

## Meeting of the Trust Board Wednesday 30 March 2022

Dear Members

There will be a public meeting of the Trust Board on Wednesday 30 March 2022 at 2:30pm held on Zoom

Company Secretary Direct Line: 020 7813 8230

### AGENDA

Agenda Item	Presented by	Attachment	Timing	
<b>STANDARD ITEMS</b>				
1.	Apologies for absence	Chair	Verbal	2:30pm
<b>Declarations of Interest</b>				
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 2 February 2022	Chair	K	
3.	Matters Arising/ Action Checklist	Chair	L	
4.	Chief Executive Update	Chief Executive	N	2:35pm
5.	Patient Story	Chief Nurse	O	2:45pm
<b>STRATEGY AND PLANNING</b>				
6.	Portfolio Office Update	Chief Executive	P	3:05pm
7.	Cancer Planet Update	Director of Space and Place/ Programme Director Children's Cancer Planet	Q	3:15pm
8.	Planet Update: People and Culture - Making GOSH a great place to work including: Staff survey results 2021 (embargoed until 30 March)	Director of HR and OD	R	3:30pm
9.	GOSH Annual Plan 2022/2023	Chief Finance Officer/ Chief Operating Officer	S	3:40pm
<b>PERFORMANCE</b>				
10.	Integrated Quality and Performance Report (Month 11) February 2022 data	Medical Director/ Chief Nurse/ Chief Operating Officer	T	3:50pm
11.	Finance Report - Month 11 February 2022 data	Chief Finance Officer	U	4:05pm
12.	Safe Nurse Staffing Report (December 2021 - January 2022)	Chief Nurse	V	4:15pm
<b>ASSURANCE</b>				
13.	Learning from Deaths Report – March 2022	Medical Director	W	4:25pm
14.	Board Assurance Committee reports <ul style="list-style-type: none"> <li>• Finance and Investment Committee Update –February and March 2022</li> <li>• People and Education Assurance Committee Update – February 2022 meeting</li> </ul> <p><i>*There has been no meeting of the Audit Committee and Quality, Safety and Experience Assurance Committee since the last Board meeting.</i></p>	Chair of the Finance and Investment Committee Chair of the People and Education Assurance Committee	X Y	4:35pm

15.	<b>Council of Governors' Update – February 2022 meeting</b>	Chair	<b>Z</b>	
16.	<b>Any Other Business</b> (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.)			<b>4:45pm</b>
17.	<b>Next meeting</b> The next public Trust Board meeting will be held on Wednesday 26 May 2022.			

**DRAFT Minutes of the meeting of Trust Board on  
 2<sup>nd</sup> February 2022**

**Present**

Sir Michael Rake	Chair
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Akhter Mateen	Non-Executive Director
Professor Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
Tracy Lockett	Chief Nurse
John Quinn	Chief Operating Officer
Sanjiv Sharma	Medical Director
Helen Jameson	Chief Finance Officer
Caroline Anderson	Director of HR and OD

**In attendance**

Cymbeline Moore	Director of Communications
Zoe Asensio Sanchez	Director of Estates, Facilities and the Built Environment
Shankar Sridharan	Chief Clinical Information Officer
Mark Sartori	Trustee, GOSH Children's Charity
Darren Darby	Director of Nursing, Corporate
Claire Williams*	Head of Patient Experience
Dr Jack Bartram*	Consultant Paediatric Haematologist
Dr Elizabeth Jackson*	Chief of Service, Sight and Sound
Dr Chris Jephson*	Deputy Chief of Service, Sight and Sound
Helen Dunn*	Director of Infection Prevention and Control
Donna Richardson*	Interim General Manager, Sight and Sound
Suzanne Collin*	Patient Feedback Manager
Renee McCulloch	Associate Medical Director and Guardian of Safe Working
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Natalie Hennings	Deputy Company Secretary
Paul Balson	Head of Corporate Governance
13 members of the public	

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

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

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

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

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

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

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

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

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

**TRUST BOARD – PUBLIC ACTION CHECKLIST**  
**March 2022**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
131.4	24/11/21	Matthew Shaw said that it was important to accelerate the Trust's work on health inequalities and it was noted that this would be discussed at the Trust Board Strategy Day. It was agreed that a further update would be discussed at the February 2022 Trust Board meeting. Sanjiv Sharma said that he was presenting at an education event on data around access to paediatric services broken down by elements such as gender, race and socioeconomic background. It was agreed that this would also be considered by the Board.	DD	May 2022	Postponed to May 2022 whilst data is collected
150.2	02/02/22	It was confirmed that an update of the proportion of GOSH patients aged 12 and over would be provided by email after the meeting.	JQ	February 2022	Verbal update
156.2	02/02/22	Matthew Shaw said that the results overall of the CQC inpatient survey were very positive however he noted that negative feedback continued to be received around wifi in the hospital. He said that currently there were a number of restrictions to what patients could access as a result of their age, however he added that it was important to consider parents' responsibility in this regard. He said that the inability of patients and families to access the internet in the Trust contributed to digital inequality and it was agreed that an update would be given at the next meeting on the timeframe from making the required improvements		April 2022	Actioned: Update under Chef Executive report
160.11	02/02/22	An update had been provided to PEAC on apprenticeships and the committee had noted that this important project was funded by the GOSH Children's Charity. It was agreed that consideration would be given to reviewing this at Trust Board.	CA	July 2022	Not yet due



<b>Trust Board 30 March 2022</b>	
<b>Chief Executive's Report</b>  <b>Submitted by: Matthew Shaw, Chief Executive</b>	<b>Paper No: Attachment N</b> <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of report</b> Update on key operational and strategic issues.	
<b>Summary of report</b> An overview of key developments relating to: <ul style="list-style-type: none"> <li>• Covid-19 response</li> <li>• Key people, finance and service issues</li> <li>• Trust strategy and partnerships</li> </ul>	
<b>Action required from the meeting</b> None	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b></li> <li><input type="checkbox"/> <b>PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes</b></li> <li><input type="checkbox"/> <b>PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b></li> <li><input type="checkbox"/> <b>PRIORITY 4: Improve and speed up access to urgent care and virtual services</b></li> <li><input type="checkbox"/> <b>PRIORITY 5: Accelerate translational research and innovation to save and improve lives</b></li> <li><input type="checkbox"/> <b>PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care</b></li> <li><input type="checkbox"/> <b>Quality/ corporate/ financial governance</b></li> </ul>	<b>Contribution to compliance with the Well Led criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Leadership, capacity and capability</b></li> <li><input type="checkbox"/> <b>Vision and strategy</b></li> <li><input type="checkbox"/> <b>Culture of high quality sustainable care</b></li> <li><input type="checkbox"/> <b>Responsibilities, roles and accountability</b></li> <li><input type="checkbox"/> <b>Effective processes, managing risk and performance</b></li> <li><input type="checkbox"/> <b>Accurate data/ information</b></li> <li><input type="checkbox"/> <b>Engagement of public, staff, external partners</b></li> <li><input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b></li> </ul>
<b>Strategic risk implications</b> All BAF risks	<b>Financial implications</b> <b>Not Applicable</b>
<b>Implications for legal/ regulatory compliance</b> <b>Not Applicable</b>	<b>Consultation carried out with individuals/ groups/ committees</b> <b>Not Applicable</b>

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

## **A summary of our current challenges and position**

As we move into the new financial year, I want to briefly recognise the truly amazing things we have achieved together over another unprecedented year, and to thank our Board members and the whole of the GOSH community for their support and dedication. In common with the wider NHS, GOSH staff have continued to demonstrate amazing resilience and commitment to caring for patients and families in incredibly difficult circumstances. The support and flexibility of our extended community of colleagues and partners who share our commitment to child health and wellbeing – including the GOSH Charity and our local, national and international colleagues – has really helped to keep us going through these difficult times and we are so grateful.

It is with some regret that I have to report we are moving into the new year with some significant challenges and threats to our position. In common with the wider NHS, our number one job is to continue to drive through activity to make sure that children and families are not waiting any longer than they need to. This will need to be a joint effort, which will require us to work in partnership in unprecedented ways with our local, regional and national partners. As missed referrals start to emerge across the UK, we expect to see paediatrics put under significant pressure, particularly in geographical areas and in specialties where finite NHS resources will be largely focused on adult backlogs. As the pinch points emerge, we need to be ready to step in to help ensure that children can receive specialist care as soon as possible, even if that requires rapidly developing new access protocols and where established financial flows may be working against us.

We are in active discussions with colleagues at NHSE and across the Children's Hospitals Alliance to advocate for the support we'll need in this endeavour. Understandably, the national recovery effort is currently focussed on the adult sector, where the volumes of patients waiting for treatment is a matter of great concern. However, we are highlighting the importance of planning ahead for the inevitable pressures in paediatrics – where capacity issues have already started emerging and services tend to be less well equipped to deal with surges in demand. We are also highlighting the fact that smaller numbers on the paediatric waiting list should not be misread as a less significant population health risk. A proactive approach is critical for children and young people, whose conditions tend to be more complex and unpredictable and for whom even short waits have a real impact on education, social and emotional development.

While we continue to scope our role within national paediatric recovery, we are also focused on planning for the challenges of delivering a minimum of 104 per cent of pre-pandemic activity with a workforce that is inevitably showing some signs of fatigue; our ongoing Covid challenges (e.g., IPC restrictions, staff absences, testing) and navigating the downturn in the international market and rising costs. We are also committed to continuing to drive forward with our strategic programmes and addressing longstanding issues that have proved toughest to shift. In short - it's going to be another challenging year, with lots to do and lots of transformational changes to deliver.

## **Support for patients and families from Ukraine**

On Monday, 14 March, we were really delighted to welcome to GOSH four children from Ukraine. These children are cancer patients in need of urgent care who have travelled from war torn cities. They were part of a group of 21 children and young people who were flown into the UK with members of their families. GOSH is one of several hospitals working with the Department of Health and Social Care and NHS England to make sure these children receive the care, support and treatment they need.

Myself and other NHS leaders worked hard with international colleagues to advocate for these children to come to the UK. Working in partnership with the European Children's Hospitals Organisation and other clinical partnerships, we continue to encourage children with urgent and complex health needs to be prioritised in the international effort. I am grateful to our charity colleagues for their help to ensure the families received a warm welcome at GOSH. In terms of more children arriving – this is a fluid situation and I hope to be able to provide a verbal update on these discussions when we meet.

As colleagues will be aware, the hospital has been signposting offers of help from the public to The Disasters Emergency Committee (DEC), which has launched a Ukraine Humanitarian Appeal to raise funds for food, water, medicine, protection and trauma care for people fleeing the war.

### **Pandemic recovery**

GOSH's activity data continues to benchmark well against the wider sector, although the latter part of 2021 was extremely challenging, with high rates of staff absence related to the Omicron surge. Sickness rates were the highest ever for GOSH at 9% average for December, which included daily rates of over 12% with similar rates of self-isolation as seen during the earlier 2021 peak. More recent activity data demonstrates that we are starting to recover our position, but there are still hot spots and the executive team remains concerned that staff are tired and carry a heavy burden in terms of pandemic recovery.

We look forward to discussing staff wellbeing alongside the themes from the 2021 staff survey results during today's session, which demonstrate that we are benchmarking consistently with other specialist trusts.

### **Update on the Paediatric Accelerator**

The Paediatric Accelerator programme draws to a close at the end of this financial year. We have much to celebrate but also concerns about the next steps for national recovery for children and young people's services, with no continuation of the financial assistance to this programme that was provided through the Elective Recovery Fund.

As well as delivering extra elective activity (37,000 additional episodes), the programme, which has run through the Children's Hospitals Alliance, has supported transformation projects in each of the ten paediatric member trusts and delivered:

- A £1m project across 10 Trusts using AI to identify children at risk of not being brought for their appointments. This project is live and data is already being used to support the most disadvantaged children.
- A health inequalities programme which has supported patients to reach their appointments by developing a patient portal to facilitate access (GOSH); providing free transport for patients to reach their appointments (Sheffield and Birmingham); developing neurodiversity-friendly clinics for ADHD patients – one of the groups of children at highest risk of missing their appointments (Manchester, Oxford); delivering remote outpatient appointments in schools, so that children do not have to miss school in order to travel to the hospital (Leeds and Southampton) and offered Nurse-led conversations with parents to discuss options for accessing services (Alder Hey and the Evelina).

## Attachment N

- A set of data driven insights to benchmark inequalities in waiting lists relating to neurodiversity, ethnicity and Patient Initiated Follow Ups.
- Fortnightly learning sessions including on theatre productivity; transport; equalities data and working with the Independent Sector.
- Two 'Super Saturday' events across trusts in October 2021 and March 2022, delivering high volumes of activity including outpatient appointments, theatre lists and engagement activities to remove barriers for patients and families and trial new approaches to care.



We are working with national colleagues to highlight the fact that the national recovery plan will require a bespoke approach and funding to address the unique challenges for children and young people and encouraging them to work with us through the Children's Hospitals Alliance to develop this. To support these discussions, we are scoping a collaborative model for a national virtual children's hospital and a range of transformation projects to drive throughput, address health inequalities and manage and mitigate the risks to children and young people who are waiting for treatment.

### Health inequalities – a new approach for GOSH

It has been a pleasure to work with our new Chief Nurse Tracy Lockett over recent weeks. Although she is still getting to know people and getting briefed in across a broad remit, she has already made a really positive impact on our teams, valuable contributions to our executive meetings and progress on various programmes of work. I'm delighted that Tracy has agreed to act as the executive lead to revitalise our approach towards tackling health inequalities.

Tracy is assembling a multi-professional GOSH Steering Group to review our current plans across various streams of work and draw in expertise across nursing and patient experience,

data and reporting, policy, partnerships & strategy, transport & facilities, internal communications, education, innovation & digital. The aim is that by facilitating this multi-professional approach GOSH colleagues will be best placed to facilitate a trust-wide step change in our insight, awareness and understanding of the multiple factors that drive health inequalities, the scale of the issues that are impacting access and experience of care for GOSH families, and the interventions that we should prioritise to put in place to address these.

The steering group will be tasked with development and implementation of a plan for the new financial year, which will draw on the support and expertise of the wider paediatric community, including the excellent work on health inequalities spearheaded by the Children's Hospitals Alliance Accelerator and the expertise within our in-house Centre for Outcomes and Experience Research in Children's Health Illness and Disability (ORCHID) team and the UCL Great Ormond Street Institute of Child Health. With your permission we would like to bring the draft plan and some material updates for discussion to the May Trust Board meeting.

### **Update on GOSH Wifi access**

I'm delighted to inform you about the pilot for a new and improved Wi-Fi service, which is so important for our GOSH community. The new solution will allow staff, patients and guests to securely connect to fast and reliable Wi-Fi, with improved security and more capacity than the current system, enabling the use of media streaming services such as Netflix, YouTube and BBC iPlayer.

The platform is scalable so it will be possible to expand the capacity when required, with plans to allow video gaming over the Wi-Fi network in the future. Importantly, a fair use system will be built into the system to ensure bandwidth is equally distributed amongst people on the platform rather than the current first come first served arrangement.

The solution will improve staff connectivity and make it easier for families to stay connected during hospital stays (supporting Facetime, Teams and WhatsApp, Facebook messaging) and will allow mobile calls to be made by both staff and patients in areas of the hospital that suffer from poor mobile signal coverage. Families who are working from the hospital will also now be able to access company/corporate VPN networks.

The new Wi-Fi network is being piloted across a number of areas of the Trust with plans in place for the service being made available to the rest of the Trust from late April 2022.

**Ends**

**Trust Board  
30 March 2022**

**Patient Story: A planned two-week admission which has lasted seven months**

**Submitted by** Tracy Lockett, Chief Nurse  
**Prepared by** Claire Williams, Head of Patient Experience

**Paper No: Attachment O**

**For information and noting**

**Purpose of report**

The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, clinical teams, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories for the Trust Board. The stories ensure that experiences of patients and families are heard, good practice is shared and where appropriate, actions are taken to improve and enhance patient experience.

**Summary of report**

Blake, aged 14, is under multiple specialties at GOSH including Gastroenterology, Cardiology and Urology. Following extensive investigation of rapid weight loss at his local hospital in Northern Ireland, Blake was transferred to GOSH by air ambulance at the end of August 2021 for what was expected to be a two week stay for further tests. However, following ongoing assessment and review, changes in his condition and care plans, Blake and his mum, Christine, have not been home since August 2021.

Attending Trust Board by zoom, Christine will share her experiences of being at GOSH for such a long and expected time. Christine has worked hard to make the most of their long admission creating a wonderful bedroom space for Blake and trips out when possible. She will talk about:

- The care provided for Blake and the progress made while at GOSH
- How staff have got to know Blake to understand his condition and needs and the relationships and trust built particularly with Squirrel ward
- Communication with staff and how they have responded positively to Christine's need for lots of detail
- Support for families including beds, parent spaces and psychological support
- The school and support provided to Blake
- The importance of better communication between departments and the resulting delays this brings
- Her disappointment at not being able to attend an MDT for Blake and a missed opportunity to speak to the MDT attendees directly
- Improvements to Play support
- Laundry facilities
- Activities at the weekends for patients and families and the continued closure of the Disney Reef

**Action required from the meeting**

For information

Attachment O

<p><b>Contribution to the delivery of NHS Foundation Trust priorities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b></li> <li><input type="checkbox"/> <b>Quality/ corporate/ financial governance</b></li> </ul>	<p><b>Contribution to compliance with the Well Led criteria</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Culture of high-quality sustainable care</b></li> <li><input type="checkbox"/> <b>Engagement of public, staff, external partners</b></li> <li><input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b></li> </ul>
<p><b>Strategic risk implications</b> None applicable</p>	
<p><b>Financial implications</b> Not Applicable</p>	
<p><b>Implications for legal/ regulatory compliance</b></p> <ul style="list-style-type: none"> <li>• The Health and Social Care Act 2010</li> <li>• The NHS Constitution for England 2012 (last updated in October 2015)</li> <li>• The NHS Operating Framework 2012/13</li> <li>• The NHS Outcomes Framework 2012/13</li> </ul>	
<p><b>Consultation carried out with individuals/ groups/ committees</b> N/a</p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Head of Patient Experience and Engagement</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b> Chief Nurse</p>	
<p><b>Which management committee will have oversight of the matters covered in this report?</b> Patient and Family Experience and Engagement Committee/ Quality Safety and Assurance Committee</p>	



<b>Trust Board 30 March 2022</b>	
<b>Portfolio Office Update</b>  <b>Submitted by:</b> <b>Matthew Shaw, Chief Executive</b> <b>John Quinn, Chief Operating Officer</b> <b>Helen Vigne, Head of Portfolio Office</b>	<b>Paper No: Attachment P</b>  <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of report</b> To present an update on the new structure and plans for the Portfolio Office and Above and Beyond delivery teams in 2022/23  To respond to a Board Strategy Away Day request regarding the impact of key strategic projects and programmes on Above and Beyond principles	
<b>Summary of report</b> In 2021/22 the focus of the portfolio office was on developing and embedding a level of standardisation and best practice to our project and programme management as well as creating some oversight of the key strategic change initiatives.  In 2022, the portfolio office will merge with the programme management office (PMO) to become a centre of excellence for project and programme management, providing oversight, advice and guidance as well as a flexible resource pool of skilled PPM staff to be made available to teams across the organisation.  All initiatives tracked by the portfolio office are mapped against all six principles as either have a direct or indirect impact, and they also have a single key principle assigned. A lot of strategic change has been delivered since Above and Beyond was launched and while we can evidence that consideration is given to aligning our change initiatives with strategic principles, more work is required in order to evidence specifically if, how, and to what extent, the initiatives have contributed to their delivery.  The benefits management processes embedded in the planning process for 2022/23 will allow us to be clear about what benefits we intend to realise and to track our performance against them. Ultimately, it will allow us to evidence in 2025 whether we delivered what we set out to in Above and Beyond.	
<b>Action required from the meeting</b> For noting and information only	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b> <input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b> <input type="checkbox"/> <b>PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes</b> <input type="checkbox"/> <b>PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b> <input type="checkbox"/> <b>PRIORITY 4: Improve and speed up</b>	<b>Contribution to compliance with the Well Led criteria</b> <input type="checkbox"/> <b>Leadership, capacity and capability</b> <input type="checkbox"/> <b>Vision and strategy</b> <input type="checkbox"/> <b>Culture of high quality sustainable care</b> <input type="checkbox"/> <b>Responsibilities, roles and accountability</b> <input type="checkbox"/> <b>Effective processes, managing risk and performance</b> <input type="checkbox"/> <b>Accurate data/ information</b> <input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b>

Attachment P

<b>access to urgent care and virtual services</b> <input type="checkbox"/> <b>PRIORITY 5: Accelerate translational research and innovation to save and improve lives</b> <input type="checkbox"/> <b>PRIORITY 6: Create a Children’s Cancer Centre to offer holistic, personalised and co-ordinated care</b> <input type="checkbox"/> <b>Quality/ corporate/ financial governance</b>	
<b>Strategic risk implications</b> Company Secretary to complete	
<b>Financial implications</b> Not applicable	
<b>Implications for legal/ regulatory compliance</b> Not applicable	
<b>Consultation carried out with individuals/ groups/ committees</b> Not applicable	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Helen Vigne, Head of Portfolio Office	
<b>Who is accountable for the implementation of the proposal / project?</b> Mathew Shaw, CEO	
<b>Which management committee will have oversight of the matters covered in this report?</b> Executive Above and Beyond Oversight Group	



## Above and Beyond Portfolio Trust Board Update March 2022

### Background

The Trust commenced the development and implementation of Portfolio Management best practice methodology in 2020, in order to increase the visibility of strategic delivery and introduce more control and rigor to our key strategic change programmes and projects (initiatives).

A Portfolio office was established centrally, its key role to:

- Design and implement tools and processes to ensure the strategic alignment of our key change initiatives
- Define portfolio-wide standards, processes and templates
- Provide support, advice and guidance to initiatives while remaining independent
- Track and provide oversight of deliverables, risks and benefits of key initiatives to the CEO and executive team

In 2021 we launched the Portfolio Management Framework and Toolbox to underpin the day to day running of the portfolio. Developing and embedding these robust practices is not an easy or quick endeavour but once fully adopted should allow us to reap rewards for Above and Beyond and other future strategic objectives.

In 2021/22 the focus of the portfolio office was on developing and embedding a level of standardisation and best practice to our project and programme management as well as creating some oversight of the key strategic change initiatives. Maturity levels of our programme and project management (PPM) capabilities have improved in many areas, though we do still have a way to go.

In 2022/23 we plan to build on this foundation and focus on being clear about our intent, what benefits we intend to realise, and evidencing how we are progressing with our goals in Above and Beyond.

### Plans for 2022

Team delivery plans for 2022/23 have been submitted and are currently being collated by the Portfolio Office. The Portfolio Delivery Plan will be presented at the April Executive Above and Beyond Oversight Group.

In 2022, the portfolio office will merge with the programme management office (PMO) to become a centre of excellence for project and programme management, providing oversight, advice and guidance as well as a flexible resource pool of skilled PPM staff.

The newly formed team led by the Head of Portfolio Office, Helen Vigne and the PMO Director, Jon Schick will sit under the new Director of Transformation, with support and resourcing made available to teams across the organisation. These resources will further embed the portfolio management framework within the key teams delivering projects and further increase standardisation and good practice.

We will work closely with the apprenticeships team to ensure that GOSH staff undertaking the 18-month Associate Project Management apprenticeship have regular access to relevant in-house professional guidance. This will give them the opportunity to gain experience within a project



environment and help support career development. It will also help maximise the organisations contribution, retain our staff and build robust PPM capabilities within the organisation.

**Oversight of strategic contribution**

Not every activity which contributes to strategic activity is or should be tracked by the Portfolio Office. The annual planning process ensures that business as usual activity is aligned with strategic objectives (along with other criteria) and performance management ensures that these activities are delivered to plan.

Portfolio Management seeks to ensure that the Trust’s key change initiatives (i.e. those which are specifically established in order to address strategic objectives) are aligned. The majority of those initiatives are represented by the six Above and Beyond priorities or ‘planets’. In addition, other programme structures have been created to lead strategic change, for example the MDO’s Quality and Safety programme, and the Trust’s response to the Health and Climate Emergency. What they all have in common is that they look to the six Above and Beyond principles to guide their thinking.

All initiatives tracked by the portfolio office are mapped against all six principles as either have a direct or indirect impact, and they also have a single key principle assigned. The prioritisation process developed by the portfolio office to help provide a ranking in the event of competing initiatives, considers 3 factors of which strategic impact holds the highest weighting at 50% against other factors such as cost and risk.

**Key strategic programmes mapped to strategic principles:**

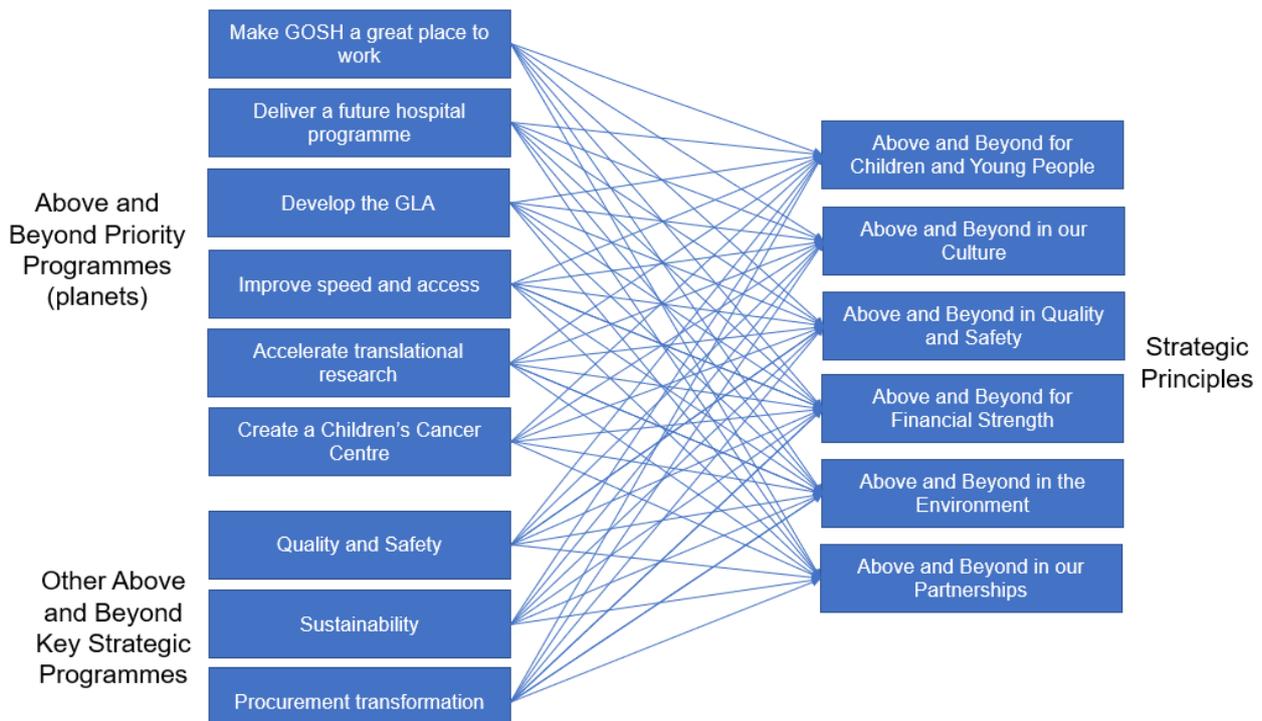




Fig 1. Shows the proportion of change initiatives by key strategic principle.

Fig 2. Includes the data from annual business plans

Fig 3. provides a weighted proportion of change initiatives by principle (based on direct and indirect impact). Similar data is still being prepared for 2022/23 as part of the Portfolio Plan.

### Key achievements in 2021/22

The following highlights some of the key 2021/22 activity within each strategic principle:



### Above and Beyond for Children

- Recruited more than 1000 patients to the Sample Bank
- Developed a process for patient remote home monitoring submissions through MyGOSH
- Developed Emergency Regimens for patients at home
- via MyGOSH
- Created a clinical design brief for the Children's Cancer Centre

### Above and Beyond in our Culture

- Established new apprenticeship programmes recruited and trained career coaches
- Launched the Digital Education Network (GOSH DEN)
- Developed our Health & Wellbeing provision including modules for the development programme
- Developed HR policy principles and embedded Diversity and Inclusion in leadership development programmes

### Above and Beyond for Quality and Safety

- Redesigned our inpatient process and developed inpatient standards to cover patient pathways
- Developed an Operational Hub, a centre to coordinate patient flow
- Redesigned our discharge pathways
- Established a flow programme to ensure we have early sight and escalation of predictable problem

### Above and Beyond for Financial Strength

- GLA commercial education and training provision
- Established a Procurement Transformation Programme
- Established a pipeline for new Research commercial opportunities

### Above and Beyond for the Environment

- Launched and recruited Green Champions
- Launched electric ambulances (first in UK)
- Nitrous Oxide waste reduced
- Desflurane (potent anaesthetic) gas almost eliminated
- 'Aim High' sustainability leadership training programme developed
- Baselined our electricity usage

### Above and Beyond in our Partnerships

- Signed a strategic research agreement with Sensyne Health
- Partnered with VheaRts for Virtual Reality Simulation Training
- Signed a partnership agreement with the Royal Marsden FT for Epic and patient Pathways
- Partnered with UCL Medical School
- Running a safe and active working group with NCL

## Realising benefits and evidencing the impact

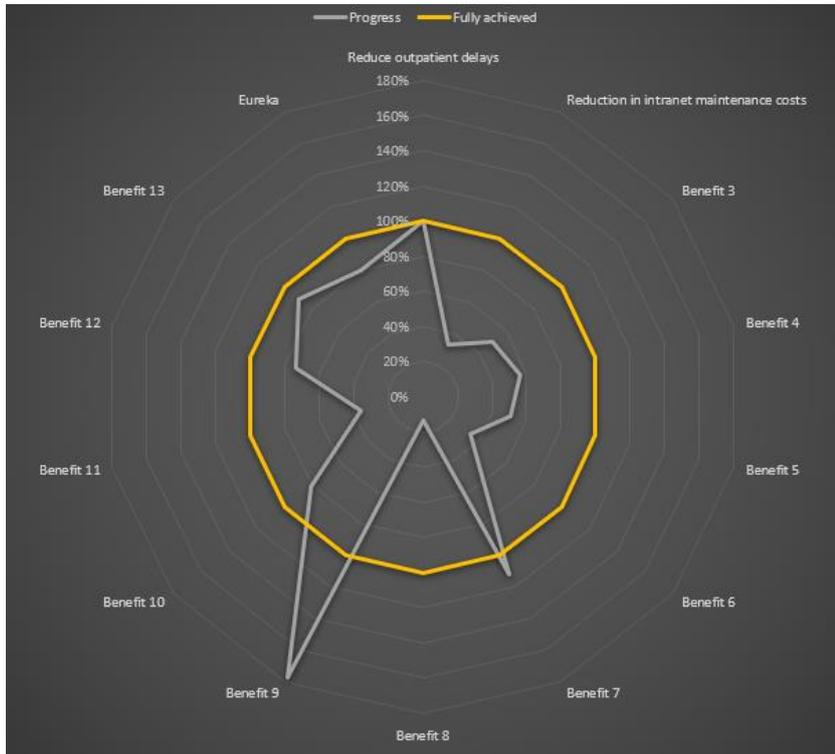
A lot of strategic change has been delivered since Above and Beyond was launched and while we can evidence that consideration is given to aligning our change initiatives with strategic principles, more work is required in order to evidence specifically if, how, and to what extent, the initiatives have contributed to their delivery.

Benefits Management best practice has been embedded in the planning approach for strategic initiatives in 2022/23 so that we focus on the initiatives which have the maximum impact on our strategic objectives. This process will allow us to be clear about what benefits we intend to realise and to track our performance against them. Ultimately, it will allow us to evidence in 2025 whether we delivered what we set out to in Above and Beyond.



Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

Example benefit progress tracking chart to be used in 2022/23:




**NHS**
**Great Ormond Street  
Hospital for Children**

NHS Foundation Trust

**Trust Board  
30 March 2022**

**Children's Cancer Planet strategy overview**

**Submitted by: Daniel Wood, Programme Director Children's Cancer Centre Planet on behalf of Zoe Asensio-Sanchez, Director of Space and Place**

**Paper No: Attachment Q**
 **For discussion**
**Purpose of report**

The purpose of this presentation is to update the Board on the development of the Cancer (Planet) strategy – giving wider consideration than just focusing on the creation of a new Cancer Centre.

**Summary of report**

The presentation gives an overview of the proposed new governance arrangements, the key workstreams and priorities identified. This is broken down into the following priorities:

- Enhancing personalised, holistic care
- Harnessing digital innovation
- Increasing paediatric cancer research activity
- System and partner working
- People Plan for cancer services

**Action required from the meeting**

For discussion and feedback around the direction being set

**Contribution to the delivery of NHS Foundation Trust priorities**
 **PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care**
**Contribution to compliance with the Well Led criteria**
 **Leadership, capacity and capability**  
 **Vision and strategy**  
 **Culture of high quality sustainable care**  
 **Responsibilities, roles and accountability**  
 **Effective processes, managing risk and performance**  
 **Accurate data/ information**  
 **Engagement of public, staff, external partners**  
 **Robust systems for learning, continuous improvement and innovation**
**Strategic risk implications**

BAF risk 15: Children's Cancer Centre

**Financial implications**

Not applicable

Attachment Q

<b>Implications for legal/ regulatory compliance</b> Not applicable
<b>Consultation carried out with individuals/ groups/ committees</b> Extensive consultation has been carried out with key individuals across the cancer patient pathway. This presentation has been taken through other groups for discussion and comment (including Clinical Champions, GOSH Charity Trustee)
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Daniel Wood – Programme Director for eth Cancer Planet
<b>Who is accountable for the implementation of the proposal / project?</b> Zoe Asensio-Sanchez
<b>Which management committee will have oversight of the matters covered in this report?</b> Cancer Planet Programme Board



# Children's Cancer Planet Strategy Overview

## Prepared by:

- Daniel Wood – Children's Cancer Planet Programme Director



**ABOVE** and  
**BEYOND**

Create a Children's  
Cancer Centre  
to offer holistic,  
personalised and  
co-ordinated care



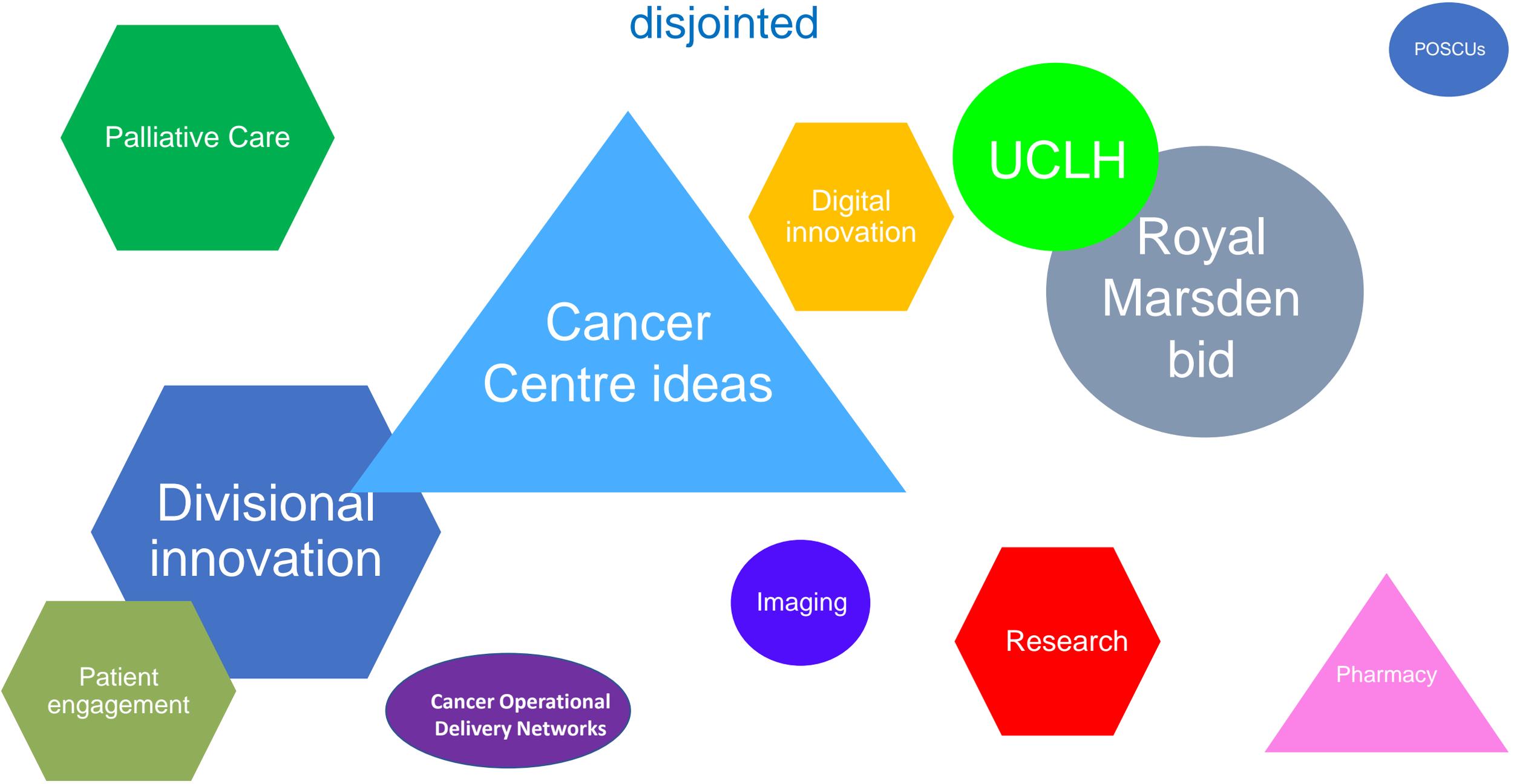
Great  
Ormond  
Street  
Hospital  
Charity

The Trust and Charity are equally committed in jointly developing our Cancer care/provision to achieve the best possible outcomes for patients and families

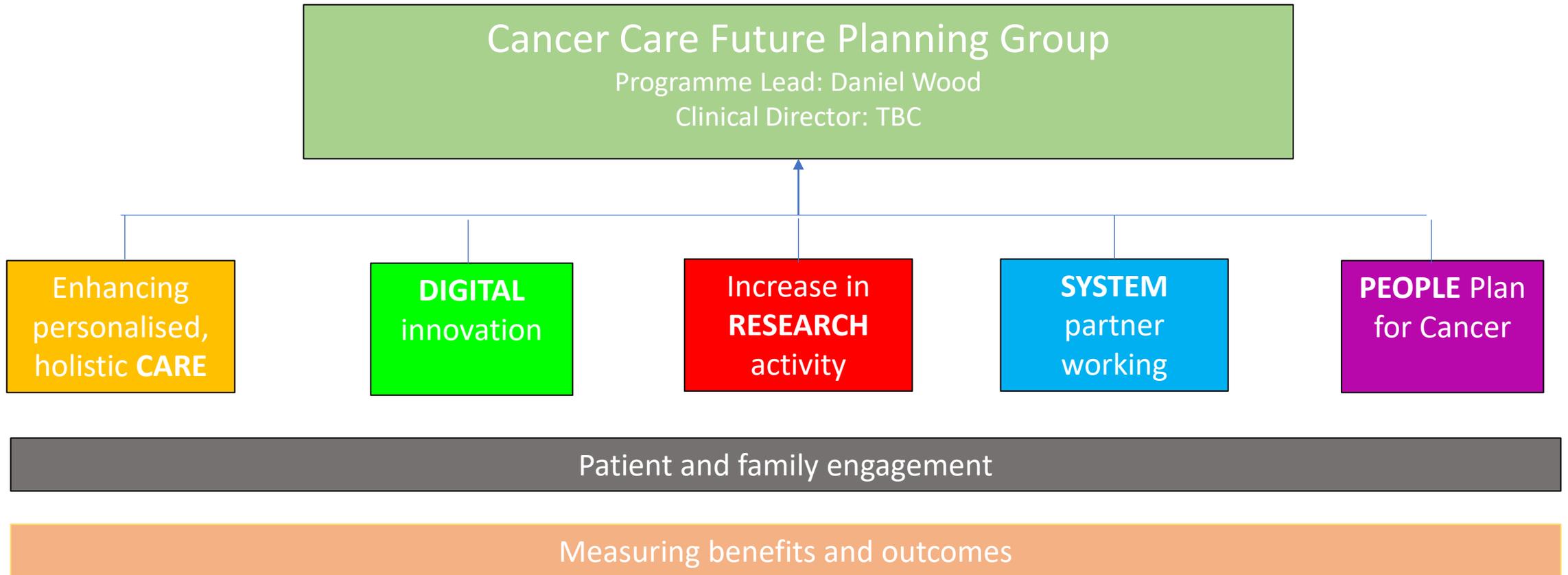
*A building alone will not transform the way we deliver care*

**The Cancer Planet's main objective** is to create and deliver an overall cohesive Cancer Strategy for planning and developing cancer provision for the future (this has a wider remit than just the Cancer Centre)

A lot of cancer development has been going on but this has been disjointed



# Cancer Care Future Planning Group proposed structure



# Enhancing personalised, holistic CARE

Priority	The aspiration	Where are we now?	Key next steps
<b>Ambulatory Care</b>	To provide an alternative treatment option and in doing so relieve inpatient capacity and provide a more cost effective cancer service	Testing feasibility of ambulatory pathway through Safari Day Care and Weston House Incorporating model into CCC designs	Through the pilot obtain better understanding of potential scale to inform long term business case (including potential need for hotel accommodation)
<b>PET-CT</b>	To provide the UK's 1 <sup>st</sup> dedicated PET/CT, offering unprecedented possibilities for clinical practice and research.	Working group set up to build a business case for this service developments	To work through the commissioning issues and collaboration opportunities with (or without) UCLH
<b>Improving nutrition for cancer patients</b>	To improve cancer patient nutrition so they are recover from treatment stronger and quicker	Incorporating additional catering facilities into CCC designs. Linking in with Trust wide catering strategy	Defining options to enhance the (personalised – patient centred) offer to Cancer patients , what can be done now vs plan for CCC
<b>Molecular Radiotherapy</b>	To improve access to this treatment option to all suitable children and enhance research in this field	Incorporating into CCC designs.	To work through the commissioning issues and collaboration opportunities with (or without) UCLH
<b>Increasing physical exercise</b>	Make patients more active: Research linking activity to improved outcomes / less side effects.	Incorporating into CCC designs.	Measuring a baseline

# SYSTEM partner working

## UCLH

We are a Joint Primary Treatment Centre (PTC) with UCLH. But this is really in name only – we do not (yet) have a joined up children & young people cancer strategy with UCLH.

There are a number of things that both organisations want/need to strengthen the current provision

- Improving safety/compliance – meeting the new Cancer Service Specification
- Developing a UK 1<sup>st</sup> dedicated PET-CT.
- Improving access to Molecular Radiotherapy and associated research in this area
- Improving Palliative Care provision for children & young people

## Royal Marsden / PTC South of the river

We were unsuccessful in the recent Royal Marsden bid. Consequently, it is extremely likely that a new competitor will emerge south of the river (the decision made by NHSE/I is that the Royal Marsden work will go to either St George's or Evelina). This raises a number of opportunities and threats for GOSH

**New Cancer Operational Delivery Networks:** This is a requirement of the new National Children's Cancer Service Specification. We need to make a plan about how we as an organisation want to influence / be part of this (e.g. invest in leadership in this area).

