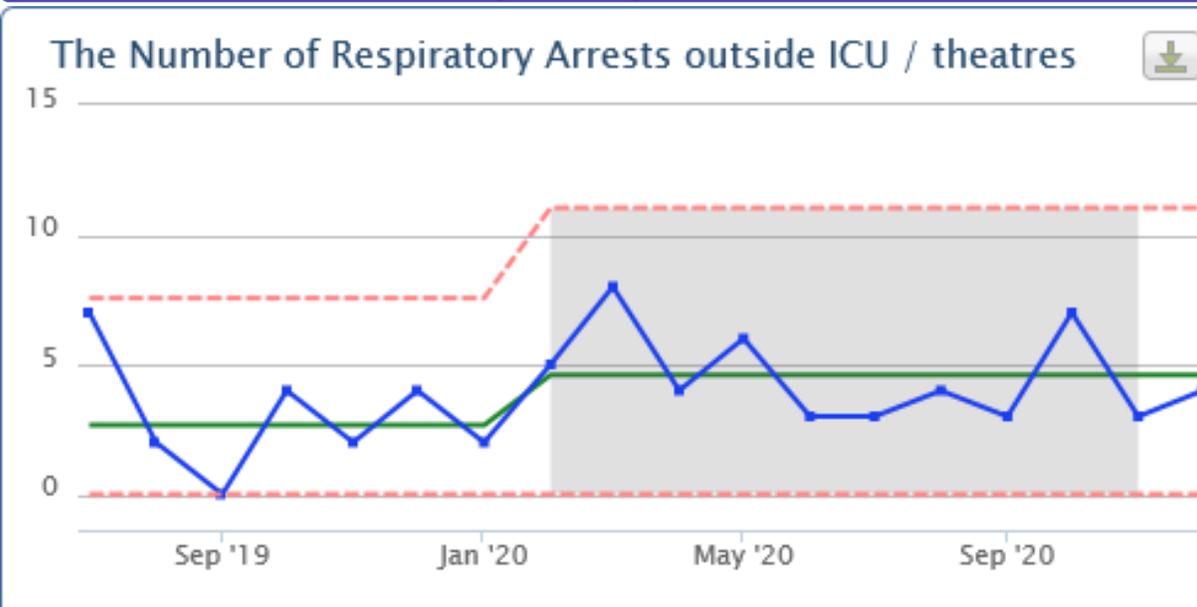
Inpatient mortality



Cardiac Arrests



Respiratory Arrests



The crude mortality rate has is within normal variation. There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored weekly at the PICU/NICU Morbidity and Mortality meeting

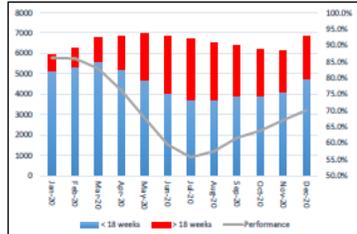
We note an increase in our respiratory arrests from February 2020. We have reviewed the reasons for this with our Lead for Resuscitation Services. There are four children on respiratory wards with long term respiratory complications who are having at least two respiratory arrests each per month approximately, and this is believed to be driving the increase.

Do our processes and systems support patient access?

Patient Access Great Ormond Street Hospital for Children NHS Foundation Trust

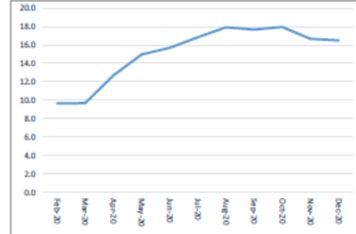


RTT incomplete pathways: % of patients waiting <18 weeks	Period	Target	Actual
	Dec-20	52.0%	70.05%



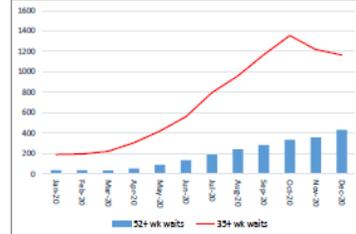
Period	Actual
Jun-20	39.55%
Jul-20	35.64%
Aug-20	57.46%
Sep-20	61.60%
Oct-20	63.77%
Nov-20	67.01%
Dec-20	70.05%

RTT: Average waits for open pathways	Period	Target	Actual
	Dec-20	8.1	16.5



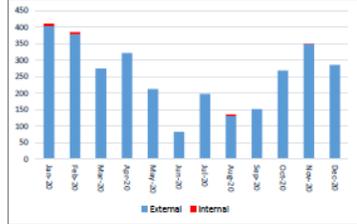
Period	Actual
Jun-20	15.7
Jul-20	16.8
Aug-20	17.9
Sep-20	17.7
Oct-20	18.0
Nov-20	16.7
Dec-20	16.5

RTT: Incomplete pathways 52 weeks or more	Period	Target	Actual
	Dec-20	0	432



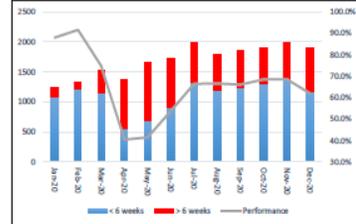
Period	Actual
Jul-20	22 wk+ 188, 35 wk+ 797
Aug-20	239, 961
Sep-20	282, 1168
Oct-20	333, 1356
Nov-20	359, 1219
Dec-20	432, 1165

RTT: Total unknown clock starts	Period	Actual
	Dec-20	285



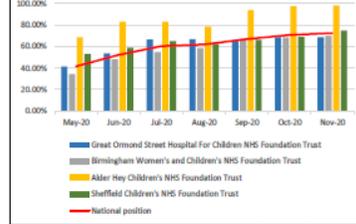
Period	Actual
Jun-20	83
Jul-20	197
Aug-20	138
Sep-20	151
Oct-20	269
Nov-20	350
Dec-20	287

Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	Period	Target	Actual
	Dec-20	99.0%	61.92%



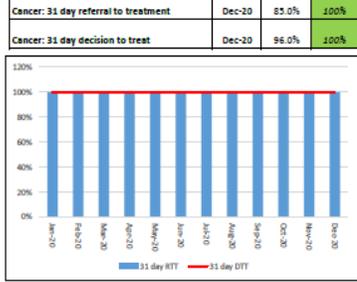
Period	Actual
Jun-20	31.62%
Jul-20	66.31%
Aug-20	66.59%
Sep-20	66.00%
Oct-20	68.44%
Nov-20	68.53%
Dec-20	61.92%

Diagnostics: National % patients waiting less than 6 weeks for a test	Period	Target	Actual
	Nov-20	99.0%	72.46%



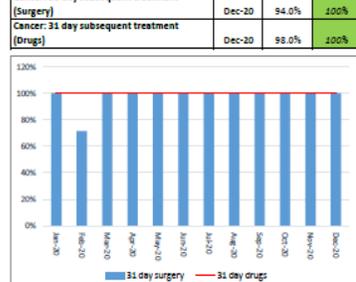
Period	Actual
May-20	41.54%
Jun-20	52.18%
Jul-20	60.40%
Aug-20	61.96%
Sep-20	66.92%
Oct-20	70.74%
Nov-20	72.46%

Cancer: 31 day referral to treatment	Period	Target	Actual
	Dec-20	85.0%	100%



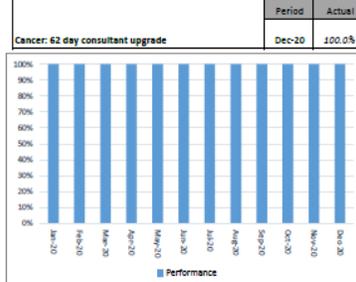
Period	Actual
Jul-20	100%
Aug-20	100%
Sep-20	100%
Oct-20	100%
Nov-20	100%
Dec-20	100%

Cancer: 31 day subsequent treatment [Surgery]	Period	Target	Actual
	Dec-20	94.0%	100%



Period	Actual
Jul-20	100%
Aug-20	100%
Sep-20	100%
Oct-20	100%
Nov-20	100%
Dec-20	100%

Cancer: 31 day subsequent treatment [Drugs]	Period	Target	Actual
	Dec-20	98.0%	100%

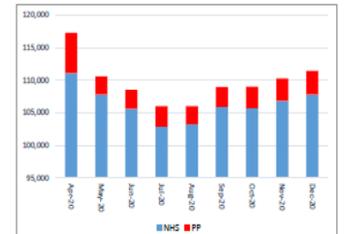


Period	Actual
Jul-20	100%
Aug-20	100%
Sep-20	100%
Oct-20	99.8%
Nov-20	100%
Dec-20	100%

Patient Access Great Ormond Street Hospital for Children NHS Foundation Trust

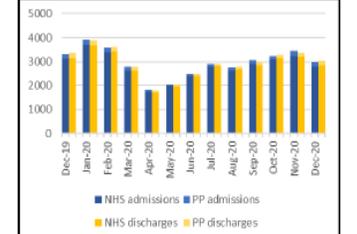


Open referrals at month end (NHS & PP)	Period	Actual
	Dec-20	111,434



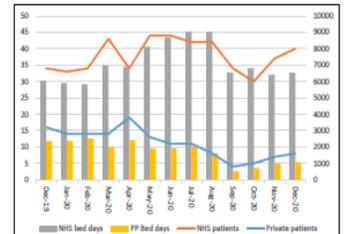
Period	Actual
Jul-20	102,873
Aug-20	103,225
Sep-20	105,910
Oct-20	105,715
Nov-20	106,851
Dec-20	107,787

Admissions (NHS & PP)	Period	Actual
	Dec-20	2971



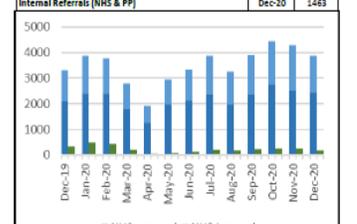
Period	Actual
Jul-20	2891
Aug-20	2753
Sep-20	3052
Oct-20	3229
Nov-20	3421
Dec-20	2971

Discharges (NHS & PP)	Period	Actual
	Dec-20	3032



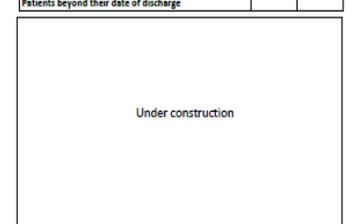
Period	Actual
Jul-20	2908
Aug-20	2790
Sep-20	2985
Oct-20	3274
Nov-20	3373
Dec-20	3032

External Referrals (NHS & PP)	Period	Actual
	Dec-20	2597



Period	Actual
Jul-20	2536
Aug-20	2140
Sep-20	2565
Oct-20	2961
Nov-20	2770
Dec-20	2597

Internal Referrals (NHS & PP)	Period	Actual
	Dec-20	1463



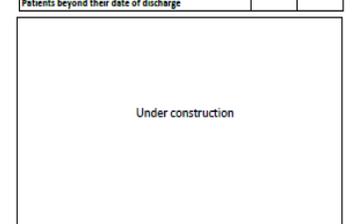
Period	Actual
Jul-20	1597
Aug-20	1302
Sep-20	1559
Oct-20	1735
Nov-20	1811
Dec-20	1463

Patients not yet discharged with LOS >50 days	Period	Actual
	Dec-20	48



Period	Actual
Jul-20	53
Aug-20	50
Sep-20	38
Oct-20	35
Nov-20	44
Dec-20	48

Patients with an EDD	Period	Actual
	Dec-20	



Period	Actual
Jul-20	
Aug-20	
Sep-20	
Oct-20	
Nov-20	
Dec-20	

Patients beyond their date of discharge	Period	Actual
	Dec-20	



Period	Actual
Jul-20	
Aug-20	
Sep-20	
Oct-20	
Nov-20	
Dec-20	

Are we Safe?

There are currently 11 open **serious incident investigations**. 8 are within agreed timeframes although a small number have required extensions to the standard 60 days timeframes. The 3 SI listed as overdue is due to the delay in requesting an extension. The other investigations requiring extensions have been due to the availability of key pieces of information/ staff but also due to the complexity of the investigations and requiring external input. All other extensions were approved by NHSE. 3 new SI's were declared in December 2020. 1 was related to an alleged information governance breach which is being investigated in line with ICO processes. 1 other SI investigation is related to an alleged delay in diagnosis potentially impacting on treatment and outcome for that patient. This occurred in 2019 and arose following a parent complaint that was reviewed at EIRM. The other declared SI also arose from a parent complaint for an alleged incident in 2018 that resulting in the death of a child after discharge from GOSH. These are currently within investigation timeframes.

With regard to the Never event reported in November 2020, this investigation remains on track and is due for completion by 18 February 2021. An immediate action was a review of the procedure checklist which has subsequently been uploaded onto the EPR for completion with comms to all appropriate teams.

The incident reporting rate has decreased slightly to 78 per 1000 bed days (n=555) but is still compares favourably with incident reporting rates for peers. December traditionally sees a slight drop in reporting levels.

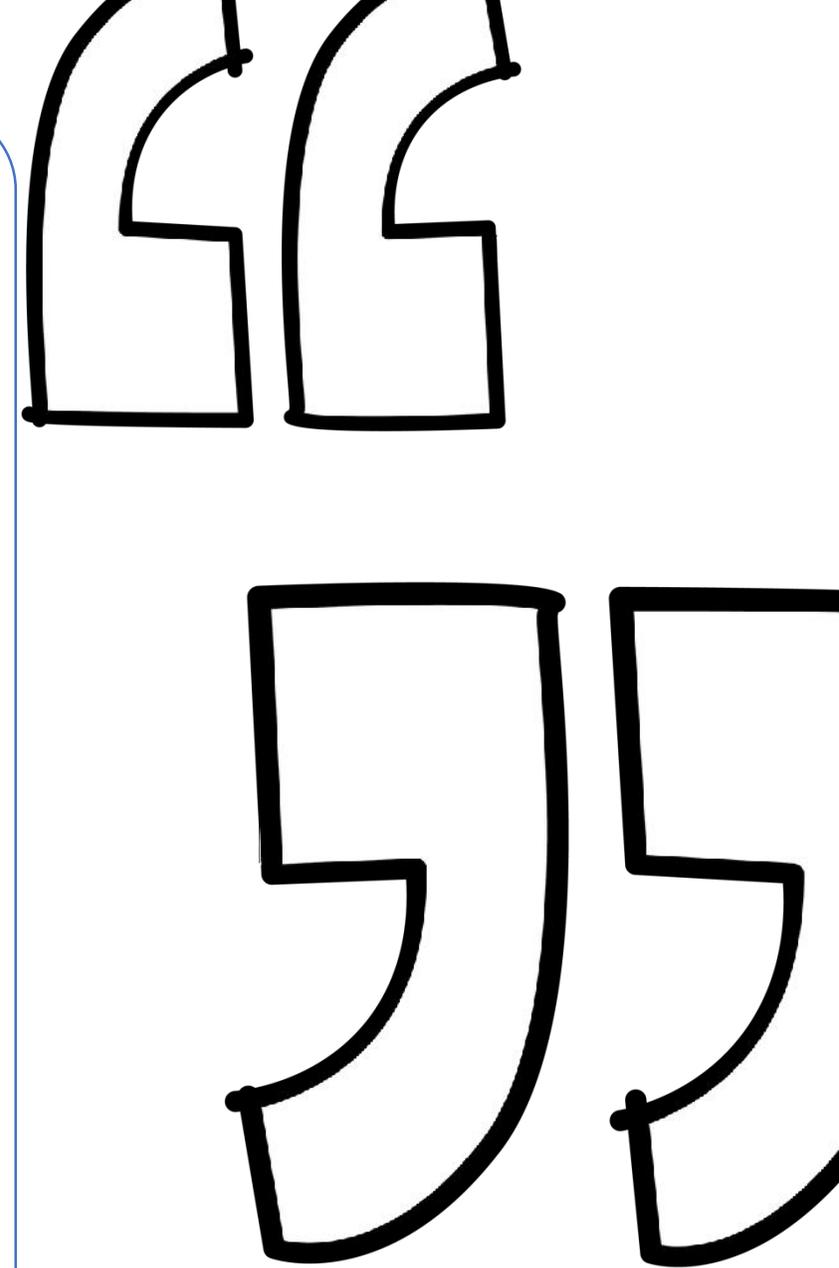
There have been no Covid-19 outbreaks in the hospital in December 2020.

As seen in slide 4, a reduction is seen in the number of medication incidents reported per 1000 administrations, however the degree of harm appears to have risen. The data sheets/SPC chart demonstrate unvalidated data. On review and in meeting with the risk pharmacy team, an increase in levels of harm have not been observed.

The number of **incidents** being quality checked and closed has increased slightly to 470 when compared to the previous month and unfortunately the numbers reviewed and closed were slightly lower than the number reported. This process continues to be supported by a bank member of staff who has been on leave and also supporting the team in preparing timelines for SI investigations. It should also be noted that there has been a slight reduction in the numbers of investigation being completed before transferring for quality checking and closure.

The percentage of incidents being closed within 45 working days has sustained good progress which remains as presented in the previous month (77.7%) of all incidents being closed in line with policy timescale (45 days) with the average days to closure also the same as the previous month (29.8 days). Compliance continues to be monitored weekly and summary reports and milestone documents are circulated to the Executive team, directorate/departmental leads as well as individual handlers.

WHO checklist compliance for GA procedures in Main theatres is 98% for December. Analysis of the performance for procedures outside of main theatres is at 92%. Work continues to support colleagues in radiology to ensure that checks are undertaken and documented correctly for each procedure.



Are we Caring?