# DIGITAL innovation

We have identified three main themes where the use of **digital innovation** can be used to improve and enhance cancer care at GOSH and delivering: **Better Choices, Better Preparation, and Better Connectedness** for families

- **Better Choices** : Support patients and families/carers by giving them **choice** to safely manage their care at home to reduce hospital stays / visits (*e.g. technology to monitor the on-set of neutropenia*)
- **Better Preparation**: Support and prepare patients and families/carers who do need to come hospital to relieve **anxiety** they may have (*e.g. tools to help familiarise child with planned procedure*)
- **Better Connectedness** : For patients who do need to stay in hospital, create a '**home from home**' environment/experience (*e.g. patients can connect easily and safely with friends, family, school, other health professionals directly from their room*)

# Increase in RESEARCH activity

- Cancer remains a priority for GOSH Trust and the GOSH Charity research strategy, supported by our research partners including ICH
- The charity is leading the development of the cancer strategy. An extensive review is well underway, led by Professor Hargreaves and Mansour.
- The output will be a roadmap for paediatric cancer research. This is expected within the next 3 months (and will be linked in with the wider charity research strategy)
- There will be overlap from the cancer research strategy with priorities coming from the Research Planet Board / Charity research strategy (e.g. a key piece of work is likely to be a review of feasibility/opportunities of setting up Sample biobanking – particularly for Cancer, to determine whether this is appropriate for GOSH)

# PEOPLE Plan for Cancer

Cutting across all these themes we need to create a people plan for the future:

- Addressing any gaps in the current service
- Identifying the skills/expertise needed to develop our services for the future (including investment in new roles, such as Advanced Clinical Practice roles) across the entire cancer patient pathway (i.e. including support services such as pharmacy, imaging etc)
- Retaining and recruiting the best people



Attachment R

Trust Board 30 March 2022	
<p><b>GOSH Strategy Update on People and Culture – Planet 1 Making GOSH a Great Place to Work</b></p> <p><b>Submitted by: Caroline Anderson</b> Director of HR &amp;OD</p>	<p><b>Paper No: Attachment R</b></p> <p><input type="checkbox"/> For information and noting</p>
<p><b>Purpose of report</b> The purpose of this report is to provide an update on the progress of Planet 1 – Making GOSH a great place of work, including progress on delivery of year two of the People Strategy and its impact. It also sets out plans and priorities for year three of the Strategy.</p>	
<p><b>Summary of report</b> The People Strategy was published in November 2019. To support its delivery two underpinning frameworks were developed and published in November 2020. A Diversity &amp; Inclusion (D&amp;I) framework-<b>Seen and Heard</b>- and a Health and Wellbeing framework (H&amp;W)- <b>Mind Body and Spirit</b>. Together the frameworks represent the practical expression of our commitments and have been used to set the Year two work programme,</p> <p>2020/21 continued to be challenging year for all staff, The Trust has been particularly mindful of the risk to morale, teamwork and burnout. Having the frameworks in place and an agreed programme of work, has allowed progress to be made, although inevitably some work has been delayed or refocused. Progress on delivery of the programme is set out at section three.</p> <p>The impact of the strategy is measured through the People Strategy Impact Tracker, the D&amp;I annual workforce report and the NHS national staff survey, which show solid progress, but also the areas on which we still need to focus. The 2021 Staff Survey results are embargoed until 30<sup>th</sup> March 2022 and a presentation on the key findings, conclusions and our priorities for the 2022/23 year will be presented at the meeting.</p>	
<p><b>Action required from the meeting</b> To note the content of the report</p>	
<p><b>Contribution to the delivery of NHS Foundation Trust priorities</b></p> <p><input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b></p>	<p><b>Contribution to compliance with the Well Led criteria</b></p> <p><input type="checkbox"/> Leadership, capacity and capability</p> <p><input type="checkbox"/> Vision and strategy</p> <p><input type="checkbox"/> Culture of high quality sustainable care</p> <p><input type="checkbox"/> Responsibilities, roles and accountability</p> <p><input type="checkbox"/> Accurate data/ information</p> <p><input type="checkbox"/> Engagement of public, staff, external partners</p> <p><input type="checkbox"/> Robust systems for learning, continuous improvement and innovation</p>
<p><b>Strategic risk implications</b> BAF Risk 14: Culture</p>	
<p><b>Implications for legal/ regulatory compliance</b> Not applicable</p>	

**Consultation carried out with:**

Staff partnership Forum  
Staff Networks  
People Planet programme Board

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

Senior managers from the HR&OD and Communications teams

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

Caroline Anderson Director of HR&OD and Cymbeline Moore Director of Communications

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

Executive Above and Beyond Oversight committee  
People and Education Assurance Committee

## GOSH Strategy Update on People and Culture – Planet 1 Making GOSH a Great Place to Work

### 1 Introduction and context

- 1.1 The purpose of this report is to provide an update on the progress of Planet 1 – Making GOSH a great place of work, including progress on delivery of year two of the People Strategy, its impact, as measured through the People strategy Impact Tracker, the integrated workforce report and NHS national staff survey. It also sets out plans and priorities for year three of the strategy.
- 1.2 The People Strategy was published in November 2019, its purpose is to support delivery of the ambitions and commitments set out in the GOSH Strategy, and to make GOSH a great place to work. The People Strategy brought together a programme of existing and new work to ensure they were integrated, mutually reinforcing and focused on addressing the issues and concerns of staff. It was built around four themes – Capacity and Workforce Planning, Skills and Capability, Modernising the HR infrastructure and Culture, Health and Wellbeing.
- 1.3 To support the translation and delivery of the commitments of the the People Strategy, two underpinning frameworks were developed and published in November 2020. A Diversity & Inclusion (D&I) framework called **Seen and Heard** and a Health and wellbeing framework (H&W) called **Mind Body and Spirit**. Together the frameworks represent the practical expression of our commitment to all staff to make GOSH a great place to work for everybody. They reflect the issues that staff told us were most important and have been used to drive and underpin our approach to people management over the last year.
- 1.4 The frameworks were translated in to four workstreams, as set out below. Delivery of the individual workstreams, are driven and overseen by four steering groups with membership drawn from across the Trust. The steering groups report into the People Planet Programme Board with Executive oversight by the EMT and the Above and Beyond Oversight Board and formal assurance provided through the People and Education Assurance Committee chaired by the Non-Executive Director, Kathryn Ludlow.

### 2 Delivery of the Year two Programme

- 2.1 2020/21 continued to be challenging year for all staff, with the Pandemic continuing to impact staff and services alongside the pressure to clear patient backlogs alongside some expected and unexpected workforce challenges, including the insourcing of the domestic services team and the implementation and subsequent removal of vaccination mandate regulations. The Trust has been particularly mindful of the risk to morale, teamwork and burnout and the need to continue to focus on delivery of the commitment set out in the People and Gosh strategies, which have become more important than ever. Having the frameworks in place and an agreed programme of work, supported by good governance, proactive leadership and staff commitment, has allowed progress to be made, although inevitably some work has been delayed or refocused to accommodate our ever changing context.

### 3 Progress on year two of the People Strategy and delivery of the Seen and Heard and Mind, Body and Spirit Framework

<b>Diversity &amp; Inclusion Framework – <a href="#">Seen and Heard</a></b>	
<b>Purpose:</b> to ensure that all our people in all their roles are SEEN and HEARD, have EQUAL ACCESS to promotion, education and training and the OPPORTUNITY to be themselves and do their best work. Work Programme:	
<b>Work Stream One Seen and Heard</b>	<b>Progress</b>
<b>Opening-up external recruitment</b> , promoting GOSH as a creative, diverse and inclusive employer of choice.	<p>Although there has been some progress, there have been delays in the work to debias the recruitment process which began in earnest in Jan 2022 and the development of the EVP (see workstream three below). However, achievements include:</p> <p>Review of the recruitment policy completed.</p> <p>Nursing BAME representation increased by 3%.</p> <p>Six cohorts of international nurses joined.</p> <p>BAME representation across the Trust increased by 6%.</p>
<b>Creating internal career paths and opportunities</b> for progression and ensure fair and transparent access to jobs, training and education.	<p>Progress made in building career paths and opportunities to progress, including:</p> <p>Admin Career path implemented.</p> <p>The Trust has an apprenticeship population of 225 (or 3.75% of its workforce) against a public sector target of 2%.</p> <p>Career coaching programme established.</p>
<b>Creating a more inclusive work culture for all</b> to build understanding and connectivity and support value based people management practice.	<p>Significant work has been completed in this area including:</p> <p>Appointed Non-Executive Director Equality Diversity and Inclusion Guardian (Amanda Ellingworth).</p> <p>Inclusive leadership programme.</p> <p>Allies education programme launched.</p> <p>Participation in the NHS White Allies programme.</p> <p>Implemented cultural intelligence training programme.</p> <p>Developed programme of reverse mentoring.</p>

<p><b>Creating channels and safe spaces which amplify the employee voice</b>, ensuring that we listen, hear and take action as a consequence.</p>	<p>This work has focused on:</p> <p>Extending the role and influence of the staff forums.</p> <p>Review of ‘Speak up’ programme.</p> <p>Promotion of the Freedom to speak up Guardian.</p> <p>Introduction of Listening events.</p>
<p><b>Health and Wellbeing Framework – <a href="#">Mind, Body and Spirit</a></b></p> <p><b>Purpose:</b> To provide a joined up and integrated approach to promoting and protecting good health and mental wellness, with the commitment that: <i>At GOSH, every member of staff should feel cared for and cared about. They should be supported to be healthy in mind and body, feel safe and secure while working – whether on site or at home – and feel part of and connected to the GOSH community.</i></p> <p>It is built around three health and wellbeing priorities:</p>	
<p><b>Work stream Two Mind Body and Spirit</b></p>	<p><b>Progress</b></p>
<p><b>Our Mind:</b> focusing on mental health and wider wellbeing ensuring that it is embedded across the whole Trust.</p>	<p>Amplifying and integrating staff Health and wellbeing into our management and leadership framework and programme.</p> <p>Kathryn Ludlow, Non-Executive Director appointed as the Trust Wellbeing Guardian.</p> <p>Providing individual support for staff experiencing emotional and psychological difficulties – Triage and referral to appropriate care.</p>
<p><b>Our Body:</b> focusing on the promotion and maintenance of physical health and safe.</p>	<p>Delivering weekly wellbeing messages and webinars with good attendance.</p> <p>Relaunch of ‘my Possible self’ App from Care first.</p>
<p><b>Our Spirit:</b> focusing on safe travel to and from sites; safety and security while we are working; and the development of the GOSH community and how we work together as #OneTeam.</p>	<p>Developing and refining reward and recognition plans as part of ‘spirit’ and the GOSH community.</p> <p>Service specification and procurement for individual onsite staff financial guidance via Citizens Advice Bureau.</p>
<p><b>Internal Communications:</b></p> <p><b>Purpose:</b> Establishment of an internal communications framework to support delivery of the GOSH Above and Beyond and People Strategies, to include:</p>	
<p><b>Work stream Three Internal Communications</b></p>	<p><b>Progress</b></p>
<p>Programme to imbue the GOSH Above &amp; Beyond Strategy.</p>	<p>Above and Beyond continues to provide the key themes that underpin our internal</p>

	<p>communication channels. For example, each of our organisation-wide Virtual Big Briefs focuses on one or more themes from the strategy.</p> <p>Above and Beyond is reflected through the content plan of the new intranet and the strategy documents themselves will be easily accessible on that new platform.</p>
Replacement and upgrade of the Gosh website and Intranet.	The new intranet, our GOSH, will be soft launched to circa 200 staff on 29 March. An organisation wider launch will follow on 4 May 2022, realising our ambition for intranet access for any staff, on any device, anywhere
Implementation of a staff engagement platform.	The Rungway engagement platform was launched in Q3 2021. Usage analysis is currently underway to determine future of the platform and potential integration with the peer to peer functionality of the new intranet.
Implement a revised Employee brand and EVP.	Consultancy support is now commissioned to finalise the revised EVP proposition and develop a play book for the employer brand.
Establish annual calendar of events to celebrate and recognise staff achievements.	Events and content will map against new reward and recognition approach being led through HR. This will focus on using the Praise programme and making sure staff awards are linked to high performance and recognition across the whole year, not only in the period immediately before the date of the annual awards.
<p>Modernising and reshaping the HR&amp;OD function</p> <p><b>Purpose:</b> On-going investment in HR processes, systems and infrastructure – to provide an efficient and effective HR &amp; OD function which adds value and manifestly contributes to the delivery of the Gosh Strategy, priorities and ambitions, to include</p>	
<b>Work stream Four</b>	<b>Progress</b>
Reposition of the HR Policy framework.	<p>Work delayed but, concluded work include:</p> <p>Introduction and HR policy protocols.</p> <p>Introduction of stop and think protocols to support informal resolution.</p> <p>Introduction of mediation services.</p>
Implementation of the HR Service Desk and GEARS.	The new structure and now implemented.
Implement an integrated Management Advice service	This work was delayed, the revised structure is currently being implemented.
Implement a governance and reporting framework for workforce data.	<p>Implemented new data reporting structure.</p> <p>First Annual workforce report published.</p>

## 4 Measuring Impact

The impact of the People Strategy is measured through three key data sets:

- 4.1. The **People Strategy Impact Tracker** (attached at Appendix 1) which sets out the matrix to be used to measure the overall impact of the People Strategy over time, with data pulled from a range of sources including WRES and WDES, workforce data, inspections and reviews and the staff survey. While the tracker is currently under review following the changes in the staff survey reporting structure and the review of the 'Speak up' programme the 2021 data showed solid progress across the metric with improvements in 14, deterioration in four.
- 4.2. The [Annual EDI and workforce report](#). This annual report provides an integrated view of the workforce demographics and changes. The first annual report was presented to Public Trust Board on 24 November 2021. It showed:
  - BAME representation increased by 6%
  - Improvement in nine WRES indicator score and a decline in four
  - Increase in all ten WDES scores
  - Gender pay gap continued its downward trend
  - Ratio of clinical staff to non-clinical reduced by 5% as the result of insourcing of the domestic services team.
- 4.3. The **Annual staff and quarterly Pulse Surveys**. The NHS survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. At GOSH this is our fourth consecutive year taking part in a full Trust-wide staff survey.
- 4.4. The survey was open for eight weeks from 2 October to 27 November 2020. All staff who were on a permanent or fixed-term contract with GOSH prior to 1 September 2020 were eligible to take part. 2850 questionnaires were returned yielding a response rate of 52.3%. This compares to 2,724 completed questionnaires and a 55.9% response rate in 2020. The reduction was in part driven by the insourcing of the domestic services staff who had just joined, and a decision to issue paper copies to band five and six nurses, which impacted on their response rates.
- 4.3. The results of the NHS Staff Survey are now presented and measured against the seven people promises (compassionate and inclusive, recognised and rewarded, a voice that counts, safe and healthy always learning, work flexibly, work as a team) and against two themes reported in previous years (staff Engagement and Morale).
- 4.4. Although our scores where there are direct comparisons, have generally remained stable or dropped slightly, there are some clear areas which have dropped more and on which we need to continue to focus, including recruitment, reward and recognition, burnout and providing wellbeing support. Overall, our results indicate we continue to make progress and our position within our peer group of 13 acute specialist Trust, which are historically higher scoring than other organisations, has improved. All data is embargoed until 30 March 2022 and a presentation on key aspects and conclusions from the survey, including benchmarked data against acute specialists and the NCL Trusts will be presented at the Public Trust Board.

## 5. Priorities for the coming year

5.1 Review of the above data set out above confirm that the People Strategy and the two Frameworks continue to support us well.

In 2022/3 we will commit to the following **8 priorities** in every single Directorate:

1. Focus on transformation of employee relations and informal resolution (Civility and Respect)
  2. Focused attention on the programme of Debiasing Recruitment and inclusive organisational culture
  3. Continued investment in the promotion of Equality Diversity and Inclusion
  4. High profile programme of training for managers called I-Care focused on self-care and having health and wellbeing conversations with their staff
  5. Revision and rewriting the performance management and appraisal rule book to include recording of annual wellbeing conversations held with every member of staff
  6. Reward a recognition programme prioritised and co-led by Directorates (Praise)
  7. Continued focus on Apprenticeships and career development support through coaching and mentoring
  8. Targeted approach to wellbeing 'burnout' support aligned to high-risk teams.
- 5.2 In addition we will review the People Strategy to reset and align it for the last two years of the Above and Beyond strategy and reflect our current context- post pandemic, ICS/system changes and increasing financial constraints.

We do not expect the principles and commitment set out in the People Strategy to change, as they are grounded in the core of what Great Ormond Street is and does. But it is expected that our changing context will result in the development of new pieces of work and a requirement for different capabilities and skills and new ways of working.

Tracker	Theme	Measure	Source	Baseline	How we are doing	Update	
				(September 2020)	(2021)	(Yr 2: March 2022)	
Mind Body & Spirit	Mind	Does your organisation take positive action on health and wellbeing?	Staff Survey	22%	39%	>34% exceeded in 2021 Question has changed in staff survey so new metric being using 'My organisation takes positive action on health and well-being' Agree or strongly agree	
		Number of Peer Support workers trained	Training data	40	11	To combine PSW and HWB coaches to become HWB champions aligned to Directorates	
		Number of Health and wellbeing coaches trained	Training data	0%	12	as above	
		Number of staff accessing the GOSH Wellbeing hub - email or telephone	Contact data	22 per month	39 per month	No target set - monitoring only	
		My immediate manager is supportive in a personal crisis	Staff Survey	74%	76%	Question has changed in staff survey consider replacing with 'My immediate manager cares about my concerns'	
	Body	My immediate Manager takes a positive interest in my wellbeing	Staff survey	71%	73%	>73%	
		Sickness rate (excluding Covid and Covid self isolation)	core HR data	2%	3.3%	<3% Consider amending as Covid and self-isolation rules change	
		Physical Wellbeing platform	Care first and London wide VCP scheme	Carefirst Zest site promoted	London VCP scheme launched	Launched Carefirst 'My possible Self' App. Consider making sign ups the target not roll out	
		Uptake of Flu Vaccinations	OH data		currently 53%	Target Nationally set - not sure it adds to our HWB implementation agenda	
		Uptake of Cycle scheme	Cycle scheme data			Linked to much wider Sustainability impact programme - consider removing target	
	Spirit	How satisfied are you with the opportunities for flexible working patterns	Staff survey	51%	59%	>61%	
		Number of staff accessing financial advice services	CAB contract monitoring	no baseline	Contract and service being implemented	SLA with CAB to build in monthly reporting consider removing as a target	
		Communication between senior management and staff is effective	Staff survey	44%	50%	>52% Question has changed in staff survey consider replacing with 'The people I work with are polite and treat each other with respect'	
		Speak up for 'Our Values'	Training data	85% of staff have completed Speak up for safety training	76%	Consider new question as indicator 'I feel safe to speak up about anything that concerns me in this organisation'.	
	Seen and Heard	Theme 1: Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice.	A more diverse and representative workforce	Workforce demographics	29% BAME staff (London average is 45%) 2.6% staff record a disability	35% BAME staff at GOSH 3% of staff record a disability	Over 37% BAME representation At least 3.5% staff record a disability
			Greater diversity at Board and Senior Leadership levels	WRES Indicator 9	BAME representation at Board level is 8% lower than Trust workforce (WRES 19/20)	BAME representation at Board level is 12% lower than Trust workforce (WRES 20/21)	Board level attraction strategy to improve diversity should vacancies arise.
WDES Indicator 10				No Board members recorded with a disability or long term health condition (WDES 19/20)	No Board members recorded with a disability or long term health condition (WDES 20/21)	At least one member of the Board recorded with a disability or long term health condition	
Improvement in recruitment outcomes for BAME applicants			WRES Indicator 2	White applicants are 2.25 times more likely to be appointed than BAME applicants (WRES 19/20)	White applicants are 2.09 times more likely to be appointed than BAME applicants (WRES 20/21)	Significant reduction in WRES indicator 2 to at least London average	
Improvement in recruitment outcomes for disabled applicants			WDES Indicator 2	Non-disabled applicants are 1.3 times more likely to be appointed than disabled applicants	Non-disabled applicants are 1.1 times more likely to be appointed than disabled applicants (WDES 20/21)	Significant reduction in WDES indicator 2 to at least London average	
Improvement in Equality & Diversity staff survey theme			NHS Staff Survey	2019 Theme score was 8.8 (out of 10). National average for Acute Specialist trusts was 9.2	2020 Theme score was 8.9 (out of 10). National average for Acute Specialist trusts was 9.2	The NHS Staff Survey metrics will change in 2021. The Trust will aim to match the peer group average to the People Promise "We are compassionate and inclusive"	
Improvement in demographic pay gap			Gender Pay gap reporting	The mean reported Gender pay gap for 2019 was 17% between male and female staff.	The mean reported Gender pay gap for 2020 was 15.4% between male and female staff.	Continue to show improvement in narrowing of gender pay gap	
Theme 2: Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training.		More internal applicants being promoted to role at GOSH	Recruitment data	40% of appointments were to internal candidates	35% of appointments were to internal candidates	At least 45% of appointments were to internal candidates	
		Increased access to training and development opportunities	WRES Indicator 4	White staff were 1.18 times more likely to access to discretionary training than BAME staff.	White staff were 1.21 times more likely to access discretionary training than BAME staff.	Significant reduction in WRES indicator 4 to at least London average	
		Improvement in staff feeling GOSH acts fairly regarding career progression	NHS Staff Survey	75.9% of respondents felt that GOSH acted fairly with regard to career progression (2019 Staff Survey)	76.4% of respondents felt that GOSH acted fairly with regard to career progression (2020 Staff Survey)	Narrow the gap between white and BAME responses to this question noting the revised metric (now includes "Don't know" as a valid answer)	
		Number of career development events held	Local data	No baseline	Mentoring programme launched and coaching support in place. Specific career development data being scoped	Expansion of talent management programmes at GOSH	
Theme 3: Create a more inclusive work culture for all to build understandign and connectivity and support value based people management practice.		Reduction in relative likelihood of BAME staff entering formal HR processes (e.g. disciplinary, capability)	WRES indicator 3	BAME staff were 2.67 times more likely to be in a formal disciplinary process	BAME staff were 2.87 times more likely to be in a formal disciplinary process	Significant reduction in WRES indicator 3 to at least London average	
		Number of senior managers completing inclusive leadership training	Training data	No baseline	400+ attendees at Management development programme. 50+ attendees for all three levels of Leadership programme 6 senior leaders on white allies	Successful rollout of TIME (Inclusive Manager) course	
		Proportion of staff recommending GOSH as a place to work	NHS Staff Survey	67% of respondents would recommend GOSH as a place to work (2019 Staff Survey)	74% of respondents would recommend GOSH as a place to work (2020 Staff Survey)	At least 77% of respondents would recommend GOSH as a place to work.	
Theme 4: Creating channels and safe spaces which amplify the employee voice - ensuring that we listen, hear and take action as a consequence.		Increase in membership of GOSH staff forums	Staff Forum data	No baseline	Staff networks increased the number of their members. DLTHC has 46, BME has 190, Women's network has 110 and LGBT+ has 237 members.	Increased forum membership across all networks.	
		Improved staff declaration rates against protected characteristics	HR data	34% of staff have opted to not disclose at least one protected characteristic	32% of staff have opted to not disclose at least one protected characteristic	No more than 30% have opted not to disclose at least one protected characteristic	
	Number of listening and staff engagement events held	HR and Forum data	No baseline	As part of Big Conversations on allyship we had 3 listening events and 48 colleagues attended the sessions. 720 colleagues joined the 4 speaker series events we've had so far.	Ongoing series of events		
	Number of trained in Speak up for Safety and Speak up for Our Values	Training data	85% of staff have completed Speak up for safety training	Speak up for values – under review for strengthening links to People Strategy	Values refresh in preparation for updated People Strategy		
	Number of staff trained in reverse mentoring scheme	HR data	No baseline	Following the presentation of Stacy Johnson to the Reverse Mentoring Working Group and D&I Steering Group, we agreed to launch reverse mentoring programme in March 2022.	Reverse mentoring programme launched at GOSH		

<b>Trust Board</b> <b>30 March 2022</b>	
<b>GOSH Annual Plan 2022-23</b>	<b>Paper No: Attachment S</b>
<b>Submitted by:</b> <b>Helen Jameson</b> <b>Chief Finance Officer</b>	<input type="checkbox"/> <b>For approval</b>
<b>Purpose of report</b>	
To seek approval for the attached plan to be used within the organisation from the 1 <sup>st</sup> April 2022, recognising that the pressures within the NHS will mean that NHSE and NCL ICS may require planning assumptions to be updated over the coming weeks. If this is required a revised plan would be brought back to the Board for approval.	
<b>Summary of report</b>	
<ol style="list-style-type: none"> <li>1. The 2022/23 business plan details the budget and key deliverables for the year in line with current NHS planning guidance. This includes the requirement for elective activity to support the recovery of the system.</li> <li>2. The financial plan for 2022/23 is a £41.9m deficit including a £15.5m Better Value Programme. This reflects the current NHSE &amp; NCL contracts. The includes a main block of NHS income plus Elective Recovery Fund (ERF) income for activity over 98% of that delivered in 2019/20, this therefore contains risk depending on performance in year, Covid-19 and finalisation of the rules about how these funds are earned. The Trust continues to work to minimise any deficit and ensure public funds are used in an effective and efficient manner.</li> <li>3. The Trust's Capital envelope for 2022/23 is for £15.0m. In addition, it is noted an additional £1.9m will be required for a change in accountancy standards (IFRS16). Although national guidance is awaited on this. The Trust is also planning for £29.6m of capital donations from the Charity for Equipment (£3.2m) and redevelopment (£26.4m)</li> </ol>	
<b>Action required from the meeting</b>	
The Board are asked to approve the Business plan and Finance plan for 2022/23 noting that the NHS may update planning guidance and require changes to current assumptions. Should additional changes be required from NHSE/I an update will be brought to FIC & Trust Board in order to seek approval.	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b>	<b>Contribution to compliance with the Well Led criteria</b>
<input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b> <input type="checkbox"/> <b>PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes</b> <input type="checkbox"/> <b>PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b> <input type="checkbox"/> <b>PRIORITY 4: Improve and speed up access to urgent care and virtual services</b>	<input type="checkbox"/> <b>Vision and strategy</b> <input type="checkbox"/> <b>Culture of high quality sustainable care</b> <input type="checkbox"/> <b>Effective processes, managing risk and performance</b> <input type="checkbox"/> <b>Accurate data/ information</b>

Attachment S

<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PRIORITY 5: Accelerate translational research and innovation to save and improve lives</b></li> <li><input type="checkbox"/> <b>PRIORITY 6: Create a Children’s Cancer Centre to offer holistic, personalised and co-ordinated care</b></li> <li><input type="checkbox"/> <b>Quality/ corporate/ financial governance</b></li> </ul>	
<p><b>Strategic risk implications</b>  <b>Company Secretary to complete</b></p>	
<p><b>Financial implications</b>          The delivery of the financial plan is a key strategic objective to ensure we have sufficient funding to meet the needs of our delivery of care.</p>	
<p><b>Implications for legal/ regulatory compliance</b>          It is required by NHSE that the Trust Board approve the Business plan submitted by the Trust.</p>	
<p><b>Consultation carried out with individuals/ groups/ committees</b>  <b>EMT have approved the plan, FIC have reviewed the plan</b></p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b>          CFO and COO</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b>          All</p>	
<p><b>Which management committee will have oversight of the matters covered in this report?</b>          FIC</p>	

# GOSH ANNUAL PLAN 2022/23



Great Ormond Street Trust Annual Plan 2022/23 is informed both the NHSEI Guidance and Priorities for 2022/23 alongside the strategic direction of Trust's Above and Beyond strategy.

# 1. Looking Back on 2021/22

## 1.1 Operational Priorities at GOSH 2021/22

In our 2021/22 Trust Annual Plan Great Ormond Street Hospital had the following operational priorities for the year:

### 1. Delivering urgent care for highest priority and most unwell children and young people

GOSH has made substantial and great progress on our priority one, as evidenced by a substantial reduction in our 52 week waiters. At the end of March 2021 our 52 week waits was 564. as of writing, our position on the 28<sup>th</sup> February<sup>h</sup>2 2022 for 52 week waits is: 169

### 2. Honouring our commitment to other hospitals with a *Never Say No* approach to accepting patients.

We have worked tirelessly to honour this principle. As evidenced by providing mutual aid for the Royal Free for Gastro and Snaps patients. Alongside, having this year had very low refusal rates, however due to the 4<sup>th</sup> Omicron wave this has been more operationally challenging due to external conditions during December 2021 and January 2022

### 3. Flexing and expanding PICU services to support those most unwell patients from across London.

GOSH's operational teams have worked on putting together robust surge plans in place in order to provide this service should they be required. Fortunately, at the time of writing, they have not yet needed to be action.

### 4. Rolling out the GOSH vaccine programme, which is key to keeping our staff, patients and families safe and sustaining our services.

As of March 2022 GOSH has c91%+ of its workforce vaccinated and had successfully delivered 2 Vaccine and a Booster clinic, successfully completing this objective in year.

## 1.2 Activity 2021/22 submitted:

In regard to activity, GOSH clinical directorates planned to deliver activity as per NHSEI guidance basing them on 2019/20 numbers.

Below is the table that summarises the activity plan that we submitted in 2021/22 for activity

	2019/20 activity	2021/22 activity
<i>Daycases</i>	21,907	21,907
<i>Elective Spells</i>	11,884	11,884
<i>Non Elective Spells</i>	2,901	2,901
<i>Outpatient</i>	151,285	154,794
<i>Packages of Care</i>	54,607	54,607
<i>Beddays</i>	6,383	5,222*

\*Beddays has been reduced due to a planned pathway change in Rheumatology

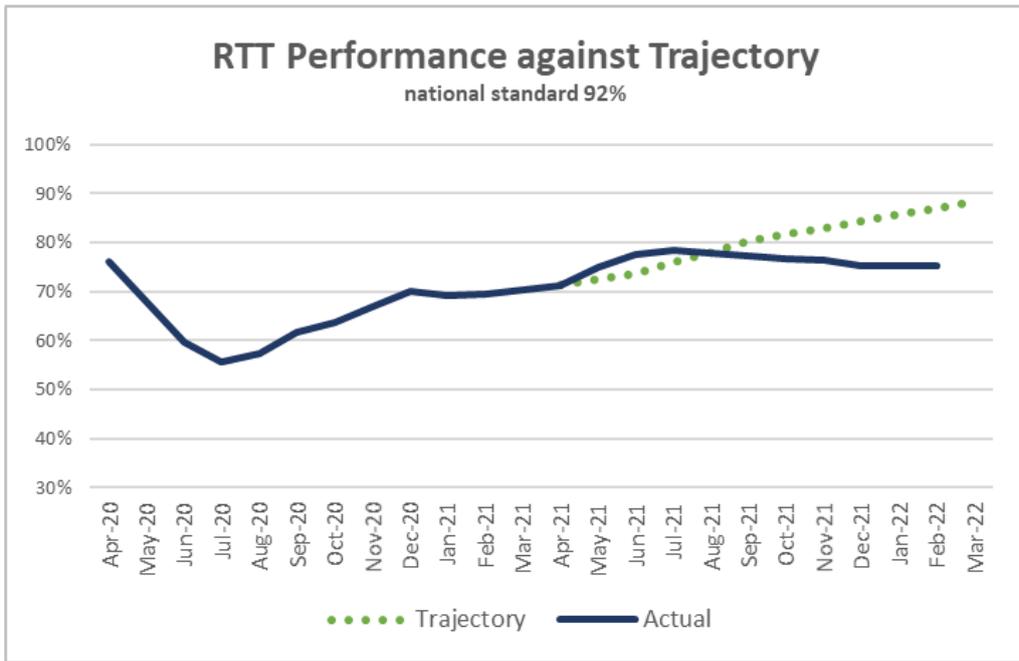
### 1.3 Activity as of month 10 2021/22

	21/22 M10 actuals	Straightline FOT
<i>Daycases</i>	19,107	22,928
<i>Elective Spells</i>	9,323	11,188
<i>Non Elective Spells</i>	2,814	3,377
<i>Outpatient</i>	153,560	184,272
<i>Packages of Care</i>	47,777	57,332
<i>Beddays</i>	5,400	6,480

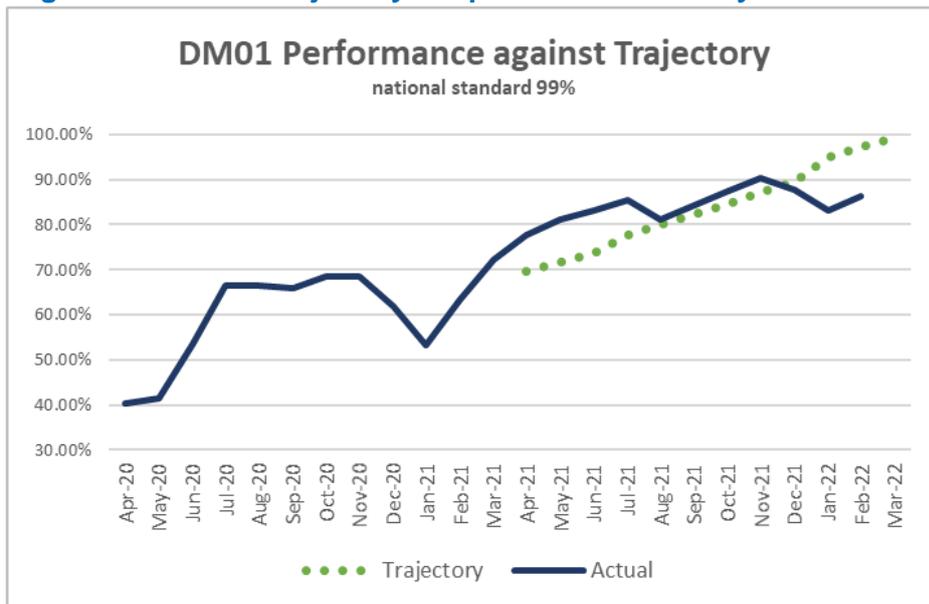
### 1.4 Performance

During 2021/ 22 the Trust’s main focus was to weather the many surges of Covid-19, whilst recovering as swiftly as possible to ensure that all children and young people received the care that they require in a timely fashion.

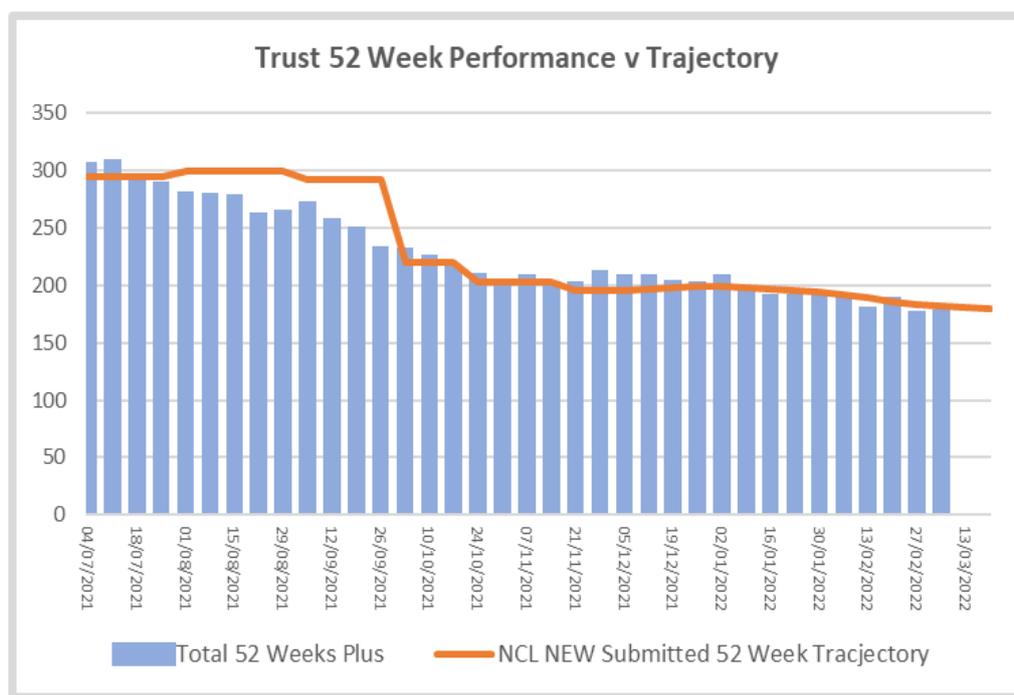
The below graphs show **our RTT against trajectory – up to end of February 2022**



### Diagnostic Waits v Trajectory- – up to end of February 2022



The below graph shows our **52 Week Wait against trajectory up until the 6<sup>th</sup> March 2022.**



### 1.5 Key Achievements 2021/22

While the majority of 2021/22 was centered around increasing activity to aid recovery, the Clinical and Corporate Directorates also delivered a range of successes during this time.

Key Achievements by the Trust include:

- Continued to treat our most urgent priority patients despite Covid-19.
- 35% outpatient appointments are now virtual
- Supporting the system, kept in line with trajectory as agreed with NCL, in addition, supporting colleagues within NCL (the Royal Free) with Gastro patients
- Our constitutional standards such as DM01 recovering well considering Covid-19 waves
- Participated in the CHA Pediatric accelerator which has been a national success – including Super Saturday.

## 2. Looking Forward to 2022/23

### 2.1 Above and Beyond Strategy 2022/23

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

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

<p><b>Make GOSH a great place to work by investing in the wellbeing and development of our people</b></p>	<p>Three key programmes of work (Health and Wellbeing, Diversity and Inclusion and Modernising HR&amp;OD) are in place which aim to:</p> <ul style="list-style-type: none"> <li>• Promote GOSH as a creative, diverse and inclusive employer of choice</li> <li>• Create internal career paths and progression opportunities</li> <li>• Create a more inclusive work culture</li> <li>• Create channels and safe spaces which amplify the employee voice</li> <li>• Ensure that wellbeing is considered across the organisation</li> <li>• Provide occupational health and support services that meet the needs of our changing context</li> <li>• Ensure staff feel safe and secure while working</li> </ul> <p>Updated Frameworks for Health and Wellbeing and Diversity and Inclusion will also be a key deliverable for 22/23</p>
<p><b>Deliver a Future Hospital Programme to transform outdated pathways and processes</b></p> <p><b>AND</b></p> <p><b>Improve and speed up access to urgent care and virtual services</b></p>	<p>Five key transformation programmes have been established to deliver the future hospital and improve and speed up access to urgent and virtual services:</p> <ul style="list-style-type: none"> <li>• Clinical Pathway Redesign</li> <li>• Patient Flow</li> <li>• Outpatients</li> <li>• Theatres</li> <li>• Administration</li> </ul> <p>Plans are in place to continue to optimise and integrate electronic patient records and harness other technologies to support care including the function and use of MyGosh patient Portal.</p> <p>Teams will work closely with colleagues at our Digital Research Innovation Virtual Environment directorate (DRIVE) to harness new innovation and data.</p>
<p><b>Develop the GOSH Learning Academy as</b></p>	<p>The Gosh Learning Academy (GLA) will continue to develop its offering and move closer to becoming sustainable by:</p> <ul style="list-style-type: none"> <li>• Utilising the education voice</li> <li>• Broadening the education portfolio</li> </ul>

<p><b>the first-choice provider of outstanding paediatric training</b></p>	<ul style="list-style-type: none"> <li>• Supporting educational research and innovation e.g. virtual reality</li> <li>• Ensuring education accessible for all</li> <li>• Optimising the Virtual Learning Environment (GOSH DEN)</li> <li>• Optimising patient safety simulation programmes</li> <li>• Collaborative working with internal and external partners such as: ICS, HEE</li> <li>• Exploring commercial opportunities</li> <li>• Academic Education,</li> <li>• Clinical Apprenticeships</li> <li>• Clinical Simulation</li> <li>• Digital Learning</li> <li>• Leadership &amp; Management Development</li> <li>• Speciality Training</li> </ul>
<p><b>Accelerate translational research and innovation to save and improve lives</b></p>	<p>Six key programmes of work have been designed to continue to transform GOSH into a Research Hospital, supporting the intent that every patient is a research patient and every bed is a research bed. Programmes are focussed on:</p> <ul style="list-style-type: none"> <li>• Developing the necessary supportive Culture, Infrastructure and Education</li> <li>• Harnessing Data sets, analytic capacity and innovation</li> <li>• Renewing NIHR funding to support our world-class Biomedical Research Centre and Clinical Research Facility</li> <li>• Establish and embed a fit for purpose commercial strategy</li> <li>• Supporting and developing clinical academic careers</li> </ul>
<p><b>Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care</b></p>	<p>Key area of focus for the CCC will include delivering the business case and the continued planning for future cancer services, and for the further clinical and support services that will be housed within the CCC.</p> <p>Planning will be clinically led and will include:</p> <ul style="list-style-type: none"> <li>• Meaningful patient and family engagement to inform design</li> <li>• Clear transparent governance between the Hospital and Charity</li> <li>• Early consideration of future digital and research innovations</li> <li>• Robust and proactive cost, programme and risk management</li> <li>• Sustainable approach to design incorporating nature</li> </ul>

## 2.2 Monitoring of Above and Beyond.

Monitoring of the strategic programmes that underpin our Trust Strategy Above and Beyond will continued to be managed by the Portfolio Office and report quarterly to the Above and Beyond progress meeting, and to the Board as and when required.

Team delivery plans for 2022/23 have been submitted and are currently being collated by the Portfolio Office. The Portfolio Delivery Plan will be presented at the April Executive Above and Beyond Oversight Group.

## 2.3 GOSH Planning Briefing 2022/23

GOSH began the current planning cycle in October 2021, prior to receiving NHS Guidance. The Trust’s planning brief was constructed based upon the NHS Triple Aim, which GOSH extended to the Quadruple aim, to explicitly, rather implicitly call out the importance of our staff in it’s delivering.

**Keeping track of BAU priorities:  
The GOSH quadruple aim**

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

## 2.4 NHS Planning Guidance and Priorities 2022/23

On 24 December 2021, NHS England and NHS Improvement (NHSEI) released its priorities and operational planning guidance for 2022/23. The target date for the implementation of integrated care systems (ICSs) has shifted from **1 April 2022 to 1 July 2022** to allow for parliamentary processes. Current statutory arrangements will remain in place until July. Integrated care board (ICB) leaders are asked to continue to develop system-level plans for 2022/23 with draft plans due in mid-March and final plans due at the end of April 2022.

The guidance assumes that incidence of Covid-19 is at low level as we enter the new financial year, and that organisations will make significant progress in the first part of 2022/23, focusing on restoring services.

## 2.5 Workforce

GOSH saw significant growth in FTE in 2021/22 (423.5 FTE (8.6%) driven primarily by the insourcing of our domestic staff in August 2021, but is expecting less growth next year with only pockets of incremental growth planned to improve delivery of existing services and supported new services. The Trust vacancy rate remains low at 4.9% Trust-wide (5.6% 12 month average) and 3.1% for Nursing posts (3% 12 month average). We continue to meet our turnover target. We anticipate this will continue in 22/23 as staff movements across the NHS recover from the initial impact of COVID. GOSH will continue to manage its temporary staffing spend well, agency usage in particular has remained well below its 2% target for several years, however pockets of sustained usage, particularly in long term specialist corporate or clinical (AHP) roles will continue to be a focus.

## 2.6 Activity

### For elective activity:

The NHSEI guidance asks Systems to deliver significantly more elective care to deliver the backlog with the aim that 10% more patients will complete treatment than in 2019/20

- Increasing to **30% more than pre-pandemic elective activity by 2024/25.**
- **Eliminate** waits over **104 weeks by March 2022** and maintain position in **2022/23 (except where patients choose to wait longer).**
- Reduce waits for patients over 78 weeks and conduct 3-month reviews for these patients extending these reviews to patients waiting over 52 weeks from 1 July 2022 onwards. Plans should also support an overall reduction in 52 week waits.
- Accelerate the progress towards a more personalised approach to follow-up care in hospitals, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity by March 2023. System-specific targets to be agreed in planning process.

### For cancer:

- Complete outstanding work on 2021/22 recovery objectives
- Collaborate with Cancer Alliances to develop plans to improve performance against all cancer standards focusing on the 62-day urgent referral to first treatment standard, the 28-day standard and 31-day decision-to-treat to first treatment standard.
- Make progress on the ambition to diagnose more people with cancer at an earlier stage as set out in the NHS Long Term Plan.

**For diagnostics:**

- Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23 to provide responsive, high-quality services and support elective recovery and early cancer diagnosis.
- Develop system-level investment plans that support the timely implementation of new community diagnostic centres (CDCs) and expansion of diagnostic capacity through CDCs in 2023/24 and 2024/25.

**2.7 Activity Plan 2022/23**

Given the national guidance, as part of annual planning, GOSH'S clinical directorates have been working through its activity and have developed a plan for 2022/23. GOSH's activity for 2022/23 fulfils the requirement of delivering 10% more activity than 2019/20

<b>Activity Type</b>	<b>POD</b>	<b>2019/20</b>	<b>2022/23</b>	<b>2022/23 Plan v 2019/20 Activity</b>
<b>Inpatient</b>	Daycase	24,910	26,885	8%
	Elective	13,678	13,499	-1%
	Non-Elective	2,081	2,099	1%
<b>Inpatient Total</b>		<b>40,669</b>	<b>42,483</b>	4%
<b>Outpatient</b>	Outpatient First	33,354	37,197	12%
	Outpatient Follow-Up	161,534	180,061	11% *
<b>Outpatient Total</b>		<b>194,889</b>	<b>217,258</b>	11%
<b>Grand Total</b>		<b>235,558</b>	<b>259,742</b>	<b>10%</b>

The guidance states that systems should decrease their follow up outpatient activity by 25%, whilst this is relatively achievable for Trust's that have adult and more general cohorts of patients. This target is more challenging for GOSH due to two factors:

1. GOSH deals exclusively with children, and in general due to their rate of growth they generally require the need to follow up more regularly during childhood .
2. Given the specialist quaternary and tertiary nature of the work we do at GOSH, this again requires more outpatient follow up.