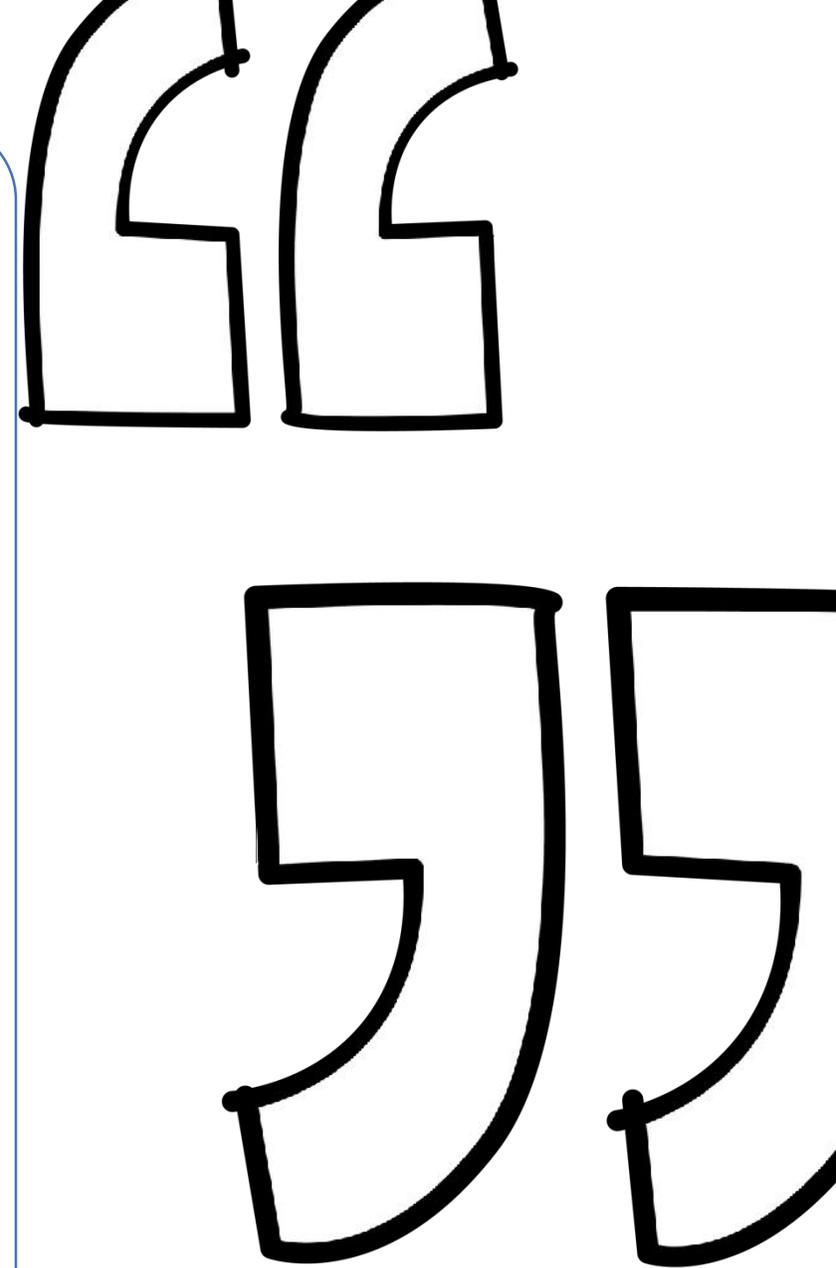
There was a reduction of feedback across the Trust in December 2020. The **Friends and Family Test** was 26% and was the lowest since April 2020. Four directorates did not meet the 25% Trust target but all exceeded the rating of experience target of 95%. Negative comments were low with families sharing feedback about the temperature of some areas, and pillows, cot Mattresses, and faulty TVs.

There were 7 **Formal Complaints** received in December (consistent with December 2019 and in line with the average over the last year). One red complaint has been regraded as amber following completion of the investigation. There was also one new red complaint (relating to Cardiology) in December which has been declared as a Serious Incident. The Heart and Lung directorate also has its highest complaint rate since June 2020.

Pals contacts fell by around 30% in December but at 165, this was the highest number in December since 2002. 40% of contacts related to COVID specific queries and are reported on a daily basis at Silver command and also used to inform patient and family communications. Cardiology again had the highest number of Pals contacts by patient activity this month with families seeking clarification on the format of upcoming appointments..

Urology Pals contacts reduced slightly (n=11) from the peak in November (n=13) but remained much higher than usual. Contacts relate to queries about care and requests for advice on shielding and isolation.

Pals contacts relating to **Transport** rose from 6 to 13 in December. There was also one formal complaint received about transport. Review of transport cases between September 2020 and December 2020 highlight issues about bookings/eligibility of transport, waiting times, punctuality and failure to turn up, suitability of the vehicle and the conduct of the driver. The Trust are working closely with the transport provider to resolve issues and this will be monitored via PFEEC.



Are we Effective?

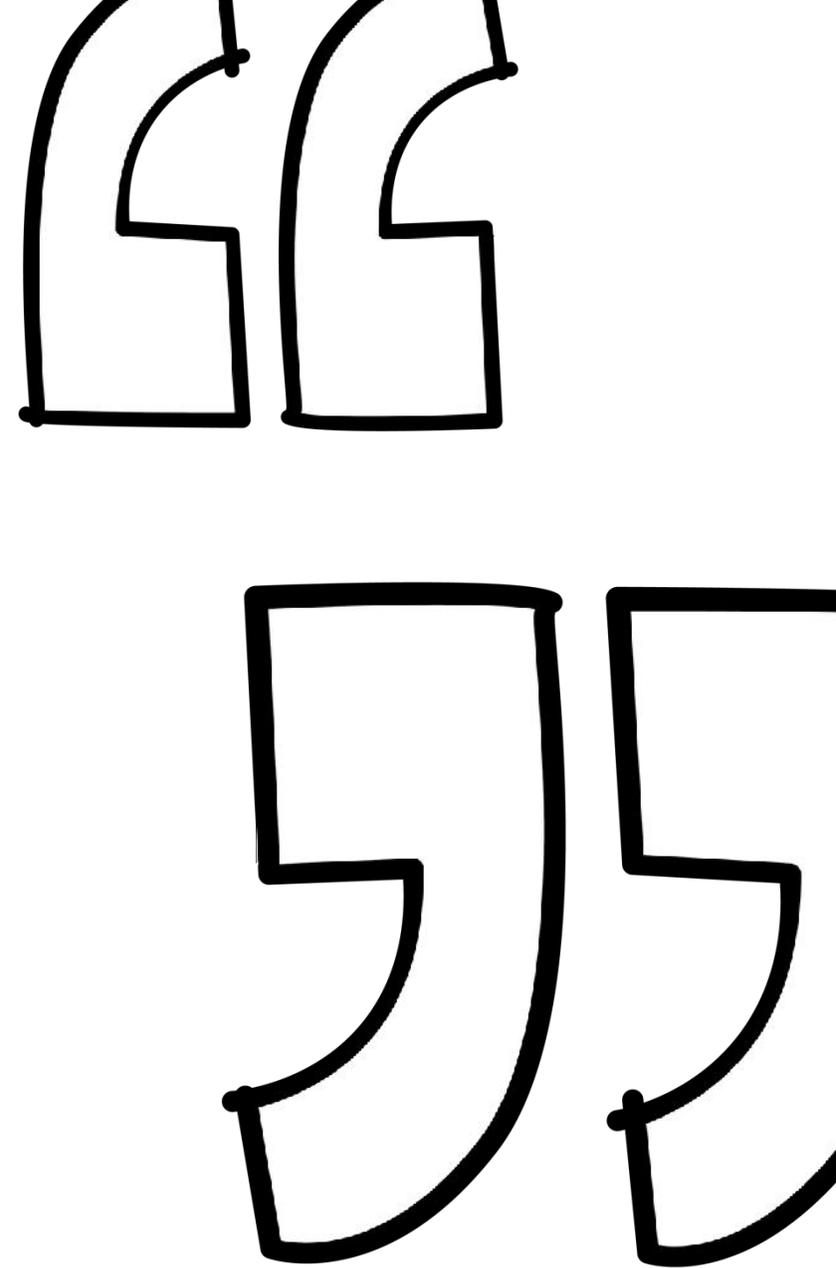
Clinical Audit

Our long term data suggests we have a good culture of learning and improvement in relation to our **specialty led clinical audit** activity. We aim to have to have over 100 completed specialty led clinical audits per year. We have reported post COVID that there have been challenges meeting this target. At the end of December we are slightly off track (68 audits completed (target =75 completed by end of December) .There will be a reduction in the number of completed clinical audits this year due to the impact of the pandemic, which is reflected in the current position

We continue to monitor our **NICE guidance** and note that there is no NICE guidance overdue for review

Quality Improvement

In addition to the Trust-wide improvement priorities committed to in the 2020-2025 Quality Strategy, the Quality Improvement team continue to support directorate-level improvement initiatives and responsive needs of the organisation. In December 2020, the design and development of the COVID-19 vaccination booking system by the QI Analyst team has enabled all vaccination slots to be booked by GOSH staff effectively and efficiently, supporting the Trust's aim to vaccinate all staff in January 2021.



Are we Responsive?

Through the challenging period the Trust has faced since the start of the pandemic and which remains, the Trust has continued deliver care for our patients through the hard-work and dedication of our staff

Comparison of activity to previous year

- NHS **Outpatient attendances** over the last 8 weeks has averaged 100.3%, with new attendances being 88.5% and follow-up 102.7%.
- NHS Spell **discharges** over the last 8 weeks has averaged 85%, with Day-case being 81.40%, Elective 90.6% and Emergency 91.2%.
- **Main Theatre procedures** over the last 8 weeks has averaged 85.4% against previous year
- **Imaging activity** over the last 8 weeks has averaged 94.2% against previous year, with MRI being 81.1%, Non-obstetric Ultrasound 104.6% and CT 93.6%

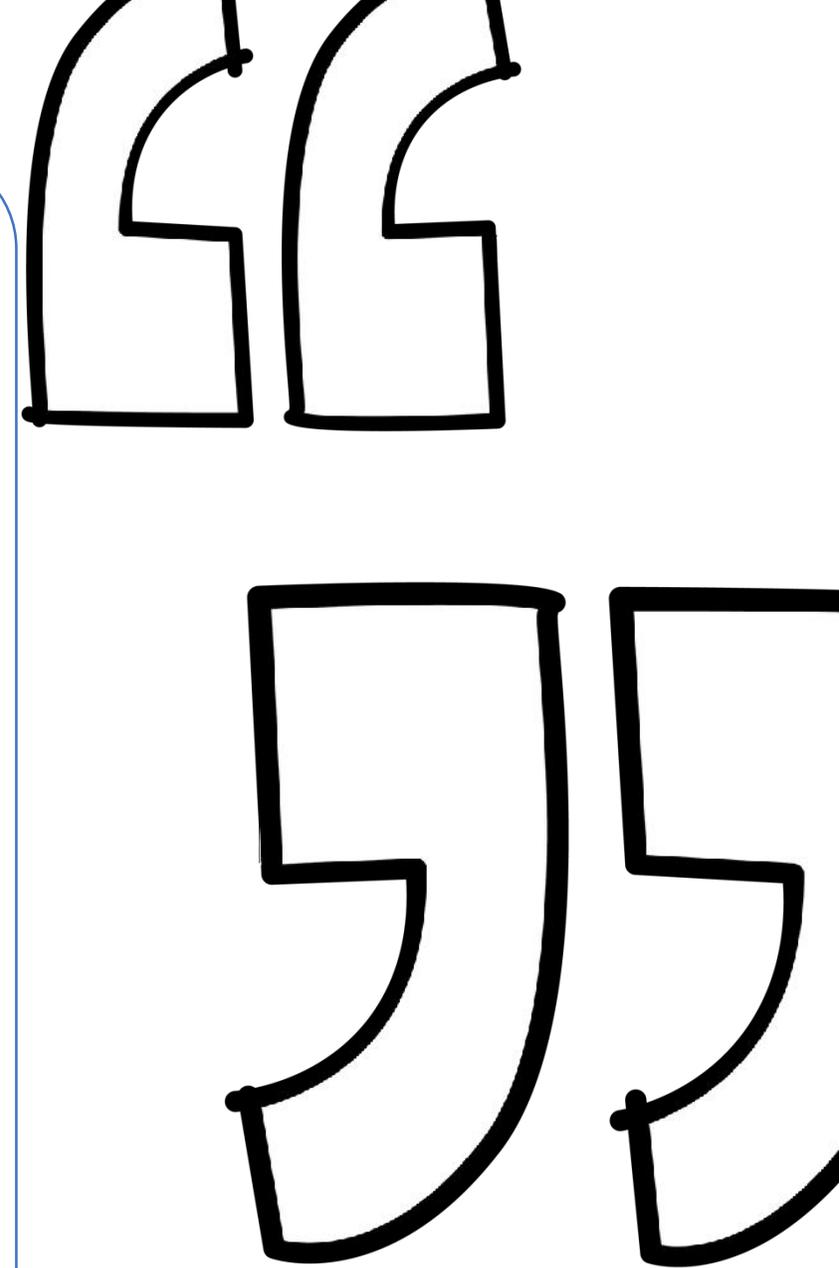
The Trust has embraced utilising virtual technology with 46% of new and 43% of follow-up outpatient attendances being conducted via these consultation media methods

We are currently at 61.93% of patients waiting less than 6 weeks for the 15 diagnostic modalities (**DM01**). This is a deterioration from last month's position when we reported 68.53%. The number of breaches reported in December (722) has also increased from 625 in November. Routine requests are being categorised to an additional level to ensure patients are not waiting longer than clinically safe, with patients waiting beyond the must be seen be date clinically reviewed. Through the Clinical Prioritisation Group the diagnostic teams are working closely with outpatient and inpatients teams to ensure capacity is opened at appropriate and safe levels.

November 2020 **cancer waiting times** data has now been submitted nationally and the Trust achieved 100% across all standard. For December, the Trust is forecasting reporting 100% achievement across all of the five standards.

The Trust did not achieve the **RTT 92% standard**, submitting a performance of 70.05% but we are improving currently on a monthly basis (November - 67.01%, October – 63.7%) with 2038 patients waiting longer than 18 weeks. This is an increase in performance from the previous month's 63.7%, as expected.

The latest data presented at Clinical Prioritisation Group suggest that the overall theatres minutes to meet the volume of category 2 patients is sufficient, however, shortfalls are seen at a specialty level. Services significantly impacted are Cleft, Craniofacial, Dental, SNAPs, Spinal and Urology. The theatres team routinely review theatre allocation to cover the gaps.



Are we Well Led?

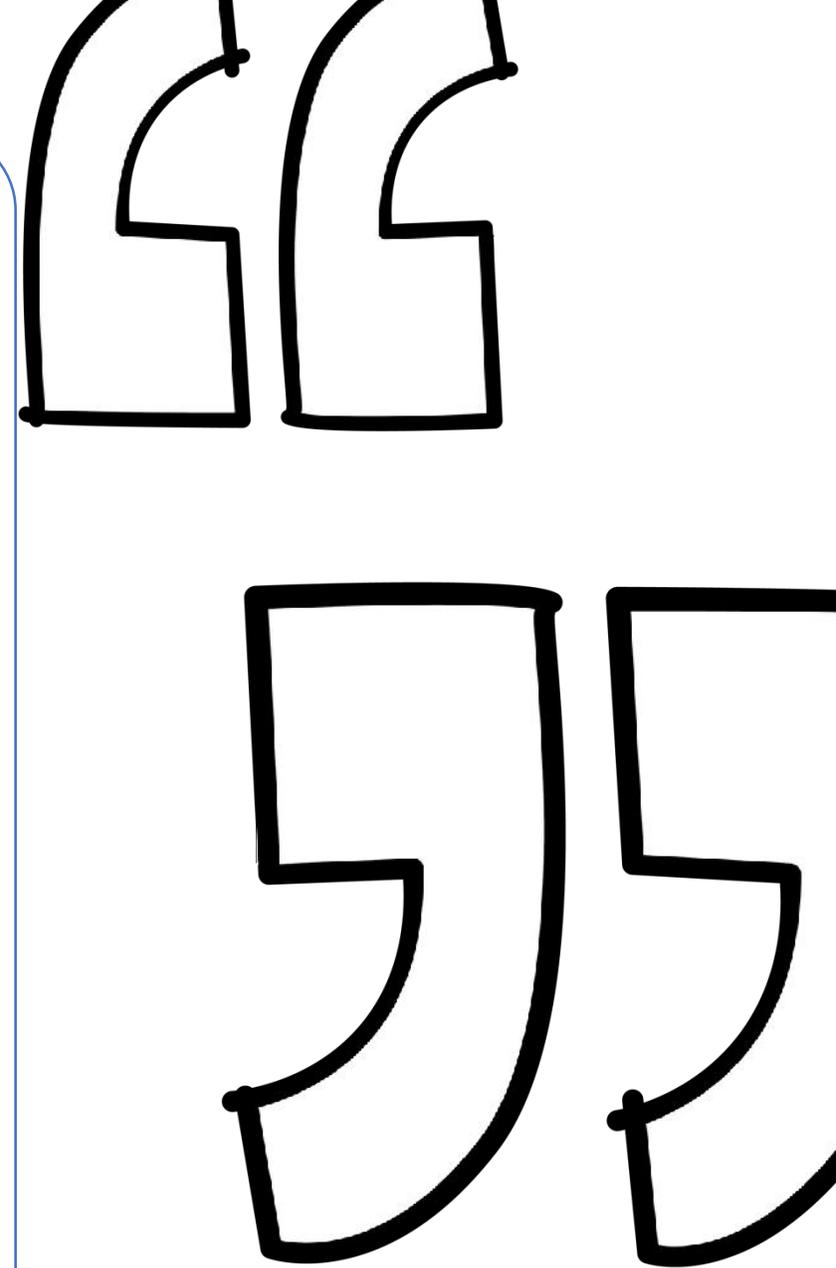
There were 10 incidents requiring **duty of candour** in December 2020. Being Open/Duty of Candour conversations took place in 100% of incidents. 70% of the stage 2 follow up letter were completed, with 60% within the timescale of 10 days. 4 investigation reports were shared with families in December 2020. Unfortunately due to the length of time in completing these investigation, only 1 was shared within the expected timeframe. A weekly candour catch up continues up with the directorates to help pre-empt and manage delays.