**2.8 Monitoring of The Annual Plan**

GOSH will conduct reviews of the clinical directorate's annual plan through an extended quarterly performance review meeting which will be held after the end of each previous quarter ( July, October, January.)

In addition, GOSH's corporate directorates will also have quarterly performance after the end of each quarter which will be held at EMT with feedback and input solicited from the clinical directorates

These reviews will then be collated and shared with Operation Board before progressing to EMT.

### 3.0 Financial Planning

2021/22 has seen continued pressure on the NHS due to Covid-19 and although it is anticipated that 2022/23 will see an improvement with the lifting of some restrictions the Trust still expects to see a pressure from Covid-19. In addition the Trust is expected to increase activity above pre Covid-19 levels in order to reduce waiting lists. This means that GOSH will not only need to maintain the changes it put into place to respond to Covid-19 but also make additional changes to deliver additional activity and reduce patient waiting lists.

The trust has received NHSE guidance on the new funding arrangements for 2022/23, however it should be noted that this has not been formally published and there are currently a number of queries being worked through with NHSE. The current 2022/23 NHSE and NCL contracts have resulted in a fall from the 2021/22 levels of income. Should the funding guidelines be updated the Trust will update its NHSE income to reflect these changes.

Due to the pressures facing both GOSH and the wider NHS it was important that the Trust started work on its plans ahead of receiving guidance from NSHE. The Trust therefore started planning for 2022/23 in October 2021.

In setting a Trust wide financial plan there were a number of assumptions that the Trust worked to and these have been updated as guidance has been released, these are:

- The Trust should have an approved business plan and budget for 2022/23
- The plan will need to be signed off by the Trust Board
- The Trust plan will need to triangulate with NCL
- The Trust will need to minimise any deficit
- The Trust will need to demonstrate financial controls
- NHS Income will align with NHSE/I and the NCL allocations
- Financial plans and business plans need to line up and represent activity plans
- The 2021/22 Trust annual budgets from September 2021 will be used as a base line for the 2022/23 plan (£8.0m deficit)
- Inflation to be applied is pay 2.0% plus NI increase, Drugs 4.1% and non-pay 2.0%. With detailed Energy calculations to be made.
- The Trust will identify a better value savings programme equal to 3.5% of spend (£15.5m)

### 3.1 Approach to Financial Planning

#### **Budget Setting overview**

In order to set the budgets for the Trust in 2022/23 the 2021/22 budgets were used as a baseline. This was done to take advantage of the fact that the budgets had been updated to reflect H2 and by using them the Trust could take account of all the handwork put in across the directorate to set the 2021/22 plan. Higher level assumptions were then applied (e.g. inflation). The Directorates have then worked to refine their budgets inline with the activity plans that they have pulled together following NHS guidance. The private patient income has been reviewed to pull together a recovery plan that looks at patient referrals and the reduction of Covid-19 restrictions. NHS income is also being reviewed in line with national guidance, NHSE and NCL. In addition a better value program is being pulled together to deliver the

efficiencies required by the Trust in order to cover financial pressures such as inflation. Each directorate has attended challenge meetings where Trust directors have gone through their proposed budgets to aid in the accurate setting of plans, identification of Better value and

## Profiling

The Trust has provisionally profiled the 2022/23 plan and is continuing to work on the profile ahead of the final submission in April. As part of this the Trust is continuing to work on:

- Profiling of NHS activity
- Private patient recovery plan phasing to align with reduced Covid-19 measures, increased referrals and bed availability.
- Directorate plan alignment in line with expectations relating to recruitment, activity and turnover.
- Business Cases and Pay / Non-Pay etc. have been reviewed and phased according to updated local modelling.
- The Better Value programme has been phased to align to the expected commencement of the programmes and the expected monthly savings from each scheme.

## 3.2 Summary Financial Statements 2022/23

The statements below outline the current NHSE plan, forecast outturn and the current directorate bottom-up plans submitted on the 17<sup>th</sup> March 2022 for 2022/23. The NHSE/I plan represents the final updated plans submitted by the Trust at for H2 submission. The forecast used is the month 10 forecast which was for an £5.9m deficit.

The directorates are finalising their plans for 2022/23 and working to improve the bottom line of the Trust by reducing costs while ensuring that enhanced activity numbers can be delivered. The Trust is working to further develop up the Better Value programme and incorporate it into the directorate plans, the current better value programme of £15.5m has been allocated across the Trust within the financial statements. EMT are being provided weekly updates on the Trust 2022/23 plan and a final update will be taken FIC and Trust board following the final submission in April 2022.

With the introduction of IFRS16 in 2022/23 the Trust has been working on reflecting the impact of the new regulations on the Trust Financial reporting. The submission has been updated to reflect the increased depreciation, increased interest payments and reduced operating lease expenditure. The overall impact of these changes is an additional cost of £1.1m in 2022/23.

It is important to note that this year the Trust 2022/23 plan submission needs to align with the plan submitted by the NCL ICS, the Trust has been working closely with NCL to ensure that areas that need consistency across the ICS are agreed and the system understands the movement in the plans.

## Statement of Comprehensive Income

	NHSE/I 2021/22 Plan £m	M10 2021/22 FOT £m	2022/23 Plan £m
NHS Clinical Revenue	467.7	462.4	433.3
Non-NHS Clinical Revenue	41.7	33.9	46.5
Non-Clinical Revenue	60.8	57.6	63.4
<b>Total income</b>	<b>570.2</b>	<b>553.9</b>	<b>543.2</b>
Pay Expenses	(338.4)	(337.5)	(352.6)
Non Pay Expenses	(217.5)	(204.5)	(207.1)
<b>Total Expenditure</b>	<b>(555.9)</b>	<b>(542.0)</b>	<b>(559.7)</b>
<b>EBITDA</b>	<b>14.3</b>	<b>11.9</b>	<b>(16.5)</b>
Owned depreciation, Interest, Tax	(17.5)	(17.8)	(25.4)
<b>Surplus/Deficit exc Donations</b>	<b>(3.2)</b>	<b>(5.9)</b>	<b>(41.9)</b>
Donated Depreciation	(14.2)	(16.8)	(14.2)
<b>Net (Deficit)/surplus exc Cap Don</b>	<b>(17.4)</b>	<b>(22.7)</b>	<b>(56.1)</b>
Capital Donations	7.1	12.3	16.0
Impairment	-	-	-
<b>Total Deficit</b>	<b>(10.3)</b>	<b>(10.4)</b>	<b>(40.1)</b>

## Statement of Financial Position

	2021/22 FOT £m	2022/23 Plan £m
Non-Current Assets	531.3	635.9
Inventory	12.4	13.4
Debtors	68.1	47.6
Cash	110.0	69.2
Creditors	(108.5)	(110.8)
Provisions and Non-Current Liabilities	(5.8)	(89.7)
<b>Total Assets Employed</b>	<b>607.5</b>	<b>565.6</b>
PDC Reserve	133.5	133.5
I&E Reserve	354.2	312.3
Revaluation Reserve	119.8	119.8
<b>Total Taxpayers' Equity</b>	<b>607.5</b>	<b>565.6</b>

No submitted plan to NHSE 2021/22

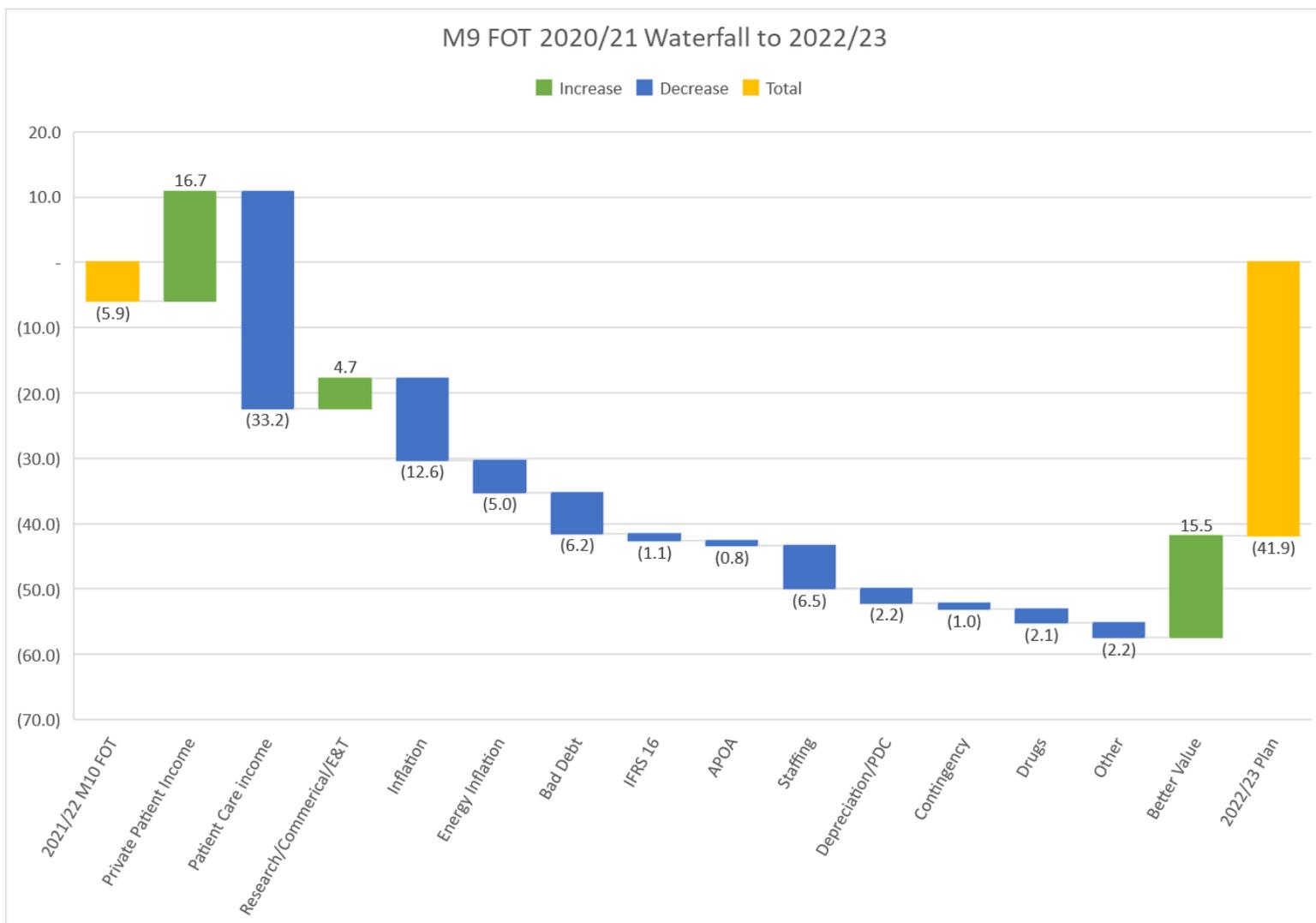
**Statement of Cash Flows**

	<b>2021/22 FOT £m</b>	<b>2022/23 Plan £m</b>
<b><u>Cash flows from operating activities</u></b>		
Operating (deficit)/surplus - excluding charitable contributions	(13.6)	(49.5)
Impairment and reversals	0.0	0.0
Charitable capital expenditure contributions	12.2	15.9
<b>Operating (deficit)/surplus</b>	<b>(1.4)</b>	<b>(33.6)</b>
<b><u>Non-cash income and expense</u></b>		
Depreciation and amortisation	28.3	33.0
Impairments and Reversals	0.0	0.0
Gain on disposal	0.0	0.0
Increase/decrease in trade and other receivables	(13.4)	21.0
Increase/decrease in inventories	(0.7)	(1.0)
Increase/decrease in trade and other payables	(3.8)	3.0
Increase/decrease in other current liabilities	0.8	(0.3)
Increase/decrease in provisions	(0.3)	(0.1)
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>10.9</b>	<b>55.6</b>
<b><u>Cash flows from investing activities</u></b>		
Interest received	0.1	0.5
Interest element of lease payments	0.0	(0.3)
Capital element of lease payments	0.0	(5.4)
Purchase of property, plane and equipment and intangibles	(21.0)	(50.8)
<b>Net cash used in investing activities</b>	<b>(20.9)</b>	<b>(56.0)</b>
<b><u>Cash flows from financing activities</u></b>		
Public Dividend Capital received	1.5	0.0
PDC Dividend paid	(6.3)	(6.8)
<b>Net cash outflows from financing activities</b>	<b>(4.8)</b>	<b>(6.8)</b>
<b>Increase/decrease in cash and cash equivalents</b>	<b>(16.2)</b>	<b>(40.8)</b>
Cash and cash equivalents at period start	126.2	110.0
<b>Cash and cash equivalents at period end</b>	<b>110.0</b>	<b>69.2</b>

*No submitted plan to NHSE 2021/22*

### 3.3 Bridging/Planning Assumptions

Due to the continued impact of Covid-19, the drive to reduce waiting lists, Inflation and the changes to NHS clinical income the 2022/23 plan is for a deficit that is significantly higher than the one forecast in 2021/22. The bridge below shows the key movements that are included in the plan and show the deterioration in the Trusts financial position.



The key movements in the waterfall are summarised below. It should be noted that at this time not all figures are finalised with directorates continuing to work on plans, private patient recovery plan being refined and the NHS contracts being agreed.

<b>Heading</b>	<b>Actual</b>	<b>Notes</b>
2021/22 M10 FOT	(£5.9m)	This is the FOT for 2021/22 at Month 9
Private patients	£16.7m	Increase in Private patient income. This only represents a partial recovery on pre Covid -19 levels.
Patient Care income	(£33.2m)	Loss of NHS patient care income including lost non NHS top up, ERF, MFF and reductions in Tariffs
Research/Commercial/E&T	£4.7m	Increased income from Non clinical activities
Inflation	(£12.6m)	Impact of inflationary increases in pay, Drugs and non-pay including above inflation contract increases
Energy Inflation	(£5.0m)	Impact of high levels of inflation for both Gas and Electricity
Bad debt	(£6.2m)	With the increase in Private patient activity and the debt paid in 2021/22 the 2022/23 moves back to a cost in year.
IFRS 16 impact	(£1.1m)	Impact to the Trust of implementing IFRS 16
APOA	(£0.8m)	2022/23 impact of the APOA business case
Directorate Pay Increases	(£6.5m)	Increase in pay costs following the bottom up budget setting exercise to deliver the activity plan.
Depreciation/PDC	(£2.2m)	Increase in depreciation and PDC (excluding impact of IFRS16).
Trust Contingency	(£1.0m)	A contingency to provide funds for unexpected costs in 2022/22.
Drugs	(£2.1m)	Increase in Drug costs to deliver the activity plans.
Other	(£2.2m)	Increase in Non-pay to deliver Activity plans.
Better Value Programme	£15.5m	Trust better value programme that was calculated at a 3.5% saving
2022/23 Plan	(£41.9m)	

### 3.4 NHS Income

The 2022/23 plan for NHS income incorporates the funding guidance that has been received from NHSE. The Trust has set its NHSE and NCL contracts in line with this guidance. It should be noted however that the guidance has not been published and NHSE are in discussion with organisations (including GOSH) to clarify the treatment of elements within the contracts.

The current contracts that have been negotiated see a significant reduction in the income from 2021/22. This includes income associated with ERF as per the contract of delivering 104% value weighted activity. The plan assumes that the Trust will deliver this level of activity and therefore receive the full ERF, it should be noted however that the new ERF payments include

marginal rates so underperformance will still receive 25% of the payment and overperformance will only attract 75%.

The Trust is working with NHSE and NCL on the queries and once a conclusion has been reached will incorporate the changes to income in the Trust financial position.

### 3.5 Better Value 2022/23 (£15.5m)

The Executive-Chaired Better Value Programme Board, including senior clinical directorate representation, is overseeing the identification and progression of schemes against five main themes, in addition to local schemes developed by each directorate as part of their budget setting processes:

**Procurement & Contracts (£2.5m)** – considering schemes such as better management of waste and reduction; exchange; stopping (including as a result of Epic implementation); renegotiation / amalgamation of contracts; shared contracts (e.g. NCL partners). The detail of this work is overseen by the Procurement Transformation Board

**Services (£4.5m)** – considering schemes such as improved patient flow; cohorting of services; improved ward and theatre utilisation, service improvements through longer term transformation programmes and directorate local efficiency programmes.

**Built Environment (£1.8m)** – including benefits from recent termination of leases (with relocation of staff, including long-term extension of current blended on-site and home working); and energy savings related to improved utilisation of our combined heat and power units.

**Workforce (£4.5m)** – considering schemes such as more effective management of bank & agency spend (including bank rates and active substantive recruitment); tighter management of vacancies; cohorting patient care to allow for greater flexibility of staff; ensuring staffing levels are closely matched to acuity and occupancy levels.

**Corporate and support (£2.2m)** – considering schemes such as pharmacy efficiencies and medicines optimisation; reductions in unnecessary and repeat diagnostic testing.

Members of the transformation team are providing project management support and other key stakeholders are involved in regular meetings to progress opportunities. This includes the establishment of a 'line by line' tracker for each opportunity and its current status. Guidance has been sent out across the organisation following consideration by the Operations Board, and revised project brief and equality and quality impact templates have been produced, learning from experience in previous years and from the good practice developed by the Portfolio Office.

## 4.0 Capital Plan

The Trust has completed a five-year capital plan on a scheme-by-scheme basis, with the first year's expenditure profile shown monthly in the submission. Capital expenditure is funded from a combination of Trust funds and charity funds, almost exclusively donated by the Great Ormond Street Hospitals Children's Charity (GOSHCC). Charity funding assumed in this plan has been allocated based on GOSHCC Grants Committee approvals of business cases and specific known schemes.

The budget for Trust-funded capital expenditure is based upon the level of forecast depreciation for the year and in accordance with the CDEL allocation by NCL ICS. NCL ICS has now advised the Trust of the CDEL funding limit to be used in the draft Operating Plan for years 2022/23, 2023/24 and 2024/25. However, in accordance with the ICS instructions, the Trust has treated these limits as placeholders until the national and regional allocations are complete and the allocations are confirmed. As previously assumed, the CDEL for 2022/23 is £15.0m. In each of 2023/24 and 2024/25, the notified provisional limits are £35.2m.

In each of 2023/24 and 2024/25, the Trust will be contributing £10m to the cost of the Children's Cancer Centre development, which is the major redevelopment project over the five years of the plan. While the remainder of the development cost will be paid for from donations from the GOSH Children's Charity, the substantial Trust contribution requires the Trust to conserve cash and therefore carefully prioritise expenditure on other proposals.

Although from 1 April 2022 new leases will count against CDEL, that impact is not included in these provisional allocations as it is understood there will be a separate CDEL allocation to cover this impact. No change to the £15m CDEL allocation for 2022/23 is expected, but if the confirmed amount is less, the Trust would have to review its plan and remove or reschedule capital expenditure proposals based on a relative risk assessment.

The Trust's assumed CDELs for 2022/23 to 2026/27 are shown below:

	2022/23	2023/24	2024/25	2025/26	2026/27
	£m	£m	£m	£m	£m
CDEL excluding IFRS 16 impact	15.0	35.2	35.2	27.5	16.7
IFRS 16 impact assumption notified	1.9	0.3	0.5	4.9	0.6
<b>Total CDEL</b>	<b>16.9</b>	<b>35.5</b>	<b>35.7</b>	<b>32.4</b>	<b>17.3</b>

The Trust's capital expenditure is also funded from contributions donated by the Great Ormond Street Hospitals Children's Charity (GOSHCC). In the years covered by the plan, the major Charity-funded project is the redevelopment of the Frontage of the Hospital into the 'Children's Cancer Centre'. During 2022/23, this includes the cost of the design and the enabling works required to provide accommodation for the services and other functions decanted from the Frontage building. Over the entire project, the plan includes a contribution from Trust funds of £38m.

### Trust Funded Schemes (£15.0m)

Schemes proposed for 2022/23 have been reviewed and prioritised within the assumed Trust funding envelope of £15.0m. All proposals were assessed to determine the risks requiring the scheme to be undertaken and the degree to which completion of the scheme would mitigate those risks. Where proposed schemes could not be accommodated within the available funding the residual risks were assessed to determine whether they were at an acceptable level. Only schemes which are already contractually committed or in the top priority group could be included in the plan, due to affordability, and some of the latter have been re-phased partially or completely into 2023/24 or beyond. The following allocations have been agreed:

## Attachment S

- Schemes already approved in prior years (£2.0m)
- New schemes in the top priority group (£12.6m)
- Contribution to Children’s Cancer Centre design (£0.5m)

### IFRS 16 (£1.9m)

The implementation of IFRS 16 from 1 April 2022 will bring the capital value of most assets available for use under leases and similar arrangements onto the Trust’s balance sheet. This will count against CDEL, but it is understood there will be a separate allocation outside the limits referred to above.

The draft plan for 2022/23 includes new IFRS 16 leases and right-of-use assets of £1.9m.

### Donated funding (£29.6m)

The GOSH Children’s Charity is the source of donated funding. The decision to grant donated funding to capital schemes is made by the Charity Grants Committee in response to requests from the Trust. These grants may cover a single purchase or extend over multiple years in the case of larger projects.

Projects funded by the GOSHCC for 2022/23 are estimated at £29.6m and currently fall into the following groups:

- The Children’s Cancer Centre and enabling works to other buildings to accommodate decanted services.
- Medical equipment. The timing of expenditure in each year will be determined by the Trust’s Equipment Replacement Plan which continues to be developed.

The draft plan is presented in the table below:

Funding	Area	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Trust	Equipment	5.3	5.2	8.0	7.3	2.5
	Estates	3.6	11.6	13.1	3.4	8.6
	ICT	4.5	6.2	3.9	5.0	5.6
	Redevelopment including CCC	1.6	12.1	10.1	11.7	0.0
	Share Allocation	0.0	0.1	0.1	0.1	0.0
<b>Trust Total</b>		<b>15.0</b>	<b>35.2</b>	<b>35.2</b>	<b>27.5</b>	<b>16.7</b>
<b>IFRS16</b>		<b>1.9</b>	<b>0.3</b>	<b>0.5</b>	<b>4.9</b>	<b>0.6</b>
Donated	Equipment	3.2	2.3	2.3	2.3	2.3
	Redevelopment	26.4	23.3	79.8	78.6	36.3
<b>Donated Total</b>		<b>29.6</b>	<b>25.6</b>	<b>82.1</b>	<b>80.9</b>	<b>38.6</b>
<b>Grand Total</b>		<b>46.5</b>	<b>61.1</b>	<b>117.8</b>	<b>113.3</b>	<b>55.9</b>

**Trust Board  
 30 March 2022**

**Integrated Quality and Performance  
 Report (IQPR - February 2022 Data)**

**Submitted by:**

Dr Sanjiv Sharma, Medical Director  
 Tracy Lockett, Chief Nurse  
 John Quinn, Chief Operating Officer  
 Caroline Anderson, Director of HR & OD

**Paper No: Attachment T**

- For approval  
 For discussion  
 For information and noting

**Purpose of report**

**Sept IQPR**

To present the IQPR data and narrative to the Board to show the monthly performance on the key indicators and to provide the Board with assurance that the indicators on patient safety, patient experience and performance are monitored regularly.

**Proposal for IQPR revisions**

To set out for discussion a proposal for revision of the IQPR to provide improved assurance for the Board.

**Summary of IQPR report**

- The February report shows that the incident reporting rate has increased from the previous months and the number of incidents closed was significantly higher. The percentage of incident closure rate has decreased to 24%, with average days to close increasing from 57 to 67. This is related to resource capacity within the Patient Safety Team and reducing the backlog. Further improvements should be seen in the coming months.
- The Trust has 3 open serious incidents, but none are overdue for February.
- The position with high-risk reviews has significantly improved and is now meeting the standard at 94.5%, and overdue actions have reduced from the previous month. Focus continues in sustaining the performance in liaison with the directorates.
- The Friends and Family Test response rate in February was 37% and is above the target of 25%. Targets for ratings of experience for inpatients (98%) and Outpatients (98%) was achieved. Feedback from patients and families is consistent with previous months.
- There were 3 formal complaints received in February 2022. At the time of reporting there are 13 open complaints. One new red graded complaint was received, and overdue red complaint actions are at 1.
- PALS contacts were the highest number in February at 198 since March 2016. Despite the increase, 84% of PALS contacts were resolved within 48 hours which is line with previous months. For the third month the number of information contacts continues to rise, representing 56% of the PALS contacts in February.
- WHO checklist GA procedures in main theatre reduced marginally to 97%.
- Sickness Absence decreased to 4.0%, with 12.5% of absences related to Covid. Self-isolation rapidly decreased to an average of 23 episodes per day from 73 per day in January.
- RTT – Performance has maintained at 75.3% and 12% below trajectory. 52 Week waits decreased by 7 patients to 169 at end of February. Omicron is still impacting performance and capacity across all services.
- DM01 – Increase in the reported position for February 2022 at 86.4%, 3.4% increase from January and 8% below trajectory. 6 Week breaches decreased by 43 to 194.

**Action required from the meeting**

The Board are asked to note the report.

<p><b>Contribution to the delivery of NHS Foundation Trust priorities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b></li> <li><input type="checkbox"/> <b>PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes</b></li> <li><input type="checkbox"/> <b>PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b></li> <li><input type="checkbox"/> <b>PRIORITY 4: Improve and speed up access to urgent care and virtual services</b></li> <li><input type="checkbox"/> <b>PRIORITY 5: Accelerate translational research and innovation to save and improve lives</b></li> <li><input type="checkbox"/> <b>PRIORITY 6: Create a Children’s Cancer Centre to offer holistic, personalised and co-ordinated care</b></li> <li><input type="checkbox"/> <b>Quality/ corporate/ financial governance</b></li> </ul>	<p><b>Contribution to compliance with the Well Led criteria</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Leadership, capacity and capability</b></li> <li><input type="checkbox"/> <b>Vision and strategy</b></li> <li><input type="checkbox"/> <b>Culture of high-quality sustainable care</b></li> <li><input type="checkbox"/> <b>Responsibilities, roles and accountability</b></li> <li><input type="checkbox"/> <b>Effective processes, managing risk and performance</b></li> <li><input type="checkbox"/> <b>Accurate data/ information</b></li> <li><input type="checkbox"/> <b>Engagement of public, staff, external partners</b></li> <li><input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b></li> </ul>
<p><b>Strategic risk implications</b> All relevant BAF risks</p>	
<p><b>Financial implications</b> Not Applicable</p>	
<p><b>Implications for legal/ regulatory compliance</b> Not Applicable</p>	
<p><b>Consultation carried out with individuals/ groups/ committees</b> Not Applicable</p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> The MD supported by the AMDs</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b> MD</p>	
<p><b>Which management committee will have oversight of the matters covered in this report?</b> RACG, QSEAC, FIC, Closing the Loop and PFEEC.</p>	

# Integrated Quality & Performance Report

## March 2022

(February 2022 data)

**Sanjiv Sharma**

Medical Director

**Tracy Lockett**

Chief Nurse

**John Quinn**

Chief Operating Officer

**Caroline Anderson**

Director of HR & OD



# Hospital Quality Performance – March 2022 (February data)

## Are our patients receiving safe, harm-free care?

	Parameters	December 2021	January 2022	February 2022
Incidents reports (per 1000 bed days)	R<60 A 61-70 G>70	75 N=497	83 N=545	88 N=564
Incident investigations completed in month		426	562	524
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	332	414	968
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	53%	25%	24%
Average days to close	R ->50, A - <50 G - <45	57.3	69	67
Medication Incidents (% of total PSI)	TBC	23.8%	23.6%	17.4%
WHO Checklist (Main Theatres GA only)	R<98% G>98-100%	97%	98%	97%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	3.2%	2.6%	6.9%
New Serious Incidents		0	2	1
Overdue Serious incidents	R >1, A -1, G – 0	0	0	0
Safety Alerts overdue	R- >1 G - 0	0	0	1
Serious Children's Reviews Safeguarding children learning reviews (local)	New	0	0	0
	Open and ongoing	8	8	7
Safeguarding Adults Board Reviews	New	0	0	2
	Open and ongoing	2	2	2

## Are we delivering effective, evidence based care?

	Target	Dec 21	Jan 22	Feb 22
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	80%	78%	78%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	86	99	109
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	1	1
Participation in mandatory relevant national audits	G=100%	100%	100%	100%

## Are our patients having a good experience of care?

	Parameters	December 2021	January 2022	February 2022
Friends and Family Test Experience rating (Inpatient)	G – 95+, A- 90-94, R<90	97%	97%	98%
Friends and Family Test experience rating (Outpatient)	G – 95+, A-90-94,R<90	95%	95%	98%
Friends and Family Test - response rate (Inpatient)	25%	27%	25%	37%
PALS (per 1000 combined pt episodes)	N/A	6.32	7.56	8.42
Complaints (per 1000 combined pt episodes)	N/A	0.24	0.13	0.13
Red Complaints (% total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	9%	10%	11%
Re-opened complaints (% of total complaints since April 2020)	R>12% A- 10-12% G- <10%	5%	6%	8%

## Are our People Ready to Deliver High Quality Care?

	Parameters	December 2021	January 2022	February 2022
Mandatory Training Compliance	R<80%,A-80-90% G>90%	92%	92%	93%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	87%	86%	86%
PDR	R<80%,A-80-89% G>90%	88%	87%	87%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	91%	87%	89%
Honorary contract training compliance	R<80%,A-80-90% G>90%	78%	74%	78%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	89%	89%	89%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	92%	91%	91%
Resuscitation Training	R<80%,A-80-90% G>90%	83%	82%	81%
Sickness Rate	R -3+% G= <3%	5.9%	4.1%	4.0%
Turnover - Voluntary	R>14% G-<14%	11.7%	12.1%	12.2%
Vacancy Rate – Contractual	R- >10% G- <10%	5.7%	5.3%	4.94%
Vacancy Rate - Nursing		2.99%	2.91%	3.07%
Bank Spend		5.2%	5.2%	5.3%
Agency Spend	R>2% G<2%	1.2%	1.2%	1.2%

# Hospital Quality Performance – March 2022 (February data)

## Is our culture right for delivering high quality care?

## Are we managing our data?

	Target	December 2021	January 2022	February 2022
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	69.4%	87.5%	94.5%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G- 0	63	34	13
Red Complaints Action Plan Completion (no of actions overdue)	R- >2 A- 1-2 G- 0	6	0	1
Duty of Candour Cases	N/A	9	10	4
Duty of Candour Conversation (Stage 1)	R<75% A 75-90% G>90%	100%	100%	100%
Duty of Candour Letter (Stage 2) Has a letter been sent?	R<75% A 75-90% G>90%	60%	75%	100%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	60%	37.5%	100%
Duty of Candour - Stage 3 Total sent out in month	Volume	1	5	3
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	0%	60%	33%
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	5	2	3
Policies (% in date)	R 0- 79%, A>80% G>90%	86%	84%	82%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	87%	86%	85%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	100%	100%
Inquests currently open	Volume monitoring	15	12	14
New Freedom to speak up cases	Volume monitoring	5	21	19
HR Whistleblowing - New	Volume monitoring	0	0	0
HR whistleblowing - Ongoing	12 month rolling	1	1	1
New Bullying and Harassment Cases (reported to HR)	Volume	1	1	0
	12 month rolling	7	8	8

	Target	December 2021	January 2022	March 2022
FOI requests	Volume	36	38	44
FOI Closures: % of FOIs closed within agreed timescale	R- <65% A – 65-80% G- >80%	78%	71%	80%
No. of FOI overdue (Cumulative)		1	1	1
FOI - Number requiring internal review	R>1 A=1 G=0	1	0	0
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume	7	10	11
IG incidents reported to ICO	R=1+, G=0	0	0	0
SARS (Medical Record ) Requests	volume	93	132	138
SARS (Medical Record) processed within 30 days	R- <65% A – 65-80% G- >80%	100%	100%	97%
New e-SARS received	volume	0	0	0
No. e-SARS in progress	volume	3	1	0
E-SARS released	volume	1	0	0
E-SARS partial releases		1	0	0
E-SARS released past 90 days	volume	0	0	1
Description	Target	Dec 2021	Jan 2022	Feb 2022
52 week + breaches reported (ticking at month end)	Volume	194	176	169
52 week + harm reviews to be completed (for treatment completed or seen in month)		87	105	78
Clinical Harm Reviews Returned at point of reporting		15	20	31
Clinical Harm Identified at point of reporting		0	0	0

# Do we deliver harm free care to our patients?

## Central Venous Line Infections

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

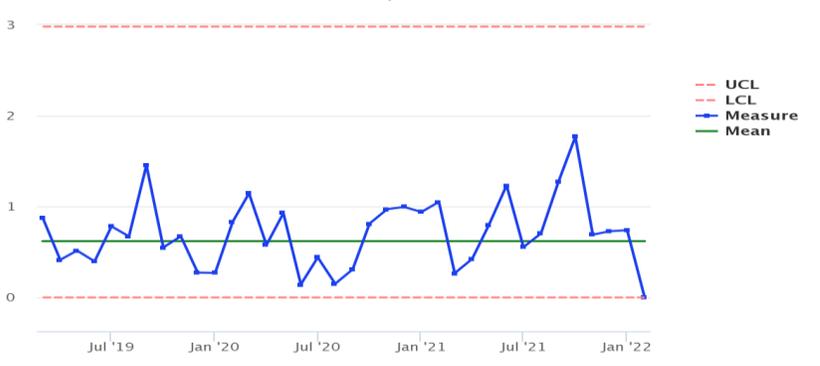
Period	GOSACVCRB_No	DaysRecorded	Rate	Rate_YtD
Year 18/19	82	52977	1.5	1.5
Year 19/20	73	56420	1.3	1.3
Year 20/21	63	54172	1.2	1.2
Apr-21	4	4403	0.9	0.9
May-21	7	4529	1.5	1.2
Jun-21	3	4610	0.7	1
Jul-21	6	4401	1.4	1.1
Aug-21	8	4392	1.8	1.3
Sep-21	6	4444	1.4	1.3
Oct-21	3	4499	0.7	1.2
Nov-21	6	4466	1.3	1.2
Dec-21	4	4366	0.9	1.2
Jan-22	7	4291	1.6	1.2
Feb-22	3	3796	0.8	1.2

## Infection Control Metrics

Care Outcome Metric	Parameters	Nov 2021	Dec 2021	Jan 2022	Feb 2022
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	6	3	5	4
	YTD (financial year)	38	41	46	50
C Difficile cases - Total	In month	1	0	0	0
	YTD (financial year)	8	8	8	8
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHS E)	In Month	0	0	0	0
	YTD	5	5	5	5

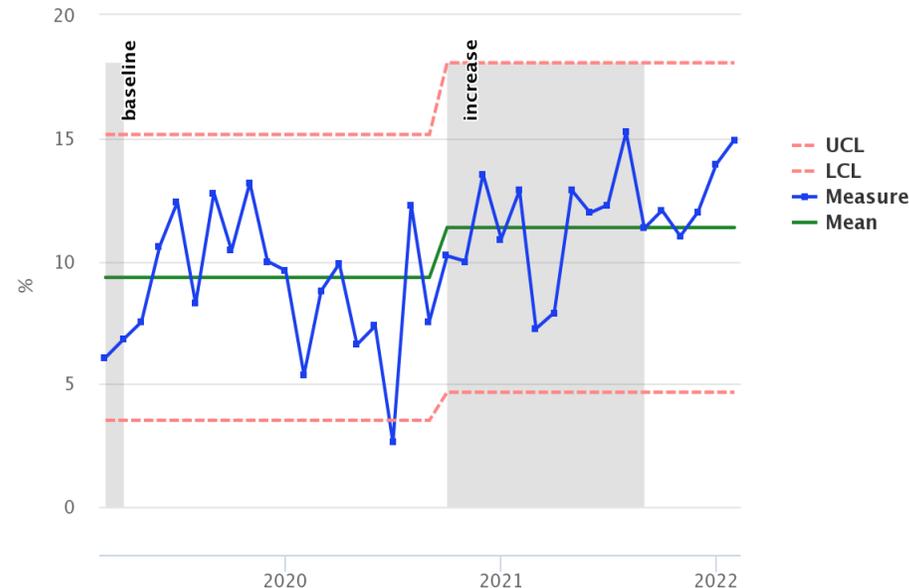
## Pressure Ulcers

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



## Medication Incidents

Percentage of Medication Incidents Reported via Datix Causing Harm



85 medication-related incidents were reported in February 2022.

29% (↑) of these reported incidents were related to drug prescription errors and 26% (↑) were related to medication dispensing. Medication storage incidents were 13% of incidents this month which was ↓ from 20% of incidents last month.

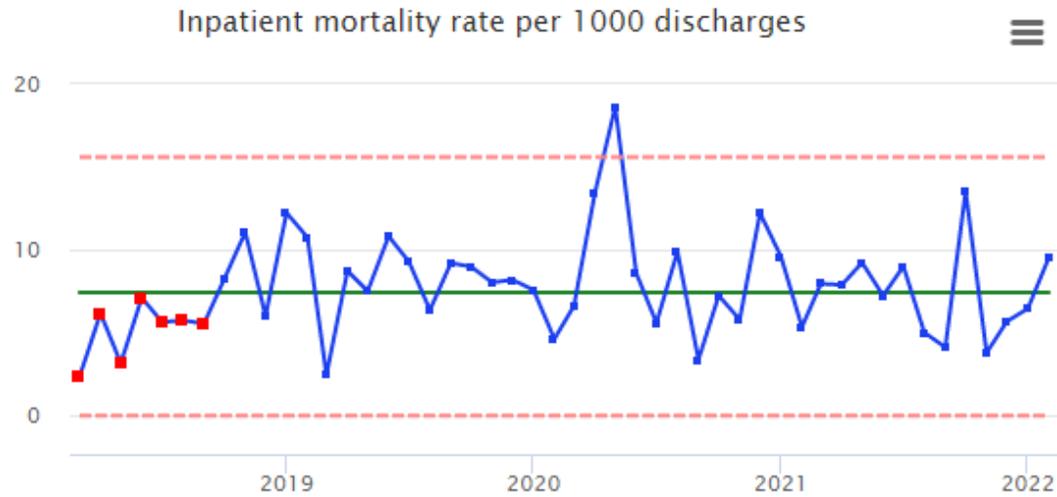
226 medication incident investigations were completed and closed in December.

There were no incidents reported as moderate harm, 17 causing minor harm and 68 causing no harm.

		Nov 21	Dec 21	Jan 22	Feb 22
Volume	R = 12+, A 6-11 G <=5	5	5	5	
Rate	R=>3 G=<=3	0.69	0.73	0.74	

# Does our care provide the best possible outcomes for patients?

## Inpatient mortality

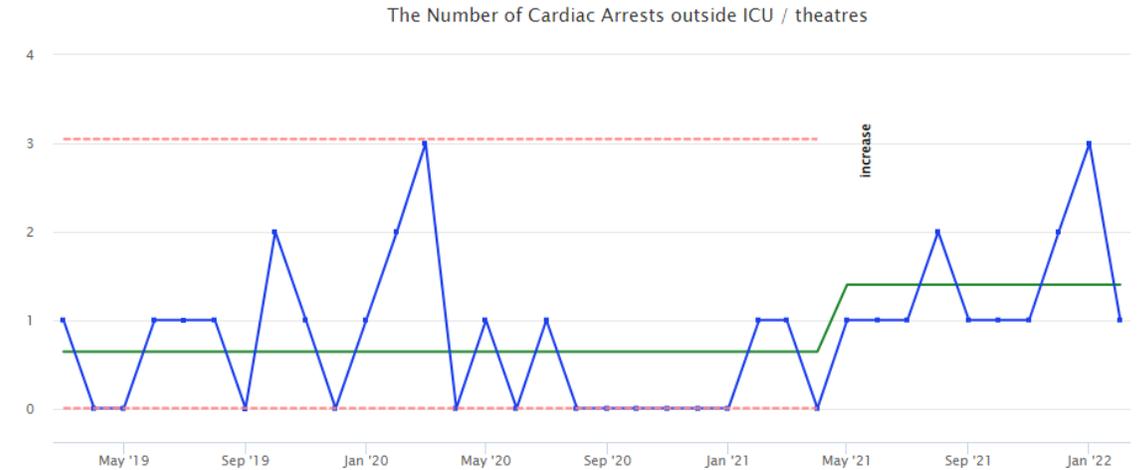


The crude mortality rate is within normal variation.

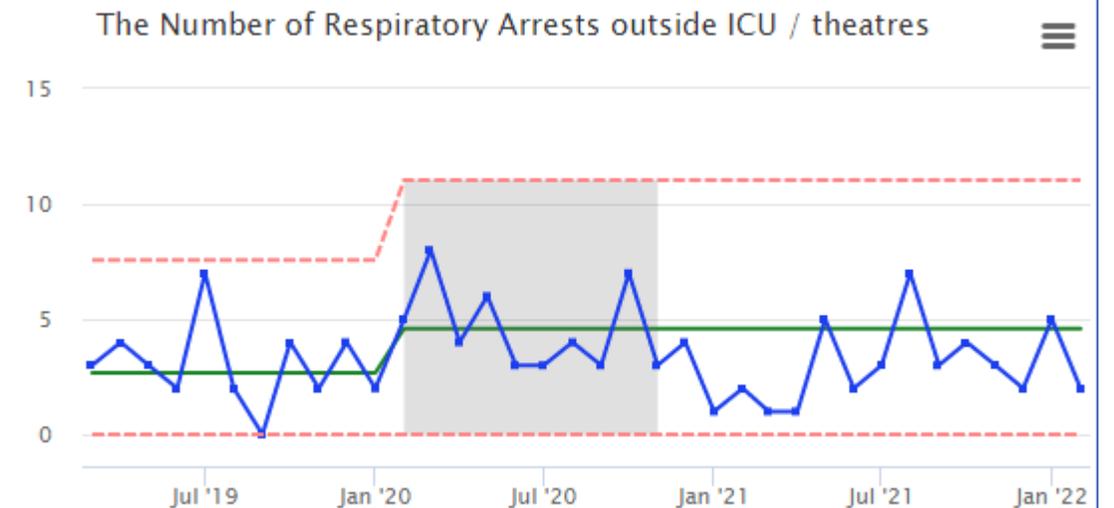
There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored weekly at the PICU/NICU Morbidity and Mortality meeting. The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANET). The most recent PICANET report was published on the 13<sup>th</sup> January 2022 and covers the calendar years 2018-2020. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range

There has been a statistically significant increase in the number of **cardiac arrests** outside of ICU since May 2021 (from .64 to 1.14 a month). In December 2021 the Head of Resuscitation Services reviewed the RECALLS and clinical documentation for each cardiac arrest between May 2021 and December 2021. This has highlighted themes around the completion of observations, and prompt escalation of the deteriorating patient prior to arrests, and are being brought to the attention of the Deteriorating Patient improvement work.