Risk Register: High risk monthly review performance increased decreased to 63% in December 2020 (cf. 98% in October 2020 and 82% in November 2020).

The Trust observed a slightly reduced number of **FOI** requests in December 2020. The compliance timescale increased very slightly in December 2020. The FOI team is currently one staff member with interim arrangements (1.5days per week) now in place since August 2020. The reduction in compliance is broadly due to the complexity of requests and also length of time it is taking a number of departments to respond. There are currently 4 that are overdue.

There are currently 46 open **Serious Incident actions** in December 2020, 21 which were due to be completed by the end of December 2020 The Patient Safety Team continue to work with the directorates to ensure completion and closure of the overdue actions . Closing the Loop meetings occur monthly which review the overdue actions to understand and address any barriers to completion of the action and embedding of the learning. Also actions owners are contacted directly to ensure actions are completed and evidence provided.

Policy performance: 79% of all Trust policies are currently in date, with 85% (89 of 106) of our Safety Critical policies in date. There are six policies that can be approved pending minor amendments. If these are approved, the compliance could be 82%. HR have undertaken a big push on getting their policies in date and there will be a special HR meeting of the PAG in mid-February (TBC) to approve at least ten out of date HR policies.



Workforce Headlines: December 2020



Contractual staff in post: Substantive staff in post numbers in December were 4873 FTE, an decrease of 27 FTE since November, and 236 FTE higher than December 2019.

Unfilled vacancy rate: Vacancy rates for the Trust increased in December to 7.6% from 7% in November and slightly lower than the same month last year. Whilst the vacancy rate remains below the 10% target, it is higher than the 12 month average of 6.8%. Vacancy rates in the clinical directorates (bar IPP) were all below target in November.

Turnover: is reported as voluntary turnover. Voluntary turnover continued to reduce to 11.5%, it's lowest level in nearly 5 years, and meets the Trust target (14%). Total turnover (including Fixed Term Contracts) also reduced to 14.9%, again it's lowest rate for nearly 5 years. The reduction is likely at least in part attributable to the impact of COVID and is therefore likely to eventually increase without the ongoing focus on retention as outlined in the People Strategy.

Agency usage: Use of agency staff increased slightly to 1.1% of paybill in December. However agency usage remains well below the local stretch target (2%). Agency use is almost exclusively taking place within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines. Bank % of paybill increased to 5.7% in December.

Statutory & Mandatory training compliance: In December the compliance rate across the Trust remained at 94% for the 4th month in a row, which remains above the target with all directorates achieving target. Across the Trust there are 3 topics below target including Information Governance where the target is 95%.

Appraisal/PDR completion: The non-medical appraisal increased to 88% in December with 8 Directorates achieving the 90% target. Consultant appraisal rates increased in December to 86%. The Medical Appraisal and Revalidation Committee has established processes to address levels of medical appraisals that commenced from August. PDR non-compliance is targeted at directorate performance reviews.

Sickness absence: Sickness rates in December increased slightly to 2.7% remains below target. While sickness rates remain within target, December saw an increase In the second half of the month in absences related to COVID-19 either sickness or self-isolation

Covid-19 at GOSH

We have changed the way that we work at GOSH in March in order to ensure that we play our part in supporting the NHS to respond effectively to Covid-19. This slide brings together a number of key metrics to help understand the overall picture.



There were 46 COVID-19 related **incidents** reported in December 2020 which is similar to the numbers observed in November 2020 . All incidents related to covid are reviewed by the infection control team and Health & Safety Advisor.

FFT feedback suggested that patients were generally satisfied with the care they received both inpatients (98%) and outpatients (97%) with many positive comments about management during the pandemic.

PALS numbers were lower in December than the significant peak in November, and although Pals traditionally has lower numbers in December, the number of contacts in December 2020 is the highest in nearly 20 years. Approximately 40% of these contacts were Covid-specific. A prominent theme for December involves parents/carers seeking advice, guidance and reassurance of the impact any new changes will have on upcoming hospital visits as well as the individual, clinical needs of patients.

The Trust remains 100% compliant with the review of **NICE rapid COVID-19** guidelines.

The Trust has declared 4 outbreaks of Covid-19 between 1st April 2020 and 31st December 2020.

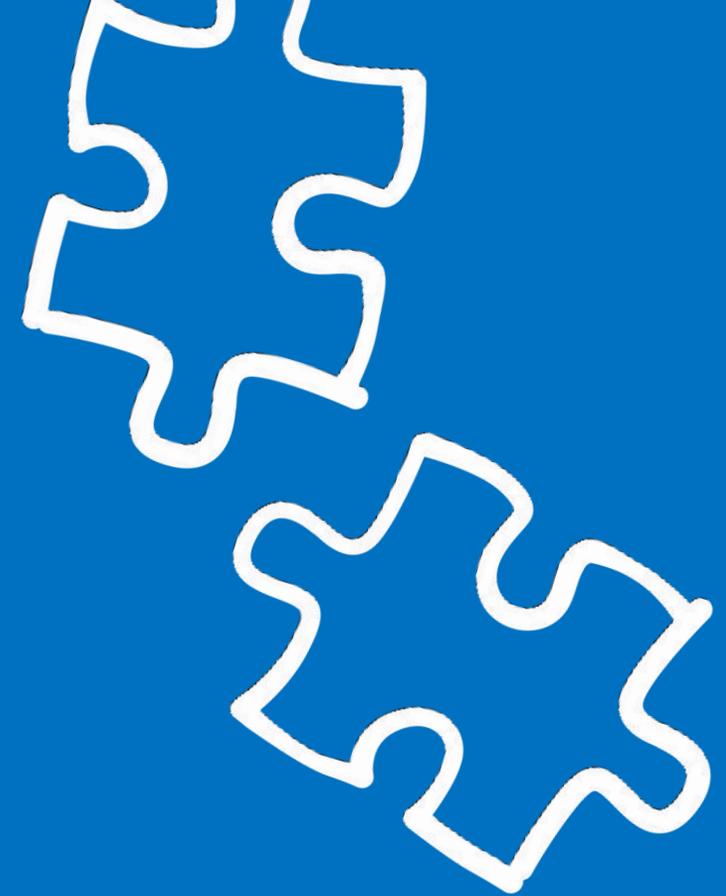
COVID related absences increased in December, particularly in the later half of the half of the month. Average daily absences increased in the first week of the month from 187 per day to 324 by the last week of the month.

There are currently 64 open **Risks** on the COVID 19 risk register Issues include infrastructure (including staffing, facilities and environment) which was the most common risk type. No risks were considered mitigated against and closed in December with 2 new risks identified within the same month. In December an analysis of Covid risks was undertaken to understand key issues, but also to assess whether the risk management approach was supporting the organisation effectively. Changes to the processes for risk management were agreed through Silver. This included a change to enable Silver to review all high risks (12+) weekly with an monthly thematic review of any other organisational covid risks. There are 12 high risk, 18 medium risks and 34 low risks. The review in December also identified a number of risks which needed to be added to the register and this has been taking place through January.

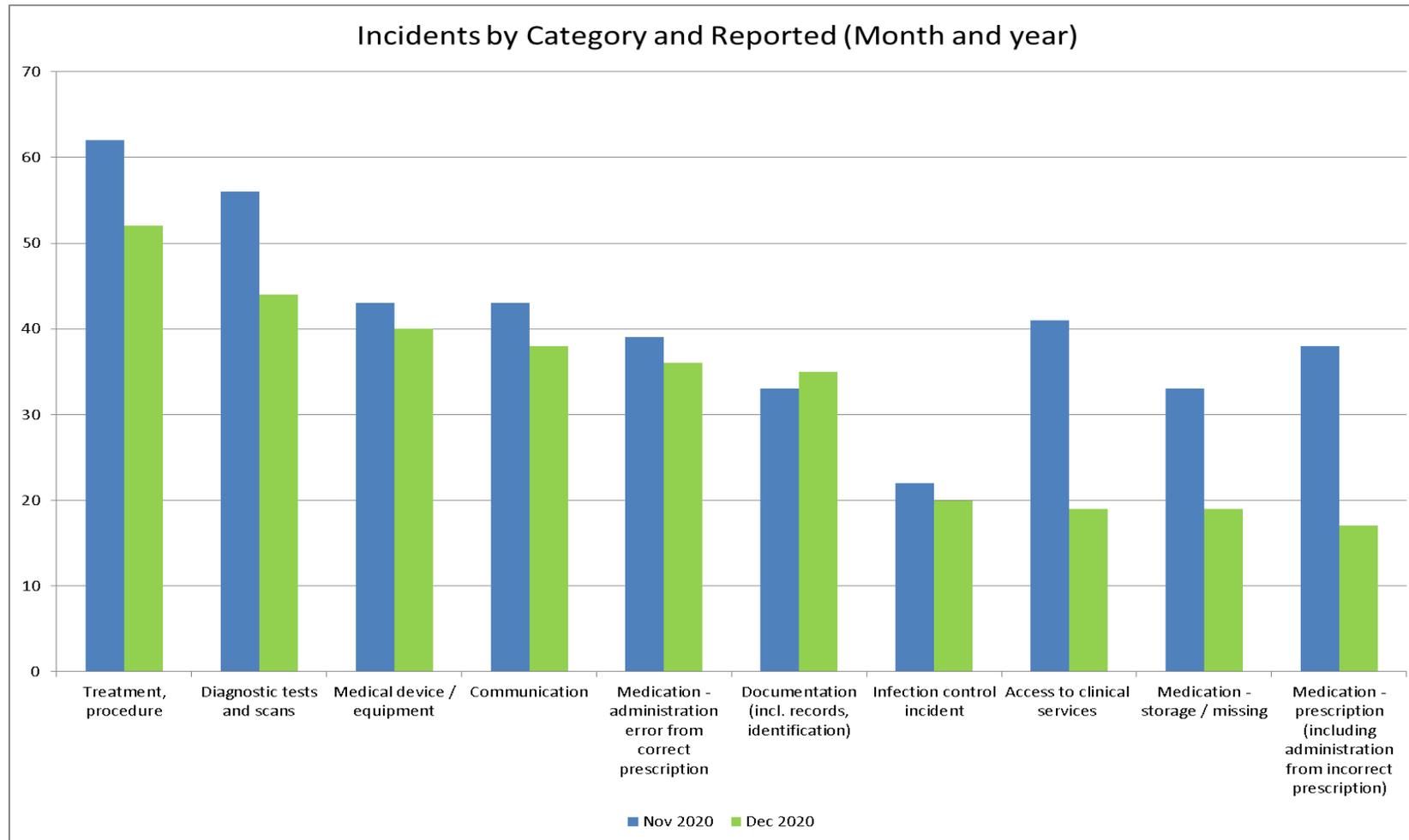
Quality and Safety

This section includes:

- Analysis of the month's patient safety incidents
- Lessons learned from a recent serious incident
- Summary of Serious Incidents
- Overview of Safety Alerts
- Progress update on speciality led clinical audits
- Update on priority audits
- Summary of Hands, Face, Space & Place audit findings
- Overview of WHO Safer Surgery Checklist performance
- Overview of Quality Improvement work



Understanding our Patient Safety incidents



In December 2020 we saw an overall reduction of incidents from 623 (November 2020) to 555. This reflects the reduced activity over the Christmas period. In particular there were sharp drops in the number of medication related incidents, from 21.1% of incidents in November 2020 to 15.7% of incidents in December 2020. Access to clinical services as a category also saw a sharp drop in numbers, as activity began to drop.

Patient Safety – Serious Incident Summary

New & Ongoing Serious Incidents

Director ate	Ref	Due	Headline	Update
H&L, O&I, BBM	2020/8287	12/02/2021	Concerns regarding the treatment plan during thoracic surgery	Independent review expected to be completed shortly
S&S	2020/13894	26/11/2020	Delay in monitoring resulting in loss of renal function	Awaiting finalisation of action plan
S&S	2020/14532	29/01/2021	Inadequate patient monitoring contributing to harm	Panel meeting to take place on 20/01/2021
S&S	2020/17315	21/12/2020	Irrecoverable loss of renal function	Meeting arranged to discuss next steps, then panel meeting to be booked
BCC, O&I, H&L, BBM	2020/18230	21/12/2020	Delay to treatment	Report completed, to be circulated
O&I	2020/20297	21/01/2021	Respiratory arrest following anaesthetic	Organising panel meeting
H&L	2020/22325	18/02/2021	Retained guidewire following insertion of femoral line (Never Event)	Panel meeting held 20/01/2021
O&I	2020/23363	04/03/2021	Retention of part of port-a-cath following procedure to remove device	Organising panel meeting
H&L	2020/23369	04/03/2021	Delay in diagnosis potentially impacting treatment and outcome	Awaiting information from another hospital, information gathering
H&L	2020/23788	10/03/2021	Information governance breach	Panel meeting being scheduled
H&L, BCC	2020/24328	17/03/2021	Patient had catastrophic pulmonary haemorrhage	Investigation underway

2020/17701:

Surgical site infection following AVM resection

What happened?

The patient attended the hospital for a resection of an arteriovenous malformation on 6 July 2020. No complications were noted and the patient was discharged home. Two weeks later, they were readmitted locally with headaches and vomiting. On review, it became apparent they had an infection in the surgical space that required decompression and treatment with IV antibiotics. On 30 July, streptococcus oralis was grown from operative samples. This is a bacteria that is primarily found in the mouth. An investigation took place locally that found the most likely source of the infection was the mouths of the operating team. At that time, staff were wearing fit tested ffp3 masks, with valves. It was thought that collections of fluids around the valve was the most likely source of infection.

Recommendations

- Valved masks/respirators should not be used in neurosurgical theatres unless the patient is a red pathway patient and where no other alternative is available.
- Staff should be preferentially fit tested for non-valved masks. Those who have previously been fit tested for valved masks should be re-fit tested for a non-valved mask.
- A pathway system should be introduced to ensure that the correct PPE is worn for the correct patient, rather than adopting a “one size fits all” approach. This should help minimise the use of FFP masks, and valved masks/respirators.
- The key lessons learned from this incident should be communicated to NHS England so that other Trusts can be made aware of the risks of using FFP valved masks or respirators in theatre.

Patient Safety Alerts/ MHRA/ EFN Alerts

NatPSA/2020/006/NHSPS:
Foreign body aspiration during
intubation, advanced airway
management or ventilation

Date issued: 01/09/2020

Date due: 01/06/2021

NatPSA/2020/008/NHSPS:
Deterioration due to rapid
offload of pleural effusion fluid
from chest drains

Date issued: 01/12/2020

Date due: 21/06/2021

FSN/FA902: Medtronic
Heartware HVAD System
Battery Charger AC Adapter
Controller Power Port
Incompatibility

Date issued: 03/02/2020

Date due: N/A

FSN – Rashkind – UK DCL
HCP FA927 Rashkind Balloon
Septostomy Catheter Recall

Date issued: 11/09/2020

Date due: N/A

FSN – Product recall – BD
PosiFlushT XS 10mL syringe

Date issued: 20/07/2020

Date due: N/A

FSN – Fannin pre-filled
N/Saline Syringe 10ml

Date issued: 27/07/2020

Date due: N/A

Clinical audit at GOSH -priorities

Type	Statutory priority
<p>Involvement in national clinical audits as advised by The Healthcare Quality Improvement Partnership (HQIP)</p>	<p>1 -statutory</p>
<p>Central clinical audit plan prioritises audits to support learning from incidents, risk, patient complaints, and to investigate areas for improvement in quality and safety.</p> <ul style="list-style-type: none"> • Audits to assess implementation of change from risk/SI/complaints • Specific safeguarding , IPC and Meds Management audit plan <p>Looking ahead beyond COVID</p> <p>Top six priority audits recommended for GOSH which address areas of focus on best practice nationally for 2021/22</p> <ol style="list-style-type: none"> 1. Adherence to updated GMC guidance on Consent issued Nov 2020 2. Medicines Storage and Controlled Drugs 3. Duty of Candour 4. Mental Capacity Act 5. Quality of clinical documentation 6. Safety Standards for Invasive Procedures <p>Those audit priorities will be consulted with relevant stakeholders ahead of confirmation when there is organisational capacity. Additional items will be added where quality assurance is required in response to learning from harm and to assess changes in practice, and as determined by directorates.</p>	<p>2 Essential but not statutory, and recognise that failure to deliver may result in</p> <ul style="list-style-type: none"> • consequence related to absence on assurance in a specific area • inability to meet KLOE for effective • inadequate focus on quality of care • increased risk of patient harm /reputational risk/ quality control deficit • failure to deliver objectives of the Quality Strategy (Quality Assurance ... “doing the right thing”)
<p>Specialty determined and clinically motivated audit</p>	<p>3 Essential to support high quality care and ensure culture of reflection and best practice . An absence of this will be reflected KLOE for effective</p>