## Cardiac Arrests

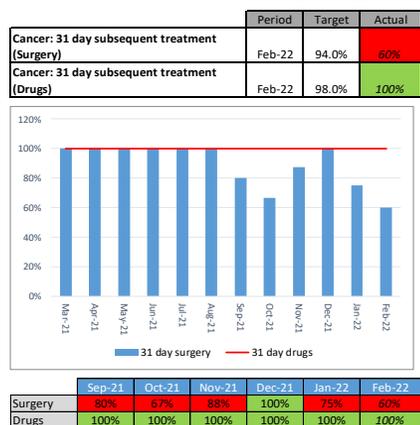
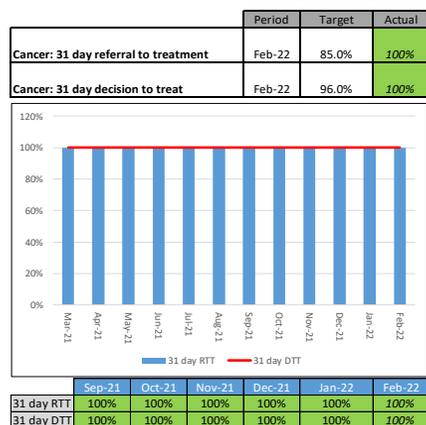
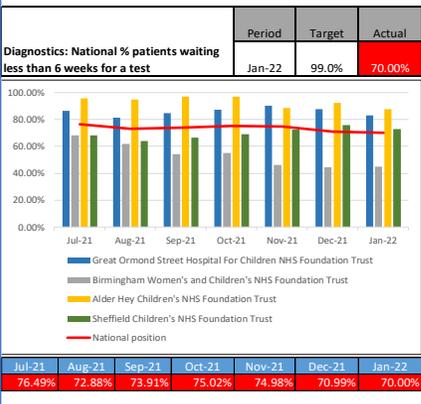
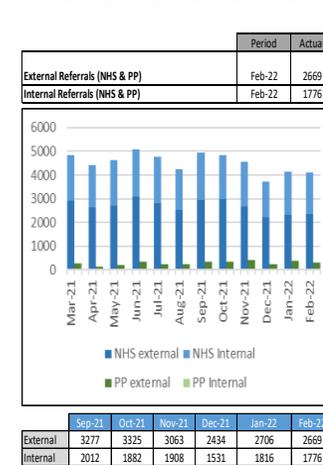
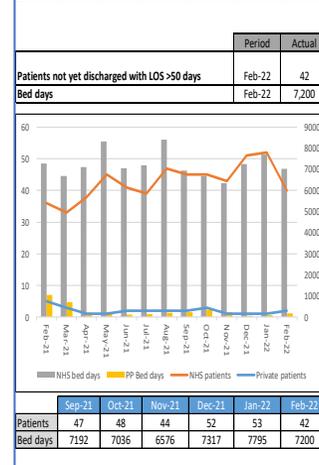
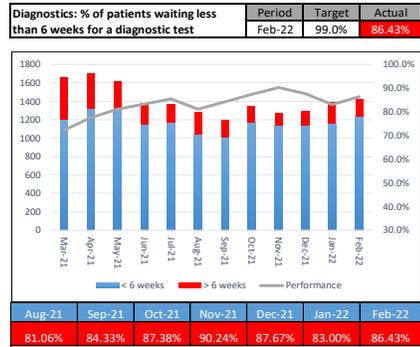
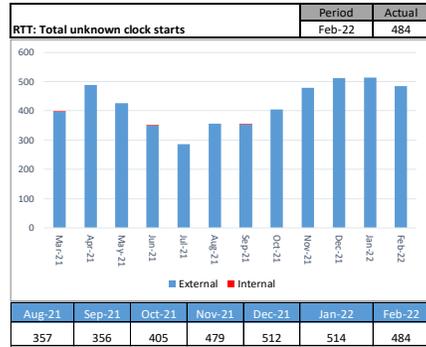
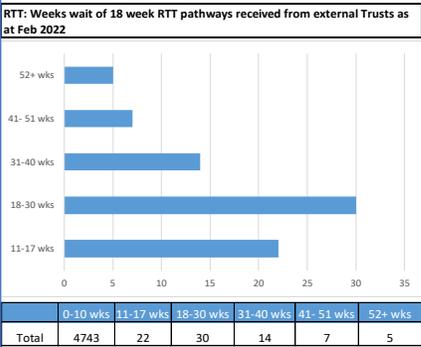
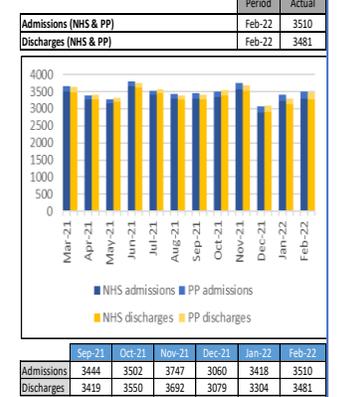
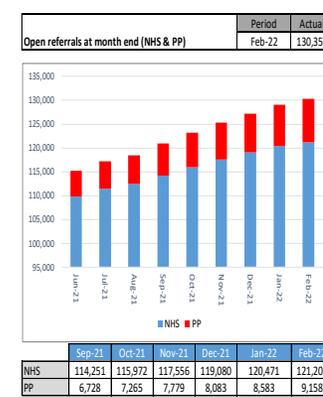
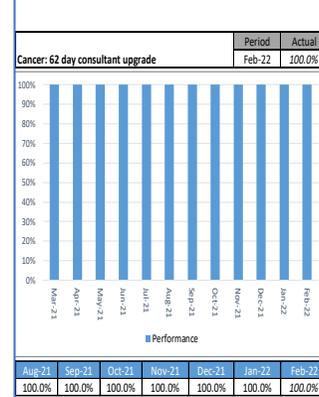
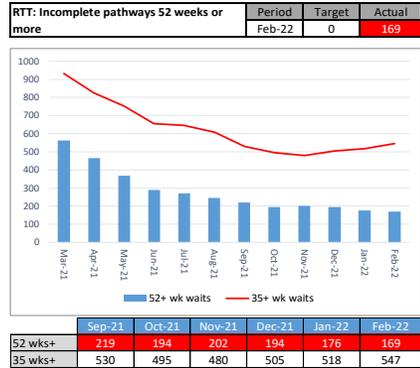
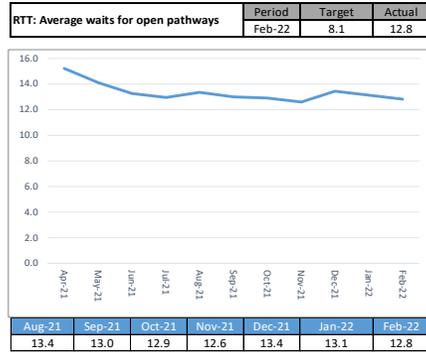
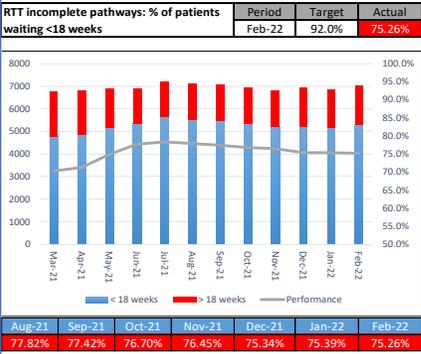


## Respiratory Arrests



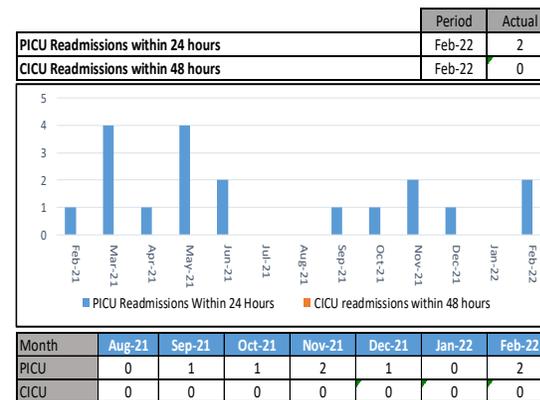
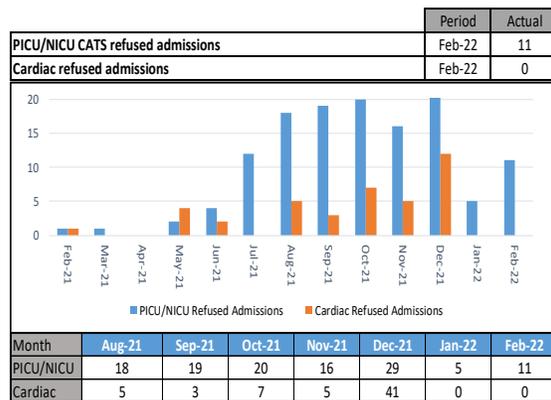
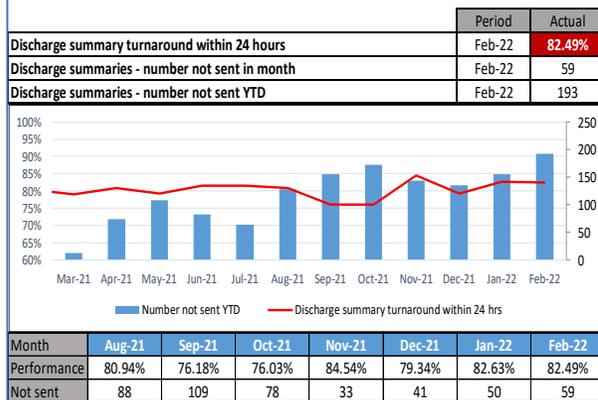
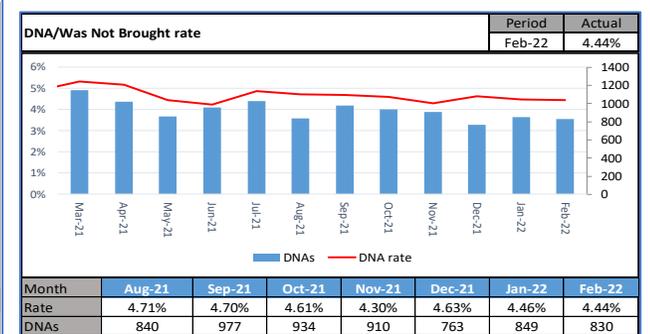
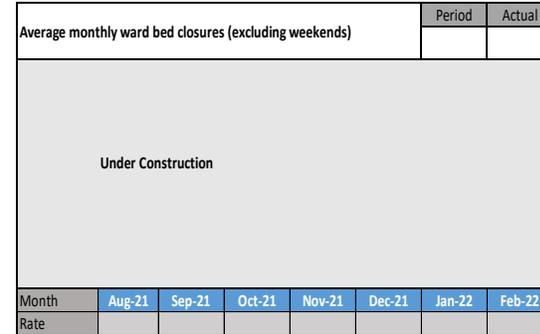
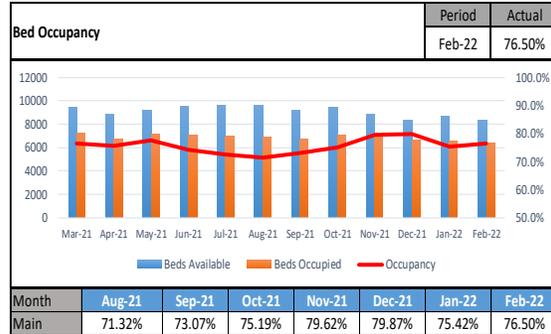
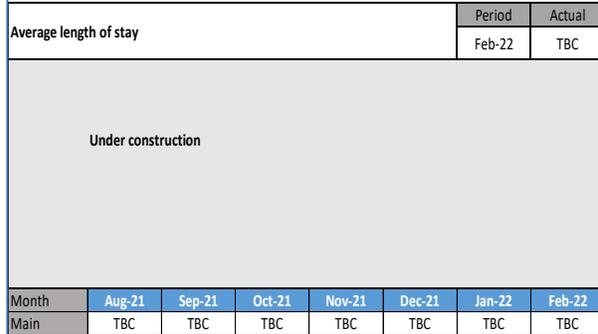
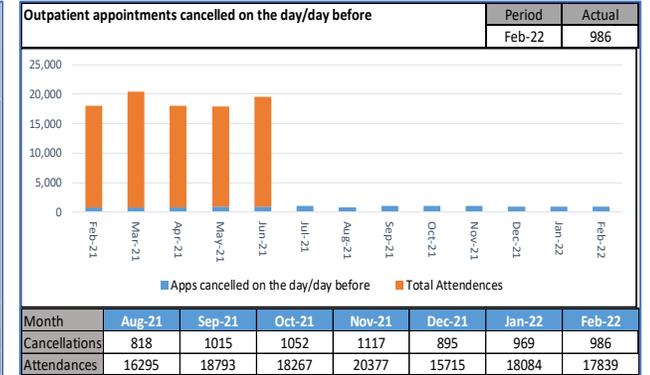
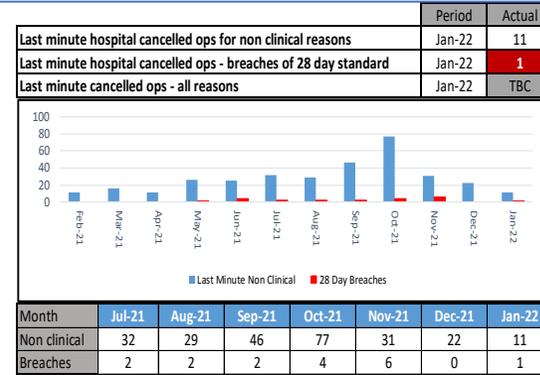
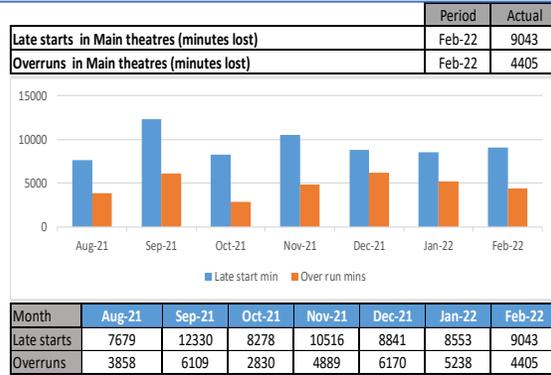
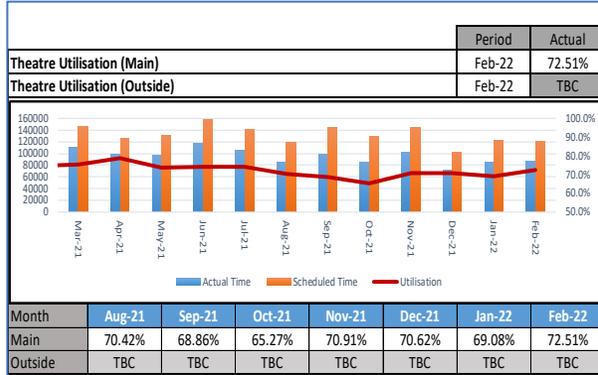
# Do our processes and systems support patient access?

## Patient Access



# Are we productive and efficient?

## Productivity & Efficiency



# Are we Safe?

There were 3 open serious incident investigations in February 2022.

A number of reports have been reviewed by NHSE and queries have been forward to the Trust for response. Some of these are overdue for further response as awaiting information from both the patient safety team and the lead directorates. A closure plan is now in place following discussions with NHSE. The final draft of the revised SI processes/Policy is planned for implementation in April 2022.

The incident reporting rate has increased from 545 in January to 564 in February. Incident investigation completion numbers by directorates were slightly reduced from 562 to 524. Incident closure numbers improved significantly from 414 to 968 incidents. There remains a backlog of 684 incidents awaiting closure, which should be reduced to acceptable levels in the next 6-8 weeks.

Compliance continues to be monitored and summary reports and milestone documents are circulated to the Executive team, directorate/departmental leads as well as individual handlers.

There are no CAS alerts that are currently overdue for completion.

**WHO checklist:** Performance for GA procedures (all departments) is at 95% for all areas including main theatres.

In Main theatres performance has decreased to 97% from 98% last month.

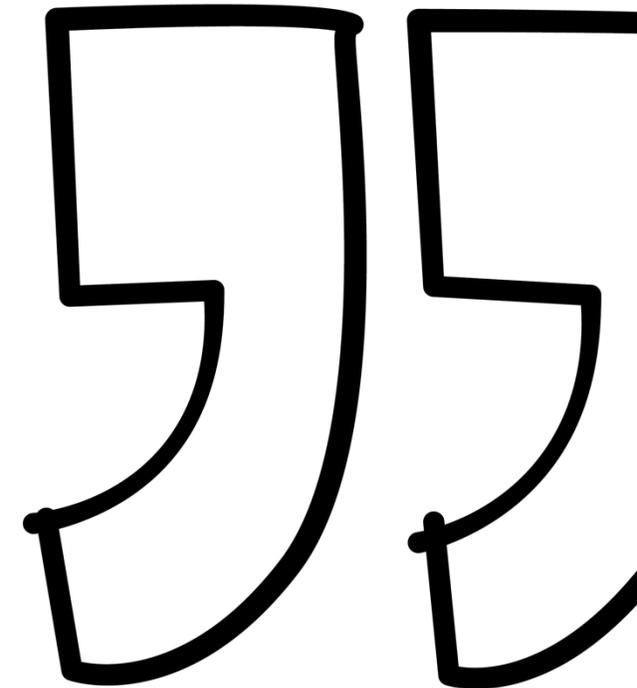
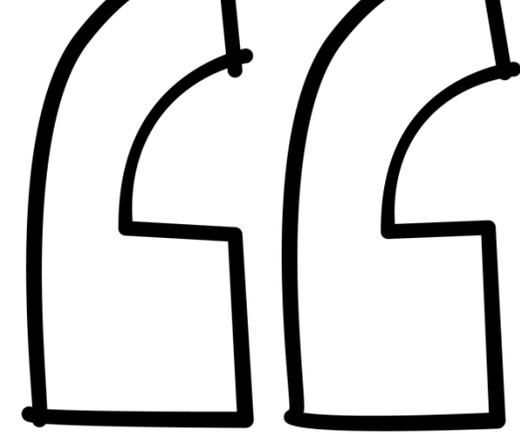
Row Labels	Incomplete	Complete	%
ANAESTHETICS		2	100%
CATH AND EP LAB		50	100%
CT	2	12	86%
GASTRO INVESTIGATIONS UNIT		51	100%
INTERVENTIONAL RADIOLOGY	23	275	92%
MAIN THEATRES	22	708	97%
MRI	16	125	89%
NUCLEAR MEDICINE	1	2	67%
<b>Grand Total</b>	<b>64</b>	<b>1225</b>	<b>95%</b>

# Are we Caring?

**Pals contacts** rose to 198 in February (the highest number since October 2021) with 86% resolved in 48 hours. Contacts relating to requests for information rose for the third consecutive month and made up 53% of all contacts received. There was an increase in contacts from friends/ relatives wishing to support patients during admissions at GOSH. Medical Records (part of Sight and Sound) received their highest number of contacts recorded (n=17) with families seeking information for the purpose of obtaining further support and second opinions.

**Complaints** remained low this month (n=3) but this reflects a trend of lower complaint numbers at the beginning of the year (n=4 last January and February). At the time of writing this (11/03/2022) we have seen an increase in complaints in March. Complaints in February related to care and treatment including multiple cardiac surgery cancellations, decisions about care, and a lack of follow up on concerning pre-operative test results. One complaint was graded high risk bringing the total YTD to 5 (a significant reduction to 2021). The Health Service Ombudsman has confirmed they will be investigating a historic complaint. YTD 70% of complaints have been responded to within the timeframe originally agreed with complainants.

The **Friends and Family Test** response rate (37%) was its highest since May 2021. There was a 55% increase in inpatient FFT submissions. Following gradual increases over the last three months and implementation of a comprehensive action plan, Blood Cells and Cancer achieved a 30% response rate. Sight and Sound narrowly missed the Trust target response rate attaining their lowest rate since August 2021. Both Body, Bones and Mind and Brain significantly increased their response rates. All directorates exceeded the inpatient rating of experience. Feedback highlighted positive feedback about staff expertise, kindness and warmth. Negative comments related to delays, lack of coordination when attending the hospital for multiple procedures and facilities for parents including meals when they do not wish to leave their children.



# Are we Effective?

## Clinical Audit

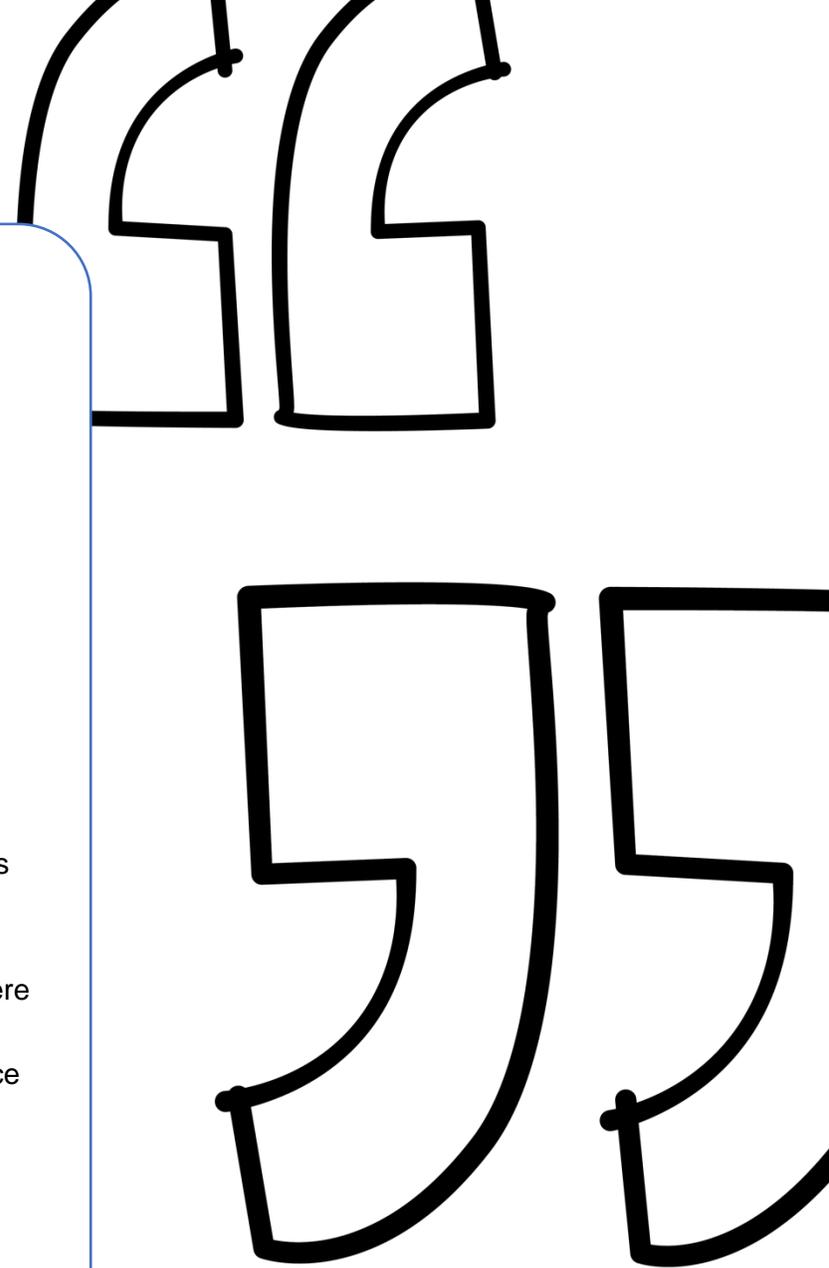
A central clinical audit plan describes the areas of priority for clinical audit work that will ultimately provide a consistent and systematic method to investigate areas for improvement in quality and safety whilst supporting the organisation's learning from incidents, risks and complaints

Completed priority audits in the last month

- Learning from SI –2021/11391 - Faulty batch of Histoacryl glue potentially impacting patient treatment outcomes
- Patient Safety Alert –ultrasound gel

We are on track for meeting our target for completed specialty led audit so far for 2021/22 with 109 audits completed YTD .This measure is useful as it gives an indication of engagement in clinical audit and our oversight of completed clinical audit activity .

We continue to monitor NICE guidance published each month and note that there is no NICE guidance overdue for review. There is guidance on Looked after children which requires a completed gap analysis .An initial review has been completed with the Safeguarding team. A task and finish group is being established by Safeguarding to fully review the implications of the guidance and establish any required actions at GOSH.



# Are we Responsive?

We are currently at 86.4% of patients waiting less than 6 weeks for the 15 diagnostic modalities (DM01). This is an improvement from last month's position when we reported 83.0%. The number of breaches reported in February (194) compared to the number of breaches reported in January (237) has decreased. The Trust is currently 8.4% below trajectory set in March 2021 prior to Omicron, where returning to meeting the 99% standard was projected March 2022. 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 by date clinically reviewed.

The national diagnostic position for January performance stood at 70.0%, GOSH was tracking 13% above this. Nationally 434,996 patients were waiting 6 weeks and over for a diagnostic test at the end of December.

Comparative children's providers have seen similar movements. Sheffield Children and Birmingham Women's and Children's reported performance of between 45-72% for January 2021 whilst Alder Hey was higher at 87%.

December Cancer Waiting Times data has now been submitted nationally and the Trust achieved 100% against four out of the five standards. For February, the Trust is forecasting four out of five standards being met. Breaches for both are due to patients being unwell and unable to proceed.

The Trust did not achieve the RTT 92% standard, submitting a performance of 75.3%, (cf. national rate of 62.8%) with 1731 patients waiting longer than 18 weeks. This is similar to the performance reported for the two previous months. The Trust is below the March 2021 predicted trajectory by 12% for the month of February. This has resulted from, the Omicron wave, bed pressures and staff/patient illness and isolation. The current PTL consists of 10% of patients being categorised as P2 patients and 68% as P3/P4 patients. As at the end of February, the Trust reported a total of 169 patients waiting 52 weeks or more; this is a decrease of 7 patients from the previous month. 70% of patients waiting over 52 weeks have a future contact booked.

RTT Performance for comparative children's providers is Sheffield Children (67.7%) and Birmingham Women's and Children's (75.5%) and Alder Hey (62.0%). Compared to Alder Hey, Birmingham and Sheffield the number of patients waiting 52 weeks and over for GOSH is lower than all three providers for January.

# Are we Well Led?

There were 4 Moderate Harm incidents reported potentially requiring **duty of candour** in February 2022. Being Open/Duty of Candour stage 1 conversations took place in 100% of incidents. Of the letters from incidents due to be completed in January 100% were sent within the 10 day timeframe. 3 stage 3 duty of candour was shared in February, one of these was on time. Duty of Candour data is circulated as part of the weekly safety report for review and action by directorates.

**Risk Register: High risk** monthly review performance was recorded as 94.5%, with only 3 out of date high risks. Risk compliance is now also discussed and reviewed at the monthly Performance reviews. All high risks and Trust-wide risks are reviewed monthly at the Operational Board meeting. A deeper dive review is due to be undertaken and presented at RACG to understand the areas and barriers for timely review of these risks.

The Trust received 44 **FOI requests** in February 2022, 11 requests were returned requesting clarification (section 45), 4 were not re-submitted within the deadline for the applicant to respond so were closed and 2 were subsequently received with new deadlines for response – (2 for March 2022), 5 are currently still awaiting re-submission of the requests within the March deadlines given to the applicants. Of the 2 re-submitted requests, the FOI Team have completed and finalised 1 request and await the requested information from the department for 1 request. 6 requests were returned requesting clarification of the requested information, 4 remain open pending a response from the applicant by the deadlines within March and April 2022 and the remaining 2 were fully completed with the final responses issued within the deadline. Of 35 FOI requests with February 2022 deadlines, 80 % were responded to within the legislated timescale(n28). The remaining 18 requests of the 44 received in February have March deadlines, with 5 requests pending re-submission under provisions of S.45, 4 awaiting a response to requests for clarification, 7 requests pending information from the departments so the draft response can be completed, requests for partial information from the department have been undertaken so that the draft response can be completed by the FOI Team, and 1 draft response pending approval from the Press Office.

There are currently 39 open **Serious Incident actions** in February 2022, 13 of which are over their initial completion date. 13 SI actions were closed this month. The Patient Safety Team continue to work with the directorates to ensure completion and closure of SI 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, there is a plan to highlight the total number of actions in this forum too. Actions owners are contacted directly to ensure actions are completed and evidence provided. Where there are delays in completing the action but there is a defined later date for completion/approval/closure, the action deadlines are extended to reflect the reasons for delay. SI actions by directorate/department are also reviewed at the monthly Performance meetings.

# Covid-19 at GOSH

We have changed the way that we work at GOSH 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 25 COVID-19 related incidents reported in February 2022, 5 of which were minor harm and 20 were no harm. Two of these incidents involved exposures of staff/patients to an infected patient due to a failure to properly follow the process for managing infectious patients. 1 incident involved exposure of a large number of staff at a social event.

We have had no IPC outbreaks to report for COVID in February.

# Workforce Headlines: February 2022

**Contractual staff in post:** Substantive staff in post numbers in February were 5363.6 FTE, an increase of 16.8 FTE since January 2022. Headcount was 5790 (an increase of 20 on the previous month).

**Unfilled vacancy rate:** Vacancy rates for the Trust reduced to 4.9% in February from 5.3% the previous month and is lower than the same month last year (6.3%). The vacancy rate remains below the 10% target and it is lower than the 12 month average of 5.6%. Vacancy rates in the clinical directorates remained below target in February, with the exception of IPC.

**Turnover:** is reported as voluntary turnover. Voluntary turnover increased to 12.2% in February from 12.1% in January. While it remains below the Trust target (14%), this is higher than the same month last year (10.8%), there is an expectation that turnover will continue to increase during 2022. Total turnover (including Fixed Term Contracts) increased to 14.7% in February.

**Agency usage:** Agency staff as a percentage of paybill in February remained at 1.2%, and remained 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 5.3% in February.

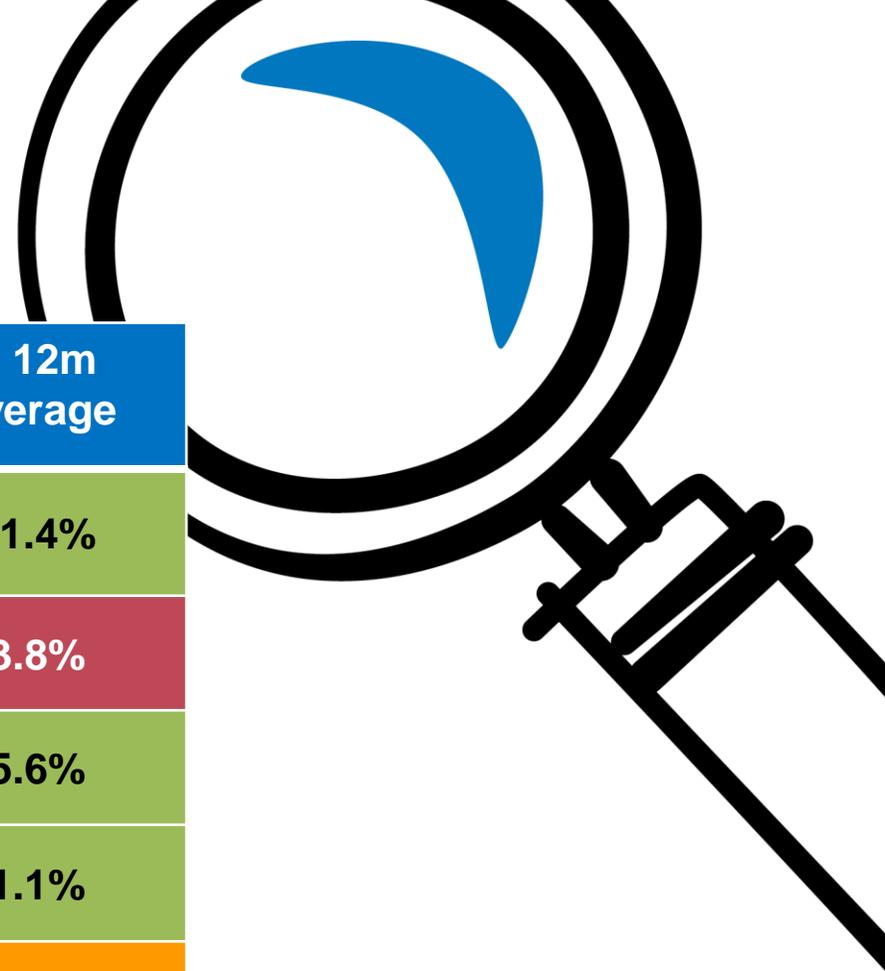
**Statutory & Mandatory training compliance:** The February training rate for the Trust remained at 92% which is above target with all bar 2 directorates achieving target (Property Services & Heart & Lung). The Directorate Management and Learning teams are working to address gaps in compliance. The medical and dental staffgroup are the only staffgroup below the 90% target, at 86% for February. Across the Trust there are now 12 topics below the 90% target (including Information Governance where the target is 95%). Safeguarding Children Level 3 compliance for substantive staff is just below the 90% target (89%). Honorary Contractors compliance remains a focus and work to improve compliance is ongoing.

**Appraisal/PDR completion:** The non-medical appraisal rate remained at 87% in February and it remains below target with only 5 Directorates achieving target. Individual Directorates are being liaised with to improve compliance. Consultant appraisal rates increased to February to 89%, although remains below target.

**Sickness absence:** February sickness rates were 4.0%, a reduction from the January rate December rate of 5.5%, as the COVID surge fell back. However 4.0% is significantly above the Trust target of 3% and the sickness rate was above the target for the 8<sup>th</sup> month in a row. COVID accounted for 12.5% of February absences down from nearly 40% of sickness absence in December. Self Isolation numbers were also down in February with an average of 23 episodes down from a January average of 73 episodes per day.

**NHS**Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Trust Workforce KPIs: February 2022



Metric	Plan	February 2022	3m average	12m average
Voluntary Turnover	14%	12.2%	12.0%	11.4%
Sickness (1m)	3%	4.0%	5.1%	3.8%
Vacancy	10%	4.9%	5.3%	5.6%
Agency spend	2%	1.2%	1.2%	1.1%
PDR %	90%	87%	87%	88%
Consultant Appraisal %	90%	89%	89%	92%
Statutory & Mandatory training	90%	92%	92%	93%

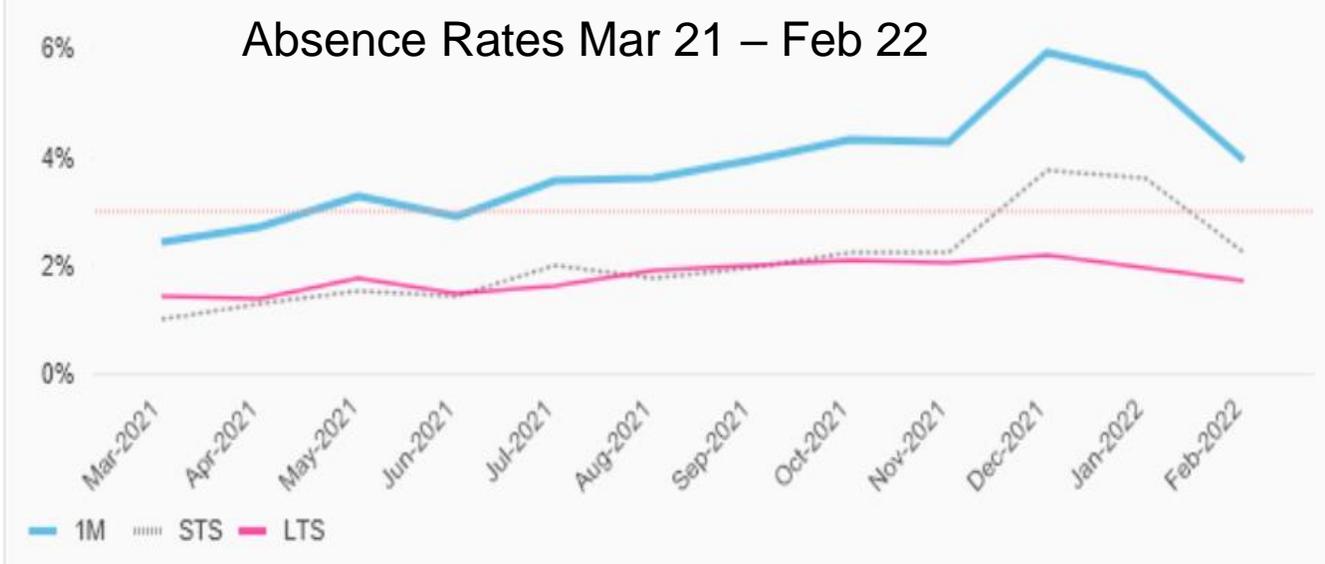
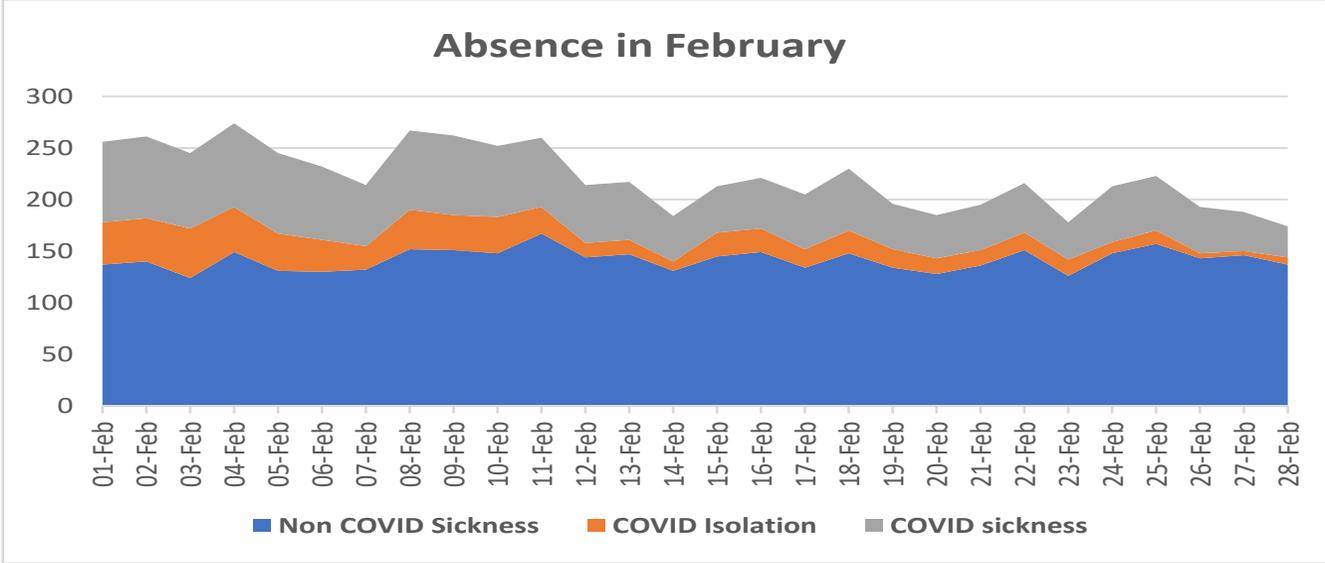
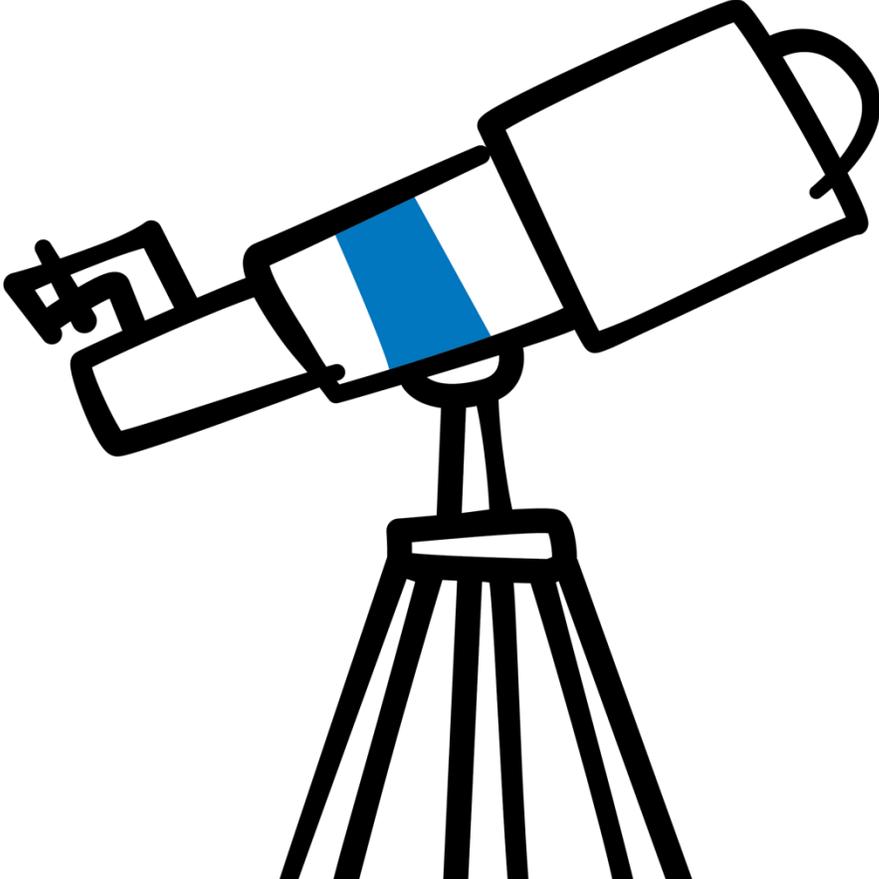
**Key:****Achieving Plan****Within 10% of Plan****Not achieving Plan**

# Directorate KPI performance February 2022

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP	Genetics	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	12.2%	12.8%	11.2%	8.5%	12.2%	13.7%	13.6%	11.0%	14.8%	7.8%	14.6%	15.4%	8.1%	6.0%	11.8%	17.4%	10.6%	8.8%	17.1%	35.8%
Sickness (1m)	3%	4.0%	3.9%	2.9%	3.9%	3.7%	3.5%	4.6%	3.1%	5.0%	2.2%	3.1%	0.1%	2.1%	8.1%	2.8%	2.8%	2.2%	4.8%	3.3%	1.5%
Vacancy	10%	4.9%	2.7%	-6.9%	0.1%	-0.3%	-1.6%	1.3%	4.3%	14.7%	-8.6%	5.9%	4.0%	15.0%	6.5%	20.1%	4.2%	19.4%	1.1%	11.2%	13.8%
Agency spend	2%	1.2%	-0.1%	0.1%	0.1%	0.3%	1.2%	1.3%	0.0%	1.0%	0.0%	0.8%	5.3%	20.4%	2.0%	10.3%	6.8%	5.3%	1.1%	0.0%	0.0%
PDR %	90%	87%	89%	88%	84%	89%	90%	83%	96%	90%	83%	82%	81%	42%	93%	94%	84%	71%	86%	86%	71%
Stat/Mand Training	90%	92%	92%	92%	92%	89%	95%	92%	97%	96%	99%	97%	92%	93%	77%	93%	97%	93%	97%	97%	96%

Key:  Achieving Plan  Within 10% of Plan  Not achieving Plan

# Absences in February

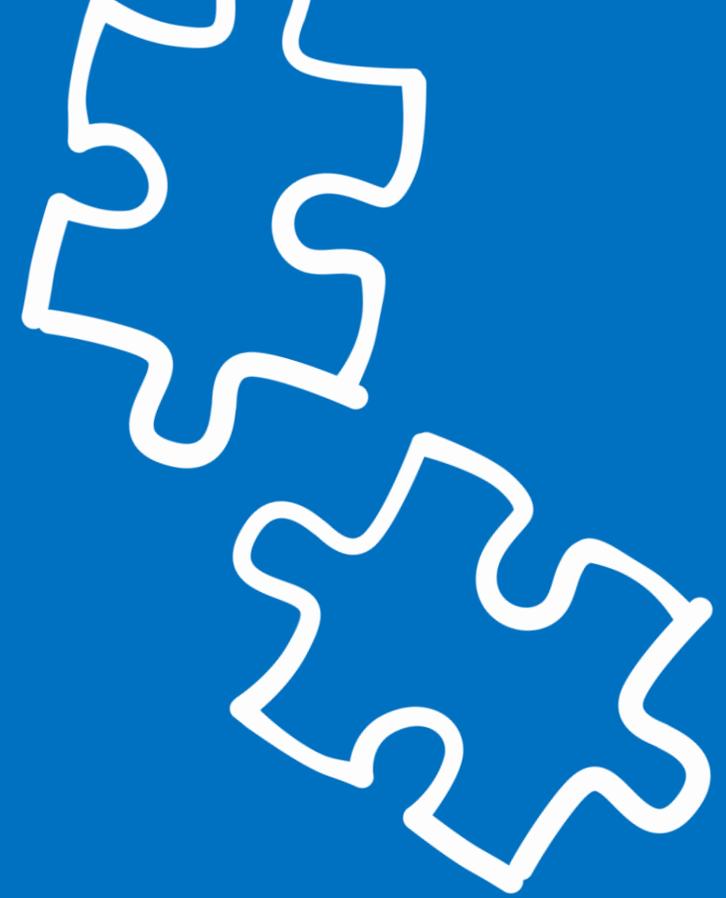


12 month absence rates

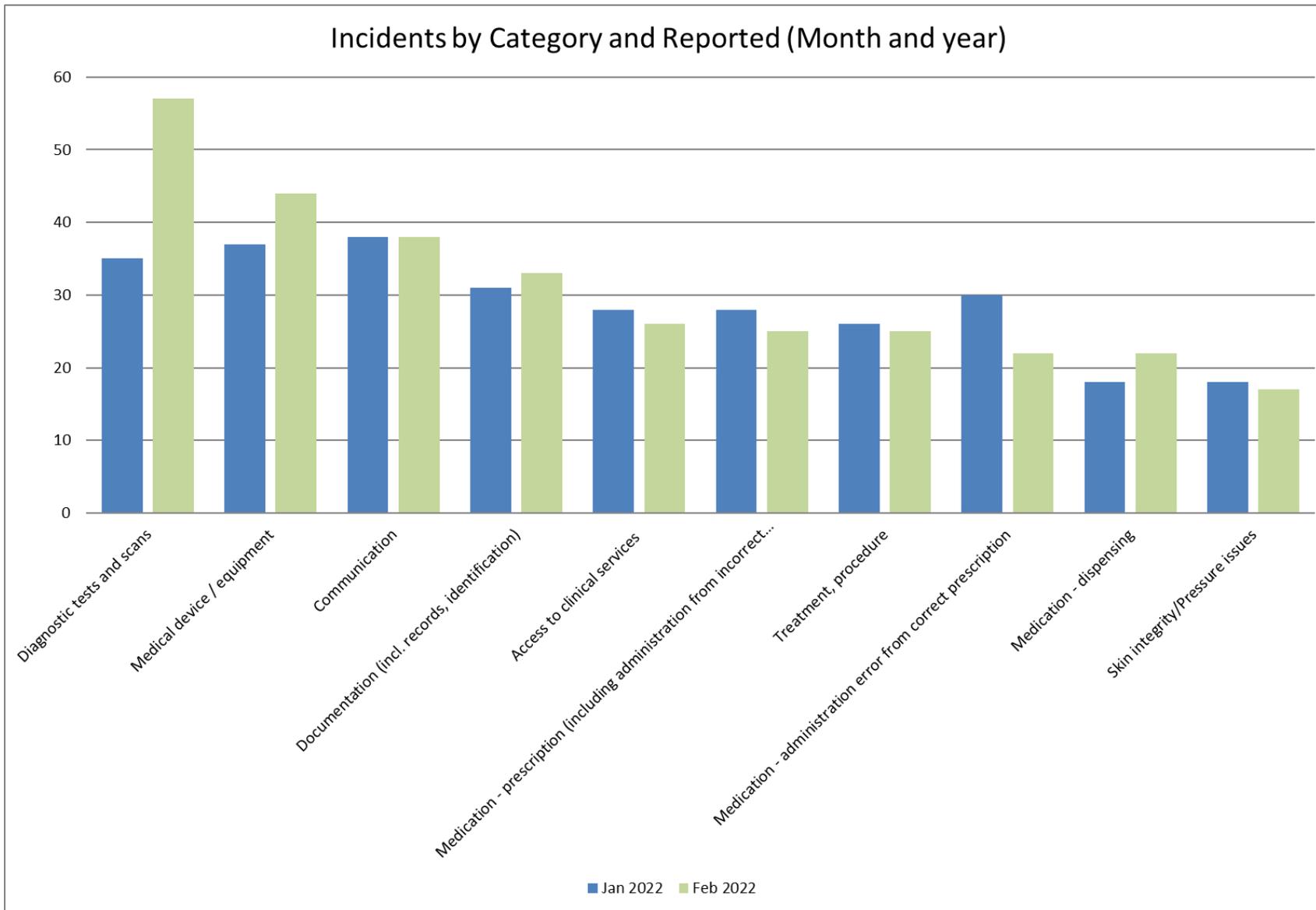
# Quality and Safety

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



**Diagnostic tests and scans** saw a significant increase between January (35) and February (57) 2022. The most common sub-category was Tests – failure/delay to undertake (12), followed by Test results – failure/delay to receive (9) and Diagnosis – failure/delay (9). 15 of the incidents were related to Laboratory Genetics and 14 were related to Laboratory medicine, with the remainder spread through other specialties. 2 incidents were graded as moderate harm, one of which involved a failure to diagnose a chromosomal deletion. This incident is being investigated as a Serious Incident.