Clinical Audit –priority plan in progress

Audit	Why are we doing this audit?	Timeframes for audit
Content of clinic letters	To review the content of our clinic letters against best practice standards	Deferred due to COVID 19 and additional priorities.
Learning from a complaint (19-070)	To establish implementation of learning within BMT service that “All vital information regarding the patient and their treatment plan will be discussed at ward round .”	Audit has been completed and action plan to be developed by BMT Consultant Lead
GOSH/IPP response to Patterson Inquiry	To provide assurance that recommendations that are relevant to GOSH have been implemented.	Audit plan approved from the Deputy Director, International & Private Patients Service. Data collection to end in Jan 21
Learning from an inquest- GOSH MDT meetings –re-audit	Learning from an inquest has highlighted the need to ensure appropriate attendance and documentation at GOSH multidisciplinary team (MDT) meetings	Audit in progress and aim to be completed by end of January 2021
Learning from complaint (18/093)	Learning from complaint (18/093) re-audit to determine if we have changed our practice on PICU for documenting updates given to families	In progress
Optiflow	To review the effectiveness of change of practice of ICU discharges to wards on Optiflow. This audit supporting Trust project led by HON for Heart And Lung	Prospective audit started in December 2020
Learning from incidents. Quality of the Surgical Count	To look at how effectively we are using the surgical count to minimise the risk of retained foreign objects. The audit considers learning points raised from two retained foreign objects SI.	Paused due to impact of Covid 19. This will resume when there is capacity to complete the audit . This is being monitored by SSIPS .
Hands, Face, Space, Place audits	Support our collective responsibility for keeping each other safe by meeting our Hands, Face, Space and Place guidance	Next audit is January 2021

Additional audit priorities

The **Medicines Audit plan** includes a process for assessing key medicine safety standards , including the implementation of ‘must dos’ highlighted by the 2020 GOSH CQC inspection report. These audits are supported by the Clinical Audit Manager and monitored by the Medicines Safety Committee
IPC Assurance Framework

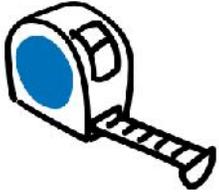
Infection Prevention and Control (IPC) measures have been reviewed in light of changes in national guidance to support management of COVID-19. Additional clinical audit in addition to the IPC audit plan , with support from the Clinical Audit Manager has taken place to inform the IPC Assurance Framework

Safeguarding Audit Plan –continued support will be provided by the clinical audit dept. to assist with the delivery of the this plan

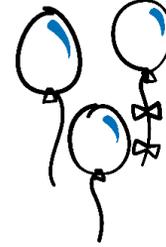
Ward Accreditation – assistance provided to Project Lead to support approach for agreeing standards and input into project aims and processes

Support with managing mandatory reporting of **Learning From Deaths**

Specialty led clinical audit



There are currently **257** clinical audits registered at GOSH.



Our long term data suggests we are encouraging a culture of sharing our specialty led clinical audit activity

Specialty audits on track

It is important to have timely oversight of the outcomes of specialty led clinical audit in order to be assured that teams are engaging in reviews of the quality of care provided, and that the outcomes of those can be monitored.



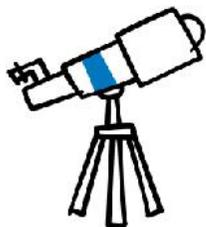
This is essentially about knowing what clinical audit we are doing in the Trust

The Trust is expected to provide evidence to regulators, including the CQC, that specialty led clinical audit activity takes place.

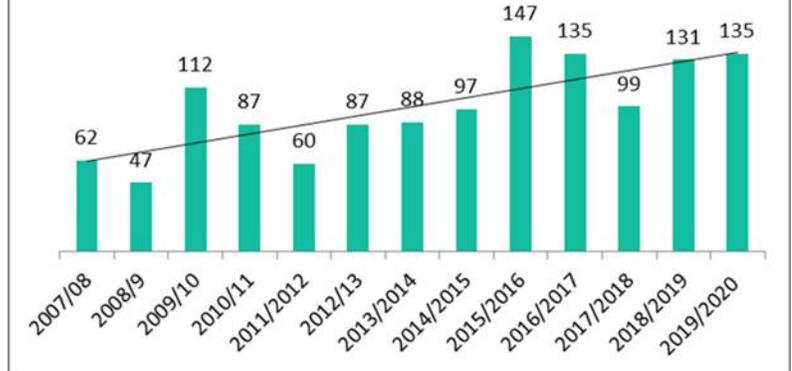
We are on target for speciality audits on track

To find out more about clinical audit at GOSH and see what audits are taking place, and learning from completed work please see the link below

http://goshweb.pangosh.nhs.uk/clinical_and_research/CGST/clinical-audit/Pages/clinical-audit.aspx



Completed specialty led audits



We aim to have to have over 100 completed specialty led clinical audits per year. At the end of December we are slightly off track (68 audits completed (target =75 completed by end of December) It is anticipated that there may be a reduction in the number of completed clinical audits this year due to the impact of the pandemic, which is reflected in the current position

Quality Improvement - support the QI framework outlined in the Trust Quality Strategy (“doing things better”)

1. Priority improvement programmes (December 2020)

Programme of work	Priority projects	Executive Sponsor (ES)
Highly reliable clinical systems	➤ Identification and responsiveness to the deteriorating patient	Sanjiv Sharma
	➤ Increasing safety and reliability of TPN prescription and delivery	Polly Hodgson
	➤ Co-designing the SI framework	Sanjiv Sharma
	➤ Establishing a Tri-parallel process for Sis, Red Complaints and High Profile cases	Sanjiv Sharma
Wellness at Work	➤ QI support to initiatives led by Wellbeing Group: development of a wellbeing indicator tool, supporting implementation of team-level wellbeing initiatives and digitalising wellbeing hub processes	Dal Hothi
Caring for the complex patient	➤ Safe management of patients with high BMI	Sanjiv Sharma
Continuously finding better ways to work	➤ Introduction of a Ward Accreditation Programme to increase clinical quality and oversight of quality metrics from Board to Ward	Alison Robertson
	➤ Reducing pre-analytical laboratory sample rejections/ building laboratory capability for improvement	Dal Hothi
Building capacity and capability for improvement	<ul style="list-style-type: none"> ➤ QI Education Programmes ➤ Project Mentorship 	Dal Hothi

The QI team is also supporting the Clinical Pathway Redesign Programme, and associated projects in partnership with the Transformation team.

2. Directorate-level/ Responsive QI Work-

COVID-19 Response (December 2020)

- Design and development of COVID-19 vaccination clinic booking system
- Ongoing development support for staff risk assessment tool

Directorate projects

Project Commenced	Area of work	Project lead:	Expected completion date
May 2020	To increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	December 2020 [adjusted completion date to March 2021]
June 2020	To improve staff understanding of children and young people's Mental Health and Wellbeing across the Trust by March 2021	Shauna Mullarkey (Clinical Psychologist & Practice Educator)	March 2021
July 2020	To improve the safety and quality of patient handover from Theatre to PICU after complex surgery	Mae Johnson (PICU Consultant)	December 2020 [on track for delivery]
Oct 2020	To increase communication skills training across all Allied Health Professionals placement pathways at GOSH	Ali Toft (AHP Information Officer) and Vicki Smith (AHPs Education Lead)	September 2021
Oct 2020	To improve holistic elements of care for cardiothoracic transplant patients	Helen Spencer (Consultant in Transplant and Respiratory Medicine)	August 2021
Oct 2020	To improve continuous measurement of impact of the Chaplaincy service to GOSH staff, patients and families	Dorothy Moore-Brooks (Deputy Team Leader- Chaplaincy)	December 2020 [Complete]

Patient Experience

This section includes:

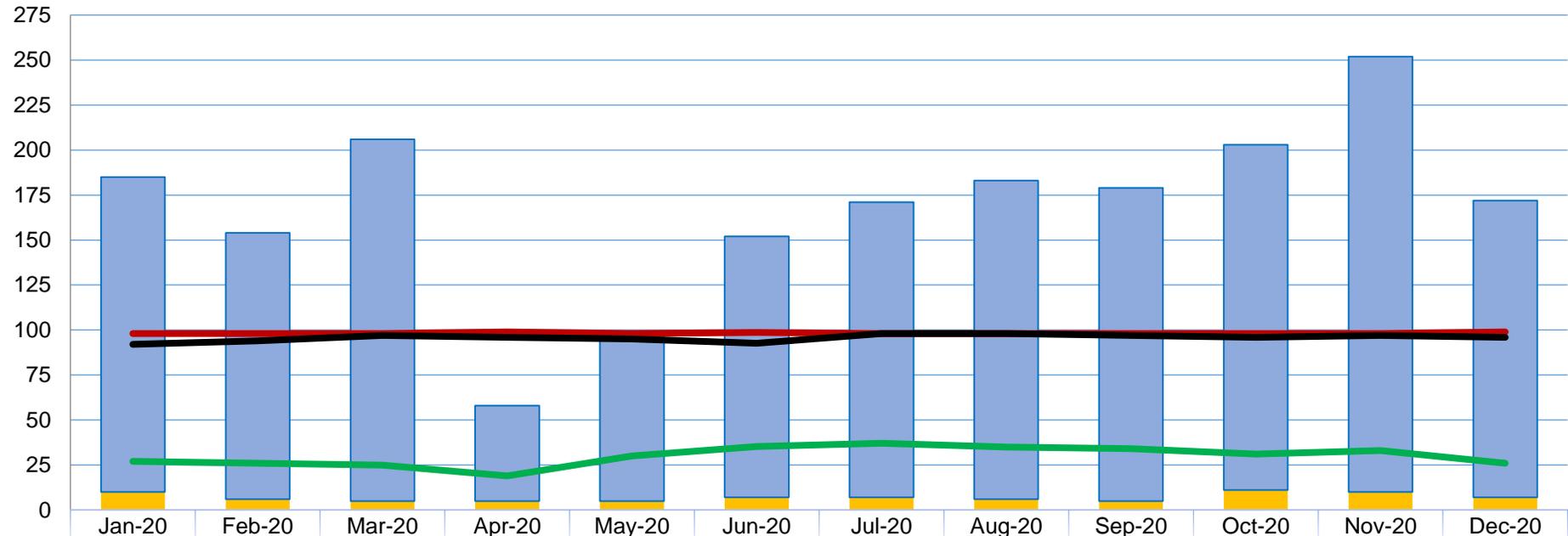
- Integrated overview of patient feedback
- Monthly assessment of trends and themes in complaints
- Overview of Red Complaints
- Lessons learned from a recent complaint
- Pals themes and trends
- Learning and improvements from Pals contacts
- Friends and Family Test feedback trends and themes
- Friends and Family Test – You Said, We Did



Patient Experience Overview

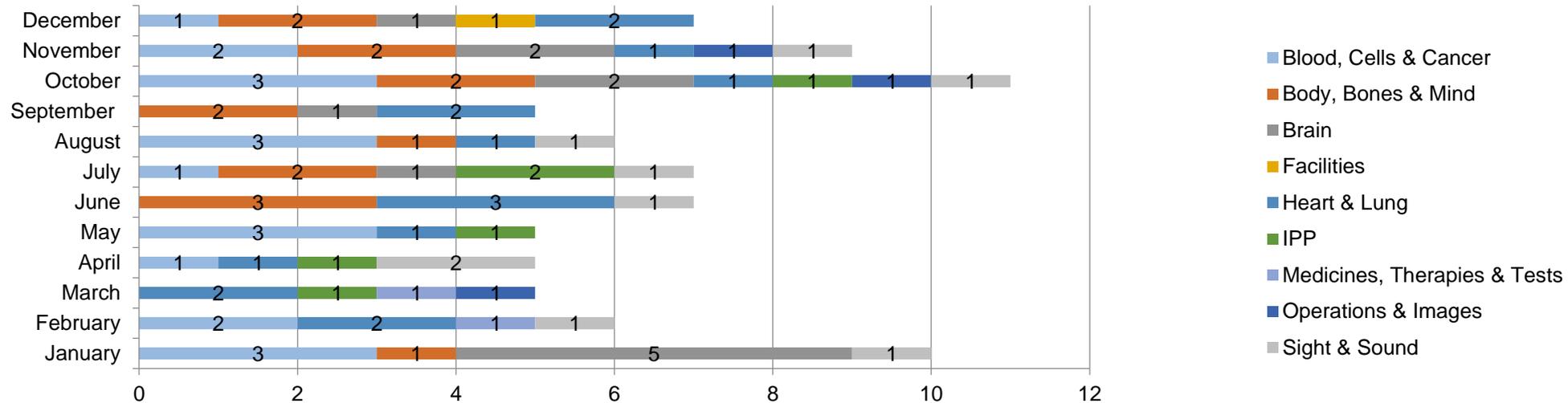
Are we responding and improving?

Patients, families & carers can share feedback via Pals, Complaints & the Friends and Family Test (FFT).



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Pals	175	148	201	53	94	145	164	177	174	192	242	165
Formal Complaints	10	6	5	5	5	7	7	6	5	11	10	7
FFT recommendation rate - Inpatients %	98	98	98	99	98	99	98	98	98	98	98	99
FFT recommendation rate - Outpatients %	92	94	97	96	95	93	98	98	97	96	97	96
FFT % response rate	27	26	25	19	30	35	37	35	34	31	33	26

Complaints: Are we responding and improving?



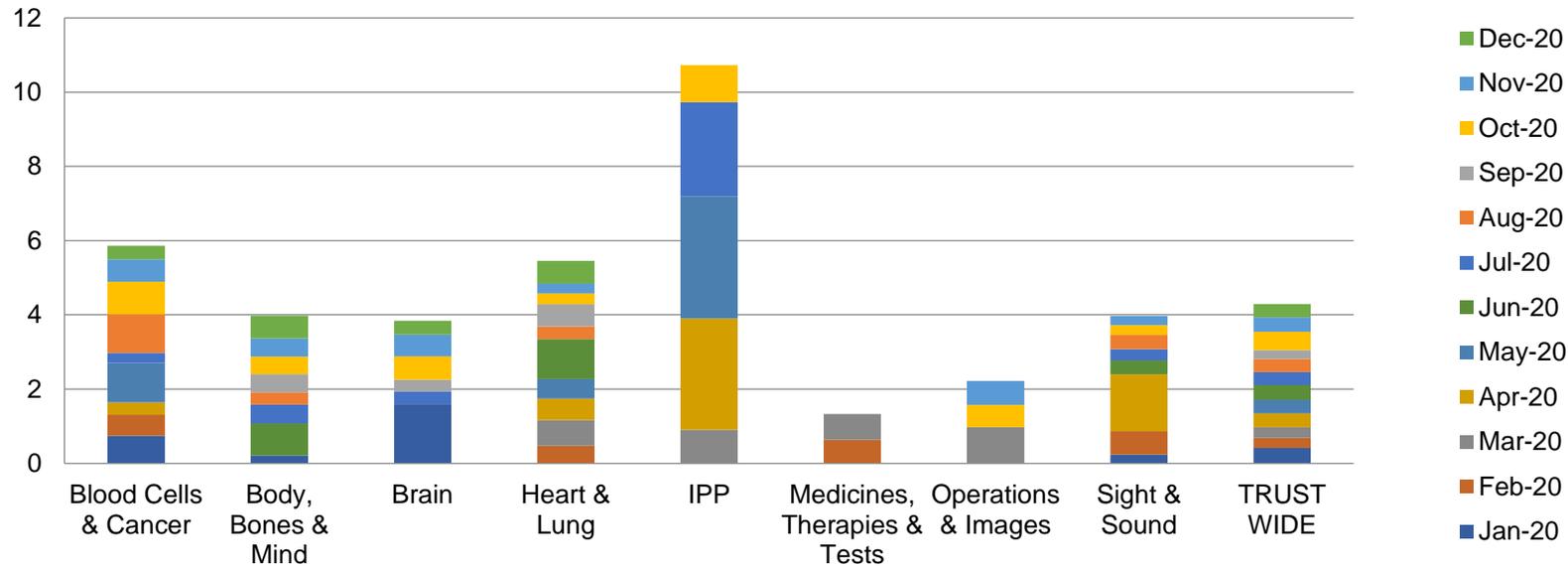
There was a slight decrease in the number of formal complaints received in December 2020 (n=7) compared to previous months (November 2020 (n=9) and October (n=11)). However, the same number of complaints were received this month compared to December 2019. This month families reported concerns about:

- The waiting time for receiving Home Parenteral Nutrition Training which led to delays in the patient being discharged home.
- The Transport Service not meeting the individual needs of our patients and families. Concerns were also raised about transport arriving late, the conduct of the driver and driving standards.
- Cancellation of a procedure due to it being incorrectly booked onto the wrong theatre list.
- Poor communication between teams which led to the appropriate feeds not being given and delays in treatment. Concerns were also raised regarding delays in being discharged home due to a transport booking error.
- The rejection of a referral which the parents feel led to delays in their child receiving the care he required at that time. Concerns were also raised regarding the treatment plan and diagnosis. The parents have advised that another hospital later gave a different diagnosis and therefore query if the diagnosis made by GOSH was correct.
- The communication around end of life care and the lack of a second opinion around this. Parents are also concerned that genetics testing did not give them answers.

One complaint has been graded as a red complaint and declared a serious incident (SI). The family have complained that the patient was discharged too early and there was a lack of testing carried out. They question if these factors led to the patient's death.

Complaints by patient activity*

*Combined patient activity (CPE) = the number of inpatient episodes + the number of outpatient appointments attended



There was a slight decrease in the number of complaints per 1,000 CPE (0.36) this month compared to last month. Five* directorates received complaints in December 2020:

Heart and Lung received two formal complaints this month and when considered in the context of combined patient activity, this was the directorate's highest complaints rate (0.613) since June 2020. This was also the highest rate for all directorates this month.

Body Bones and mind had a very similar rate (0.61) which was also its highest complaints rate since June 2020.

Blood, Cells and Cancer and the Brain directorates both received one complaint and saw a decrease in their complaint rate by patient activity.

* The Estates and Facilities directorate received one complaints but are not detailed above as there are no comparable bed days/ patient activity.

Red/ High Risk complaints: Are we responding and improving?

NEW red complaints opened in December 2020	NEW red complaints since APRIL 2020	REOPENED red complaints since APRIL 2020	ACTIVE red complaints (new & reopened) as of 31/12/20	OVERDUE red complaint actions
1	7*	0	5	0

New Red Complaint (December 2020)

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
20-059	Heart and Lung (Cardiology)	Concerns were raised that the patient was discharged too early and there was a lack of testing carried out. The parent has queried if these factors led to the patient's death.	SI confirmed at EIRM on 17/12/20	Case reviewed at EIRM and declared an SI. Family have been informed of this decision. Investigation is underway and the aim is to complete by April 2021.

Active Red Complaints (including reopened complaints)

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
20-012	Body, Bones & Mind (Urology)	Concerns that a lack of follow up and monitoring resulted in further kidney damage.	SI confirmed at EIRM on 03/08/20	Case reviewed at 2 EIRMs and SI declared. Family informed and medical records have been obtained from the local hospital. Investigation underway and is now expected to be completed by the end of January 2021.
20-035	Heart & Lung (PICU)	Concerns around aspects of care, surgery and infection prior to the patient's death.	Following two EIRMs (5/10/20 and 7/12/20) an SI was confirmed.	Following an EIRM on 5/10/20 which concluded further information was required from the local hospital, a second EIRM took place on 7/12/20. At this time an SI was declared. The investigation is underway and is expected to be completed in March.
20-044	Blood, Cells & Cancer (Oncology)	Parents have raised concerns regarding a mis-diagnosis and management of the subsequent Serious Incident (including the content of the SI report)	No EIRM as the same concerns have already been investigated as an SI. Red Complaint being investigated.	Investigation underway and is now expected to be completed by the end of January 2021.
20-056	Body, Bones and Mind (Spinal)	Concerns around the procedure, consent, the lack of response to questions about the procedure, follow up care and the harm caused	EIRM took place on 10/12/20 and concluded that this does not meet SI criteria.	Investigator appointed and investigation is underway - expected to be completed In February 2021.

* In addition one complaint (initially graded red) has been re-graded to amber following completion of the investigation and reassessment of the grading.

Learning from complaints

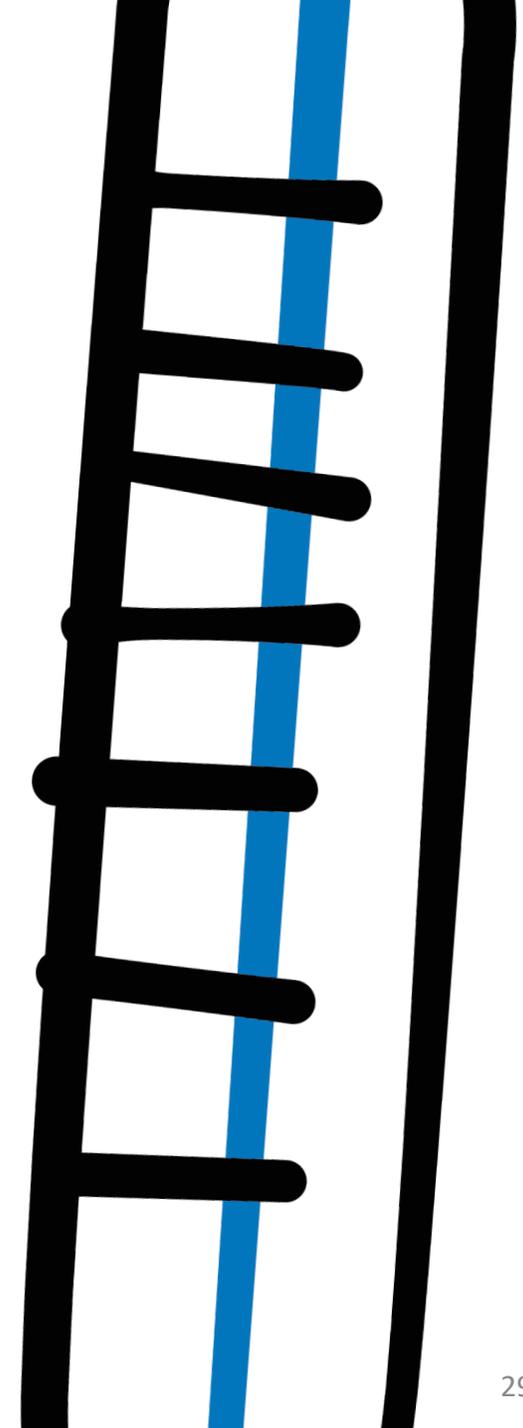
A family told us:

They did not receive enough information about the Specialist Feeding and Eating Disorders Service (FEDS), which they could then refer back to during the four day intensive programme. They were also unclear who to contact should their child become unwell whilst staying in the Patient Hotel during those four days.

What we will do:

We want to ensure our families are informed about what to expect from the FEDS and their questions are fully addressed. The CAMHS team (responsible for FEDS) will be producing written guidance for families, by March 2021. This will include:

- Information on who, or which service, to contact should they or staff be concerned about a child's health. This will include a flow chart for parents clarifying when it is deemed necessary to seek medical assistance and who they should contact in different circumstances.
- A booklet to provide to families and patients prior to attending the intensive programme. This will include information regarding what to expect during the four days and frequently asked questions and answers.



Pals – Are we responding and improving?

Cases – Month	12/19	11/20	12/20
Promptly resolved (24-48 hour resolution)	99	204	131
Complex cases (multiple questions, 48 hour+ resolution)	7	36	32
Escalated to formal complaints	2	1	2
Compliments about specialities	2	1	0
Total:	110	242	165
Top Six Themes			
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families).	35	99	64
Admission/Discharge /Referrals (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).	9	9	1
Staff attitude (Rude staff, poor communication with parents, not listening to parents, care advice)	5	0	0
Outpatient (Cancellation; Failure to arrange appointment).	25	33	20
Transport Bookings (Eligibility, delay in providing transport, failure to provide transport)	5	6	13
Information (Access to medical records, incorrect records, missing records, GOSH information, Health information, care advice, advice, support/listening)	31	95	67

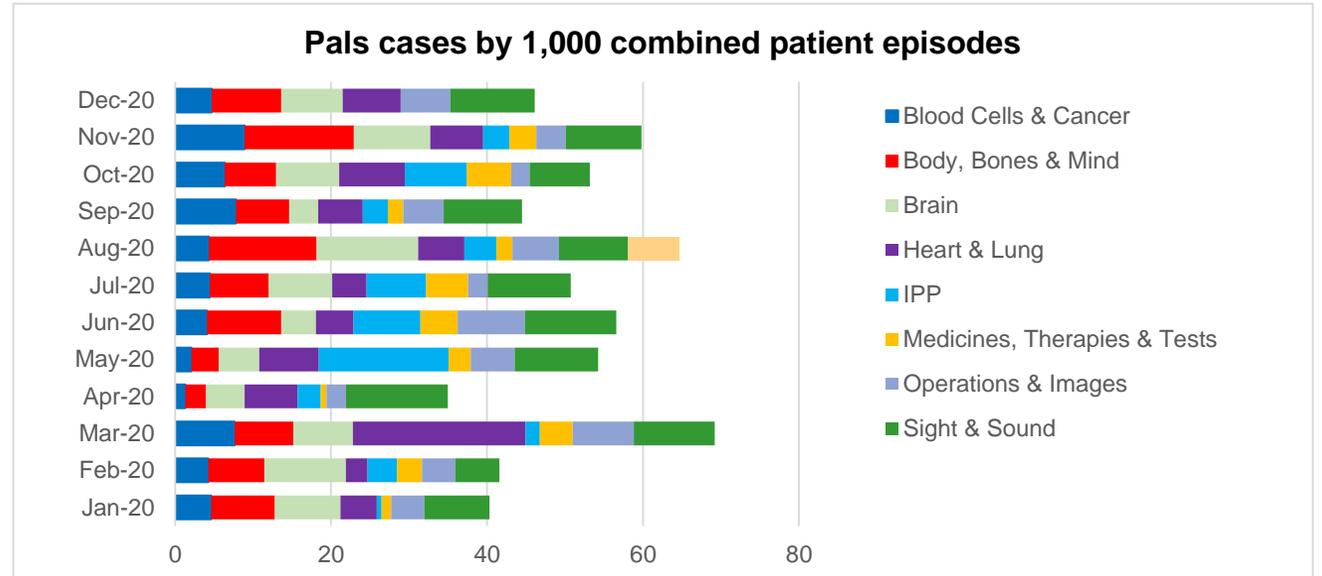
Aligned with reduced patient activity, Pals contacts are historically lower in December. Despite a 31% decrease in contacts received in December 2020 compared to the previous month, the 165 contacts noted by the Pals team in 2020 represents the highest number received in the month of December since 2002. The number of promptly resolved contacts also remains high, with 79% of all of December's contacts being responded to and resolved by the relevant teams within 48 hours or less.

Pals have seen changes to Covid policy reflected in December's contacts, with approximately 40% of these being Covid-specific. A prominent theme for December involves parents/carers seeking advice, guidance and reassurance of the impact any new changes will have on upcoming hospital visits as well as the individual, clinical needs of patients. Pals continue to collect, collate and share summaries of all Covid related contacts received via daily reports to the Communications team with the aim of helping to identify any reoccurring or newly emerging themes.

The spike in transport related contacts noted in the previous month's IQPR has continued in December with 40% of the 13 contacts received centring on nervous parents/carers enquiring about their eligibility for hospital provided transport. Pals continue to signpost parents/carers to the relevant teams while also monitoring overall themes in transport-specific contacts and providing regular updates of these in PFEEC meetings.

Pals cases by directorate

The Operations and Images directorate recorded its highest volume of Pals contacts in 2020 (6.38 per 1,000 CPE). A notable factor contributing to this involves requests from parents/carers questioning the suitability of travelling between tiers to the trust for upcoming inpatient admissions and outpatient appointments.



	BCC	BBM	Brain	H&L	IPP	MTT	O&I	R&I	S&S
Jan-20	19	39	27	23	1	2	7	0	35
Feb-20	15	31	32	12	6	5	6	0	21
Mar-20	25	27	21	65	2	6	8	2	25
Apr-20	4	8	11	13	1	1	1	2	17
May-20	6	11	12	16	5	4	3	0	19
June-20	14	33	13	14	4	8	8	0	31
July-20	17	30	24	15	6	9	3	0	35
Aug-20	14	43	33	18	3	3	8	0	24
Sep-20	27	30	12	20	3	5	8	0	35
Oct-20	24	29	27	29	8	9	4	0	30
Nov-20	34	60	34	27	4	6	6	0	41
Dec-20	15	31	22	25	0	0	9	0	38
YTD	214	372	268	277	43	58	71	4	351

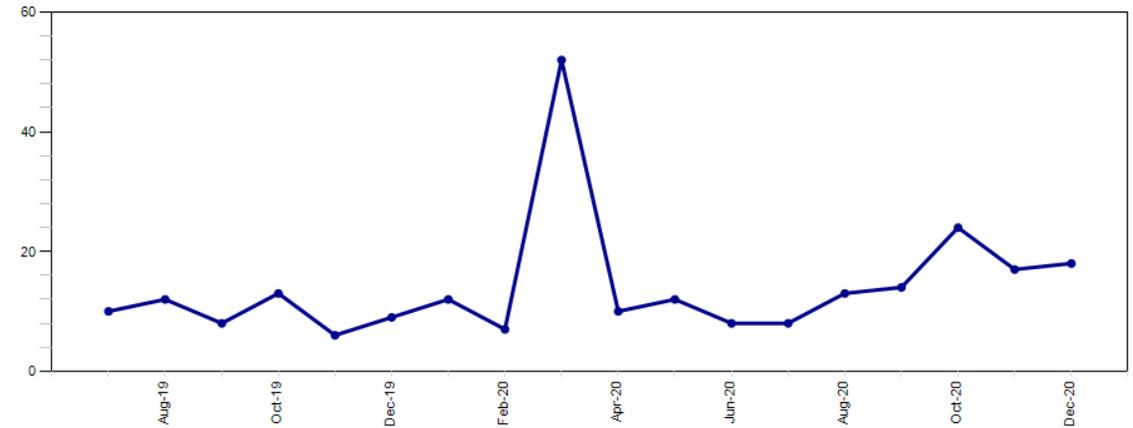
Pals – Are we responding and improving?

Top specialities - Month	12/19	11/20	12/20
Cardiology	10	17	18
Urology	2	13	11
Ear, Nose and Throat	7	11	9
Gastroenterology	6	10	9
Ophthalmology	3	7	9

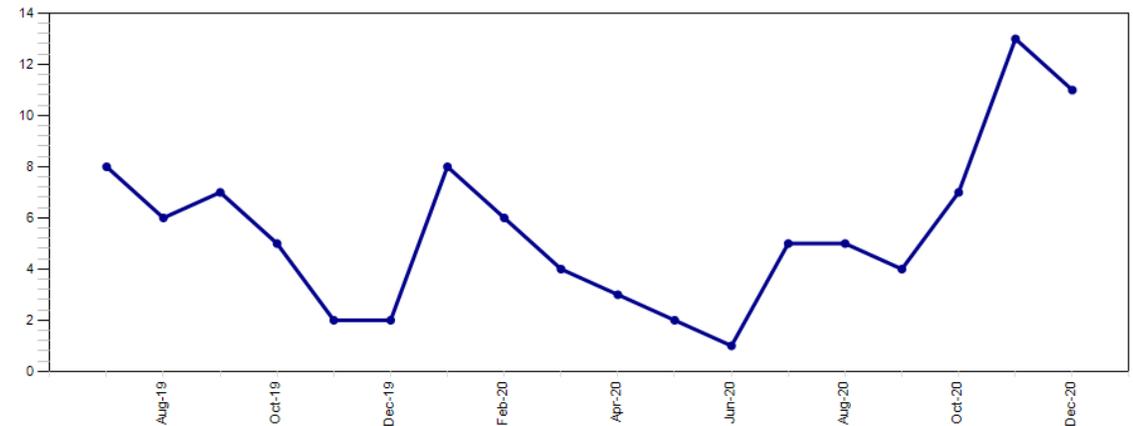
Cardiology- There has been a slight increase in the number of Cardiology contacts recorded in December in comparison to the previous month. Themes for Cardiology remain consistent in December with 60% of the 18 contacts received being Covid related with a particular focus being placed on request for confirmation on the medium in which upcoming appointments would be delivered (e.g. video, phone or face-to-face). Pals would like to highlight the continued positive and proactive work done by the Cardiology service, who, despite ongoing and evolving pressures, have still responded to and resolved 88% of December's queries within 48 hours or less.

Urology- Pals received 11 Urology contacts in December. A recurring theme for the speciality involves requests for complex, patient specific guidance, examples of which include a father requesting further shielding and isolation advice and a mother querying the need for further diagnostic imaging tests to be carried out alongside an upcoming appointment. Pals continue to work alongside the Urology team by promptly and appropriately escalating concerns raised to the relevant teams within the speciality.