# Patient Safety Serious Incident Summary

## New & Ongoing Serious Incidents

Direct orate	Ref	Due	Headline	Update
Brain & IPCC	2022/1166	13/04/2022	Cardiac arrest	Panel meeting rescheduled for 4 March 2022
MTT	2022/1277	14/04/2022	Release of patient from hospital mortuary	Ongoing information gathering – statements received from staff involved.
Finance/ Genomics	2022/3966	24/05/2022	Reporting error on prenatal microarray	Ongoing information gathering

### StEIS 2021/22235 – Delays in identifying misplaced spinal metalwork

The incident relates to a 13-year-old patient with adolescent idiopathic scoliosis who underwent corrective spinal surgery in June 2015. Following the initial surgery, the patient experienced pain at the lower level of the implanted spinal metalwork and underwent revision surgery to this portion of the metalwork in May 2016. The patient continued to experience chronic pain with no identified cause. She was transitioned to adult care in 2021 where a CT scan of her spine was undertaken by the adult centre due to increasing pain. The CT scan identified that the thoracic metalwork screws had been misplaced at the time of her initial surgery in 2015 and were in close proximity to the patient's spinal cord

#### Lessons learnt and recommendations

- There was no formal process to highlight patients experiencing ongoing difficulties (either pain or mobility) in order to facilitate a second opinion or review by another member of the surgical team or via a Morbidity and Mortality (M&M) meeting. Therefore a standardised process has been recommended
- There was no standardised pathway for patients who continue to experience pain two years after surgery to investigate the cause of the pain further and this is planned to be implemented into the service.
- Introduction of departmental educational materials and associated teaching for the Radiology Team to be undertaken with the support of the spinal team.
- The investigation identified that at the time of the patient's initial surgery in 2015, the implantation of screws followed a nationally recognised surgical technique. However, the investigation panel identified that advanced spinal navigation equipment has been developed to guide the placement of spinal screws and is currently being used nationally. Although this equipment is not currently used in the Trust, a business case has been submitted and is being reviewed for funding to purchase this equipment.

# Patient Safety Alerts/ MHRA alerts

## [NatPSA/2021/005/MHRA](#)

Philips Ventilator, Cpap And Bipap Devices: Potential For Patient Harm Due To Inhalation Of Particles And Volatile Organic Compounds

Issued: 23/12/2021

Due: **22/02/2022**

## [CH/2021/002](#)

Changes To Mhra Drug Alert Titles And Classifications

No due date (actions relevant to ongoing 'Alerts' Policy)

## [SDA/2021/014](#)

Tocilizumab (RoActemra®) 162mg/0.9ml solution for injection pre-filled syringes and pre-filled pens – Non Covid-19 indications

Issued: 25/10/2021

Due: N/A

## [SDA/2021/04](#)

Discontinuation of Morphine sulphate (MST CONTINUS®) 20mg, 30mg, 60mg, 100mg and 200mg prolonged release granules for oral suspension

Issued: 26/02/2021

Due Date: N/A

## [SDA/2021/013](#)

Supply Disruption Alert- Diazepam RecTubes® 2.5mg Rectal Solution

Issued: 11/10/2021

Due: N/A

## [SHOT/2022/001](#)

Preventing transfusion delays in bleeding and critically anaemic patients

Issued: 17/01/2022

Due: 15/07/2022

# Clinical Audit

A central clinical audit plan describes the areas of priority for clinical audit work that will ultimately provide a consistent and systematic method to investigate areas for improvement in quality and safety whilst supporting the organisation’s learning from incidents, risks and complaints

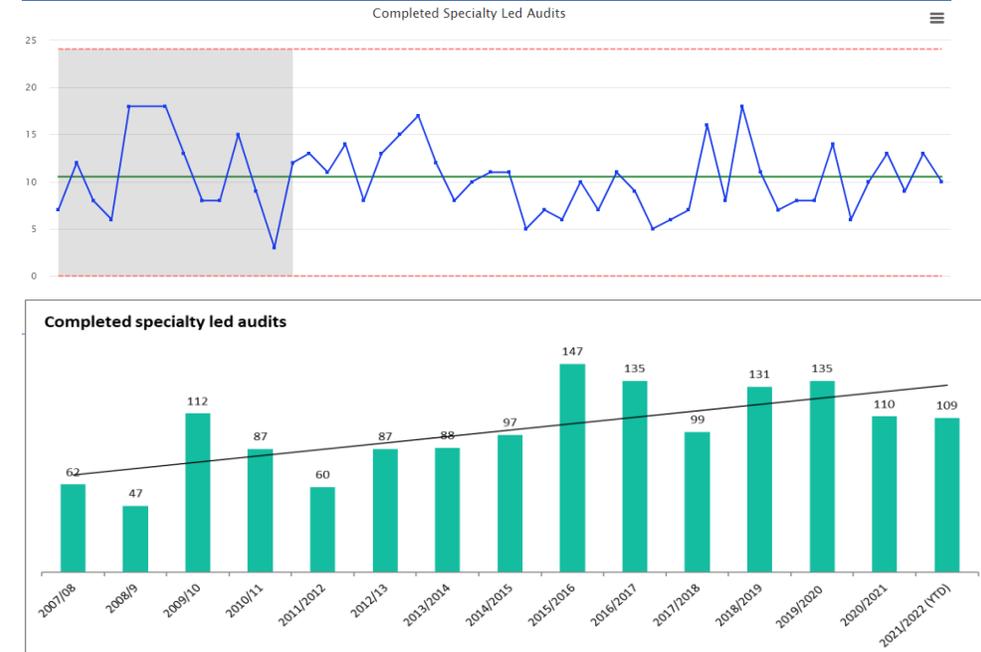
## Completed priority audits in the last month

Audit	Why do this audit?	Outcome
Learning from SI – 2021/11391 - Faulty batch of Histoacryl glue potentially impacting patient treatment outcomes	To review whether lot numbers are being recorded where implants, particularly products which are not obviously implants (such as glue), are used for IR embolisations.	The audit highlights that implant lot numbers have been appropriately recorded in the electronic patient record for all IR embolisations that took place between November 2021 and February 2022
Patient Safety Alert – ultrasound gel	To support the Director of Infection Prevention and Control to gain a baseline measurement of implementation of the alert	Audit completed in February 2022. Sterile single use ultrasound gel is the first choice and most frequently used contact medium for ultrasounds undertaken across ICUs and in Interventional Radiology. This is in line with the recommendations of the patient safety alert.  Actions in relation to the audit are to be monitored via the Infection Prevention and Control Committee

## Specialty led clinical audit

In addition to our priority clinical audit plan, we support and enable clinical teams to engage in clinical audit as a way of reviewing and assessing the quality of care provided and to identify where improvements should be made

We are on track for meeting our target so far for 2021/22 completed audits (109 audits completed YTD) This measure is useful as gives an indication of the capacity of teams to engage in reviews of the quality of care provided.



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

## 1. Priority improvement programmes (February 2022)

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	<ul style="list-style-type: none"> <li>➤ Design, development and testing of wellbeing indicator</li> <li>➤ Establishing ‘team self care’: local team-level wellbeing initiatives</li> </ul>	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"> <li>➤ QI Education Programmes</li> <li>➤ Project Coaching</li> </ul>	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-

### Directorate projects

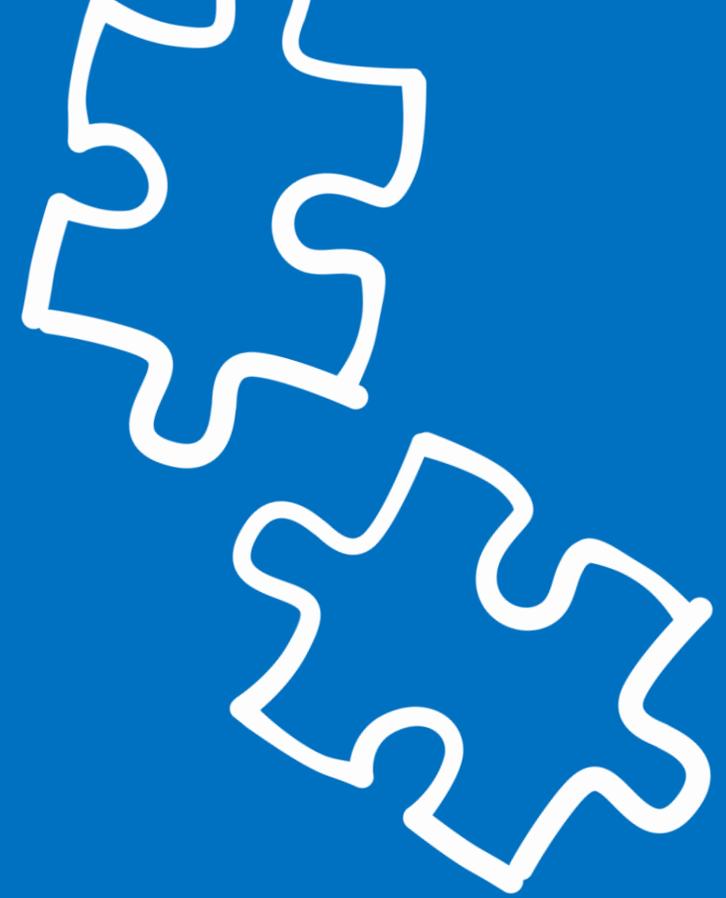
Project Commenced	Area of work	Project lead:	Expected completion date
May 2020 (support paused)	Increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	December 2021
Oct 2020 (support paused)	Increase communication skills training across all Allied Health Professionals placement pathways at GOSH	Ali Toft (AHP Information Officer) and Vicki Smith (AHPs Education Lead)	April 2022
Oct 2020	Improve adherence with tracheostomy safety box equipment and bed space signage	Michaela Kenny (Chief Nurse Junior Fellow)	June 2022
Jan 2021 (Restart)	Reduce waste in the process, standardise activities and enable a process driven pathway to the Orthopaedic CNS activity	Claire Waller (Matron)	June 2022
February 2021 (support paused)	Improve effectiveness of pre-chemotherapy/procedure bloods process on Safari Unit	Dave Burley (Assistant Service Manager)/ Safari Improvement Group	September 2021
March 2021	To produce an educational pathway aimed at transitioning undergraduate nurses to registered nurses, with 100% of host students meeting their core competencies and passing their six month probation	Hannah Fletcher, Clare Paul and Natalie Fitz-Costa (Practice Educators)	March 2024
March 2021 <b>(Paused)</b>	Improve nurse satisfaction of the nursing handover process on Chameleon ward	Sarah Murphy	June 2021
March 2021 (support paused)	Improve communication experiences for hospitalised children and adolescents with learning disabilities and/or Autism.	Ruth Garcia-Rodriguez (Consultant Child and Adolescent Psychiatrist)	September 2021

**The QI team has held 5 QI project surgeries during the month of February**

# Patient Experience

This section includes:

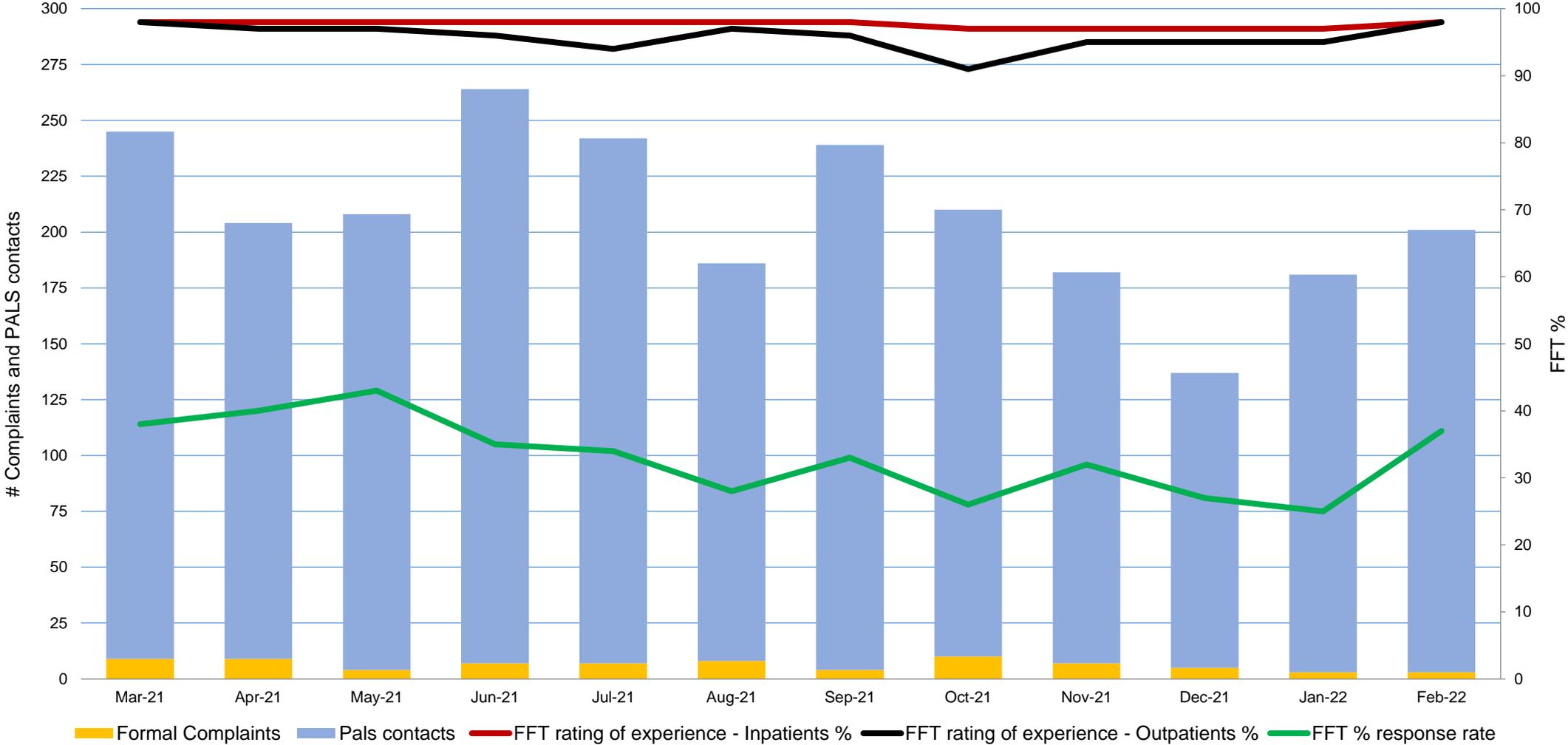
- Integrated overview of patient feedback
- Monthly assessment of trends and themes in complaints
- Overview of Red Complaints
- PALS themes and trends
- Learning and improvements from PALS contacts
- Friends and Family Test feedback trends and themes



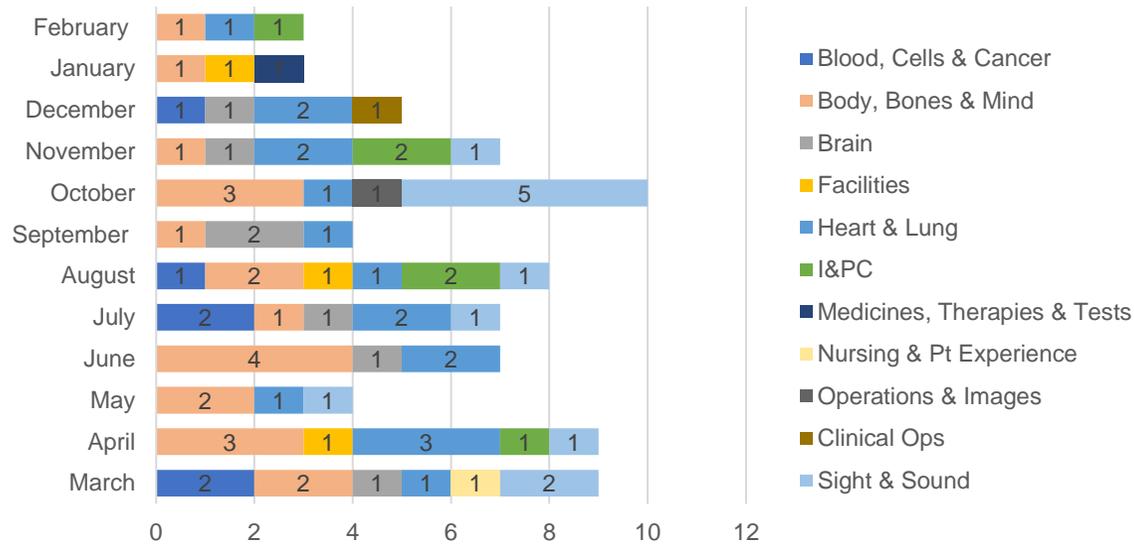
# Patient Experience Overview

Are we responding and improving?

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



# Complaints: Are we responding and improving?



There were 3 new formal complaints received in February 2022, which reflects a trend of lower complaint numbers at the beginning of the year (n=4 last January and February). 1 complaint was graded as high risk bringing the total YTD to 5 (a significant reduction to 2021).

This month families reported concerns about:

- multiple last minute cardiac surgery cancellations and the need for further urgent surgery.
- whether tests performed during a pre-operative assessment appointment were abnormal and should have identified important findings which should have been followed up and may have prevented the patient's death 4 days later. Concerns were also raised about the family's involvement in post death conversations between GOSH and the local hospital.
- A decision to discharge their child from private care and the rationale for this.

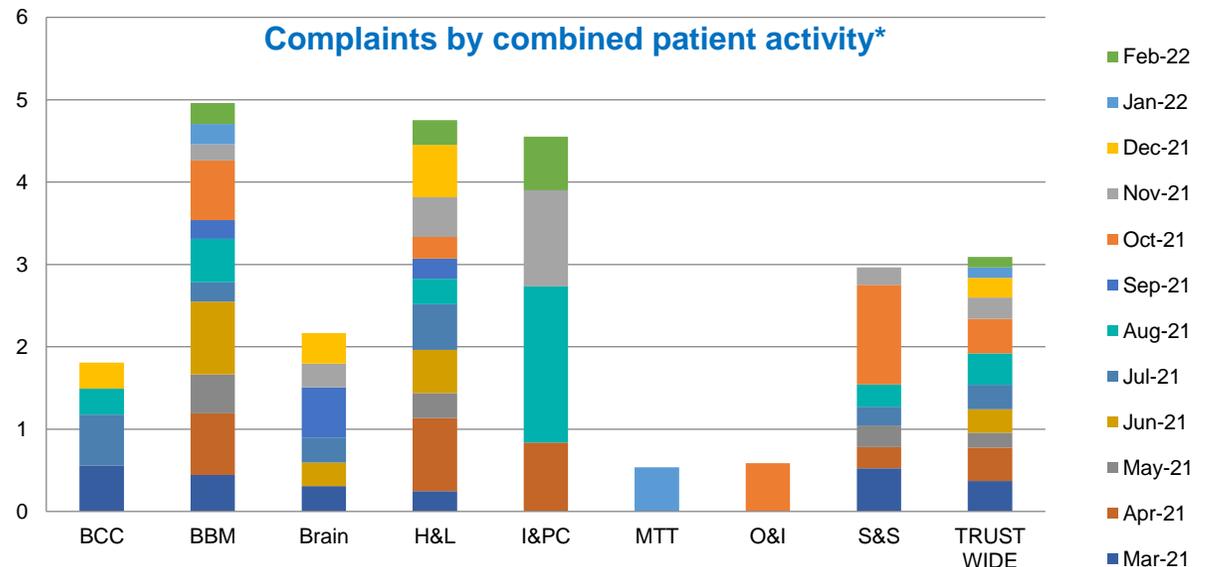
The Trust rate of complaints by combined patient activity\* (0.13) stayed the same this month compared to last month and remains the lowest recorded when compared with data from April 2019 to date.

Having received one complaint in February, the complaints by patient activity rate (0.25) for Body, Bones and Mind directorate remained the same as last month (0.25).

International and Private Care had the highest rate of 0.65. However, complaint numbers within this directorate are very low and four complaints have been received within the year.

Heart and Lung received one complaint this month and its complaint rate (0.30) decreased from previous months and is its lowest rate since October 2021.

At the time of writing (11/03/22), there are 13 open/ active complaints. Of 82 complaints received since 1 April 2021 (including where families have raised further questions or took up the offer of a meeting), 67 have been closed (47 within the original timeframe agreed and 20 with extended timeframes).



\*inpatient episodes + outpatient appointments attended

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

<b>NEW</b> red complaints opened in February 2022	<b>NEW</b> red complaints since APRIL 2021	<b>REOPENED</b> red complaints since APRIL 2021	<b>ACTIVE</b> red complaints (new & reopened)	<b>OVERDUE</b> red complaint actions
1	5	0	3	1

## New Red Complaint

Ref	Directorate	Description of Complaint	Incident Review Meeting Outcome:	Update:
21-067	Body, Bones and Mind	Concerns raised about concerning test results taken in preparation for surgery four days prior to patient's sad death, the lack of communication with family about this and subsequent discussions around the death without family's involvement.	EIRM took place on 08/03/22	Complaint has been graded red/ high risk and an Incident Review Meeting took place on 08/03/22. The IRM concluded that the SI criteria was not met but that a detailed complaint investigation would take place; which would also include a review of the pre-op assessment findings.

## Active Red Complaint

Ref	Directorate	Description of Complaint	Incident Review Meeting Outcome	Update:
21-042	Sight and Sound	Parent has raised a number of concerns about her child's urology surgery and follow up care.	IRM took place on 15/11/2021 and concluded that an independent clinical opinion should be sought	Complaint (received in October 2021) has been graded red/ high risk and an IRM has taken place, which concluded that an independent clinical opinion should be sought. The Terms of Reference (TOR) were shared with the family for input and have been sent to the independent clinician providing the opinion. The family are being kept updated and are away that we are awaiting the opinion.
21-064	Body Bones and Mind	Mother has raised concerns around aspects of the care received prior to her child's death at GOSH a short time after transfer from a local hospital.	IRM on 04/02/2022 concluded that GOSH will contribute to an SI already declared by local hospital.	Complaint has been graded red/ high risk and an IRM took place on 04/02/22. The IRM noted an Serious Incident (SI) has been declared at another hospital and it has been agreed that GOSH will feed into this SI investigation. GOSH will also conduct a complaint investigation with the input of a third hospital involved in the patient's care and conduct an internal Root Cause Analysis. Two update meetings have taken place with the family to date.

# PALS – Are we responding and improving?

Cases – Month	12 month trend	02/21	01/22	02/22
Promptly resolved (24-48 hour resolution)		198	145	166
Complex cases (multiple questions, 48 hour+ resolution)		38	32	26
Escalated to formal complaints		5	0	1
Compliments about specialities		1	1	5
<b>Total:</b>		<b>242</b>	<b>178</b>	<b>198</b>

## Top Six Themes

<b>Lack of communication</b> (lack of communication with family, telephone calls not returned; incorrect information sent to families).		128	21	18
<b>Admission/Discharge /Referrals</b> (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).		2	7	5
<b>Staff behaviour</b> (Rude staff, poor attitude, inadequate communication with parents, lack of professionalism).		0	9	8
<b>Outpatient</b> (Cancellation; Failure to arrange appointment).		16	38	44
<b>Transport Bookings</b> (Eligibility, delay in providing transport, failure to provide transport)		11	18	17
<b>Information</b> (Access to medical records, incorrect records, missing records, GOSH information, Health information, care advice, advice, support/listening)*		85	85	106

Despite significant staffing challenges within the Pals service, the number of contacts recorded remains high with the 198 received in February representing both an 11% increase compared to January, as well as the largest number recorded by Pals in a single month since March 2016. Mirroring this, the number of promptly resolved contacts also remains high, with 84% of February's contacts being responded to and resolved by the relevant speciality team within 48 hours or less.

For a third consecutive month the number of Information contacts continues to rise with the 106 received in February representing 53% of the months total. Pals note an influx in contacts from friends and relatives who, in response to relaxed government Covid guidance, wish to establish alternative ways in which to support patients during their stays. Examples include an aunt enquiring about the clinical appropriateness of arranging for weekly food packages to be sent to a ward, and a mother requesting assistance in compiling a list of wheelchair accessible activities in and around the Trust ahead of a planned six-month admission. When Pals are unable to answer these often varied queries, we escalate to and work alongside relevant speciality teams across the Trust, who as ever remain extremely proactive and prompt in their assistance, something which can be evidenced by 86% of February's Information contacts being resolved in under 48 hours.

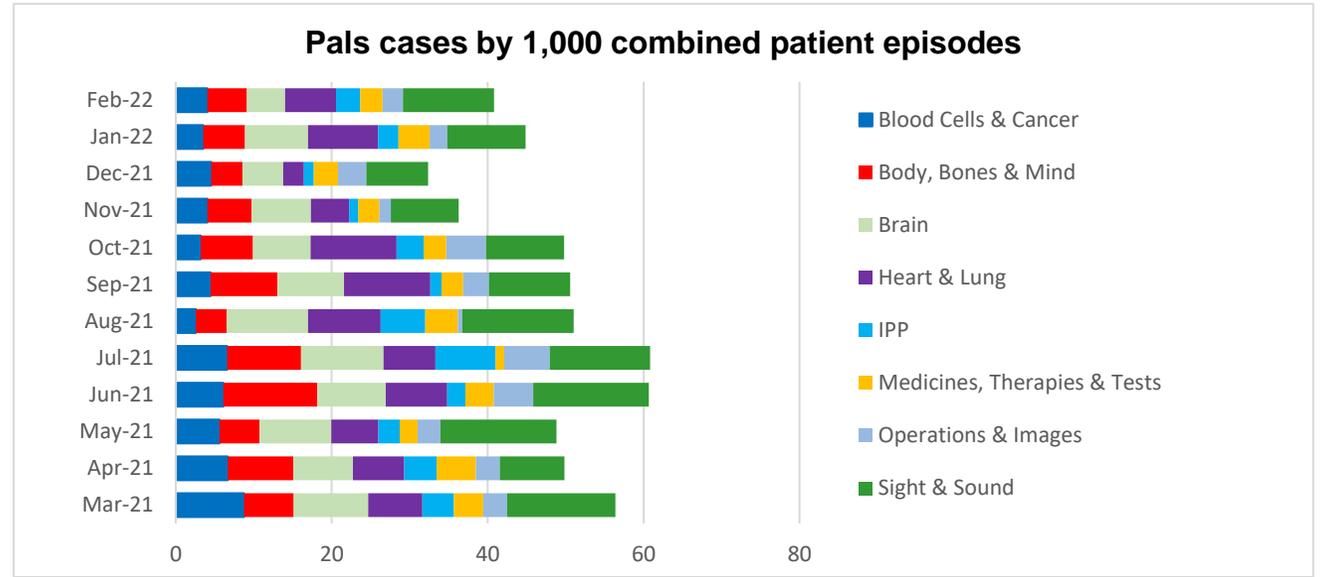
Pals received five marvellous compliments in February. While these all praise the exceptional service provided by various teams within the Trust, Pals would like to highlight one in particular which we feel embodies the hospitals 'Welcoming' 'Helpful' and 'Expert' values:

Pals were contacted by a mother who, along with her son, have attended GOSH for several years under the care of the Spinal Surgery team. Mum explained that throughout their hospital journey they have interacted with a member of the secretarial team who she describes as being a *'pillar of constant support and reassurance'* and someone who, her now teenage son, considers to be an *'extension of their family'*.

Mum praised this staff member as someone who always strives to go *'above and beyond'*, ensuring that their concerns are addressed in a *'pleasant patient and professional way'*. While mum was keen to also thank the surgical and clinical teams, she adds that the *'extra layer of reassurance'* provided by the hospital's *'fantastic administrative staff'* has gone a long way in ensuring their hospital experience has been a successful one.

# PALS cases by directorate

The Sight and Sound directorate has recorded its highest volume of Pals contacts since August 2021 (11.69 per 1,000 CPE). This can largely be attributed to an increase in Medical Records contacts, many of which centre around support and information regarding Subject Access Requests.



	BC&C	BB&M	Brain	H&L	IPC	MT&T	O&I	R&I	S&S
<b>Mar-21</b>	36	30	32	30	5	7	9	1	55
<b>Apr-21</b>	24	38	25	23	5	6	6	0	33
<b>May-21</b>	19	23	29	21	3	4	5	0	60
<b>Jun-21</b>	23	59	32	31	3	7	10	0	64
<b>Jul-21</b>	23	43	36	25	9	2	11	0	58
<b>Aug-21</b>	9	16	28	32	6	7	1	0	55
<b>Sep-21</b>	18	40	28	45	2	5	6	0	45
<b>Oct-21</b>	13	30	24	44	5	5	9	0	43
<b>Nov-21</b>	17	31	28	21	2	6	3	0	43
<b>Dec-21</b>	16	16	15	9	2	5	6	0	30
<b>Jan-22</b>	14	24	26	33	4	8	4	0	43
<b>Feb-22</b>	16	22	16	23	5	6	5	0	51
<b>YTD</b>	<b>228</b>	<b>372</b>	<b>319</b>	<b>337</b>	<b>51</b>	<b>68</b>	<b>75</b>	<b>1</b>	<b>580</b>

# PALS – Are we responding and improving?

Top specialities – Month	02/21	01/22	02/22
Medical Records	6	7	17
Cardiology	34	25	16
Gastroenterology	8	13	9
Outpatients	5	2	8
Facilities	7	4	7

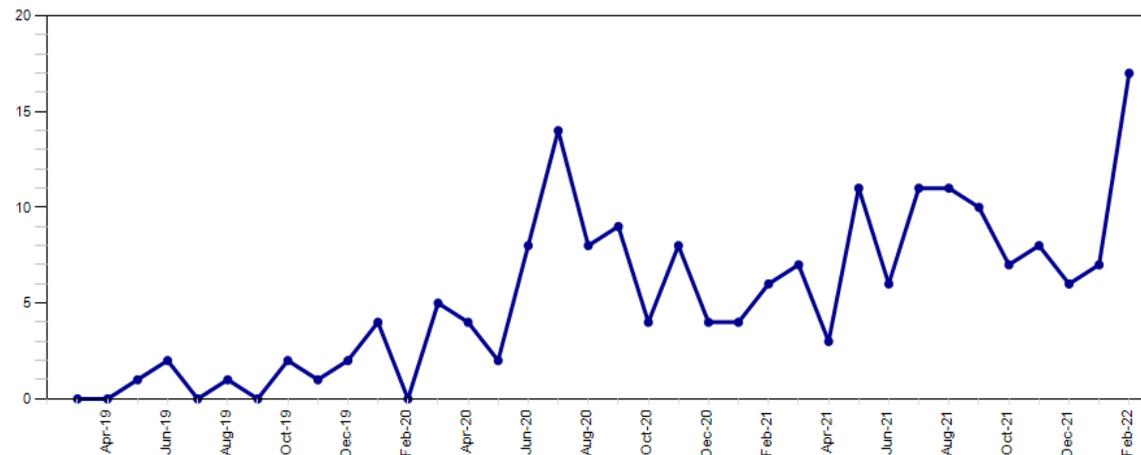
**Medical Records-** Pals note a spike in the volume of requests for Medical Records with the 17 recorded in February representing the largest number received in a single month to date. Requests in February largely consist of parents/carers wishing to share clinical information with external organisations, typically for second opinions or to support requests for additional assistance (e.g. from SEN teams in educational settings, or in applications for blue badges and housing). Pals continue to work alongside the records team in sharing and monitoring requests in order to determine whether February’s figures represent an isolated spike or whether further initiatives would need to be implemented to help increase the awareness and accessibility of the records requesting process.

**Cardiology-** Pals have received 16 Cardiology contacts in February, a 36% decrease compared to January. Requests for clinical information remains a prominent theme with approximately a third of February’s Cardiology contacts being related to this. Examples include an anxious patient concerned about a sudden emergence of chest pains, and a father requesting updates on bed availability ahead of a potential surgery date.

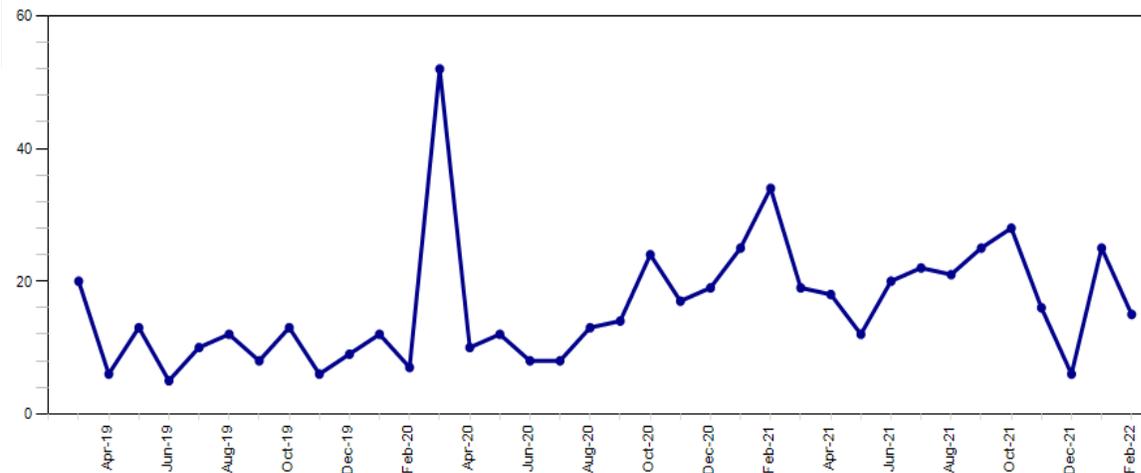
The Cardiology team received a glowing compliment from a mother praising the clinical team for their ‘patience and kindness’ when helping her to understand the ‘complex and confusing’ medical terminology used in a recent discharge summary.

Pals continue to work closely with the Cardiology service, ensuring that contacts continue to be promptly shared and that any newly emerging or recurring themes are highlighted to senior management.

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



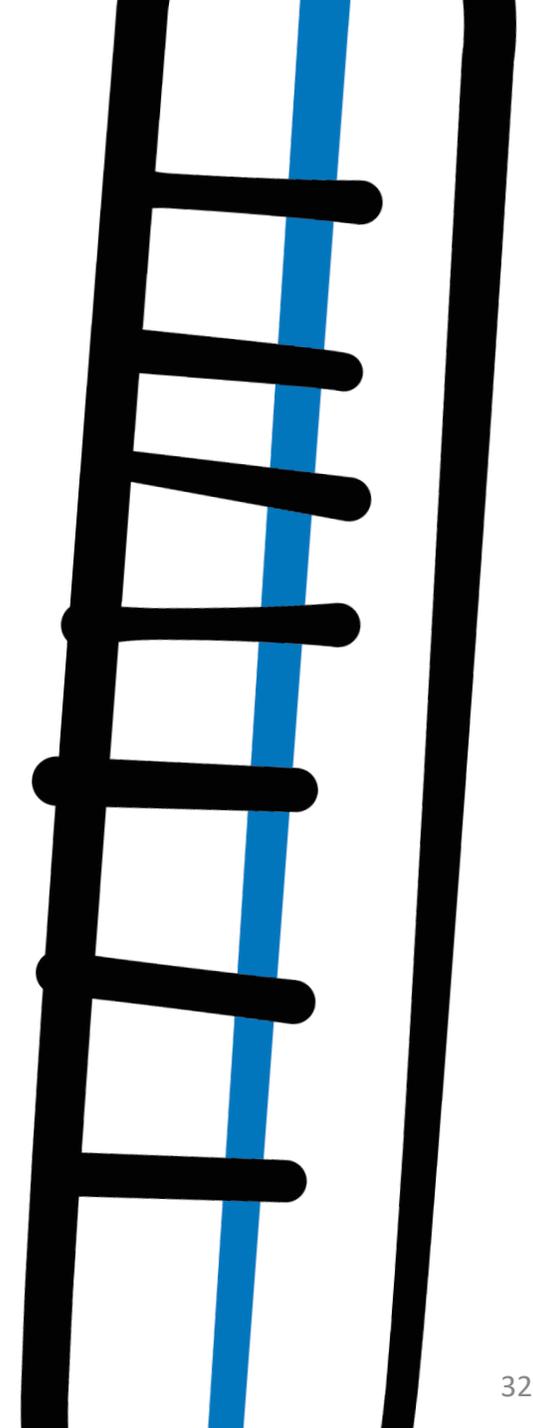
Cardiology contacts by patient activity- (total cases excluding formal complaints)



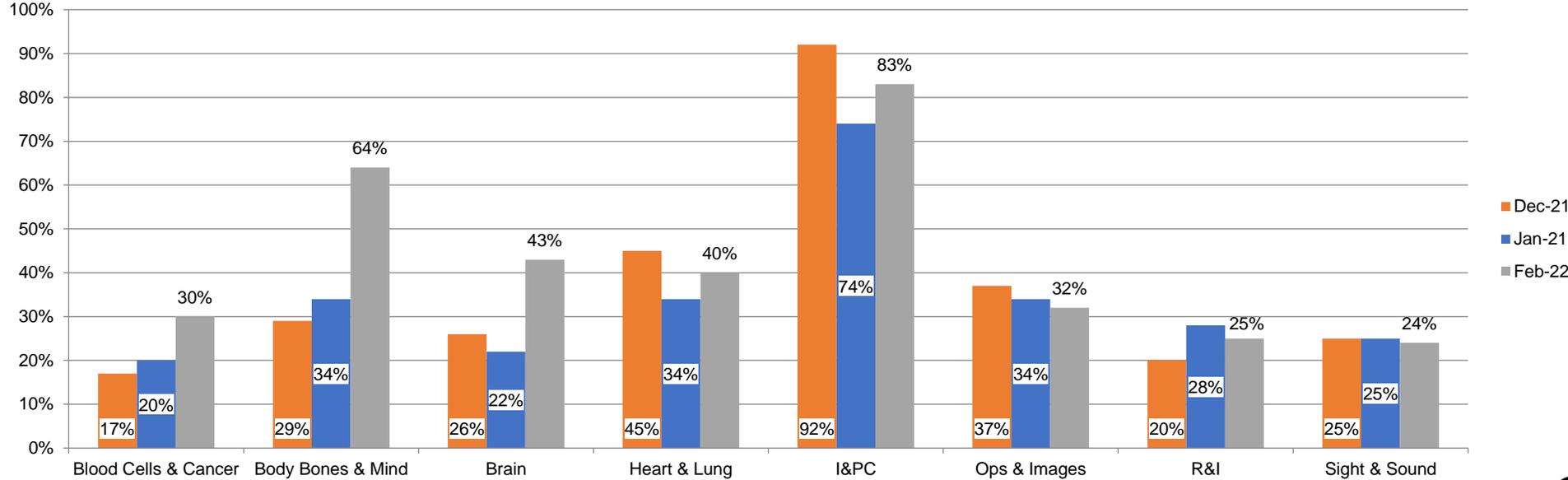
# Learning from PALS

Pals were visited by a family who detailed the physical and emotional challenges involved when attending Radiology admissions with a child suffering from significant mobility and learning difficulties. Parents explained that while they acknowledge that the clinical team '*do the best they can with the facilities available*', they felt that these currently do not match the needs of children who require additional support.

Pals shared this feedback with the Radiology service who, with support and input from family, are currently conducting a Disability Access Review with the aim of identifying opportunities for learning and improvement relating to the admissions experience and the way in which this is delivered. Mum has since contacted Pals and describes being left '*blown away and super impressed*' at the way various teams across the Trust have come together to act on their feedback while also ensuring that their child's needs remain central to the process.



# FFT: Are we responding and improving?



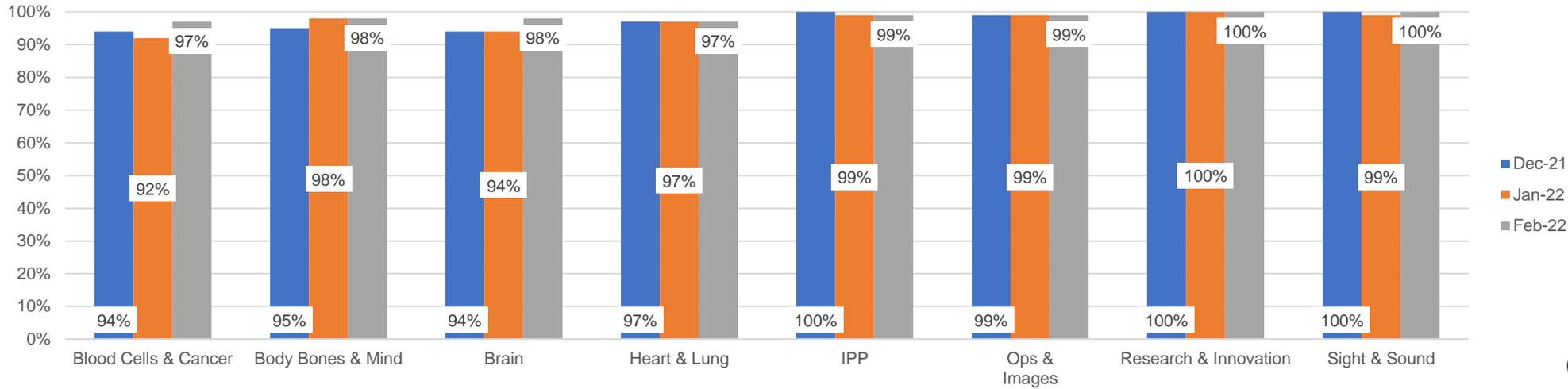
The Trust inpatient response saw a 55% percentage increase this month. At directorate level, Sight and Sound were marginally below the Trust Target for response rate. However, all other directorates achieved above 25%. Following a comprehensive action plan and extensive work across services, the Blood Cells and Cancer Directorate achieved a 30% response rate (their highest since May 2021) inclusive of Pelican Ambulatory Ward. This has increased from a 20% response rate in January.

One of the predominant negative themes this month was Catering & Food. There were comments about the availability of food for parents who did not want to leave their child. This is an issue that the new catering manager is aware of and is working to improve. There have also been numerous comments about the lack of vegan and vegetarian options.

There were also some negative comments about the delay in staff responding to patient alarms. Families commented that the staff were so busy that there was often a long delay in response times. There were also negative comments regarding the waiting time between pain relief being prescribed and administered.

Positive comments referred to staff expertise and kindness. The patient centred care was praised along with how staff reassured patients and families during difficult times. A family from Elephant ward quoted *"the care is amazing and world class"*.

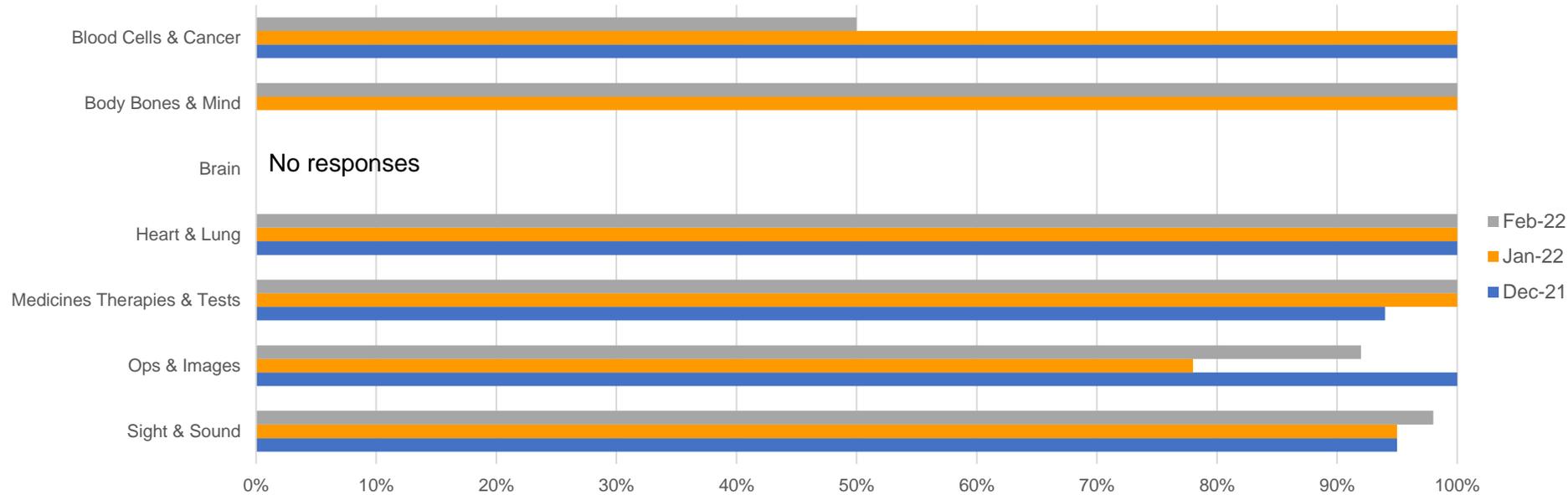
# FFT: Are we responding and improving?



	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
Jul 21	879	304	147	1330	17%	92%
Aug 21	691	481	145	1317	13%	93%
Sept 21	816	640	155	1611	13%	93%
Oct 21	662	682	147	1491	15%	93%
Nov 21	850	555	65	1470	16%	89%
Dec 21	577	314	216	1107	17%	91%
Jan 22	596	433	201	1230	31%	96%
Feb 22	923	498	233	1654	14%	91%

- Inpatient response rate – **37%**
- Experience measure for inpatients – **98%**
- Experience measure for outpatients – **98%**
- **14%** of FFT comments are from patients.
- Outpatient comments have increased compared with the previous month. However, the majority of responses continue to be from the Main Reception / Travel Reimbursement. (**n= 339**).
- Inpatient comments increased significantly this month compared with the previous month (**n=923**).
- Consistently high number of qualitative comments – **91%**

# FFT: Are we responding and improving? – Experience Measure - Outpatients



The volume of FFT feedback received in February has increased from the previous month (n=489). However, a large proportion of the responses continue to be from the Main Reception and Travel Reimbursement Desk (n=339). The Patient Experience team will continue to work with the Outpatient Team to improve the responses in all areas.

The measure of experience increased by 3% to 98% and has exceeded the Trust target.

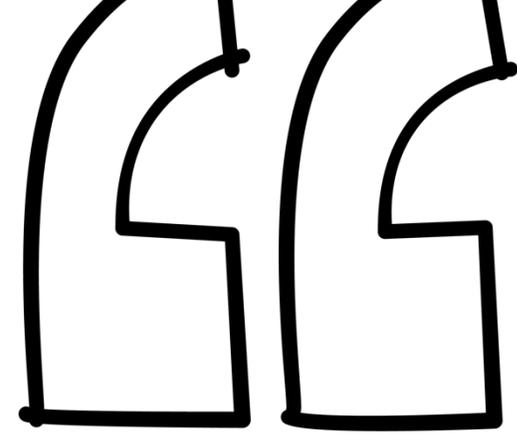
Negative comments related to long waits for appointments for all outpatient areas. There were comments about poor organisation of appointments, particularly when patients had to attend other investigations such as x-rays. There were comments from the Sight and Sound building about lack of toys or entertainment for children during the wait for their appointments. Safari scored low on the experience measure this month due to a negative comment regarding Covid isolation procedures.

Positive comments were predominantly about staff being kind and friendly. Staff were praised for their patience and understanding and their ability to provide reassurance to families. There were also positive comments about the environment in the Sight and Sound Centre.

# FFT Comments

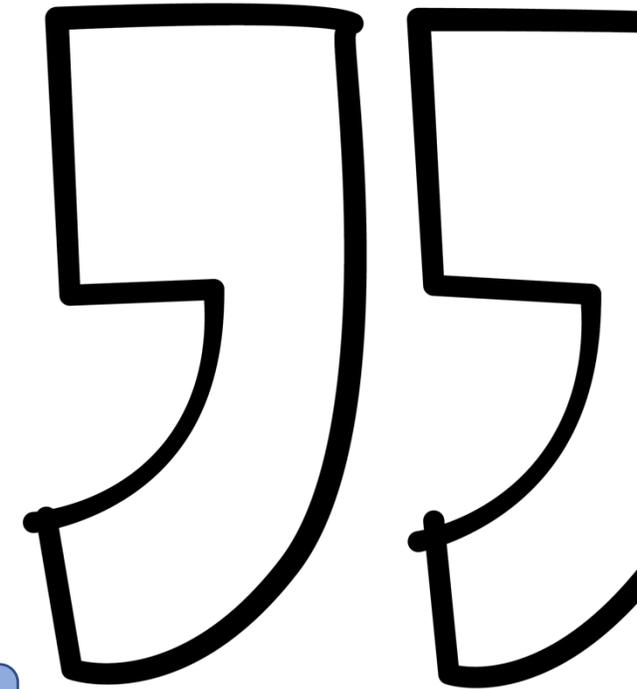
*Excellent all round care, not just to our son but to his family too, you have thought of everything!! – Elephant Ward*

*Wonderful staff doing the best they can, we are so grateful to GOSH and all who sail in her. Thank you so much. GOSH is the savoy of all hospitals! – Koala Ward*



*We had a virtual appointment today and all was very efficient and on-time. Being virtual meant that it saved taking our daughter out of school for an extended period of time, and gave us ample time to ask questions. – Virtual visit*

*Excellent care! Always caring and person centred care, answered all my questions as a parent. The doctors have a way with children made my daughter feel relaxed and safe. If I could bag you up, I would sprinkle you on other hospitals. THANK YOU! – Walrus Outpatients.*



All of the above comments have been shared with the relevant service areas.



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# IQPR Trust Performance Update March 2022

Reporting February 2022 data

John Quinn, Chief Operating Officer



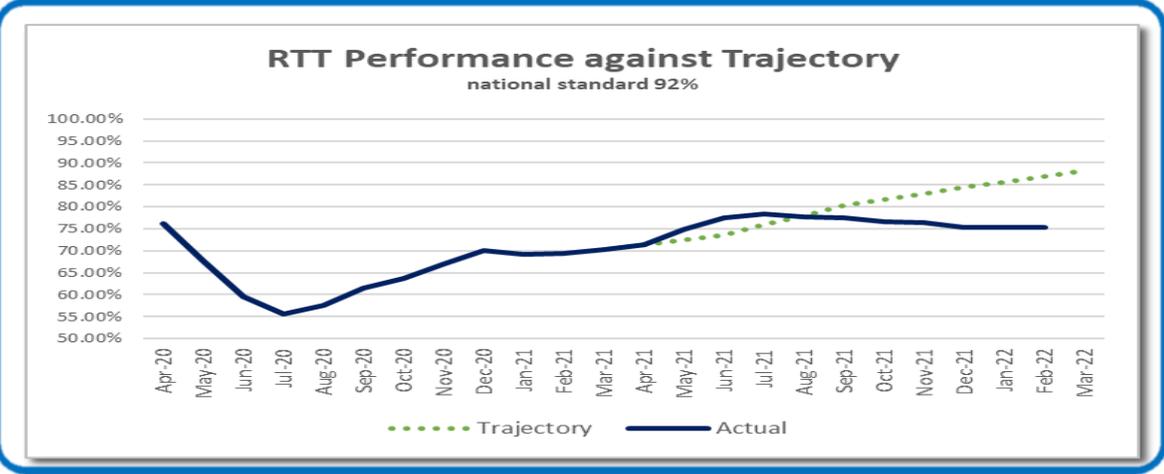
# Overview

Standard	Target	Current Performance	Trend (Change since last month)	Forecast Compliance
Referral to Treatment (RTT)	92% in 18 wks	75.3%	↔	September 2022
No. over 18 Week waits	-	1731	↑ 43	-
52 Week waits	0	169	↓ 7	June 2022
104 Week Waits	0	9	↑ 2	December 2021
Diagnostics	99% in 6 wks	86.4%	↑ 3.4%	March 2022
31 Day: Decision to treat to 1 <sup>st</sup> Treatment	96%	100%	↔	
31 Day: Subsequent treatment – surgery	94%	60%	↓ 15%	
31 Day: Subsequent treatment - drugs	98%	100%	↔	
62 Day: Consultant Upgrade	No national target	100%	↔	

**Performance**

**Forecast – 87.0%**

## Actual v Trajectory



**75.3%**  
People waiting less than 18 weeks for treatment from referral.  
Target 92% ➔ -0.1%

**169**  
Patient wait over 52 weeks  
⬇ 7

**9**  
Patients waiting over 104 weeks  
⬆ 2

**Directorate Performance**

Blood, Cells and Cancer – 90.2%	Brain – 81.4%
Body, Bones and Mind – 65.2%	Heart and Lung – 74.9%
Medicines, Therapies & Tests – 91.8%	Operations & Images – 77.6%
Sight and Sound – 68.2%	

**Bottlenecks**

- Omicron impact continuing;
  - Staff and patient illness and isolation resulting in cancellations, and patients deferring booked appointments.
- Insufficient theatre capacity remains in Craniofacial, Plastic, Orthopaedics and Spinal to reduce long waits
- Specialist surgeon activity particularly for joint cases and complex patients
- Dental consultant availability
- Community/local physiotherapy capacity for the SDR pathway
- Patient illness/covid positive particularly impacting patients 78 weeks and over, now with confirmation of not meeting zero 104 by April 2022. At the time of writing the projection is three confirmed patients, and one risk patient.

**Actions**

- March 2022 'Super Saturday' planning for additional activity across most services
- Bed closures being signed off by Senior Directorate Team
- Weekly operational meeting with service leads and theatre team to ensure capacity is used appropriately
- Weekly PTL challenge sessions with directorates
- Continued focus on reduction of long wait patients with plan treat the majority of 104 week waits by April 2022.

## Challenged Directorates

### Directorates – below 80% performance February 2022

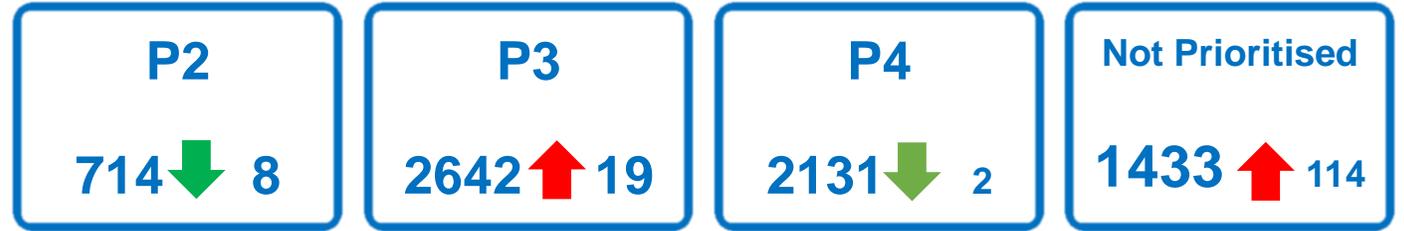
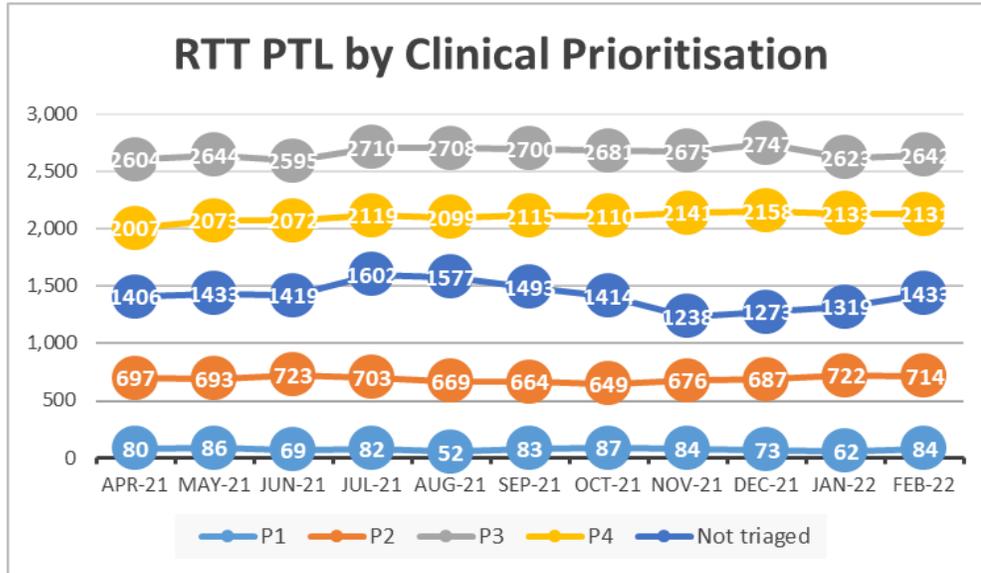
Body, Bones and Mind – 65.2%  
Heart and Lung – 74.9%  
Sight and Sound – 68.2%

### Key Specialties

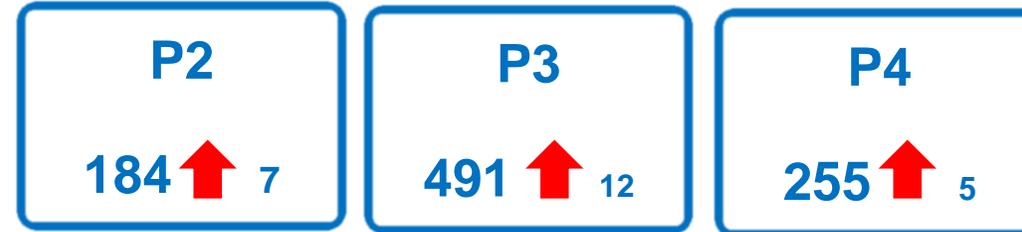
- Orthopaedic breaches have increased this month (+12) to 186. Long waits continue relating to complex patients, patient illness and capacity constraints
- SNAPS breaches increased in for the third month
- Spinal Surgery breaches decreased in February. Challenges in capacity constraints still remain.
- Cardiac Surgery breaches have increased by 2 breaches to 29 in February 2022. Beds capacity, reduced clinician availability and urgent patients has impacted reducing waits
- Craniofacial breaches have increased by 1 breach to 96 in February 2022. Lack of theatre lists and complex patients are impacting increase in breaches
- ENT breaches have decreased a further 13 breaches to 115 in February 2022.
- Plastic Surgery breaches have increased slightly (+4) at the end of February and remains a significant challenge at 186.

	Projected Date (not signed off/validated)	Nov-21	Dec-21	Jan-22	Feb-22	% change	Feb 2022 No. of >18 Weeks	Breaches
<b>Body, Bones &amp; Mind</b>								
CAMHS	N/A - continue to meet	71.7%	70.8%	75.0%	77.7%	2.70%	29	
Gastroenterology	Mar-22	69.0%	70.5%	71.2%	65.8%	-5.38%	51	
General Paediatrics	Feb-22	59.3%	58.3%	48.3%	44.8%	-3.48%	16	
Nephrology	N/A - continue to meet	87.7%	92.4%	95.8%	96.9%	1.13%	2	
Orthopaedics	Does not meet 92%	53.0%	48.1%	51.7%	52.3%	0.63%	186	
SNAPS	Jan-23	79.9%	75.3%	71.9%	69.9%	-1.95%	92	
Spinal Surgery	Does not meet 92%	61.7%	59.5%	61.1%	66.4%	5.32%	61	
<b>Directorate Total</b>	<b>Nov-22</b>	<b>66.7%</b>	<b>64.9%</b>	<b>65.9%</b>	<b>65.2%</b>	<b>-0.71%</b>	<b>448</b>	
<b>Heart &amp; Lung</b>								
Cardiac Surgery	Feb-22	86.2%	74.3%	68.8%	67.0%	-1.75%	29	
Cardiology	Mar-22	77.9%	78.3%	76.7%	75.3%	-1.43%	183	
Pulmonary Hypertension	Sep-21	60.0%	100.0%	75.0%	60.0%	-15.00%	2	
Respiratory Medicine	Dec-21	83.0%	76.6%	79.6%	80.0%	0.37%	11	
<b>Directorate Total</b>	<b>Mar-22</b>	<b>78.7%</b>	<b>78.1%</b>	<b>76.3%</b>	<b>74.9%</b>	<b>-1.42%</b>	<b>226</b>	
<b>Sight &amp; Sound</b>								
Audiological Medicine	Mar-22	76.3%	76.6%	74.6%	73.9%	-0.73%	35	
Cleft	Mar-22	73.5%	72.0%	68.1%	72.9%	4.81%	16	
Cochlear Implant	Mar-22	93.8%	88.9%	81.8%	83.3%	1.48%	2	
Craniofacial	Does not meet 92%	52.3%	50.6%	48.6%	47.8%	-0.85%	96	
Dental	Does not meet 92%	59.5%	51.2%	53.3%	53.0%	-0.33%	7	
Ear Nose and Throat	Dec-21	74.4%	73.3%	76.6%	79.6%	3.04%	115	
Maxillofacial	Mar-22	62.5%	63.4%	60.9%	70.5%	9.63%	31	
Ophthalmology	Oct-22	71.0%	73.2%	73.1%	70.9%	-2.21%	107	
Orthodontics	Dec-22	61.5%	55.2%	59.4%	50.0%	-9.38%	15	
Plastic Surgery	Does not meet 92%	52.1%	53.0%	55.0%	56.4%	1.45%	186	
Urology	Dec-22	79.4%	72.7%	73.8%	77.3%	3.54%	70	
<b>Directorate Total</b>	<b>Mar-23</b>	<b>67.3%</b>	<b>65.9%</b>	<b>66.5%</b>	<b>68.2%</b>	<b>1.71%</b>	<b>750</b>	

# RTT PTL - Clinical Prioritisation



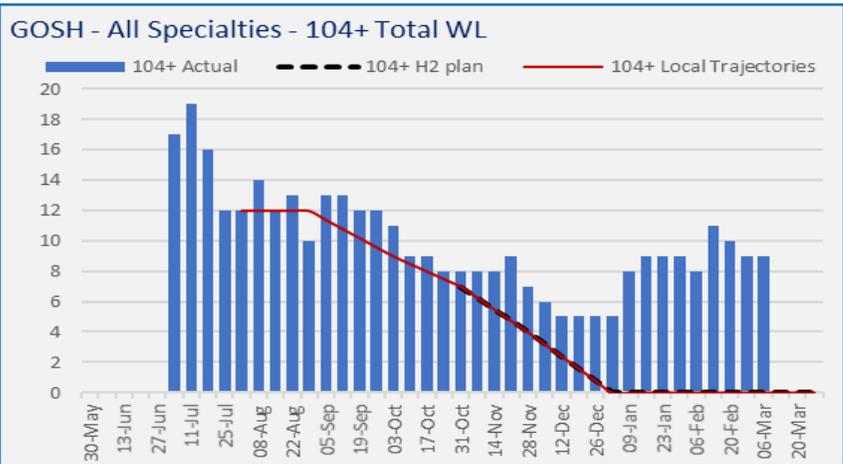
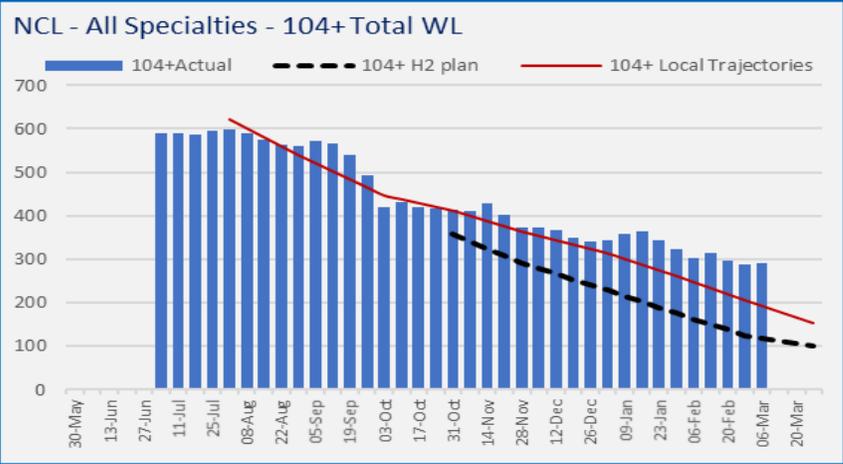
## Clinical Prioritisation – past must be seen by date



- The current RTT PTL is 7004 patients, 1433 require clinically prioritising with 1153 being under 18 week waits. The remaining patients on the PTL are cohorted as follows: P1a/P1b – 84 patients (1.2%), P2 – 714 (10.2%), P3 – 2642 (37.7%) and P4 – 2134 (30.4%).
- It is recognised some sub-speciality areas including Plastic Surgery, Orthopaedics, Spinal and SDR have significant backlogs with many of these patients being within the clinical priority groups of 3 and 4.
- The number of P2 patients waiting beyond their must be seen by date has increased to 184. Of these 119 (64%) are admitted and 65 (36%) are non-admitted.
- The largest volume of P2 breaching patients are within Cardiology (21), Cardiac Surgery (17), ENT (14), Orthopaedics (12), Dermatology (11), Audiological Medicine (10) and Clinical Genetics (10). These make up 51% of the breached P2.
- The Trust receives a high volume of patients on inherited RTT pathways. As at the end of February 2022, 68% of patients on the Trust's RTT ticking waiting list were referred from other Trusts, and some of these patients (56) had been waiting more than 18 weeks at their referring Trust. Five of these patients were waiting 52 weeks or more when they were referred to us.

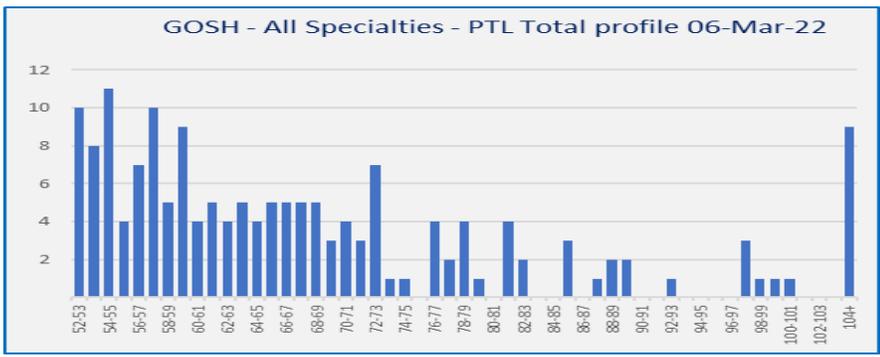
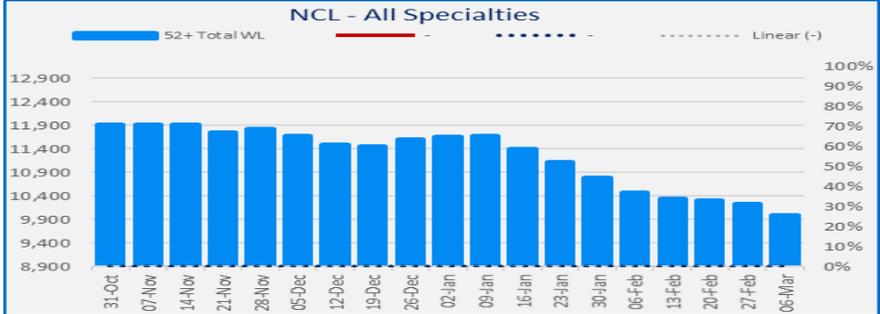
# NCL RTT Long Waits Position @ 6<sup>th</sup> March

**104+ Weeks - 287**

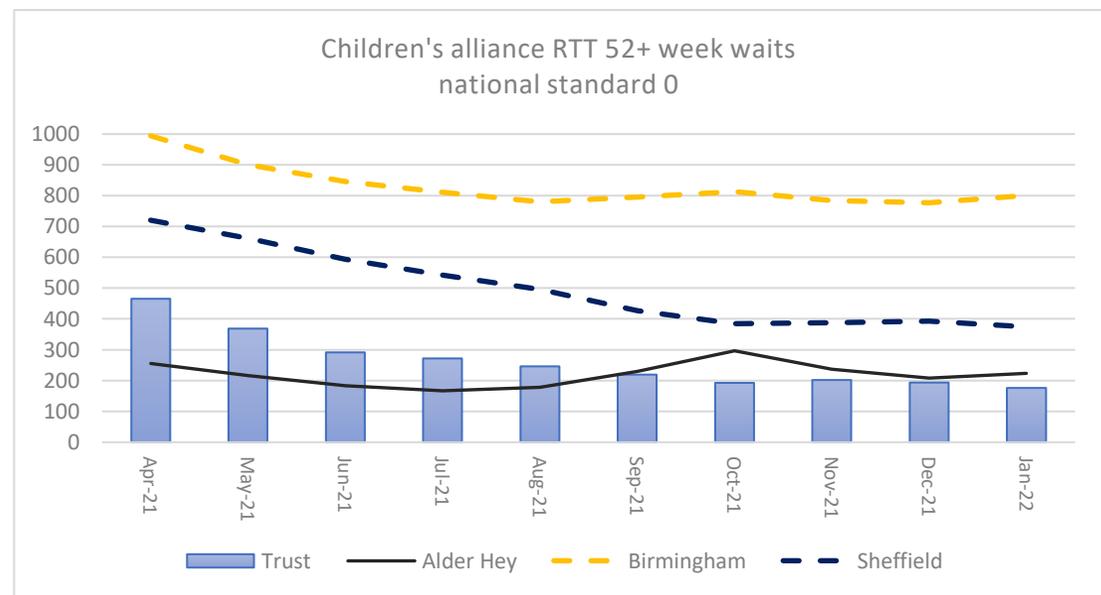
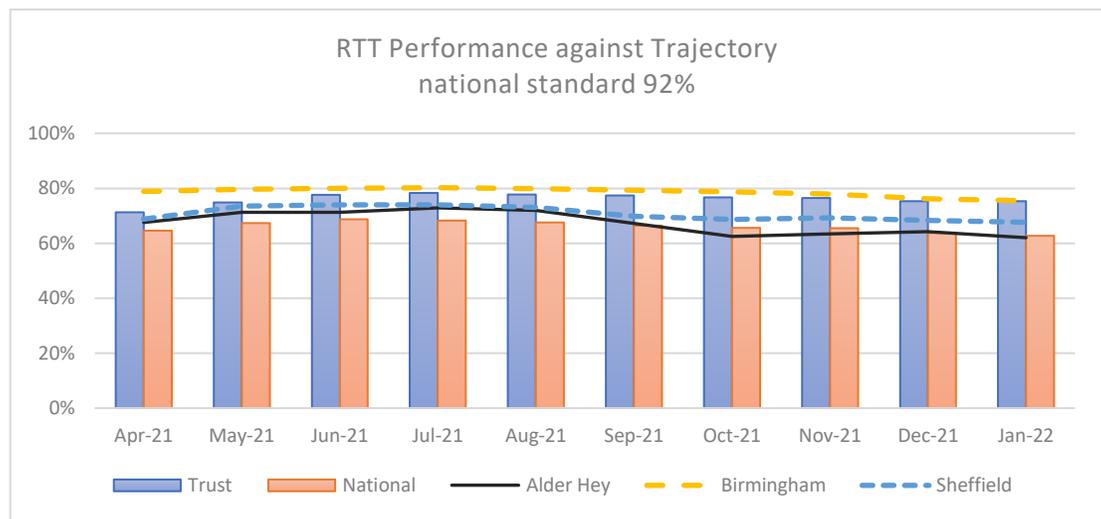


- Overall for NCL the 104 week wait position is above projected plan by 98, at 290 patients. Mainly driven by RFH and UCLH numbers. GOSH is above trajectory by 9 patients.
- Overall, the number of patients waiting 52 weeks for NCL is reducing. Royal Free and UCLH have the most significant volumes. GOSH is below the agreed 52 week trajectory submission.
- The trust has submitted trajectories for 78 week and 52 week volumes.

**52+ Weeks - 9,989**



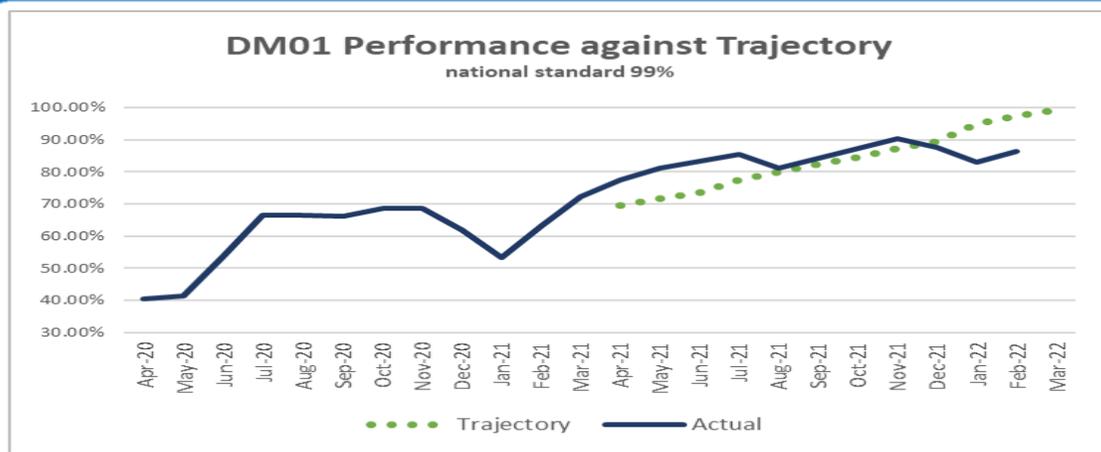
# National RTT Performance and 52+ week waits



- Nationally, at the end of January, 62.80% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.
- GOSH is tracking 12.5% above the national January performance and is inline with comparative children's providers. RTT Performance for Sheffield Children (67.7%), Birmingham Women's and Children's (75.5%) and Alder Hey (62.0%).
- The national position for January 2022 indicates a increase of patients waiting over 52 weeks at 311,528 patients.
- Compared to Alder Hey, Birmingham and Sheffield the number of patients waiting 52 weeks and over for GOSH is lower than all three providers for January.

# Diagnostics - DM01

## Actual v Forecast



## Bottlenecks

- Omicron impact; patient illness and isolation resulting in cancellations, and patients deferring booked appointments. Covid positive patients being contacted every two weeks for update on covid status and discuss rebooking
- MRI sedation capacity remains challenging and current demand exceeds available capacity
- Echo capacity remains limited for stress and sedated Echo.
- Endoscopy patients bookings increased and improvement expected by end of March. All modalities have increased performance
- Respiratory staff long term absence impacting sleep study activity
- Capacity constraints in Neurophysiology, however, reduction in breaches projected at the end of March

## Performance

**86.4%**

People waiting less than 6 weeks

Target 99%



3.4%

**Forecast – 94.8%**

**194**

Number of Breaches



43

## Modality Focus

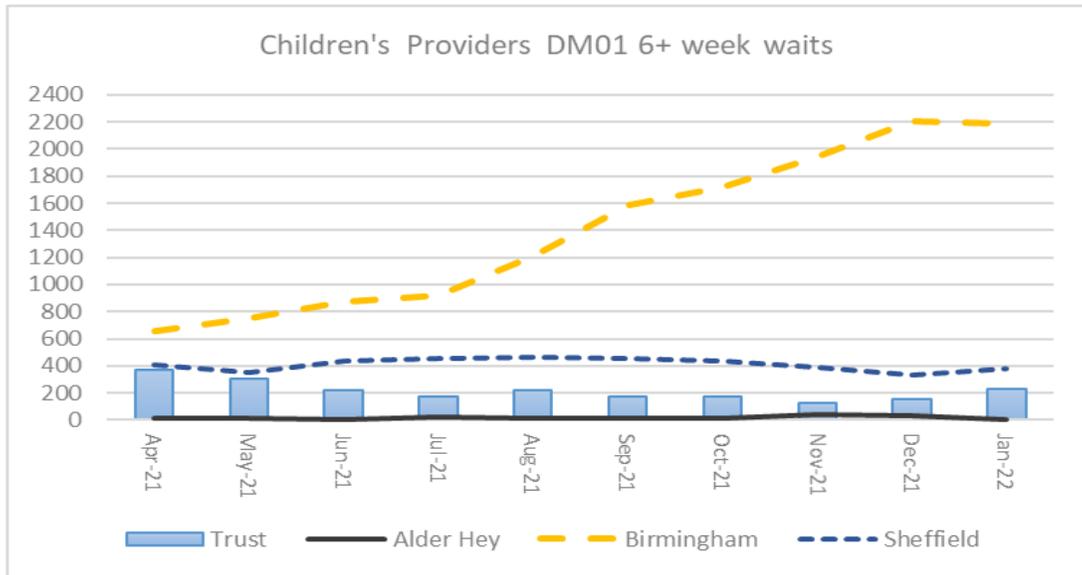
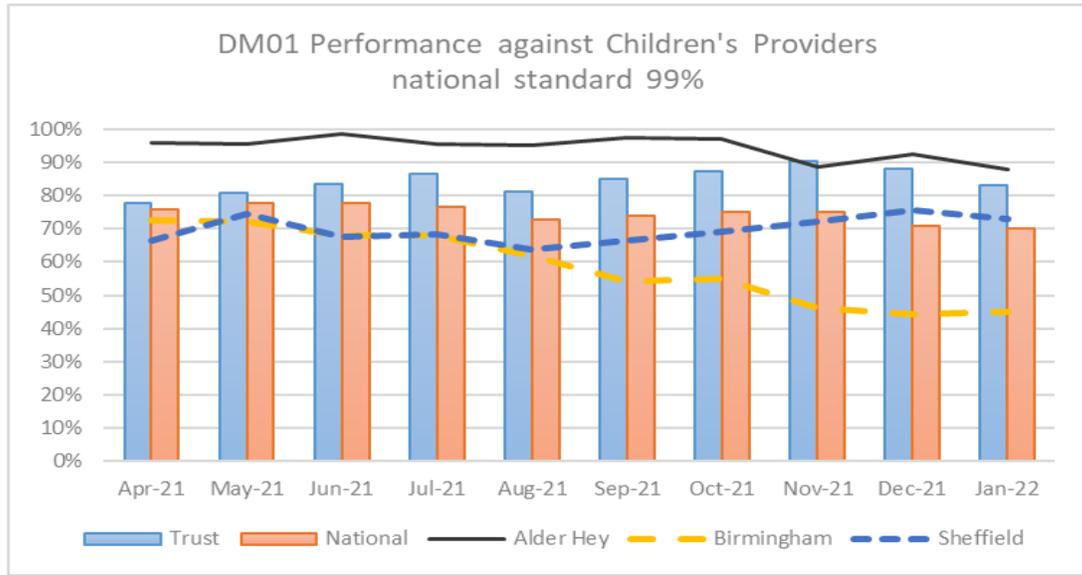
Of the 194 breaches, 69 are attributable to modalities within Imaging (56 of which are MRI), 18 in ECHO, 43 in Sleep Studies, 16 in Gastroscopy, 7 in Audiology, 14 in Colonoscopy, 1 in Cystoscopy, 24 in Neurophysiology and 1 in Flexi sigmoidoscopy.

At the end of February 2022, 19 patients were reported to be waiting 13 weeks and over for their diagnostic test. The majority are booked in March.

## Actions

- Weekly scheduling meetings for challenged areas to review utilisation, clinical prioritisation and long waits
- Discussion with services on waiting list initiatives to reduce the backlog
- Participating in NHSE/I demand and capacity modelling for CT, MRI and Ultrasound

# National Diagnostic Performance and 6+ week waits



- Nationally, at the end of January, 70.0% of patients were waiting under 6 weeks for a DM01 diagnostic test.
- GOSH is tracking 13% above the national January performance and is inline with comparative children's providers. DM01 Performance for Sheffield Children (72.9%), Birmingham Women's and Children's (45.0%) and Alder Hey (87.9%).
- The national position for January 2022 indicates a increase of patients waiting over 6 weeks at 434,996 patients (+15,742 from December).
- Compared to Birmingham and Sheffield the number of patients waiting 6 weeks and over for GOSH is lower than all these providers for January. However, we are significantly higher than Alder Hey who reported 7 patients, with a total DM01 waiting list of 514.

# Cancer Waiting Times

Performance

Forecast –  
100%

## January Actual

**100%**

31 Day Referral to  
First Treatment

Target: 96%

**75%**

31 Day: Subsequent  
Treatment – Surgery

Target: 94%

**100%**

31 Day:  
Subsequent  
Treatment – Drugs

Target: 98%

**100%**

62 Day Consultant  
Upgrade.

No Target

## February Forecast

**100%**

31 Day Referral to  
First Treatment

Target: 96%

**60%**

31 Day: Subsequent  
Treatment – Surgery

Target: 94%

**100%**

31 Day:  
Subsequent  
Treatment – Drugs

Target: 98%

**100%**

62 Day Consultant  
Upgrade.

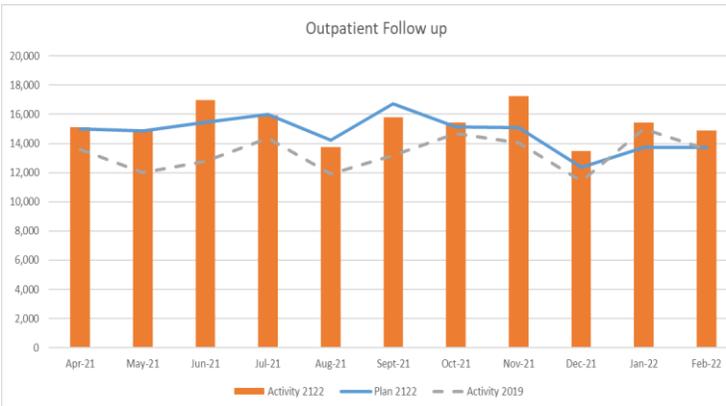
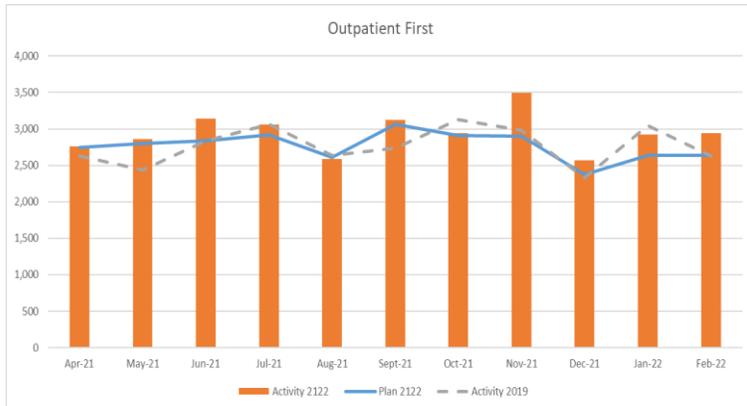
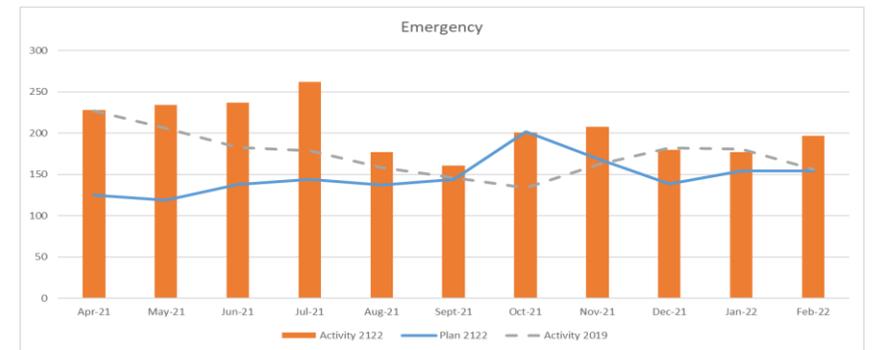
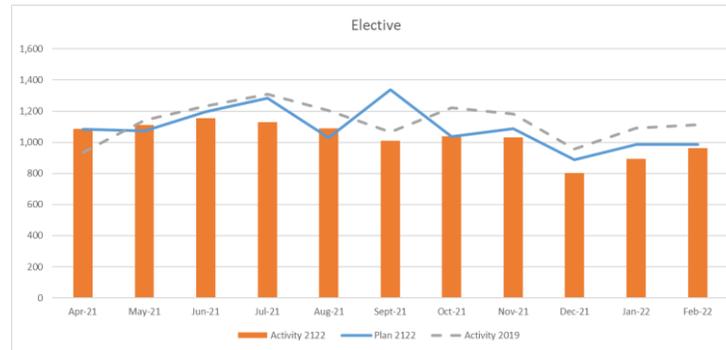
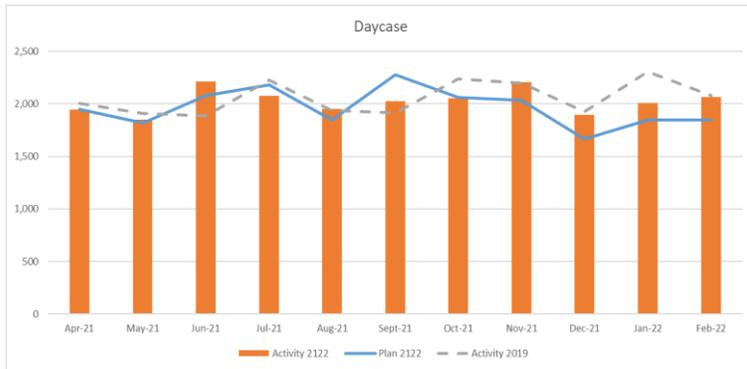
No Target

## Breaches

- There were two breaches out of eight patients for the 31 day subsequent Surgery standard in January due to patients being unwell and not able to have surgery before their breach date.
- For February, we will be reporting two out of five patients as breaches for the surgery standard due to patients again being unwell and unable to have surgery before their breach date.