Cardiology contacts by patient activity- (total cases excluding formal complaints)



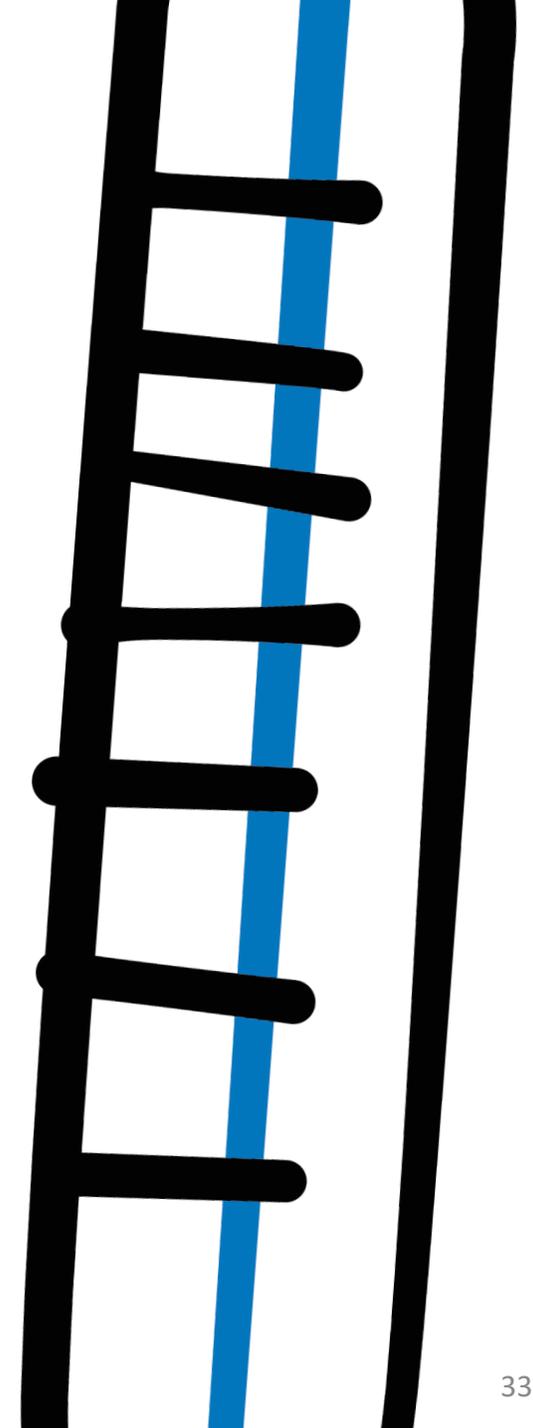
Urology contacts by patient activity- (total cases excluding formal complaints)



Learning from Pals

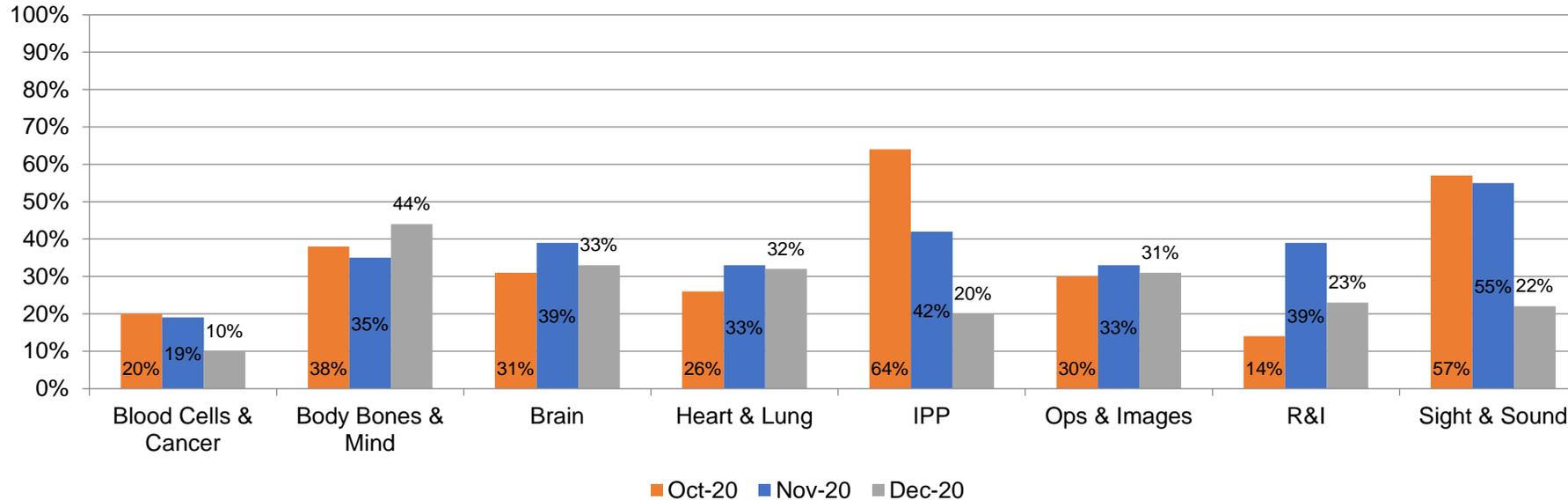
Pals were visited by a distressed family wishing to share a negative experience they had with front desk staff culminating in them being issued a parking fine after incorrectly displaying a hospital provided permit. They explained how given the current circumstances and the added anxiety of travelling to a Tier 4 area for an urgent admission, the administration surrounding parking permits was not at the forefront of their thoughts. They requested that Pals share their experience with front desk management to ensure that moving forward, staff would be better placed to explain the processes involved with parking around the hospital in greater detail so that the added financial burden of an unnecessary parking fine can be avoided in the future.

Pals shared this feedback with front desk management who positively responded to the family and explained the learning undertaken by the team. Pals can report that following this, we have not received any further contacts from parents/carers expressing concerns regarding completing permit forms, and after a courtesy call with the original family, can also confirm that on their next visit they witnessed staff acting on their feedback and assisting a family with completing the necessary parking paperwork.



FFT: Are we responding and improving?

December 2020 - Directorate Response Rate



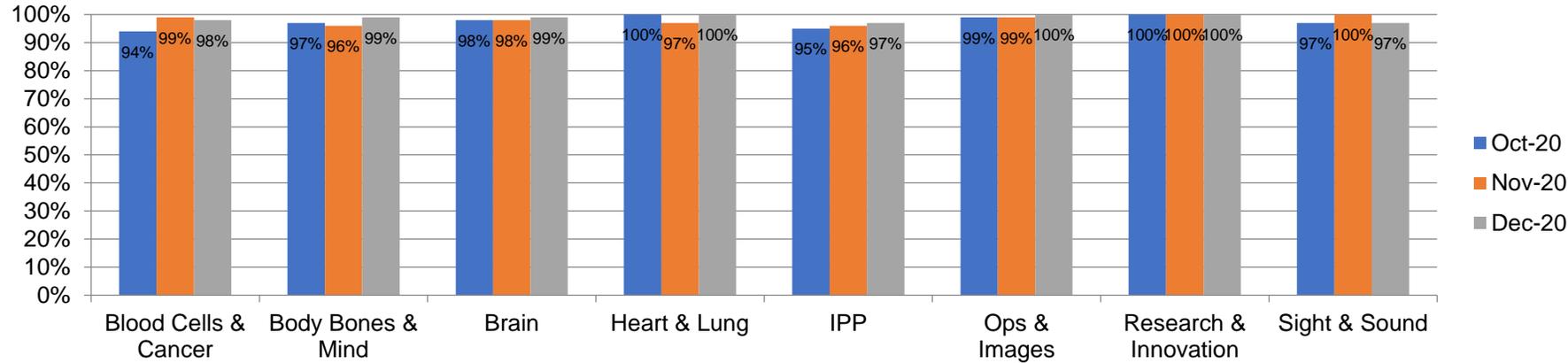
The Trust response rate was slightly lower this month, which is not uncommon in December with four directorates achieving the Trust Target of 25% response rate. FFT reporting to NHS England has resumed after it was suspended during the first wave of the pandemic. GOSH has continued internal FFT reporting throughout 2020.

The predominant theme for negative comments related to Environment & Infrastructure (including but not limited to the temperature of the Respiratory Sleep Unit at night, pillows, cot mattresses and faulty bedside TVs) and Always One Team. There were a very low number of negative scores, with only 6 from inpatient areas, 2 from International Private Patients.

Positive comments related to Always Helpful and praised staff kindness and the positive and caring ambiance across the hospital.

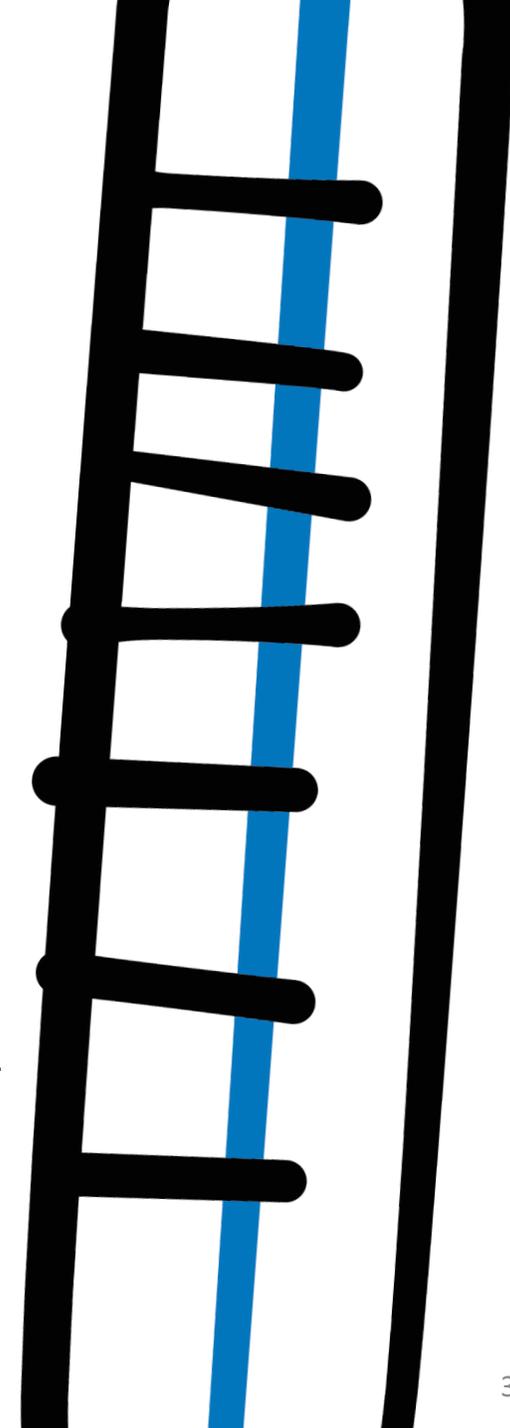
FFT: Are we responding and improving?

December 2020



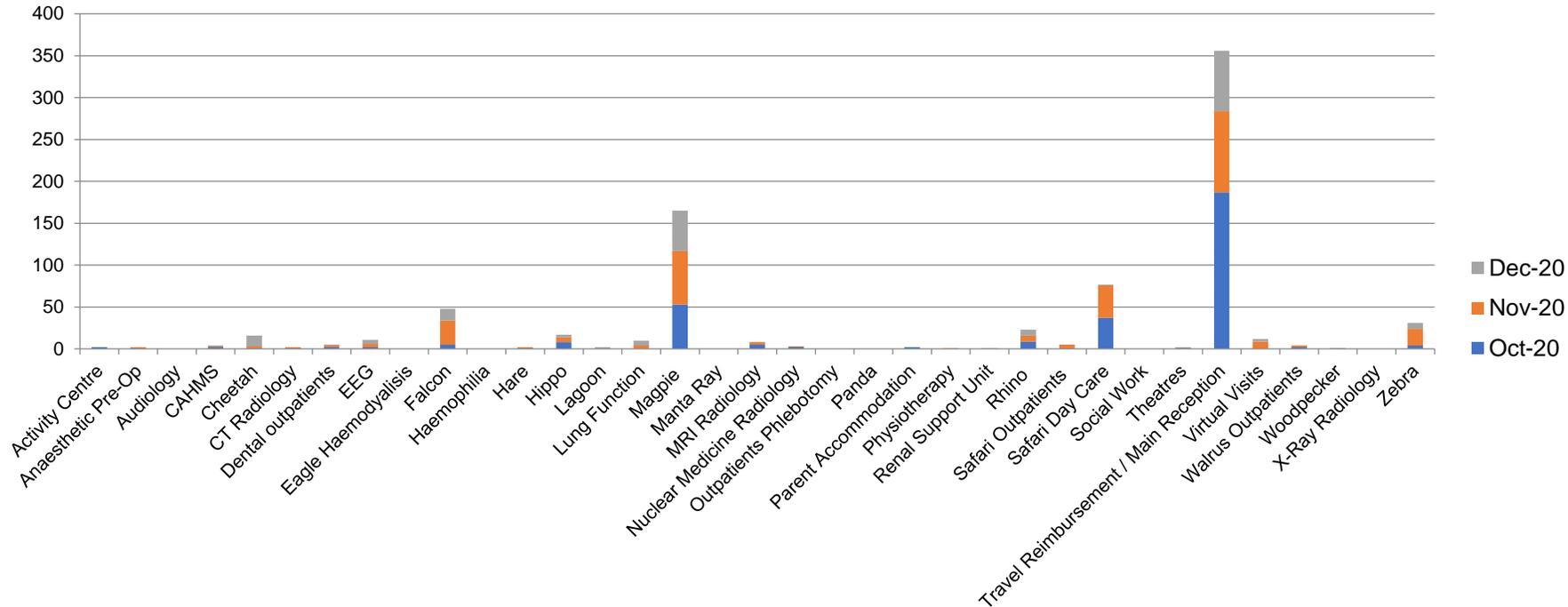
	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
Jun 20	514	27	32	573	16.9%	89.7%
Jul 20	701	260	28	989	17.4%	86.0%
Aug 20	627	375	46	1048	14.4%	86.6%
Sep 20	663	461	121	1245	12.2%	89.3%
Oct 20	712	329	147	1188	15.7%	90.9%
Nov 20	827	303	98	1228	13.3%	90.1%
Dec 20	559	185	46	790	12.8%	88.7%

- Inpatient response rate – **26%**
- The experience measure for inpatients = **99%**
- Consistently high number of qualitative comments – **89%**
- **13%** of FFT comments are from patients.
- Highest number of positive comments were related to Always Helpful.
- Highest number of negative comments were related to Environment & Infrastructure and Always One Team.



FFT: Are we responding and improving?

FFT Outpatients – December 2020



Outpatient feedback has reduced by 39% in December (n=185). Compared with November there was a 20% decrease in the number of attended appointments, so the reduction in FFT is disproportionate. 51% of attended appointments were carried out virtually and a 'virtual clinic' option has been added to the online feedback form. The feedback from virtual clinics has been very positive with families commenting on how they felt listened to and not rushed.

QR codes which link the online feedback form have been added to the FFT posters. These are being trialled in three areas, Falcon, Hippo and Rhino. We will review the analytics at the end of January 2021 to assess how often the QR codes are used.

The experience rating for December 2020 remained above the Trust target at 96% and there were a very low number of negative scores (n=8). The negative comments we did receive were predominantly related to confusion about check in processes within the Trust and the Service Manager is working to resolve this.

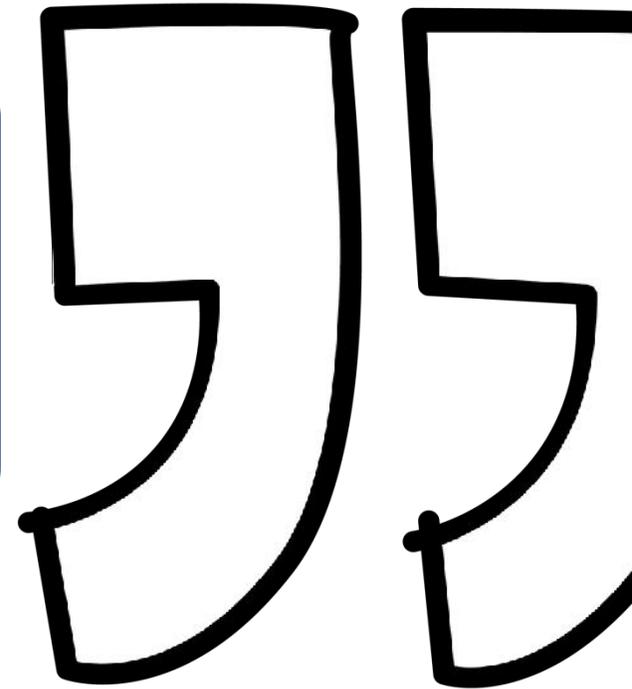
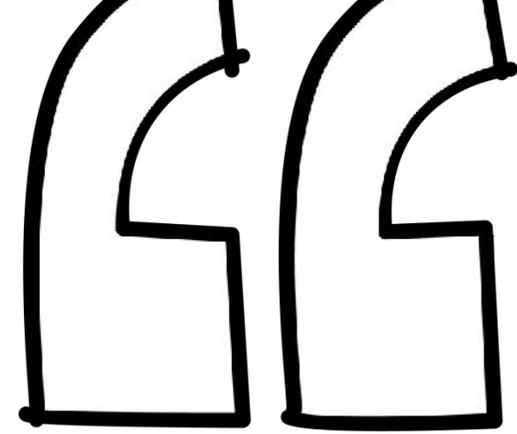
FFT Focus- December 2020 – Always One Team

“Could there be better communication within the team so I didn't receive contradictory messages would have made the experience better”.

Panther Urology

*“The night before the operation, they insisted on changing my daughter bandage, even though several doctors were in agreement to leave it alone until the operation. This happened late at night, and disturbed my daughter a lot. This is not good for her mental health and makes her more afraid of the hospital.”****Sky Ward***

*“Information was lacking and confusing at times, it didn't help most of the staff looking after us seemed like agency or not confident enough to address certain situations. We had quite a few crossed wires during our 4 day stay”****Koala Ward***



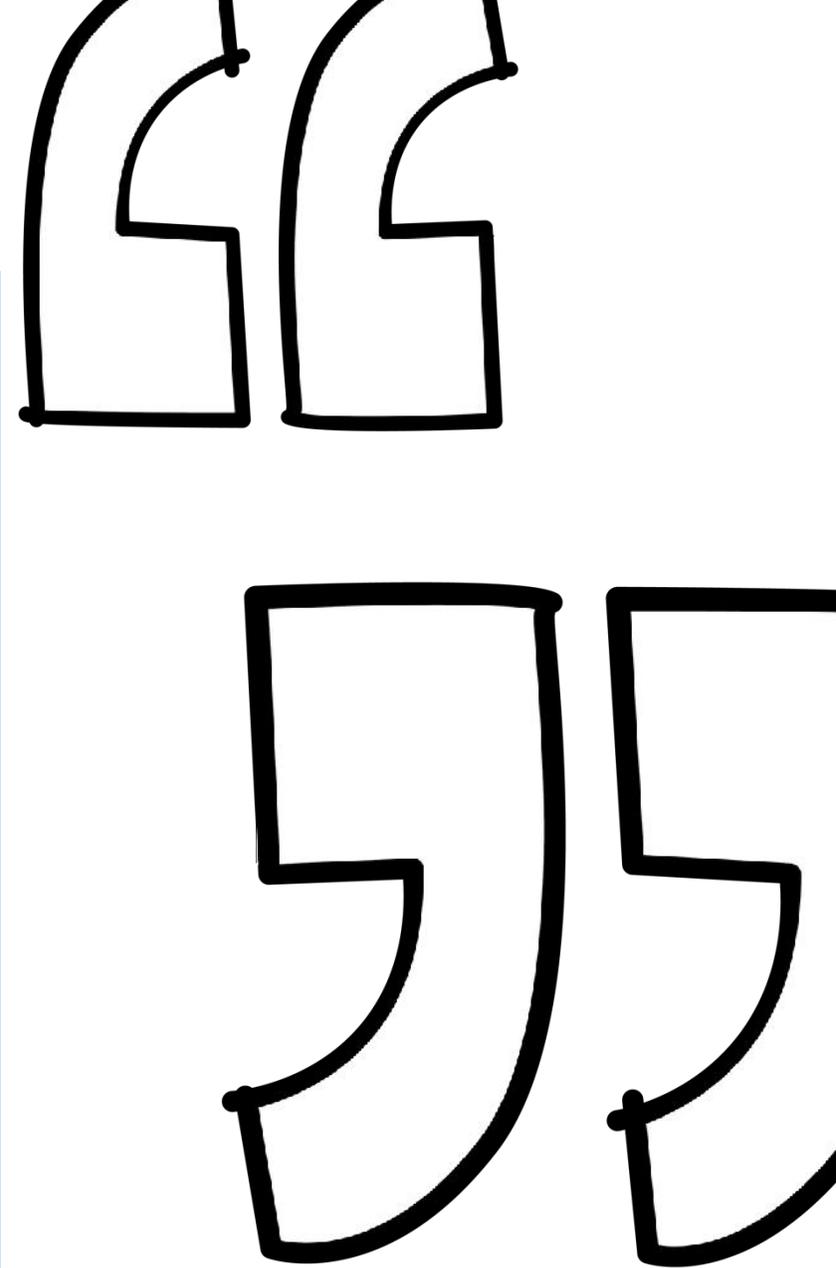
FFT: Are we responding & improving? Qualitative Comments

"All the staff on Robin Ward made us feel at home with their kindness. They were very prompt and listened to us which was very reassuring. They were great and thoughtful. Cleaners were polite and very thorough in their cleaning" - **Robin Ward**

"All staff members were extremely helpful and lovely. I got all the information constantly. They made me feel more relaxed. Loved the vibe and grateful for each and every one of them." - **Otter Ward**

"The kindness and presence of the medical staff is incredible. They checked in with us all the time. Also, a big thanks to the play team for helping me get a break" - **Panther Ward**

"The virtual consultation was very good, I had a chance to raise my concerns and questions and the doctor was very helpful as always" - **Virtual Visit**



Trust Successes

Through the challenging period the Trust has faced since the start of the pandemic and which remains, the Trust has continued deliver care for our patients through the hard-work and dedication of our staff

- Comparison of activity to previous year
 - ❑ NHS Outpatient attendances over the last 8 weeks has averaged 100.3%, with new attendances being 88.5% and follow-up 102.7%.
 - ❑ NHS Spell discharges over the last 8 weeks has averaged 85%, with Day-case being 81.40%, Elective 90.6% and Emergency 91.2%.
 - ❑ Main Theatre procedures over the last 8 weeks has averaged 85.4% against previous year
 - ❑ Imaging activity over the last 8 weeks has averaged 94.2% against previous year, with MRI being 81.1%, Non-obstetric Ultrasound 104.6% and CT 93.6%
- The Trust has embraced utilising virtual technology with 46% of new and 43% of follow-up outpatient attendances being conducted via these consultation media methods



Patient Access– Diagnostic Waiting Times

- As the national Covid-19 situation remains, the Trust continues to struggle to deliver against the 99% national standard. We are currently at **61.93%** of patients waiting less than 6 weeks for the 15 diagnostic modalities. This is a decrease from last month's position when we reported 68.53%. The number of breaches reported in December (**722**) compared to the number of breaches reported in November (**625**) has increased, this was expected due to government national announcements regarding tiers and lockdown.
 - Of the **722** breaches, 499 are attributable to modalities within Imaging (**260** of which are Non obstetric US and **156** of which are MRI), 86 in ECHO, 43 in Sleep Studies, 51 in Gastroscopy, 16 in Audiology, 13 in Colonoscopy, 8 in Cystoscopy, 4 in Urodynamics and 2 in Flexi sigmoidoscopy.
 - Patients continue to be seen according to their clinical prioritisation. Routine requests are being categorised to an additional level to ensure patients are not adversely waiting longer than clinically safe, with patients waiting beyond the must be seen be date clinically reviewed. Through the Clinical Prioritisation Group the diagnostic teams are working closely with outpatient and inpatient teams to ensure capacity is opened at appropriate and safe levels.
- 471 of the breaches are connected with Covid-19 (Reduced capacity, unable to book due to Covid-19), 246 are due to clinical prioritisation (patients can wait up to or over 3 months), 4 are a booking process issue (no reasonable offers made 1 due to a Trust process issue).
 - Covid-19 is having a significant impact on the Trust's ability to deliver against the standard. Performance had plateaued for the last three months at around 66-68%, however December saw performance deteriorate to a position lower than the last 5 months. Taking into account the current government national guidance it is expected that more patients will continue to decline offers of the appointment which will impact future reporting and therefore it is projected that performance will not improve over the coming months. The national diagnostic position for November 2020 performance stood at 72.48%, a 17% deterioration from March 2020. GOSH saw a 6% reduction in performance over the same period. Nationally 330,346 patients were waiting 6 weeks and over for a diagnostic test at the end of November.
 - Comparative children's providers have seen similar movements. GOSH, Sheffield Children and Birmingham Women's and Children's reported performance of around 68-74% for November 2020 whilst Alder Hey was higher at 98.11%.

Cancer Wait Times

- November 2020 cancer waiting times data has now been submitted nationally and the Trust achieved 100% across all standard. For December, the Trust is forecasting reporting 100% achievement across all of the five standards.



Patient Access – Referral to Treatment

- The Trust did not achieve the RTT 92% standard, submitting a performance of **70.05%** with **2038** patients waiting longer than 18 weeks. This is an increase in performance from the previous month's **67.01%**.
- Performance has slowly improved, however, remains below the pre-Covid-19 position. It is expected that performance will continue to not improve at the desired rates due to the impact of current government national guidance and patients declining offers of appointments and January will see a performance reduction.
- The Clinical Prioritisation Group assesses all patients who require outpatients, diagnostics or admission to ensure they are prioritised according to clinical need. As at 20th January, **89.98%** of patients on the elective waiting list had been prioritised, with **1470** identified for surgery and medical treatment within 4 weeks. During December, 625 patients were operated on. Any patient who experiences an extended wait has a harm review completed.
- The Trust continues to experience extended waits in some sub-speciality areas including Dental/Maxfax, Plastic Surgery, Orthopaedics, and SDR with many of these patients being within the clinical priority groups of 3 and 4.
- The Trust continues to monitor the volume of RTT pathways with an unknown clock start (both referred to us externally and internally) and the current position stands at 350 pathways, most of whom were referred to us by external providers.

National Position

At the end of November, 63.8% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard.

Referrals, Admissions and Discharges

- The Trust experienced a slight decrease in external referrals in December, 6% decrease compared to November. However the volume of external referrals are now more inline with pre-Covid-19 levels. The volume of internal referrals experienced a decrease of 24% in December, 1463 compared to 1811 in November. This is in line with a decrease expected during Christmas and New year season as December 2019 also saw a decrease in referrals (1268).
- There was a decrease in the volume of admissions in December (as expected due to Christmas and New year), 13% less than November. However, this is an increase of 65% compared to April but is still lower than previous months in 2019-20.

Long stay patients:

- This looks at patients with a LOS over 50 days and currently not discharged as well as the combined number of bed days accumulated during their stay. For the month of December there were 48 patients (both NHS and PP) whose LOS was more than 50 days, accumulating 7582 bed days in total. This is an increase from November by 4 patients and 189 bed days.

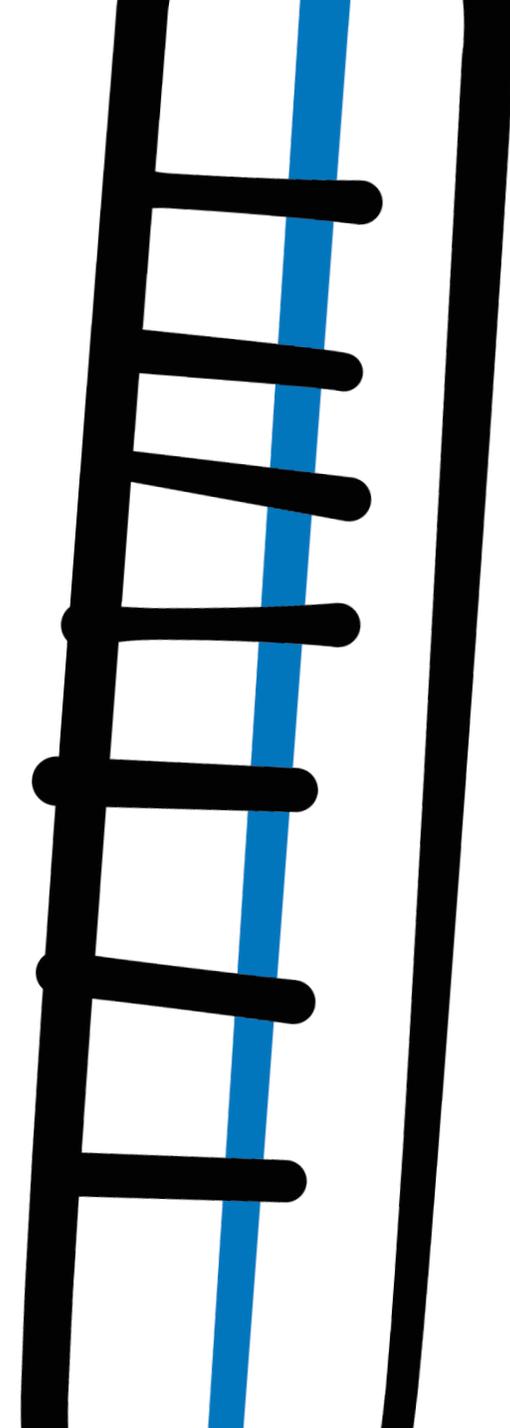
52+ Week Waits: Incomplete pathways

As at the end of December, the Trust reported a total of **432** patients waiting 52 weeks or more; this is an increase of 73 patients (20.33%). The majority of breaches are within Dental (66), Plastic Surgery (59), Orthopaedics (50), Cardiology (47), Ophthalmology (26), ENT (33), Urology (22), SNAPS (26), Craniofacial (14), Spinal Surgery (15) and Maxillofacial (11). This expected rise again in January

National Position

November 2020 indicates a significant increase of patients waiting over 52 weeks, 186,310 nationally patients in November compared to 10,864 in April.

RTT Performance for comparative children's providers is Sheffield Children (68.4%) and Birmingham Women's and Children's (80.1%) and Alder Hey (57.5%). On average 356 52-week breaches were reported in November for these providers.



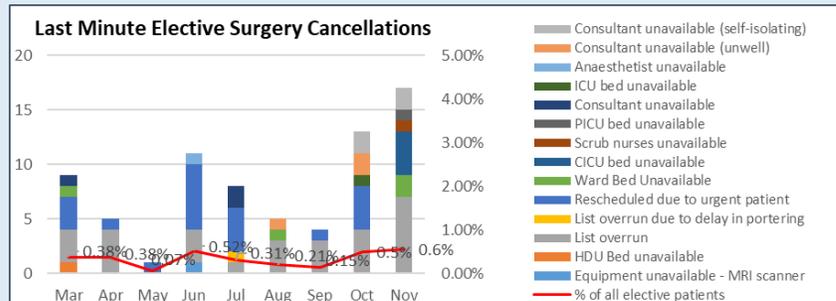
Productivity & Efficiency

Theatre Utilisation

- To meet the Trusts operating requirements during Covid-19, main operating theatres scheduling significantly changed mid-March 2020. To support operational teams and the Trust priorities during December allocation of these lists continue to be based on the volume of Clinical Priority Category 2 patients and time required in theatres.
- Scheduled main theatres in December saw utilisation of 70.77%. Out of 230 scheduled sessions in December, 23 were ring fenced for Covid-19 positive patients. We operated on 2 patients in these theatres during the month. Emergency theatre utilisation was 76.15% with the number of emergency theatre cases during December being 62.
- The latest data presented at Clinical Prioritisation Group suggest that the overall theatres minutes to meet the volume of category 2 patients is sufficient, however, shortfalls are seen at a specialty level. Services significantly impacted are Cleft, Craniofacial, Dental, SNAPS, Spinal and Urology. The theatres team routinely review theatre allocation to cover the gaps.
- From 17th October 2020, Saturday all day theatre lists commenced and will continue until mid-December, during December 19 patients have been operated on covering Cleft (2), Gastroenterology (8), Neurosurgery (1), SNAPS (6) and Urology (2). These are currently being funded by NHSE/I.
- Additional processes are in place for the management and monitoring of category 2 and 3 patients for administrative and operational teams.

Last minute non-clinical hospital cancelled operation

The trend reflects the drop in elective work following the first wave of Covid-19 and restoring services from June/July. The most prevalent cause during the end of the first wave was the number of cancellations due to urgent patients. After a good positive trend between August and September, we have seen another increase in last minute surgical cancellations and a rise in those related to list overruns and urgent patients. In November, last minute cancellations represented 0.6% of all elective admissions in 2020 (the highest rate for the year 2020-21). We will continue to monitor this. The Trust reported one breach of the 28 day standard in November in Cardiac Surgery. The patient was treated in December.



Bed Occupancy and Closures

The metrics supporting bed productivity are to be improved for future months, however for now, they reflect occupancy and (as requested) the average number of beds closed over the reporting period.

Occupancy: For the month of December, bed occupancy was lower compared to November, at 70.74% but is higher than the first two quarters of the financial year. This includes IPP wards. For NHS wards only occupancy was at 72%. Body, Bones and Mind, Heart and Lung and Blood, Cells and Cancer had occupancy levels of 82%, 74% and 71% respectively for the month as a directorate.

Where bed closures have been identified these have been accounted, however, if this information was unknown it has been assumed that all beds were open. Therefore, the reported position could be lower than actual.

Bed closures: Throughout the Covid-19 period, the Trust assumed that all beds across the organisation were open, and therefore a position of zero has been reported. However, this will now be reassessed and reporting resumed in the coming months.



Productivity and Efficiency

PICU Metrics

The KPIs have been agreed collaboratively with the Trusts PICU consultants and are designed to provide a triangulated picture of the service. Further analysis and intelligence will be added in future reports.

CATS referral refusals to PICU/NICU:

The Trust did not report any CATS referral refusals into PICU/NICU from other providers in December.

PICU Emergency Readmissions:

The Trust had 3 readmissions back into PICU within 48 hours for the month of December, similar to the number reported in November.

Trust Activity

Outpatient DNA and Cancellation Rates

For the month of December, the Trust reported a DNA rate of 5.05%, a slight increase to the rate reported in November of 4.47%. This can be linked to government announcements regarding tiers and lockdown.

The number of outpatient appointments that were cancelled either on the day or the day before (both by hospital and patient) decreased in December compared to November and still lower at 867 in December compared to 1,105 in March. However, this is reflective of the ramp up in increased outpatient activity since March, when the Trust was operating at approximately 30% lower than normal levels due to Covid-19.

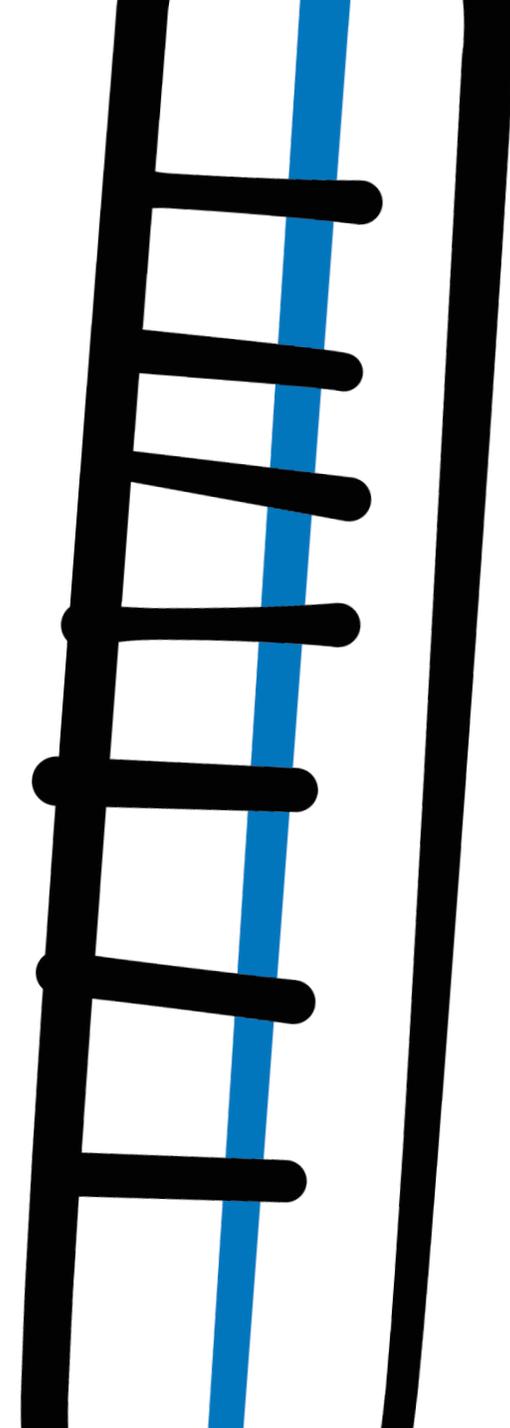
Trust activity

December 2020 activity for both day case and overnight stays remains below plan due to the Covid19 pandemic. Day Case and Elective are both 28% below their YTD plan. As expected Non Elective admissions are 28% above plan which reflects the peak of the Covid-19 pandemic and the Trust supporting the wider NHS system. Critical care bed days are 7% lower than YTD plan.