# Activity Monitoring

## Activity Monitoring by Month



POD2	Plan 2122	Activity 2122	Activity 2019	% of 19/20
Daycase	21,602	22,296	22,623	98.6%
Elective	11,988	11,303	12,454	90.8%
Emergency	1,625	2,262	1,914	118.2%
First Outpatients	30,437	32,400	30,459	106.4%
Follow up Outpatients	162,390	169,018	146,570	115.3%

# Appendix



# Productivity and Efficiency

## Theatre Utilisation

Performance

**72.51%**

of scheduled sessions in main theatres were utilised



3.43%

**9043**

Late start minutes



490 minutes

**4405**

Overrun minutes



833 minutes



### Bottlenecks

- February utilisation improved particularly in Brain, Heart and Lung and Sight and Sound. However, Omicron remains challenging with a number of patients being positive on the day and unable to proceed.
- Potential reduction in throughput due to enhanced cleaning turnaround times. Level 2 cleans have significantly impacted theatres

## Bed Occupancy

Performance

**76.5%**

of inpatient beds (including ICU and I&PC) were occupied



1.1%

**78.6%**

Of NHS inpatient beds (including ICU were occupied)

**392**

Bed Day Closures



811



### Bottlenecks

- Bed closures due to social distancing requirements and reduced staffing, particularly impacting BCC wards
- All directorates except BCC saw increased occupancy levels
- Stepdown from ICU area into general wards due internal and external bed pressures

# Productivity and Efficiency

## PICU/CICU

Performance

11

PICU/NICU refused admissions



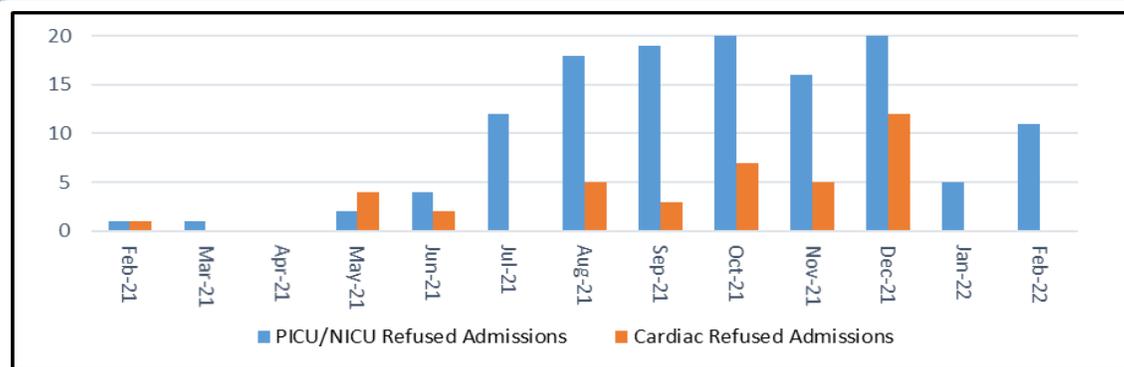
0

Cardiac CATS refused admissions



2

PICU readmissions within 24 hours



### Bottlenecks:

- Number of available PICU beds

## Cancelled Operations

Performance

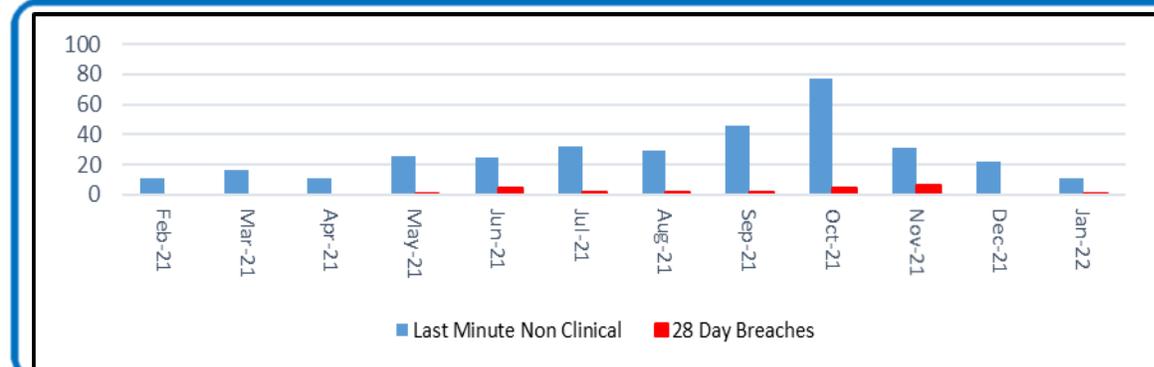
11

Last minute cancelled operations for non clinical reasons



1

28 day breaches- last minute cancelled operations



### Bottlenecks

- List overrun, ICU and ward bed unavailability and urgent patients taking priority.

# Patient Communication

## Discharge Summaries

Performance

**82.49%**  
of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours

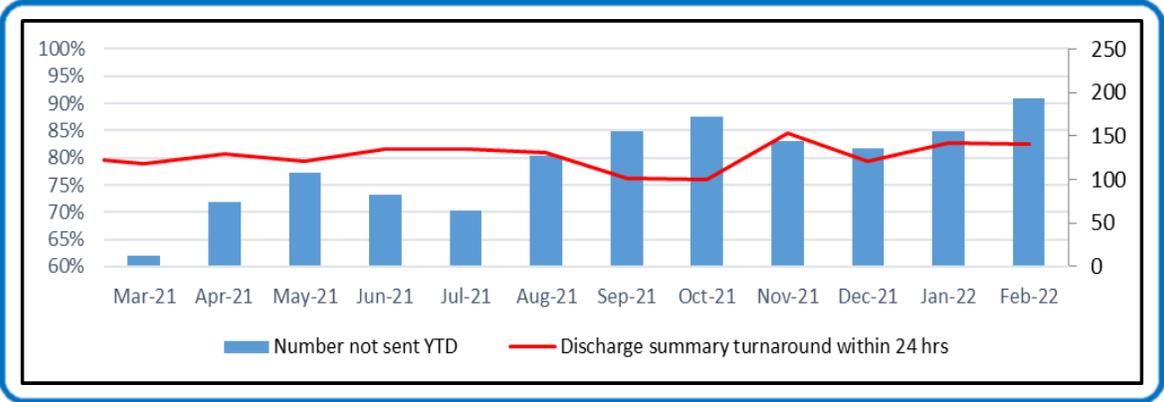
Contractual target: 100% **↓ 0.14%**

**91.5%**  
of letters were sent within 2 days of discharge

**↑ 2%**

**193**  
Number of letters not sent ytd

**↑ 38**



- ### Actions
- Focus at consultant meetings
  - Directorates working with clinical teams on real time completion including weekends

## Clinic letters

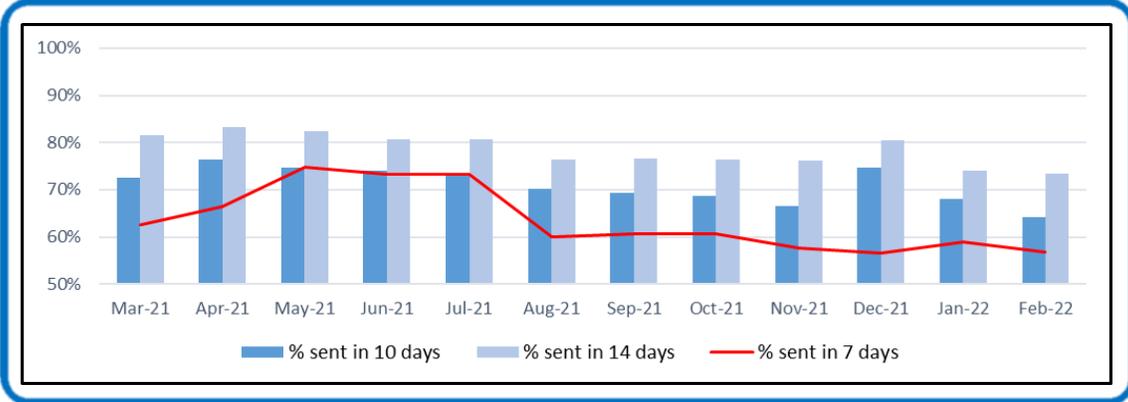
Performance

**56.81%**  
of outpatient clinic letters were sent within 7 days

Contractual target: 100% **↓ 1.9%**

**3,596**  
Number of letters not sent ytd

**↓ 336**



- ### Actions
- Focus at consultant meetings and directorate board
  - Bespoke training provided to refresh teams of Epic workflow
  - Action plans in place to initially meet 10 day turnaround and then reduce to 7 day

**Trust Board  
 30<sup>th</sup> March 2022**

**Month 11 2021/22 Finance Report**

**Paper No: Attachment U**

**Submitted by: Helen Jameson, Chief  
 Finance Officer**  
**Presented by: Helen Jameson, Chief  
 Finance Officer**

List any additional papers or appendices

The Trust in month had a surplus of £5.2m. This was due to confirmation from NHSE of income linked to cost and volume activity and low drug spend. The month 11 private patient income is low due to a technical adjustment of £1.0m which is offset by a reduction in the impairment of receivables in non-pay. The forecast for the year has remained unchanged as the in month movement had originally already been forecast for Month 12.

The Trust financial position is a deficit of £0.8m YTD which is £0.1m adverse to the H2 NHSEI plan. The Trust YTD deficit position is primarily driven by lower than plan ERF income due to reduced scope to earn this in H2, a continued reduction in Private Patient income and high levels of bank and agency staff due to Covid-19 sickness and isolation. Covid 19 continues to create uncertainty around H2 and how it may affect or change funding arrangements.

Key points to note within the financial position are as follows:

1. Income overall YTD is £5.8m adverse to plan for the Trust driven by reduced scope to earn ERF (£2.2m) and lower than plan private patient income (£4.3m) due to Covid 19 and the associated restrictions and reluctance to travel.
2. Pay is adverse YTD to the plan by £2.5m. High levels of bank and agency staffing have continued in order to backfill staff isolation and sickness. The Trust continues to recruit to permanent vacancies and a net 54 WTE additional permanent staff were in post in M11 compared to M10. This largely reverses the 68 WTE reduction experienced over the previous 3 months. High temporary staffing costs (particularly Bank) are expected to continue reflecting the ongoing impact of Covid 19.
3. Non-Pay is £8.9m favourable YTD. Key drivers of this are lower than planned usage of high cost drugs and devices and a reduction in impairment of receivables due to the Trust continuing to receive regular payment of private patient aged invoices
4. Cash held by the Trust in Month 11 is £134.9m which is £7.8m higher than last month. Capital expenditure is currently below plan by £8.9m, with the Trust funded programme below plan by £6.4m and other programmes £2.5m below plan.

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust is £134.9m which is £7.8m higher than M10.

Attachment U

NHS Debtor Days	NHS debtor days decreased from 6 days in Month 10 to 3 days in Month 11, falling within the target of 30 days for the Trust.
IPP Debtor Days	IPP debtor days decreased from 72 days in Month 10 to 69 days in Month 11.
Creditor Days	Creditor days has decreased from 26 days to 25 days.

<p><b>Action required by the meeting</b> The committee are asked to note the Trust financial position at month 11, the forecast for the year, cash flows and finance metrics.</p>
<p><b>Contribution to the delivery of NHS / Trust strategies and plans</b> The delivery of the financial plan is a key strategic objective to ensure we have sufficient funding to meet the needs of our delivery of care.</p>
<p><b>Financial implications</b> Changes to payment methods and expenditure trends</p>
<p><b>Legal issues</b> N/A</p>
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales</b> Chief Finance Officer / Executive Management Team</p>
<p><b>Who is accountable for the implementation of the proposal / project</b> Chief Finance Officer / Executive Management Team</p>

## Finance and Workforce Performance Report Month 11 2021/22

### Contents

Summary Reports	Page
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Cash, Capital and Statement of Financial Position Summary	10

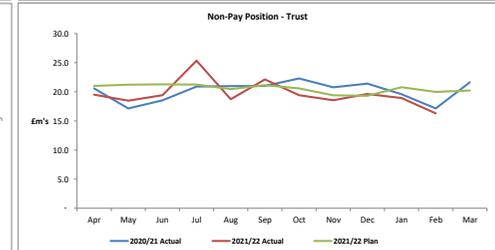
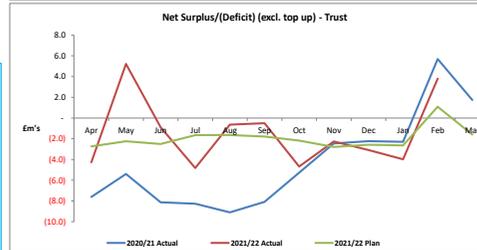
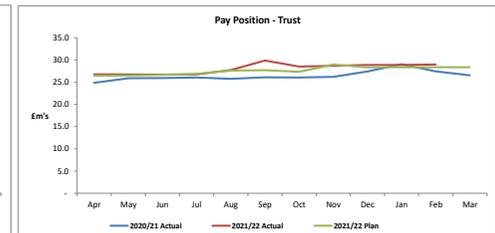
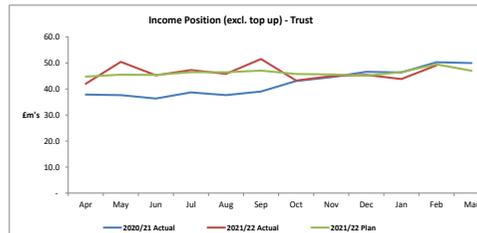
ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
<b>INCOME</b>	£49.4m	£49.1m	Amber	£514.4m	£508.6m	Amber
<b>PAY</b>	(£28.4m)	(£29.0m)	Amber	(£305.7m)	(£308.3m)	Amber
<b>NON-PAY inc. owned depreciation and PDC</b>	(£18.8m)	(£14.9m)	Green	(£209.4m)	(£201.1m)	Green
<b>Surplus/Deficit excl. donated depreciation</b>	£2.3m	£5.2m	Green	(£0.7m)	(£0.8m)	Red

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red  
YTD Plan is comprised of H1 Actual and H2 plan

AREAS OF NOTE:

The in month Trust financial position at Month 11 is a surplus of £5.2m which is £2.9m favourable to the plan. The YTD financial position is a deficit of £0.8m which is £0.1m adverse to plan. The in month surplus has been caused by confirmation of additional cost and volume activity and reduced drug expenditure, this had been forecast to occur in month 12 so no change in the Trust forecast has been required. The key drivers of the YTD position are reduced income (£5.8m) associated with ERF, NHS activity levels and private patient income. The YTD reduction in activity has been caused primarily by the continued impact of Covid-19 affecting staffing levels, capacity and international travel. In month the shortfall in Private Patient income (£2.6m) has been largely offset by NHS Clinical Income (£1.0m above plan) and Non Clinical Income (£1.2m above plan). Pay is £0.6m adverse to plan in month and £2.6m YTD. This is driven by high levels of bank and agency staffing linked to the Trusts need to cover staff absence from sickness and isolation relating to Covid-19. Non pay (including owned depreciation and PDC) is £4.3m favourable to the plan in month and £8.3m YTD. This is largely driven by lower than planned usage of high cost pass through drugs and devices along with the reduction in the impairment of receivables from the payment of private patient invoices which was particularly high this month offsetting the reduced private patient income.

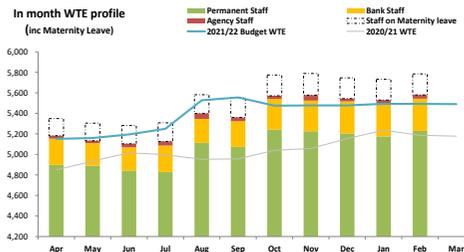
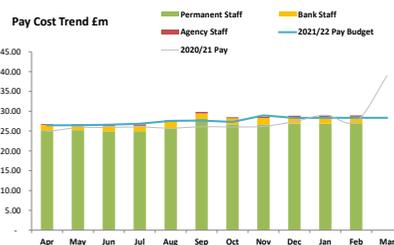


PEOPLE

	M11 Plan WTE	M11 Actual WTE	Variance
<b>Permanent Staff</b>	5,452.3	5,229.5	222.8
<b>Bank Staff</b>	39.7	313.5	(273.8)
<b>Agency Staff</b>	-	36.9	(36.9)
<b>TOTAL</b>	<b>5,492.0</b>	<b>5,579.9</b>	<b>(87.9)</b>

AREAS OF NOTE:

Permanent wtes have increased in M11, principally in Administration and Scientific, Therapeutic and Technical staff reversing the decreases seen over the previous 4 months. This makes them higher than plan due to continued high levels of temporary staff usage in relation to Covid isolation and sickness backfill. The 28th February absence rate due to Covid was 4% which shows a continued improvement from 5% on 31st January. In Month 11 agency staffing increased to 37 wtes from 34 in Month 10 and these are still required to provide additional senior assistance for the ICT, IPP & Finance directorates; who are in the process of recruiting permanently to these roles.

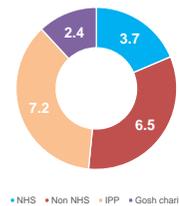


CASH, CAPITAL AND OTHER KPIS

Key metrics	Jan-22	Feb-22
<b>Cash</b>	<b>£127.2m</b>	<b>£135.0m</b>
<b>IPP debtor days</b>	<b>72</b>	<b>69</b>
<b>Creditor days</b>	<b>26</b>	<b>25</b>
<b>NHS Debtor days</b>	<b>6</b>	<b>3</b>
<b>BPPC (£)</b>	<b>91%</b>	<b>90%</b>

Capital Programme	YTD Plan M11	YTD Actual M11	Full Year Fcst
<b>Total Trust-funded</b>	<b>£15.5m</b>	<b>£9.1m</b>	<b>£16.0m</b>
<b>Total PDC</b>	<b>£0.0m</b>	<b>£1.2m</b>	<b>£1.4m</b>
<b>Total Donated</b>	<b>£11.2m</b>	<b>£7.9m</b>	<b>£9.8m</b>
<b>Total Grant-funded</b>	<b>£0.4m</b>	<b>£0.0m</b>	<b>£0.4m</b>
<b>Grand Total</b>	<b>£27.1m</b>	<b>£18.2m</b>	<b>£27.6m</b>

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust increased in month from £127.2m to £134.9m.
- Capital expenditure for the year to date was £8.9m less than plan. The Trust-funded programme was £6.4m less than plan, donated was £3.3m less than plan, grant-funded £0.4m less than plan with PDC funded expenditure £1.2 more than plan. The Trust funded forecast overrun is now £2.0m less than plan. The total PDC allocated to the Trust is £1.4m.
- IPP debtors days decreased in month from 72 to 69. Total IPP debt (net of cash deposits held) decreased in month to £7.2m (£7.7m in M10). Overdue debt decreased in month to £11.8m (£12.0m in M10).
- Creditor days decreased in month from 26 to 25 days.
- NHS debtor days increased in month from 6 to 3 days.
- In M11, 90% of the total value of creditor invoices were settled within 30 days of receipt; this represented 82% of the total number of creditor invoices paid in month. This remains below the NHSE target of settling at least 95% of invoices within 30 days.

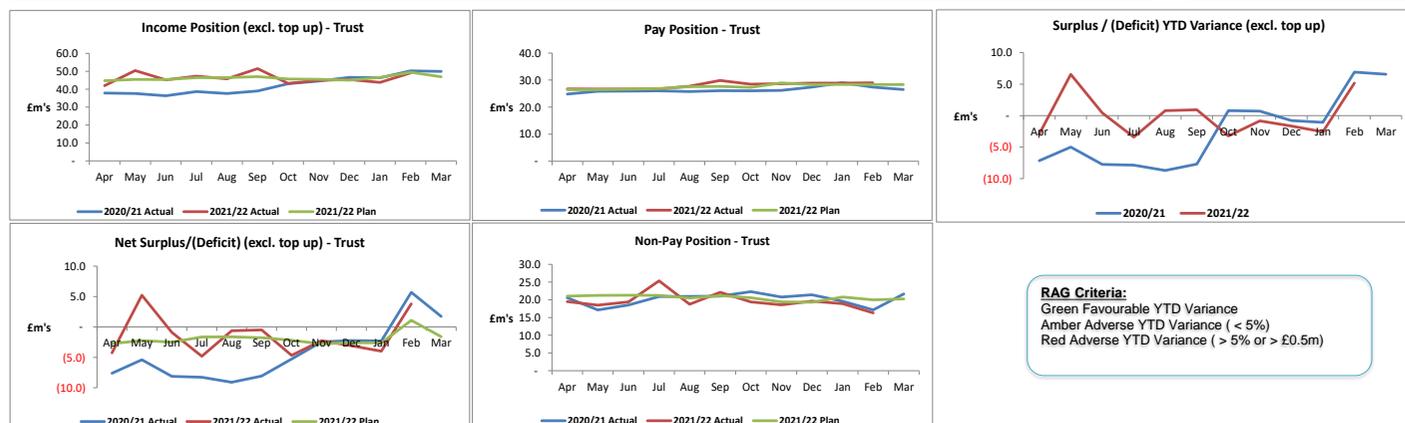
Annual Plan (H1 Act + H2 Plan)	Income & Expenditure	2021/22								Rating	Notes	2020/21	2021/22	2021/22
		Month 11				Year to Date						Actual	Plan YTD	Plan In-month
		Plan	Actual	Variance		Plan (H1 Act + H2 Plan)	Actual	Variance				YTD Variance	M11	M11
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	(£m)	(£m)		
475.16	NHS & Other Clinical Revenue	41.11	42.15	1.04	2.53%	436.77	433.95	(2.82)	(0.65%)	R	1	42.85	436.77	41.11
29.13	Private Patient Revenue	3.34	0.77	(2.57)	(76.93%)	25.57	21.31	(4.26)	(16.64%)	R	2	2.43	25.57	3.34
57.13	Non-Clinical Revenue	4.98	6.14	1.15	23.10%	52.10	53.35	1.25	2.40%	G	3	4.97	52.10	4.98
<b>561.42</b>	<b>Total Operating Revenue</b>	<b>49.43</b>	<b>49.06</b>	<b>(0.38)</b>	<b>(0.76%)</b>	<b>514.44</b>	<b>508.61</b>	<b>(5.83)</b>	<b>(1.13%)</b>	<b>R</b>		<b>50.24</b>	<b>514.44</b>	<b>49.43</b>
(312.37)	Permanent Staff	(26.46)	(26.97)	(0.51)	(1.94%)	(285.92)	(288.29)	(2.37)	(0.83%)	R		(25.52)	(285.92)	(26.46)
(4.84)	Agency Staff	(0.46)	(0.36)	0.10		(4.38)	(3.69)	0.68		G		(0.26)	(4.38)	(0.46)
(16.87)	Bank Staff	(1.44)	(1.64)	(0.20)	(13.58%)	(15.43)	(16.29)	(0.86)	(5.60%)	R		(1.64)	(15.43)	(1.44)
<b>(334.08)</b>	<b>Total Employee Expenses</b>	<b>(28.36)</b>	<b>(28.96)</b>	<b>(0.61)</b>	<b>(2.14%)</b>	<b>(305.72)</b>	<b>(308.27)</b>	<b>(2.55)</b>	<b>(0.83%)</b>	<b>R</b>	4	<b>(27.42)</b>	<b>(305.72)</b>	<b>(28.36)</b>
(98.64)	Drugs and Blood	(8.21)	(5.45)	2.76	33.66%	(89.94)	(82.85)	7.09	7.88%	G		(5.65)	(89.94)	(8.21)
(39.70)	Supplies and services - clinical	(3.26)	(3.45)	(0.19)	(5.78%)	(36.54)	(36.91)	(0.37)	(1.02%)	A		(3.02)	(36.54)	(3.26)
(72.56)	Other Expenses	(5.98)	(4.28)	1.70	28.37%	(66.73)	(64.54)	2.19	3.28%	G		(6.95)	(66.73)	(5.98)
<b>(210.90)</b>	<b>Total Non-Pay Expenses</b>	<b>(17.44)</b>	<b>(13.17)</b>	<b>4.27</b>	<b>24.48%</b>	<b>(193.20)</b>	<b>(184.30)</b>	<b>8.90</b>	<b>4.61%</b>	<b>G</b>	5	<b>(15.62)</b>	<b>(193.20)</b>	<b>(17.44)</b>
<b>(544.97)</b>	<b>Total Expenses</b>	<b>(45.80)</b>	<b>(42.14)</b>	<b>3.66</b>	<b>8.00%</b>	<b>(498.93)</b>	<b>(492.57)</b>	<b>6.36</b>	<b>1.27%</b>	<b>G</b>		<b>(43.04)</b>	<b>(498.93)</b>	<b>(45.80)</b>
16.45	EBITDA (exc Capital Donations)	3.63	6.92	3.29	90.44%	15.51	16.04	0.53	3.41%	G		7.21	15.51	3.63
(17.62)	Owned depreciation, Interest and PDC	(1.38)	(1.75)	(0.37)	(26.85%)	(16.24)	(16.81)	(0.58)	(3.55%)			(0.30)	(16.24)	(1.38)
<b>(1.17)</b>	<b>Surplus/Deficit (exc. PSF/Top up)</b>	<b>2.25</b>	<b>5.17</b>	<b>2.91</b>	<b>129%</b>	<b>(0.72)</b>	<b>(0.77)</b>	<b>(0.05)</b>	<b>(7%)</b>			<b>6.91</b>	<b>(0.72)</b>	<b>2.25</b>
0.00	PSF/Top up	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
<b>(1.17)</b>	<b>Surplus/Deficit (incl. PSF/Top up)</b>	<b>2.25</b>	<b>5.17</b>	<b>2.91</b>	<b>129.49%</b>	<b>(0.72)</b>	<b>(0.77)</b>	<b>(0.05)</b>	<b>(6.54%)</b>	<b>G</b>		<b>6.91</b>	<b>(0.72)</b>	<b>2.25</b>
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
(15.41)	Donated depreciation	(1.16)	(1.37)	(0.21)		(14.25)	(15.32)	(1.06)				(1.33)	(14.25)	(1.16)
<b>(16.58)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>1.09</b>	<b>3.79</b>	<b>2.70</b>	<b>247.70%</b>	<b>(14.98)</b>	<b>(16.09)</b>	<b>(1.11)</b>	<b>(7.42%)</b>			<b>5.58</b>	<b>(14.98)</b>	<b>1.09</b>
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
9.30	Capital Donations	0.60	(0.48)	(1.08)		8.70	7.91	(0.78)				0.29	8.70	0.60
<b>(7.28)</b>	<b>Adjusted Net Result</b>	<b>1.69</b>	<b>3.32</b>	<b>1.63</b>	<b>96.18%</b>	<b>(6.28)</b>	<b>(8.17)</b>	<b>(1.90)</b>	<b>(30.19%)</b>			<b>5.87</b>	<b>(6.28)</b>	<b>1.69</b>

**Summary**

- The in month Trust financial position at Month 11 is a surplus of £5.2m which is ahead of the plan by £2.9m. As a consequence the YTD deficit reduced to £0.8m which is £0.1m adverse to the plan.
- The in month surplus is due to confirmation of income for cost and volume activity and reduced drug expenditure. Low private patient income is offset by release of impairment of receivables. This had previously been forecast to occur in month 12.

**Notes**

- The scope for the Trust to earn ERF has significantly reduced in H2 due to a change in the methodology for eligibility to earn ERF. Although the Trust planned for less ERF in H2 the change in rules and the impact of Omicron have impacted NHS clinical revenue by £2.2m YTD.
- NHS clinical income is £1.0m above plan in month due confirmation of income associated with cost and volume activity (£0.6m), increased Covid income to support with winter pressures and elective recovery (£0.5m). The benefit had previously been forecast in M12.
- Non clinical income is £1.2m above plan in month driven by R&D Grant Income (£0.6m higher than plan) and GOSH Charity Funding (£0.3m higher than plan).
- Private Patient income is £2.6m adverse to plan in month and £4.3m adverse to plan YTD. This is largely due to Covid and the associated suppression of travel. Additionally income reported in Month 11 has been reduced by £1.0m due to a technical adjustment which also sees expenditure reduced by the same amount.
- Pay is adverse to plan in month by £0.6m and adverse to plan YTD by £2.6m. This adverse position has been caused by high levels of sickness and staff isolation linked to Omicron that saw high levels of bank and agency staffing. M11 saw a further reduction in staff absence however there was a significant increase in permanent wtes however there was a significant increase in permanent wtes when compared to previous months.
- Non pay is £4.3m favourable to plan in month and £8.9m favourable to plan YTD. This continues to be driven by lower than planned usage of high cost pass through drugs and devices due to reduced levels of private patient activity and a continuing reduction in impairment of receivables linked to the payment of invoices previously provided for. Additionally Establishment costs are low in month due to a combination of reductions in printing and work permit costs. Supplies and Services - General costs are low in month driven by a review of NHSEI work programme accruals.



## Trust Income and Expenditure Forecast Outturn Summary for the 11 months ending 28 Feb 2022

2021/22					
Income & Expenditure					Rating
	Plan (H1 Actual + H2 Plan)	Forecast	Variance		YTD Variance
	(£m)	(£m)	(£m)	%	
NHS & Other Clinical Revenue	475.16	470.73	(4.43)	(0.93%)	R
Private Patient Revenue	29.13	25.56	(3.57)	(12.24%)	R
Non-Clinical Revenue	57.13	57.58	0.45	0.79%	G
<b>Total Operating Revenue</b>	<b>561.42</b>	<b>553.87</b>	<b>(7.54)</b>	<b>(1.34%)</b>	<b>R</b>
Permanent Staff	(312.37)	(315.80)	(3.43)	(1.10%)	R
Agency Staff	(4.84)	(3.86)	0.98	20.20%	G
Bank Staff	(16.87)	(17.91)	(1.04)	(6.18%)	R
<b>Total Employee Expenses</b>	<b>(334.08)</b>	<b>(337.57)</b>	<b>(3.50)</b>	<b>(1.05%)</b>	<b>R</b>
Drugs and Blood	(98.64)	(92.28)	6.36	6.44%	G
Supplies and services - clinical	(39.70)	(40.61)	(0.91)	(2.29%)	R
Other Expenses	(72.56)	(71.47)	1.09	1.50%	G
<b>Total Non-Pay Expenses</b>	<b>(210.90)</b>	<b>(204.36)</b>	<b>6.54</b>	<b>3.10%</b>	<b>G</b>
<b>Total Expenses</b>	<b>(544.97)</b>	<b>(541.93)</b>	<b>3.04</b>	<b>0.56%</b>	<b>G</b>
<b>EBITDA (exc Capital Donations)</b>	<b>16.45</b>	<b>11.94</b>	<b>(4.50)</b>	<b>(27.38%)</b>	<b>R</b>
Owned depreciation, Interest and PDC	(17.62)	(17.81)	(0.20)	(1.12%)	
<b>Surplus/Deficit (exc. PSF/Top up)</b>	<b>(1.17)</b>	<b>(5.87)</b>	<b>(4.70)</b>	<b>(402%)</b>	
PSF/Top up	0.00	0.00	0.00		
<b>Surplus/Deficit (incl. PSF/Top up)</b>	<b>(1.17)</b>	<b>(5.87)</b>	<b>(4.70)</b>	<b>(402.26%)</b>	<b>R</b>
Donated depreciation	(15.41)	(16.79)	(1.38)	(8.95%)	
<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(16.58)</b>	<b>(22.66)</b>	<b>(6.08)</b>	<b>(36.68%)</b>	
Impairments	0.00	0.00	0.00		
Capital Donations	9.30	8.39	(0.91)	(9.77%)	
<b>Adjusted Net Result</b>	<b>(7.28)</b>	<b>(14.27)</b>	<b>(6.99)</b>	<b>(96.04%)</b>	

### RAG Criteria:

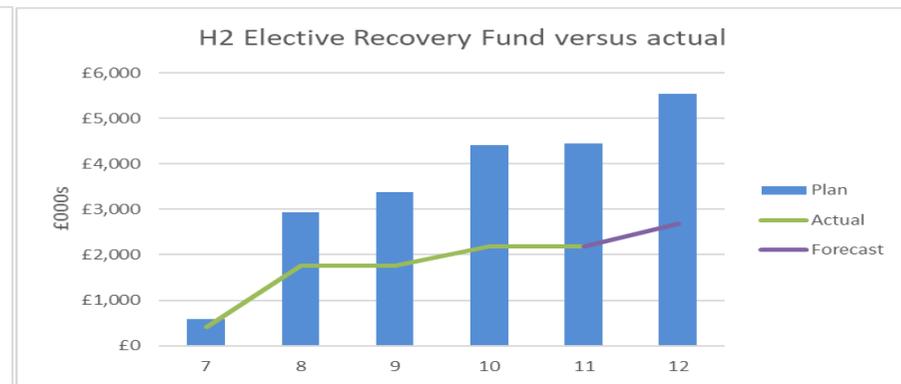
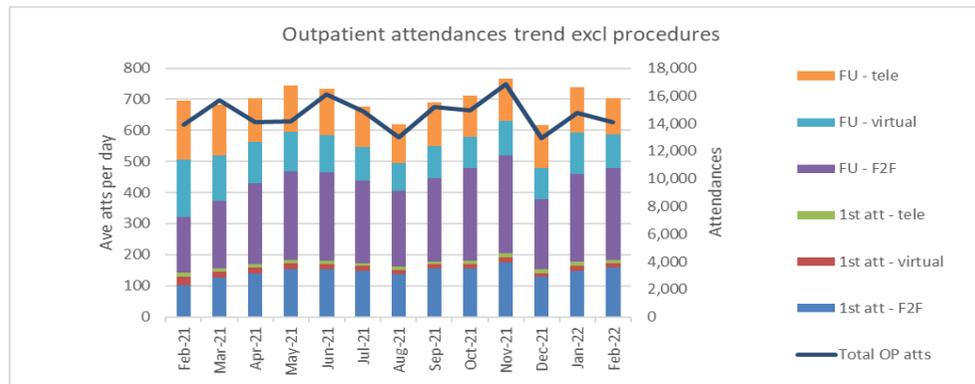
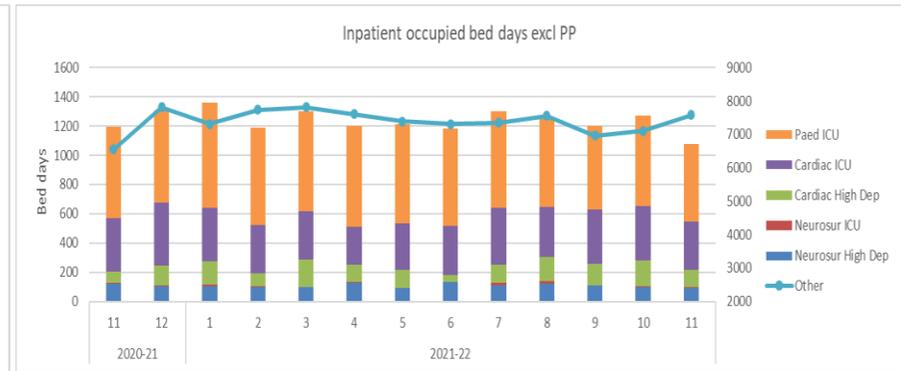
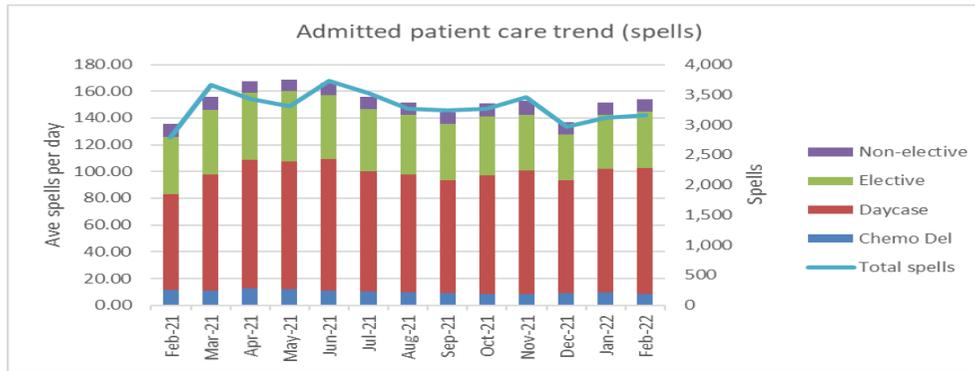
Green Favourable YTD Variance  
 Amber Adverse YTD Variance (< 5%)  
 Red Adverse YTD Variance (> 5% or > £0.5m)

### Summary

- The M11 forecast shows a forecast outturn deficit of £5.9m, which is £4.7m adverse to the revised plan. This is principally driven by a reduction in expected ERF, a shortfall on private patient income and increased pay costs to cover staff sickness and covid-19 isolation. The month 11 surplus has not changed the forecast as the additional income had already been forecast.

### Notes

- The forecast for NHS & other clinical revenue is £4.4m lower than plan. This is driven by reduced ERF income in line with lower activity levels (that meet the criteria) and reduced usage of pass through drugs due to Covid.
- Private Patient income is forecast to be £3.6m adverse to plan. The impact of omicron and continued travel restrictions linked to Covid has surprised the Trusts recovery plans.
- Pay is forecast to be £3.5m adverse to plan due to staffing costs that are required to continue to deliver on waiting list reduction and sickness coverage for staff isolating and unwell.
- Non-pay forecast is £6.5m favourable against the plan due to lower forecast usage of high cost drugs and devices, partially offset by reduced income, and the continued payment of private patient invoices resulting the release of provisions. .

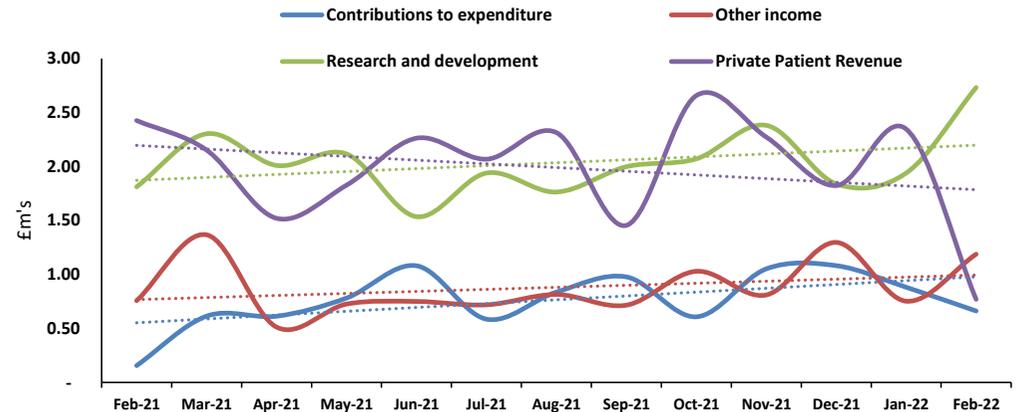
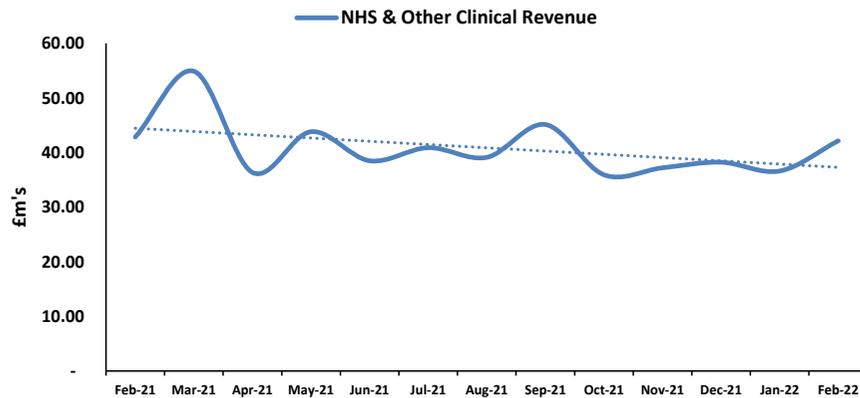


**Summary**

- Overall activity in February has increased per working day for all points of delivery with the exception of outpatient follow up attendances, showing continued recovery from the impact of Omicron.
- The largest increase for admitted patient care per working day is elective spells at 4.7% that is reflected in increased beddays per working day particularly those outside of critical care.
- Outpatient attendances have decreased 4.8% per working day overall versus January reflecting the impact of half term. There has been an increase of 6.1 first attendances per working day offset by a reduction in outpatient attendances of 41.25 attendances per working day. Non-face to face attendances have returned to similar levels seen in October and November at 35% of total attendances versus 42% in January.
- Clinical supplies and services have increased versus January (£3.2m to £2.6m) reflecting the higher levels of activity.
- The H2 elective recovery fund actual performance based on clock stops continues to under-perform versus plan by £2.2m and the forecast value for March has been reduced by £0.6m to reflect expected volume of clock stops including the impact of Super Saturday. There may be an increase in the value for February as clock stops are finalised.

NB: activity counts for spells and attendances are based on those used for income reporting

## 2020/21 Income for the 11 months ending 28 Feb 2022



### Summary

- Trust total income YTD is £5.8m adverse to plan, driven by lower than plan ERF income in H2 (£2.2m) and lower than planned private patient income (£4.3m).
- NHS clinical income is £1.0m above plan in month due to a catch up on payments for NHSE cost and volume activity (£0.6m) and increased Covid income to support with winter pressures and elective recovery (£0.6m). Non clinical income is £1.2m above plan in month driven by R&D Grant Income (£0.6m higher than plan) and GOSH Charity Funding (£0.3m higher than plan).
- Private Patient income is £4.3m adverse to plan YTD. Given the slow return to global travel, sponsors are only sending their most complex patients abroad, resulting in significantly lower income levels for the Trust. Additionally income reported in Month 11 has been reduced by £1.0m due to a technical adjustment which also sees expenditure reduced by the same amount.