NHS Spell discharges over the last 8 weeks has averaged 85%, with Day-case being 81.40%, Elective 90.6% and Emergency 91.2%.

Outpatient activity is 18.8% below plan overall, with First Outpatient attendances 32% and Follow-up Outpatients 16% below YTD plan. The Trust has embraced new technology for holding outpatient consultations with over 27,242 taking place virtually and 39,358 via telephone. NHS Outpatient attendances over the last 8 weeks has averaged 100.3%, with new attendances being 88.5% and follow-up 102.7%.

The Trust continues to work on recovery plans to return to planned levels in light of the Covid-19 activity reductions, together with other impacts on activity.



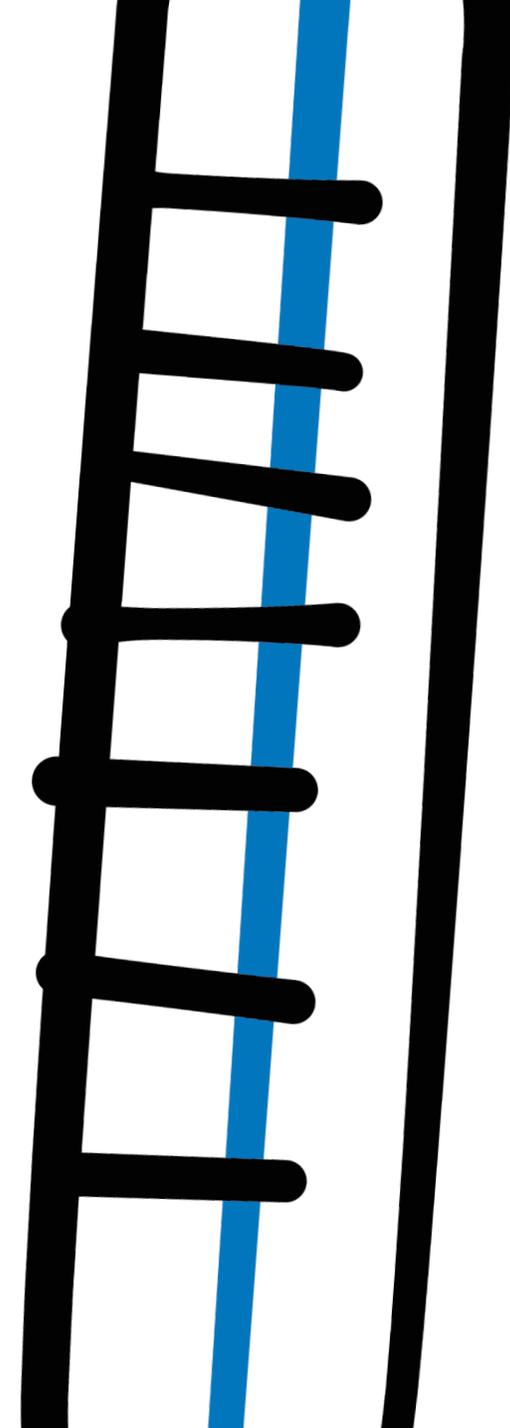


Productivity & Efficiency– Discharge Summaries

- Although not at the required standard of 100% compliance, considerable focus has been placed on this indicator by both the operational and clinical teams to improve compliance. For the month of December, 83.64% of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours. This is a slight decrease from the November position of 84.88%.
- 91.3% of letters were sent within 2 days of discharge. On average for December, letters were sent within 1.08 days after discharge, similar to November.
- Focus includes backlog clearance of discharge summaries and the embedding of the completion of discharge summaries in real time into clinical practice. We now have a backlog of 61 discharge summaries up to December 2020. Focus going forward is around timely completion of discharge summaries in real time, including reviewing the weekend resource that is available across the organisation to complete this task.
- Working groups have been initiated to focus on specific challenges experienced by services and ensure resolutions are agreed and transacted. Training materials and courses have been reviewed and the workflow has been clearly communicated. Targeted support will be offered to individuals/services with poor metrics. The EPR team in conjunction with Service Managers will approach clinicians with additional training and guidance.

Clinic Letter Turnaround Times

- For December 2020, performance has decreased in relation to 7 day turnaround; 62.76% compared to 66.98% in November. At the point of writing the report, a backlog of 2,365 letters not yet sent was reported for this financial year of which 1133 are in December 2020.
- Focused work within directorates include weekly report of outstanding letters being escalated to specialty leads, admin support being put in place to clear backlog and support from the EPR team to help resolve issues with letters not linked to encounters.
- Particular improvements for reducing clinic letter backlog has been seen with Blood, Cells and Cancer, Heart and Lung and Medicines, Therapies and Tests.



Workforce Headlines: December 2020



Contractual staff in post: Substantive staff in post numbers in December were 4873 FTE, an decrease of 27 FTE since November, and 236 FTE higher than December 2019.

Unfilled vacancy rate: Vacancy rates for the Trust increased in December to 7.6% from 7% in November and slightly lower than the same month last year. Whilst the vacancy rate remains below the 10% target, it is higher than the 12 month average of 6.8%. Vacancy rates in the clinical directorates (bar IPP) were all below target in November.

Turnover: is reported as voluntary turnover. Voluntary turnover continued to reduce to 11.5%, it's lowest level in nearly 5 years, and meets the Trust target (14%). Total turnover (including Fixed Term Contracts) also reduced to 14.9%, again it's lowest rate for nearly 5 years. The reduction is likely at least in part attributable to the impact of COVID and is therefore likely to eventually increase without the ongoing focus on retention as outlined in the People Strategy.

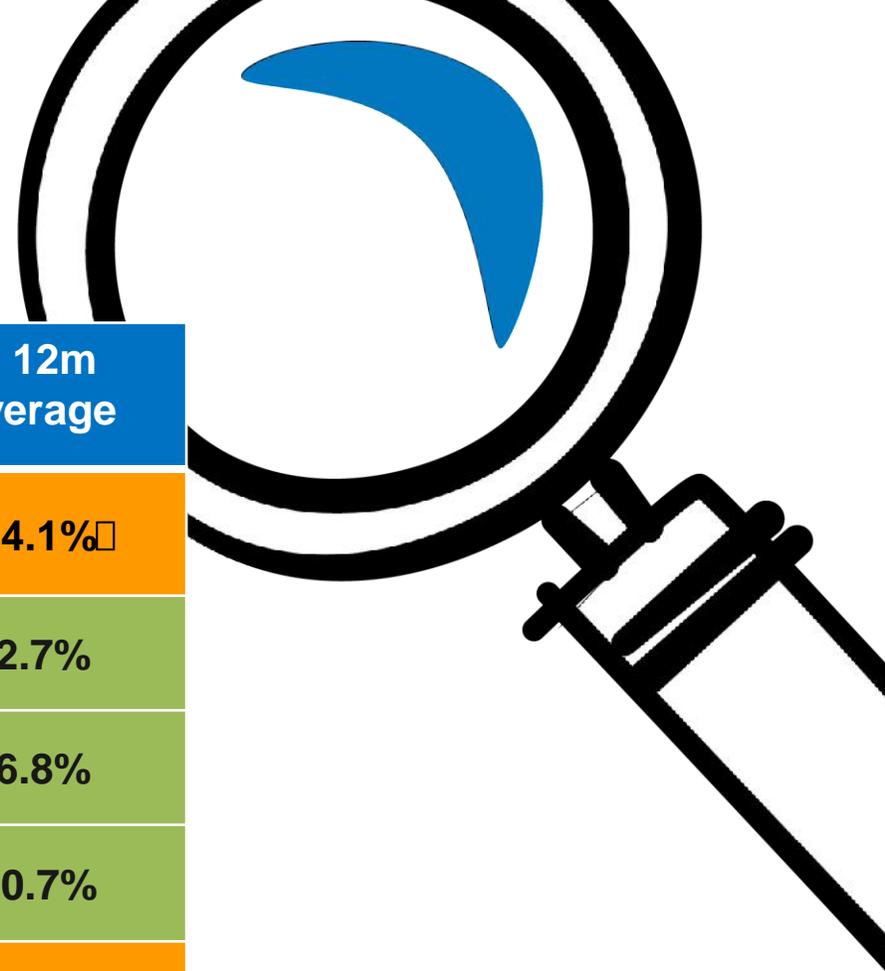
Agency usage: Use of agency staff increased slightly to 1.1% of paybill in December. However agency usage remains well below the local stretch target (2%). Agency use is almost exclusively taking place within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines. Bank % of paybill increased to 5.7% in December.

Statutory & Mandatory training compliance: In December the compliance rate across the Trust remained at 94% for the 4th month in a row, which remains above the target with all directorates achieving target. Across the Trust there are 3 topics below target including Information Governance where the target is 95%.

Appraisal/PDR completion: The non-medical appraisal increased to 88% in December with 8 Directorates achieving the 90% target. Consultant appraisal rates increased in December to 86%. The Medical Appraisal and Revalidation Committee has established processes to address levels of medical appraisals that commenced from August. PDR non-compliance is targeted at directorate performance reviews.

Sickness absence: Sickness rates in December increased slightly to 2.7% remains below target. While sickness rates remain within target, December saw an increase In the second half of the month in absences related to COVID-19 either sickness or self-isolation

Trust Workforce KPIs: December 2020



Metric	Plan	Dec 2020	3m average	12m average
Voluntary Turnover	14%	11.5%	11.8% □	14.1% □
Sickness (1m)	3%	2.7%	2.6%	2.7%
Vacancy	10%	7.6%	7.3%	6.8%
Agency spend	2%	1.1%	1.0%	0.7%
PDR %	90%	88%	87%	87%
Consultant Appraisal %	90%	86%	83%	84%
Statutory & Mandatory training	90%	94%	94%	94%

Key:

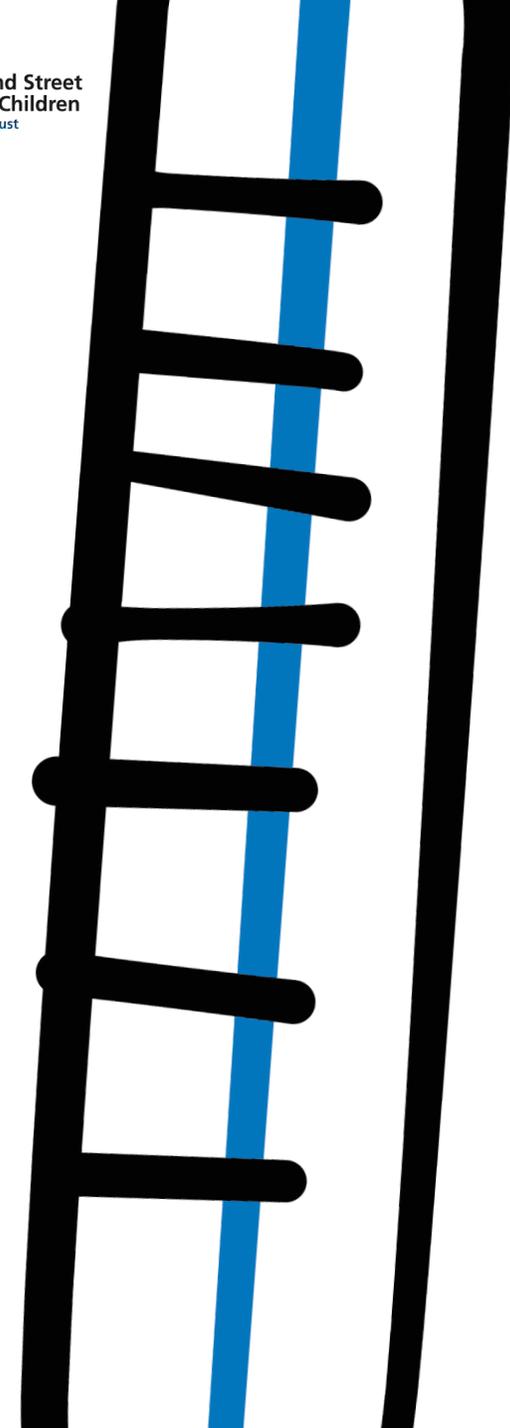
■ Achieving Plan
 ■ Within 10% of Plan
 ■ Not achieving Plan

Directorate (Clinical) KPI performance December 2020

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP	Genetics
Voluntary Turnover	14%	11.5%	7.4%	17.7%	8.0%	13.8%	12.1%	12.6%	9.0%	8.2%	10.4%
Sickness (1m)	3%	2.7%	3.0%	2.0%	2.3%	4.0%	2.1%	2.5%	2.0%	4.3%	1.0%
Vacancy	10%	7.6%	2.1%	4.1%	6.1%	3.6%	-1.4%	5.3%	8.1%	17.5%	7.2%
Agency spend	2%	1.1%	0.0%	0.1%	0.0%	0.0%	2.3%	2.1%	0.3%	0.1%	0.0%
PDR %	90%	88%	87%	83%	90%	90%	90%	87%	92%	92%	85%
Stat/Mand Training	90%	94%	93%	93%	93%	92%	94%	93%	97%	98%	99%

Key:

■ Achieving Plan
 ■ Within 10% of Plan
 ■ Not achieving Plan



Directorate (Corporate) KPI performance December 2020

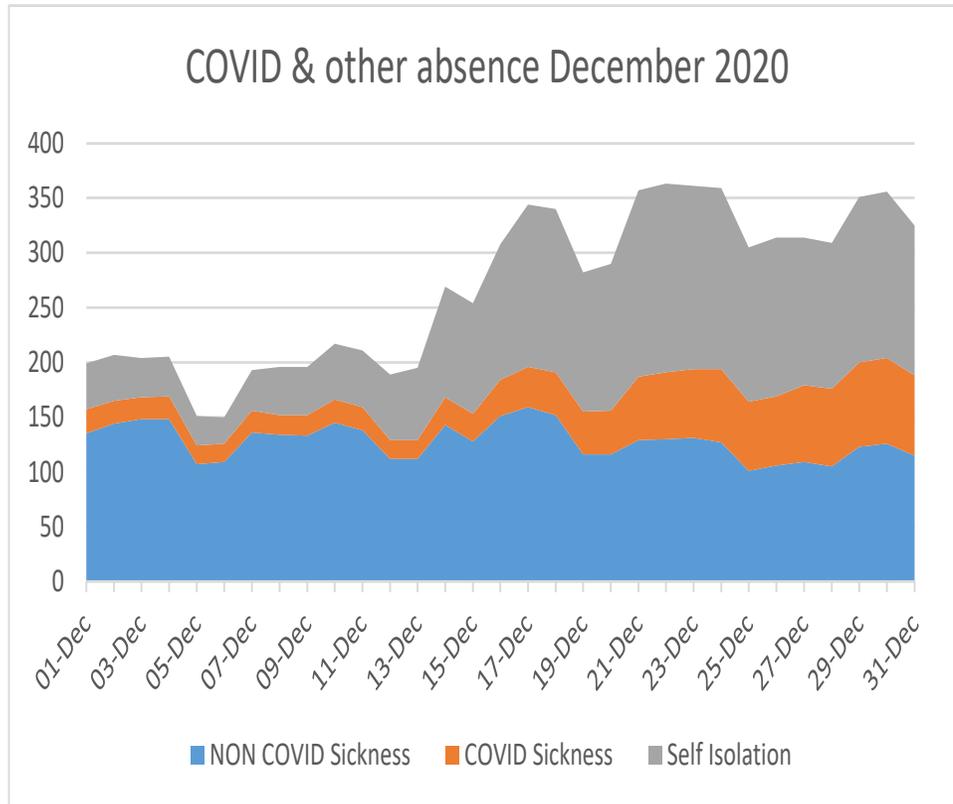
Metric	Plan	Trust	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	11.5%	13.0%	19.9%	9.9%	6.4%	8.3%	8.3%	18.8%	7.4%	14.0%	14.5%
Sickness (1m)	3%	2.7%	2.3%	0.4%	3.5%	3.6%	1.0%	3.8%	2.8%	1.2%	1.8%	0.4%
Vacancy	10%	7.6%	6.4%	34.9%	20.7%	-2.5%	4.8%	3.1%	8.8%	6.5%	10.8%	15.3%
Agency spend	2%	1.1%	1.0%	5.1%	13.3%	4.5%	4.4%	2.9%	4.2%	0.0%	0.0%	0.0%
PDR %	90%	88%	62%	63%	35%	95%	87%	88%	89%	90%	92%	93%
Stat/Mand Training	90%	94%	96%	97%	92%	97%	94%	97%	89%	97%	97%	98%

Key:

■ Achieving Plan
 ■ Within 10% of Plan
 ■ Not achieving Plan



COVID Absences



COVID related absences increased in December, particularly in the later half of the half of the month. Average daily absences increased in the first week of the month from 187 per day to 324 by the last week of the month.

Overall sickness rates remained below target at 2.7% for the month and most COVID absences continued to relate to self isolation rather than sickness.