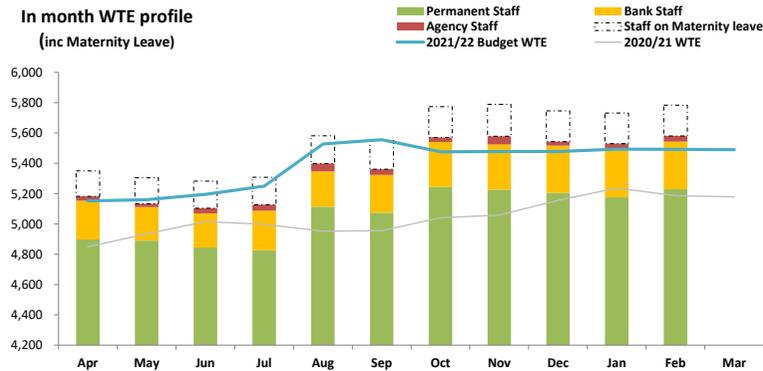
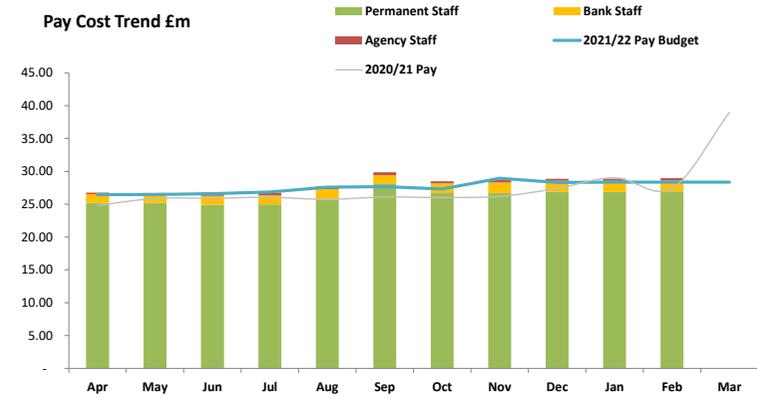
# Workforce Summary for the 11 months ending 28 Feb 2022



\*WTE = Worked WTE, Worked hours of staff represented as WTE

£m including Perm, Bank and Agency Staff Group	2020/21 actual full year			2021/22 actual			Variance			RAG
	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	56.5	1,193.8	47.4	55.8	1,250.3	48.6	(3.9)	(2.5)	(1.5)	R
Consultants	60.3	387.7	155.5	58.1	394.9	160.5	(2.8)	(1.0)	(1.8)	R
Estates & Ancillary Staff	4.7	138.7	33.7	9.3	314.2	32.3	(5.0)	(5.4)	0.4	R
Healthcare Assist & Supp	11.3	325.9	34.7	10.4	321.9	35.2	(0.0)	0.1	(0.2)	G
Junior Doctors	31.4	377.0	83.2	29.2	385.5	82.6	(0.4)	(0.7)	0.2	A
Nursing Staff	89.8	1,600.9	56.1	85.7	1,619.8	57.7	(3.4)	(1.0)	(2.4)	R
Other Staff	0.7	12.3	53.8	0.8	15.3	54.2	(0.2)	(0.1)	(0.0)	A
Scientific Therap Tech	56.9	981.8	58.0	54.9	1,035.2	57.8	(2.7)	(2.8)	0.1	R
<b>Total substantive and bank staff costs</b>	<b>311.6</b>	<b>5,018.1</b>	<b>62.1</b>	<b>304.1</b>	<b>5,337.1</b>	<b>62.2</b>	<b>(18.5)</b>	<b>(18.2)</b>	<b>(0.4)</b>	<b>R</b>
Agency	3.7	28.3	129.4	3.7	35.9	112.4	(0.3)	(0.9)	0.6	A
<b>Total substantive, bank and agency cost</b>	<b>315.2</b>	<b>5,046.4</b>	<b>62.5</b>	<b>307.8</b>	<b>5,372.9</b>	<b>62.5</b>	<b>(18.8)</b>	<b>(19.1)</b>	<b>0.2</b>	<b>R</b>
Reserve*	1.9	0.3		0.5	0.2		1.3	1.3	0.0	G
Additional employer pension contribution by NHSE	12.4	0.0		0.0	0.0		11.3	0.0	11.3	G
<b>Total pay cost</b>	<b>329.6</b>	<b>5,046.6</b>	<b>65.3</b>	<b>308.3</b>	<b>5,373.1</b>	<b>62.6</b>	<b>(6.2)</b>	<b>(17.7)</b>	<b>11.5</b>	<b>R</b>
Remove maternity leave cost	(3.1)			(3.8)			1.0	0.0	1.0	G
<b>Total excluding Maternity Costs</b>	<b>326.4</b>	<b>5,046.6</b>	<b>64.7</b>	<b>304.5</b>	<b>5,373.1</b>	<b>61.8</b>	<b>(5.2)</b>	<b>(17.7)</b>	<b>12.5</b>	<b>R</b>

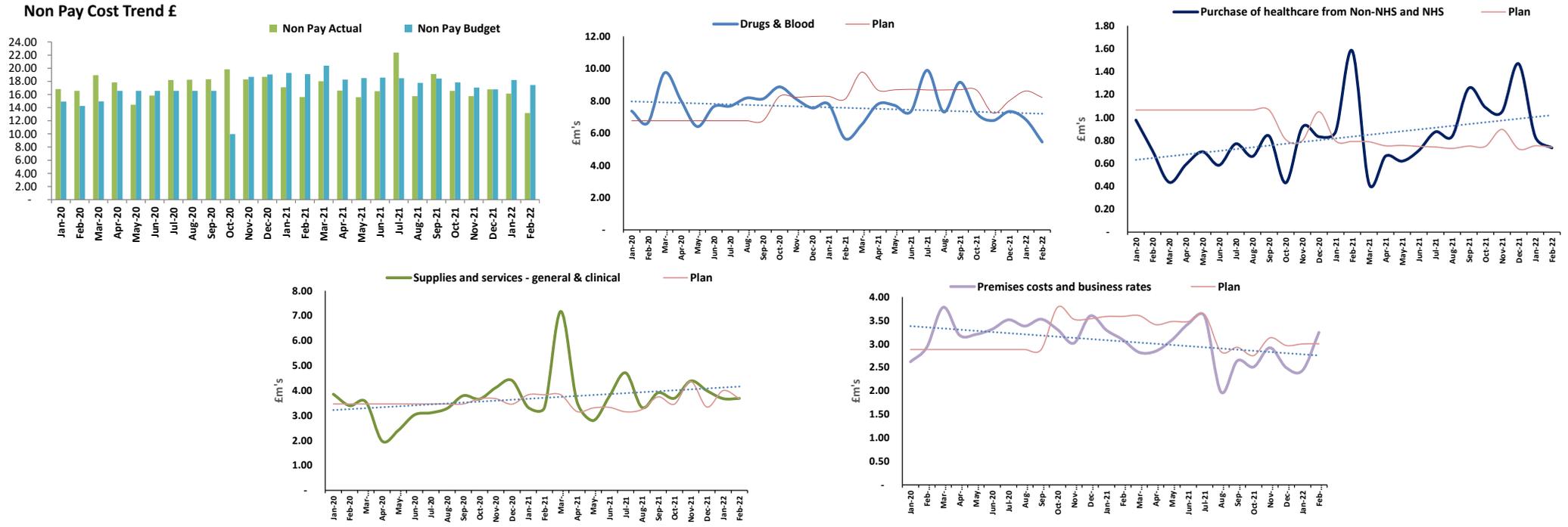
\*Plan reserve includes WTEs relating to the better value programme



## Summary

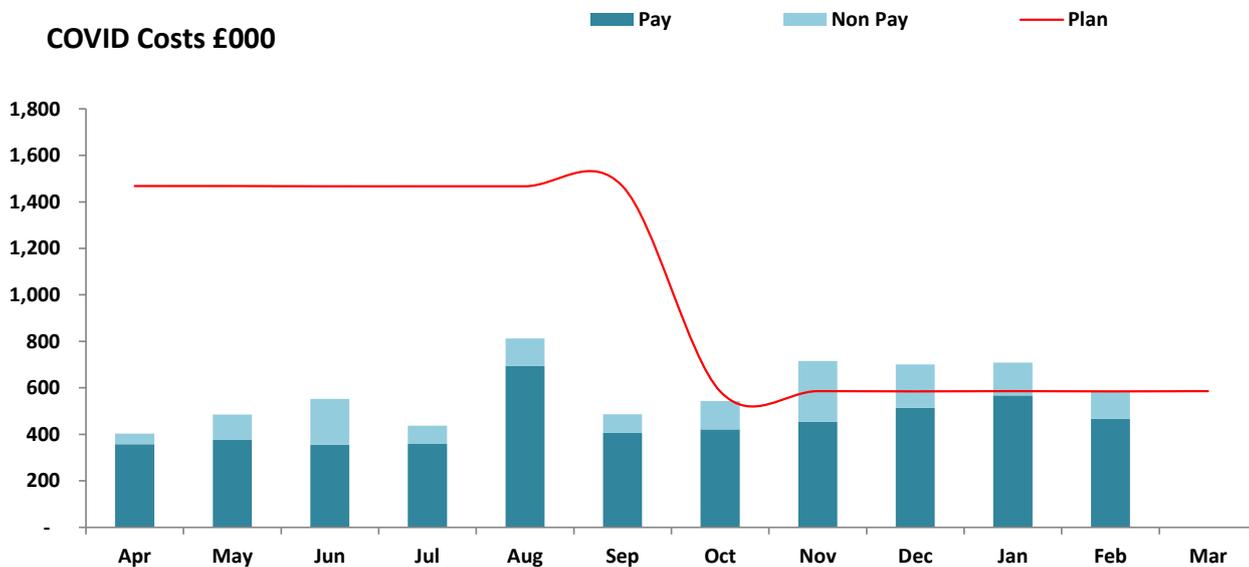
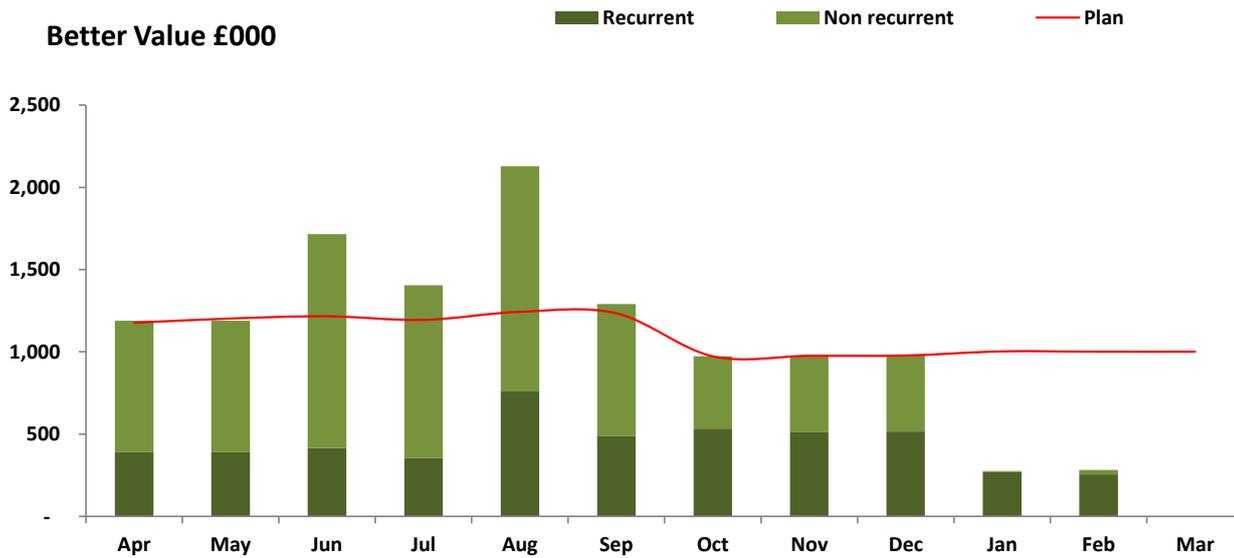
- Pay costs are £0.6m adverse to plan in month and £2.6m adverse to plan YTD. Staffing levels overall remain high due to Covid driving down staff turnover and impacting staff in relation to isolation and sickness.
- February has seen a further reduction in the number of staff absent from the Trust due to Covid with the number falling from 5% on the 31st January to 4% on the 28th February. This shows the reduced impact that Omicron is now having on the Trust staffing levels.
- Although staff costs to cover staff absence has fallen the Trust has seen continued costs relating to reducing the waiting lists.
- The Trust continues to see high levels of maternity leave which is contributing to the higher than planned levels of temporary staffing across the Trust.
- When comparing 2020/21 to 21/22 the largest volume variance increase is seen in the Estates & Ancillary staff. This represents the trust bringing the domestic staff in house. The next largest increases are Scientific staff with Admin shortly behind. These increase are both linked to Covid-19 and represent additional staff required to undertake testing and to undertake additional administrative duties to work on increasing patient activity.
- The price variance has remained mainly the same with a reduction in the Estates and Ancillary staff representing the change in staffing mix following the Trust bringing in house the domestic staff.

# Non-Pay Summary for the 11 months ending 28 Feb 2022



## Summary

- Non pay is £4.3m favourable to plan in month and £8.9m favourable YTD. These favourable variances are largely due to drug expenditure being lower than plan which is linked to lower patient volumes that are requiring high cost drugs.
- The Trust has seen continued payment of private patient aged invoices that have seen a significant further reduction in impairment of receivables in month. The Trust continues to work to collect payment for these invoices and reduce the debt.
- Establishment costs are low in month due to a combination of a review of accruals, reductions in printing and work permit costs and a catch up on recharges.
- Supplies and Services - General costs are low in month driven by a review of NHSEI work programme accruals.



**Better Value and Covid-19 costs**

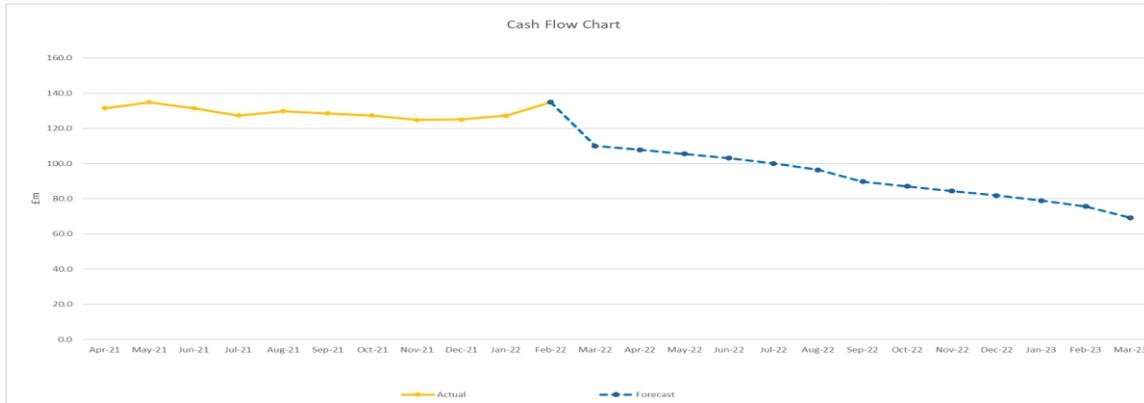
- The Trust has a better value programme plan for H2 of £5.9m as per the new H2 plan submission. The Trust has achieved £12.4m of better value savings YTD largely through controlled spend both recurrently and non-recurrently. Due to the impact of omicron and the Trust work on reducing waiting lists the medium and high risks plans have not been fully developed and did not deliver in Month 9. It is not forecast that these will deliver for the rest of 2021/22.
- Covid costs YTD have totalled £6.4m largely for additional staffing needs to meet the covid response and a variety of non-pay spends including decontamination, lab and consumables spend. These costs have risen with the Omicron variant and the additional costs incurred by the Trust to maintain services.

31 Mar 2021 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Jan 22 £m	YTD Actual 28 Feb 22 £m	In month Movement £m
532.75	Non-Current Assets	525.03	524.35	(0.68)
64.56	Current Assets (exc Cash)	71.27	66.06	(5.21)
126.19	Cash & Cash Equivalents	127.19	134.95	7.76
(102.80)	Current Liabilities	(114.83)	(113.43)	1.40
(6.45)	Non-Current Liabilities	(5.90)	(5.86)	0.04
<b>614.25</b>	<b>Total Assets Employed</b>	<b>602.76</b>	<b>606.07</b>	<b>3.31</b>

31 Mar 2021 Audited Accounts £m	Capital Expenditure	YTD plan 28 February 2022 £m	YTD Actual 28 February 2022 £m	YTD Variance £m	Forecast Outturn 31 Mar 2022 £m	RAG YTD variance
6.50	Redevelopment - Donated	9.40	6.60	2.80	7.14	A
2.56	Medical Equipment - Donated	1.75	1.26	0.49	2.67	A
0.00	ICT - Donated	0.00	0.02	(0.02)	0.02	G
<b>9.06</b>	<b>Total Donated</b>	<b>11.15</b>	<b>7.88</b>	<b>3.27</b>	<b>9.83</b>	<b>A</b>
<b>0.00</b>	<b>Total Grant funded</b>	<b>0.40</b>	<b>0.03</b>	<b>0.37</b>	<b>0.37</b>	<b>R</b>
5.09	Redevelopment & equipment - Trust Funded	6.96	6.36	0.60	11.71	G
1.10	Estates & Facilities - Trust Funded	5.91	1.01	4.90	1.19	R
2.67	ICT - Trust Funded	2.36	1.72	0.64	3.34	A
0.00	Share allocation	0.00	0.00	0.00	0.02	G
0.00	Contingency	0.30	0.00	0.30	0.00	G
0.00	Disposals	0.00	0.00	0.00	(0.22)	G
<b>8.86</b>	<b>Total Trust Funded</b>	<b>15.53</b>	<b>9.09</b>	<b>6.44</b>	<b>16.04</b>	<b>R</b>
<b>2.56</b>	<b>PDC</b>	<b>0.00</b>	<b>1.20</b>	<b>(1.20)</b>	<b>1.38</b>	<b>G</b>
<b>20.48</b>	<b>Total Expenditure</b>	<b>27.08</b>	<b>18.20</b>	<b>8.88</b>	<b>27.62</b>	<b>A</b>

31-Mar-21	Working Capital	31-Jan-22	28-Feb-22	RAG	KPI
5.0	NHS Debtor Days (YTD)	6.0	3.0	G	< 30.0
288.0	IPP Debtor Days	72.0	69.0	G	< 120.0
27.1	IPP Overdue Debt (£m)	12.0	11.8	R	0.0
95.0	Inventory Days - Non Drugs	91.0	91.0	R	30.0
31.0	Creditor Days	26.0	25.0	G	< 30.0
41.6%	BPPC - NHS (YTD) (number)	44.0%	44.5%	R	> 95.0%
70.6%	BPPC - NHS (YTD) (£)	73.5%	74.3%	R	> 95.0%
83.4%	BPPC - Non-NHS (YTD) (number)	83.9%	83.3%	R	> 95.0%
88.9%	BPPC - Non-NHS (YTD) (£)	92.4%	92.0%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	82.2%	81.7%	R	> 95.0%
87.4%	BPPC - Total (YTD) (£)	90.7%	90.4%	A	> 95.0%

**RAG Criteria:**  
 NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)  
 BPPC Number and £: Green (over 95%); Amber (90-95%); Red (under 90%)  
 IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)  
 Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)



**Comments:**

- Capital expenditure for the year to 28 February was £8.9m less than plan; Trust-funded expenditure was £6.4m less than plan; donated was £3.3m less than plan; grant-funded £0.4m less than plan; and PDC funded expenditure £1.2m more than plan. The forecast Trust-funded outturn is now £2.0m less than plan. £1.4m of PDC has been allocated to the Trust for Targeted Investment Fund projects and NCL programmes, including the Accelerator Programme.
- Cash held by the Trust increased by £7.8m to £134.9m.
- Total Assets employed at M11 increased by £3.3m in month as a result of the following:
  - Non current assets decreased by £0.7m to £524.3m.
  - Current assets excluding cash totalled £66.1m, decreasing by £5.2m in month. This largely relates to the following: Accrued income (£1.1m higher in month and this largely relates in amounts not yet invoiced to NHSE (Battens treatment and Clinical Excellence Awards) and HEE; Contract receivables including IPP which have been invoiced (£2.3m lower in month); other receivables (£2.9m lower in month and this largely relates to receipts from GOSH Charity); capital receivables was £0.5m lower in month and inventories (£0.6m lower in month).
  - Cash held by the Trust totalled £134.9m, increasing in month by £7.8m.
  - Current liabilities decreased in month by £1.4m to £113.4m. This includes deferred income (£3.7m lower in month) and Capital creditors (£0.3m lower in month). This is offset against the increase in expenditure accruals (£0.4m higher in month); other payables (£1.1m higher in month) and NHS payables (£1.1m higher in month).
- IPP debtors days decreased in month from 72 to 69. Total IPP debt (net of cash deposits held) decreased in month to £7.2m (£7.7m in M10). Overdue debt decreased in month to £11.8m (£12.0m in M10).
- In M11, 82% of the total number of creditor invoices were settled within 30 days of receipt; this represented 90% of the total value of creditor invoices paid in month. This was below the NHSE target of settling at least 95% of invoices within 30 days.
- By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 83% (84% in M10). This represented 92% of the total value of invoices settled within 30 days (92% in M10). The cumulative BPPC for NHS invoices (by number) was 44% (44% in M10). This represented 74% of the value of invoices settled within 30 days (73% in M10). These scores by supplier category are also both below the NHSE target of settling 95% of invoices within 30 days.
- Creditor days decreased in month from 26 to 25 days.



<b>Trust Board</b> <b>30 March 2022</b>	
<b>Safe Nurse Staffing Report for reporting period Dec &amp; Jan 22</b>  <b>Submitted by: Tracy Lockett, Chief Nurse.</b> <b>Prepared by: Marie Boxall, Head of Nursing - Nursing Workforce</b>	<b>Paper No: Attachment V</b>  <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of report</b> To provide the Board with an overview of the nursing workforce during the months of Dec 21 & Jan 22 and in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016) and further supplemented in 2018. It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.	
<b>Summary of report</b> <ul style="list-style-type: none"> <li>• This reporting period saw high levels of staff unavailability due to the Omicron variant. Sickness rates were 8% (Dec) and 5.6% (Jan) respectively.</li> <li>• Maternity leave rates remain high at 5.5% (Dec) reducing to 5.2% (Jan).</li> <li>• Central recruitment campaigns continue with 20 Registered Nurses joining the workforce in January. Full details of additional recruitment pipelines are outlined in the report.</li> <li>• The Trust nursing vacancy rate was 2.99% in Dec 21, 2.91% in Jan 22 and remains below target (10%)</li> <li>• Voluntary turnover has remained below the trust target (14%), 13.61% (Dec 21) reducing to 13.32% (Jan 22).</li> <li>• There were 15 Datix incidents during this period Dec (10) and Jan (5) with no reported patient harm. This was predominantly driven by short term sickness and self-isolation requirements.</li> <li>• The reported CHPPD was 15.7 (Dec) and 17.2 (Jan). Benchmarking against other Paediatric Trust has been included in the report.</li> <li>• The Biannual Safe Nursing Establishment Review is currently underway and will be reported to Trust Board.</li> <li>• The GOSH Virtual Recruitment Open Day on the 9.3.22 aimed at Newly Registered Nurses and experienced nurses successfully attracted over 260 registrations.</li> </ul>	
<b>Action required from the meeting</b> To note the information in this report on safe nurse staffing which reflects actions as the trust experiences the second surge in the pandemic while maintaining care for priority patients and supporting general paediatric activity.	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b> <input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b>  <input type="checkbox"/> <b>Quality/ corporate/ financial governance</b>	<b>Contribution to compliance with the Well Led criteria</b> <input type="checkbox"/> <b>Leadership, capacity and capability</b> <input type="checkbox"/> <b>Vision and strategy</b> <input type="checkbox"/> <b>Culture of high quality sustainable care</b> <input type="checkbox"/> <b>Responsibilities, roles and accountability</b> <input type="checkbox"/> <b>Effective processes, managing risk and performance</b>

Attachment V

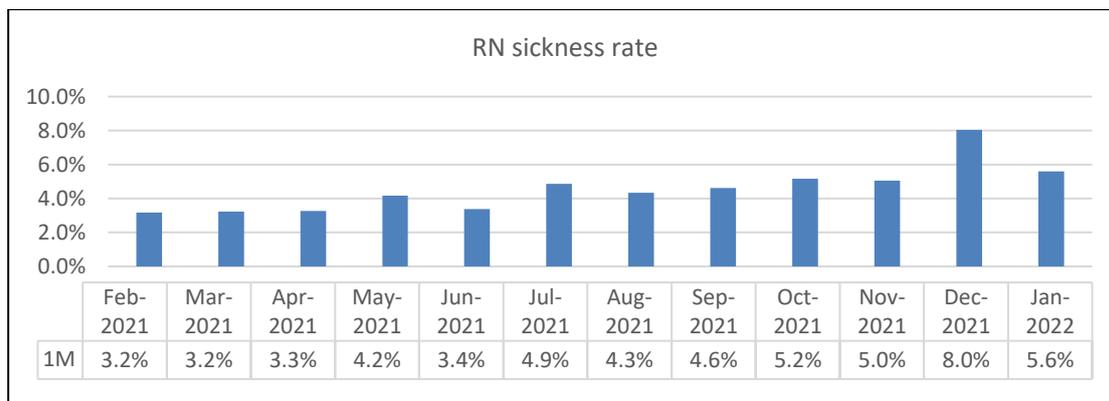
<p>Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.</p>	<p><input type="checkbox"/> <b>Accurate data/ information</b>  <input type="checkbox"/> <b>Engagement of public, staff, external partners</b>  <input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b></p>
<p><b>Strategic risk implications</b>  BAF Risk 12: Inconsistent delivery of safe care</p>	
<p><b>Financial implications</b>  Already incorporated into 21/22 Directorate budgets.</p>	
<p><b>Implications for legal/ regulatory compliance</b>  Safe Staffing</p>	
<p><b>Consultation carried out with individuals/ groups/ committees</b>  Nursing Board, Nursing Workforce Assurance Group</p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b>  Chief Nurse, Director of Nursing and Heads of Nursing</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b>  Chief Nurse; Directorate Management Teams</p>	
<p><b>Which management committee will have oversight of the matters covered in this report?</b>  People and Education Assurance Committee</p>	

**1. Purpose**

To provide the Board with an overview of the nursing workforce and align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016) and further supplemented in 2018. It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time, aligned to the Staffing Assurance framework for Winter 2021/22 preparedness guidance. This report covers the reporting period for December 2021 and January 2022.

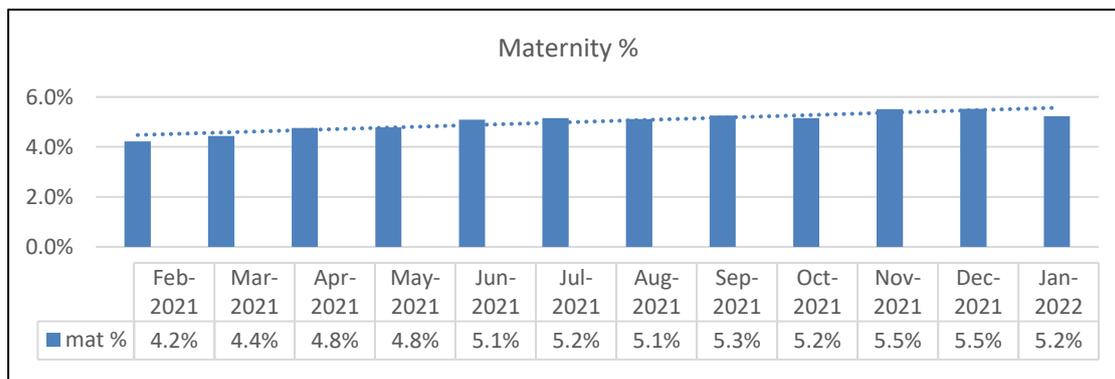
**2. Covid pandemic**

This reporting period saw unprecedented levels of staff unavailability 30-50% in some areas, due to sickness and isolation requirements attributable to the Omicron variant. Sickness rates peaked at 8% in Dec 2021 before reducing to 5.6% in Jan 2022. This was a specific challenge to GOSH, with a predominantly young workforce, many of whom socialise and/or live together in shared accommodation. Despite this safe staffing levels were maintained through several measures including redeployment of staff, temporary bed closures and the introduction of the exemption process.



*Fig.1 Registered Nurse Sickness rate (12 month rolling trend)*

Maternity rates also remain high at 5.5% in Dec 2021 reducing to 5.2% in Jan 2022, compared to an average of 4% pre-pandemic.



*Fig. 2 Maternity/parenting rates (12 month rolling trend)*

## Safe Nurse Staffing Report for reporting period Dec 2021 & Jan 2022

### 3. Vacancy and Turnover Rates

The Trust nursing vacancy rate was 2.99% in Dec 21 before decreasing to 2.91% in Jan 22. Voluntary turnover has remained relatively stable and below the trust target (14%), 13.61% for Dec 21 before decreasing slightly to 13.32% in January 22.

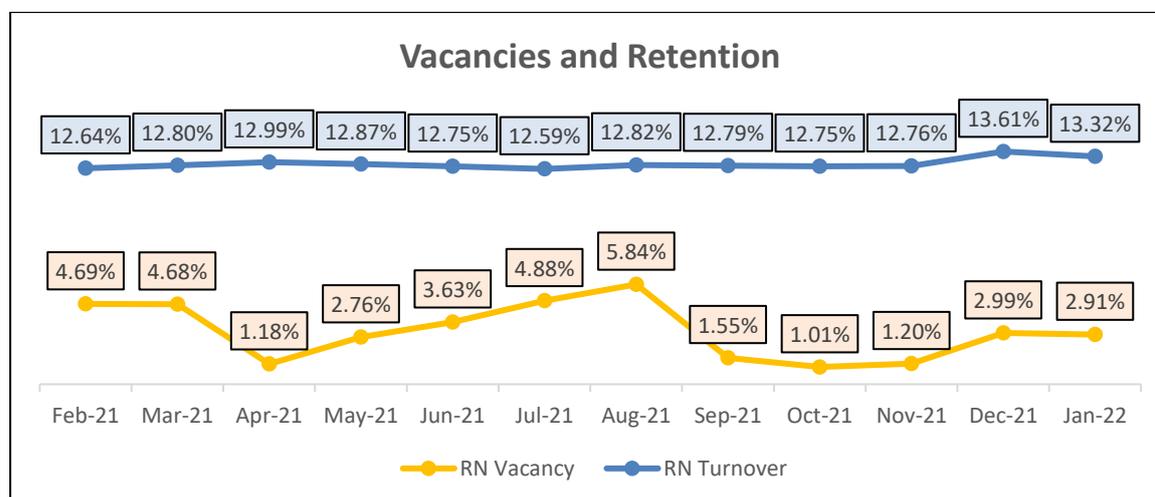


Fig.3 Registered Nurse vacancy and voluntary turnover rate (12-month view)

### 4. Recruitment

We continue to maintain several centralised recruitment pipelines, which are strategically timed throughout the year to coincide with historical peaks and troughs in workforce related activity, to ensure the resilience and sustainability of our nursing workforce. Central recruitment led by the Nursing Workforce Team (NWT), is in addition to local recruitment led by clinical teams for specific roles.

#### Central Recruitment Pipelines

- 13 Newly Registered Nurses (NRNs) commenced employment in January, with a further 13 NRNs planned to commence in April. Planning and recruitment are currently underway for the next intake in Oct 2022. A successful virtual recruitment open day for NRNs and experienced nurses took place on the 9<sup>th</sup> March with over 260 individuals registered to attend. Automatic conditional offers have been issued to our final year 'host' nursing students which will aid a smooth transition and supports our recruitment and retention strategy of being more representative of our local population.
- As part of our 'Grow your own' strategy - 8 Locally recruited Health Care Support Worker Apprentices commenced employment in Jan (4) and Feb (4). This was to support the backfill of 5 existing Health Care Assistants who were successfully appointed to Registered Nurse Degree Apprenticeship (RNDA) cohort in February. Upon completion of their three-year programme, these

## Safe Nurse Staffing Report for reporting period Dec 2021 & Jan 2022

apprentices will achieve Registered Nurse status in Child Health and return to their wards to uptake Band 5 Staff Nurse positions.

- Internationally recruitment (IR) –  
7 IR nurses received their PINs and registrations in January 2022 joining the registered nurse workforce, with an additional 11 nurses currently working towards their OSCE tests and will be transitioning to Band 5 RNs in their clinical areas by the end of March 2022. The new IR nurse campaign in collaboration with the Capital Nurse Consortium has commenced with 6 nurses given conditional offers for a start date in May 22.

### 2. Temporary Staffing

The total shifts requested, excluding shifts requested then subsequently cancelled, decreased in January 2022 to 2,230 from 2,327 in December 2021. Conversely shifts filled by bank increased by 10% from 77% (December) to 87% (January) in this period.

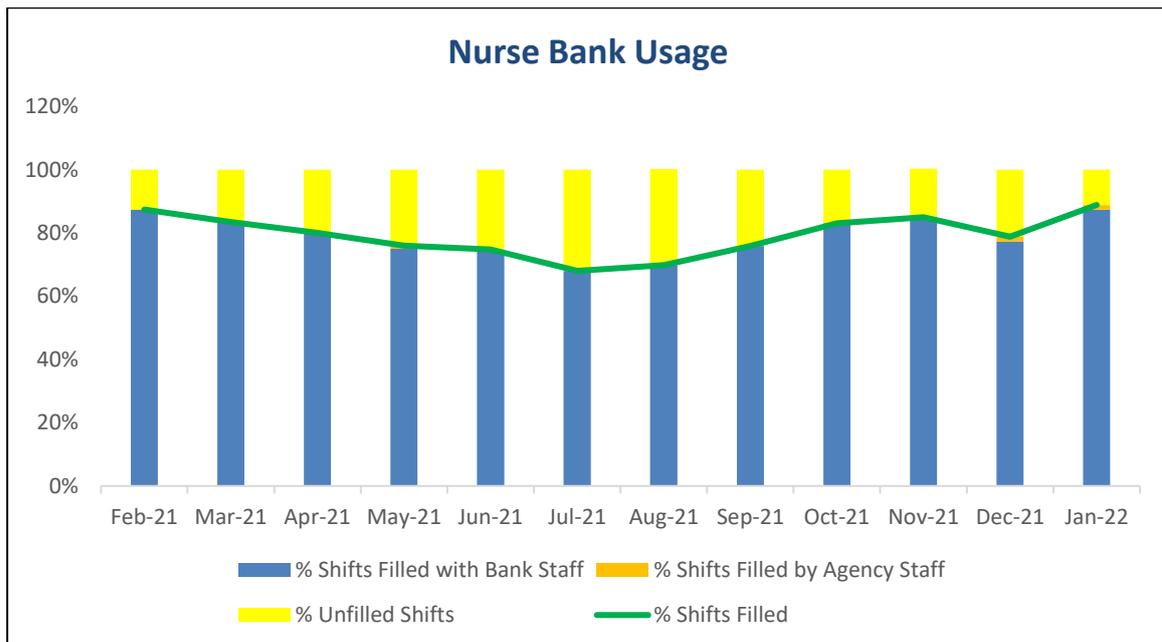


Fig.4 Nurse Bank Usage (12-month view)

### 3. Care Hours Per Patient Day (CHPPD)

CHPPD is the national principal measure of nursing, midwifery, and healthcare support staff deployment on inpatient wards. Alongside clinical quality and safety outcomes measures, CHPPD can be used to identify unwarranted variation and support delivery of high quality, efficient patient care.

CHPPD is calculated by adding the hours of Registered Nurses (RNs) and Healthcare Assistants (HCAs) available in a 24-hour period and dividing the total by the number of patients at midnight. CHPPD is reported to provide a complete picture of care and

## Safe Nurse Staffing Report for reporting period Dec 2021 & Jan 2022

skill mix. CHPPD data is uploaded onto the national Unify system and published on NHS Model Hospital monthly.

CHPPD relates only to hospital wards/units including the ICUs, where patients stay overnight. Reportable CHPPD in the GOSH safe staffing reports includes ICUs as of April 2021 hence the notable increase.

The reported CHPPD for December 2021 was 15.7 made up of 13.7 Registered Nurses and 2 HCA Hours. In January 2022 the figure was 17.2 in total, 15.1 Registered Nurses and 2.1 HCA Hours.

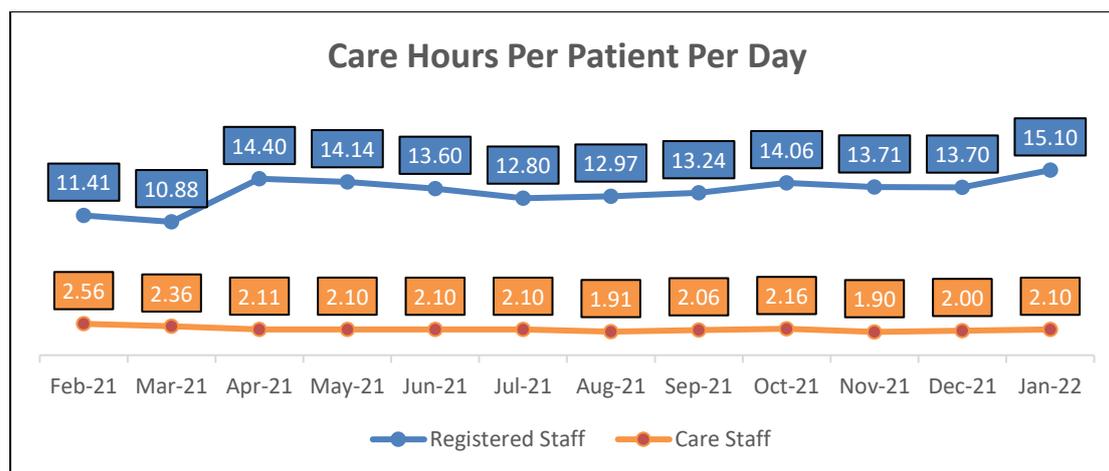


Fig. 5 Care Hours per Day – Breakdown (12-month view)

CHPPD and other nursing metrics are visible to other providers and service users and allow trusts to see national comparison and benchmarking against peers.

CHPPD should be considered alongside measures of quality and safety.

Organisation Name	CHPPD - Overall	CHPPD – RN and Midwives	CHPPD – HCAs
<b>Great Ormond Street Hospital</b>	<b>15.73</b>	<b>13.75</b>	<b>1.98</b>
Alder Hey Children's	14.06	10.89	3.17
Sheffield Children's	13.13	9.07	3.85
Birmingham Women's and Children's	11.09	8.61	2.39

Fig. 6 Published CHPPD for Dec 2021 (Peer benchmarking)

## **Safe Nurse Staffing Report for reporting period Dec 2021 & Jan 2022**

### **4. Safe Staffing Incident Reporting**

There were 10 Datix reports in relation to staffing levels in December; 2 O&I, 2 H&L, 2 Brain, 3 BBM and 1 IP&C. In January there were 5 Datix incidents; 1 BCC, 2 BBM and 2 H&L. There were no datix reports for S&S.

Assurance has been provided by the Directorate Heads of Nursing that no patient harm occurred and plans to mitigate the ever-changing challenges because of the pandemic are under constant review. The incidents were predominantly driven by high levels of short-term sickness, high maternity rates, Covid isolation requirements and planned annual leave.

### **5. Safe Staffing Establishment Reviews**

The Trust wide biannual Safe Staffing Establishment Review will conclude this month with the report submitted to Trust Board.

### **6. Data Cleanse**

As part of our continued improvement processes working in collaboration with the Roster Manager, the Head of Nursing (Workforce) is reviewing all roster templates with each of the directorate Heads of Nursing to ensure they are accurate and reflect the actual staffing requirements to deliver a safe service. We are pausing 'actual versus planned' fill rate reporting until this exercise has been completed.

## Safe Nurse Staffing Report for reporting period Dec 2021 & Jan 2022

### Appendix 1 – Dec 2021 and Jan 2022 Workforce metrics by Directorate

Dec-21					
Directorate	CHPPD (Inc ICUs)	RN Vacancies (FTE)*	RN Vacancies (%)*	Voluntary Turnover* %	Sickness (1 mo) %
Blood, Cells & Cancer	12.1	10.1	4.38%	13.3%	6.7%
Body, Bones & Mind	13.0	-2.1	-1.07%**	8.4%	8.7%
Brain	14.4	1.9	1.44%	15.5%	6.2%
Heart & Lung	20.5	8.4	1.54%	15.5%	8.7%
International	17.0	-3.8	-4.71%	15.1%	6.6%
Operations & Images	NA	11.1	4.68%	11.8%	10.8%
Sight & Sound	12.0	6.6	8.16%	17.9%	6.7%
Research & Innovation	NA	12.7	21.50%***	13.6%	8.0%
Trust	15.7	45.2	2.99%	13.5%	8.0%

Jan-22					
Directorate	CHPPD (Inc ICUs)	RN Vacancies (FTE)*	RN Vacancies (%)*	Voluntary Turnover* %	Sickness (1 mth) %
Blood, Cells & Cancer	12.2	11.5	5.00%	13.83%	5.10%
Body, Bones & Mind	14.8	-3.8	-1.98%**	7.33%	3.54%
Brain	15.6	3.7	2.79%	12.96%	3.36%
Heart & Lung	22.9	-2.9	-0.54%	14.57%	5.09%
International	17.9	10.8	11.26%	15.14%	6.37%
Operations & Images	NA	13.3	5.38%	14.02%	6.09%
Sight & Sound	13.7	4.5	5.50%	16.43%	2.35%
Research & Innovation	NA	13.9	23.63%***	18.14%	5.32%
Trust	17.2	44.4	2.91%	13.32%	4.69%

*NB\* Relates to all RN grades. Trust totals within the narrative may include nursing posts from some other directorates not listed in the above tables.*

*\*\*Due to inaccuracies in BBM budgeted establishment the actual vacancy rate is 4% (Jan 22) the data will be corrected when the budgets have been updated.*

*\*\*\*High vacancy rates in R&I are due to reduced activity as staff are recruited based on funded activity as needed.*

**Trust Board  
30 March 2022****Learning from Deaths report - March  
2022****Submitted by:**

Dr Sanjiv Sharma, Medical Director  
Dr Pascale du Pré, Consultant in  
Paediatric Intensive Care, Medical Lead  
for Child Death Reviews  
Andrew Pearson, Clinical Audit Manager

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

To provide Trust Board with oversight of

1. Learning from deaths identified through mortality reviews, this includes positive practice, but also where there were modifiable factors.
2. Progress with the implementation of the Child Death Review Meetings (CDRM).

**Summary of report**

We have refined our learning from death report to ensure that we reflect the learning and actions from mortality reviews when they can be fully understood and have concluded. Child Death Review Meetings (CDRMs) are the final meeting to confirm actions and learning in the mortality review process following the completion of all necessary investigations and reviews. Previous learning from deaths reports were based on deaths that occur in a period of time, and when CDRMs would not have been concluded for all of those deaths. We are now basing our reporting on concluded CDRM meetings. We are also reporting on progress with completion of CDRMs for the most recent period that can be reviewed.

Sixteen GOSH CDRMs occurred between the 1st October 2021 and 31st December 2021

Those reviews highlighted :

- One review identified modifiable factors. This relates to a faulty batch of histoacryl glue where an SI investigation has been concluded.
- Particular excellent aspects of care, the co-ordination of care and communication in 12 deaths.
- Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience in 10 cases. Those learning points and any actions taken are described in the report.
- Previous learning from death reports have highlighted the impact of national restrictions on visiting and access to services. This was not noted as a theme from the CDRMs reviewed in this report.
- There have been challenges with scheduling CDRMs due to GOSH consultant availability to attend meetings, particularly during the winter period.

**Action required from the meeting**

Attachment W

There are no recommendations or actions for the Board to consider	
<p><b>Contribution to the delivery of NHS Foundation Trust priorities</b> Quality/ corporate/ financial governance</p>	<p><b>Contribution to compliance with the Well Led criteria</b> Culture of high quality sustainable care Effective processes, managing risk and performance Accurate data/ information Robust systems for learning, continuous improvement and innovation</p>
<p><b>Strategic risk implications</b> BAF Risk 12: Inconsistent delivery of safe care</p>	
<p><b>Financial implications</b> Not Applicable</p>	
<p><b>Implications for legal/ regulatory compliance</b> Meets the requirement of the National Quality Board to report learning from deaths to a public board meeting. Child Death Review Meetings (CDRM) are statutory following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019.</p>	
<p><b>Consultation carried out with individuals/ groups/ committees</b> This report has been reviewed by the Patient Safety and Outcomes Committee</p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b> Medical Director</p>	
<p><b>Which management committee will have oversight of the matters covered in this report?</b> Patient Safety and Outcomes Committee</p>	

# Learning from deaths report – March 2022 Trust Board

## Aim of this report

Highlight learning from deaths through the mortality review process at GOSH.

## Summary

We have refined our learning from death report to ensure that we reflect the learning and actions from mortality reviews when they can be fully understood and have concluded. Child Death Review Meetings (CDRMs) are the final meeting to confirm actions and learning in the mortality review process following the completion of all necessary investigations and reviews. Previous learning from deaths reports were based on deaths that occur in a period of time, and when CDRMs would not have been concluded for all of those deaths. We are now basing our reporting on concluded CDRM meetings. We are also reporting on progress with completion of CDRMs for the most recent period that can be reviewed.

Sixteen GOSH CDRMs occurred between the 1st October 2021 and 31<sup>st</sup> December 2021

Those reviews highlighted :

One review identified modifiable factors. This relates to a faulty batch of histoacryl glue where an SI investigation has been concluded.

Particular excellent aspects of care, the co-ordination of care and communication in **12** deaths.

Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience in **10** cases. Those learning points and any actions taken are described in the report.

Previous learning from death reports have highlighted the impact of national restrictions on visiting and access to services. This was not noted as a theme from the CDRMs reviewed in this report.

There have been challenges with scheduling CDRMs due to GOSH consultant availability to attend meetings, particularly during the winter period.

8<sup>th</sup> March 2022

Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews

Andrew Pearson, Clinical Audit Manager

## The mortality review process at GOSH

Mortality reviews take place through two processes at GOSH:

1. Mortality Review Group (MRG). This was established in 2012 to review inpatient deaths. This process is linked with local case reviews undertaken by specialty teams and provides an additional oversight of inpatient deaths in the Trust. This group continues to review deaths to ensure a level of review and challenge can be provided before reviews are finalised at a Child Death Review Meeting (CDRM), as well as and making referrals to other safety investigation processes at the earliest opportunity.

2. Child Death Review Meetings (CDRM) These are in place at GOSH following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019. Child Death Review Meetings are “a multi-professional meeting where all matters relating to a child’s death are discussed by the professionals directly involved in the care of that child during life and their investigation after death.” They include clinicians or professionals from external providers. CDRM meeting should be held within 12 weeks of the child’s death, following the completion of all necessary investigations and reviews.

## Completion of mortality reviews

The focus of this report is on the outcomes of CDRMs. In addition we are also reporting on progress with completion of CDRMs for the most recent time period where this can be assessed.

Nineteen children died at GOSH between 1st July 2021 and 30th September 2021

Reviews (i.e. an MRG or a CDRM) have been completed for all cases.

Twelve CDRMs have taken place, and seven have not been completed.

- Five cannot take place until the completion of necessary coroner investigations.

This in line with the Child Death Review Statutory Guidance.

- Two are being scheduled at the time of writing due to challenges in Consultant capacity to attend the meetings.

It is noted that there have been challenges with scheduling CDRMs due to GOSH consultant availability to attend meetings, particularly during the winter period.

The table below shows the summary of the deaths that occurred between 1st July 2021 and 30th September 2021 using NHS England reporting guidance.

Total number of inpatient deaths at GOSH between 1st July 2021 and 30th September 2021	19
Number of those deaths subject to case record review ( either by the MRG, or at a CDRM)	19
Number of those deaths declared as serious incidents	1
Number of deaths where a modifiable factor was identified at GOSH that may have contributed to vulnerability, ill health or death.	0
Number of deaths of people with learning disabilities	1
Number of deaths of people with learning disabilities that have been reviewed	1
Number of deaths of people with learning disabilities where a modifiable factor was identified at GOSH that may have contributed to vulnerability, ill health or death.	0

One death in that period was declared as an SI

Incident reference number	Update
2021/15007)	
A neonate born with a congenital diaphragmatic hernia died following clinical deterioration and attempts to support the child on Extra Corporeal Membrane Oxygenation (ECMO).	The SI has been reviewed and closed by NHSE (5th November 2021) and presented at PSOC on 10th November 2021. Any modifiable factors will be confirmed once the CDRM has been completed.

## The following parts of the report relate to outcomes of CDRMS between the 1st October 2021 and 31st December 2021

### Deaths that had modifiable factors in the child's care at GOSH that may have contributed to vulnerability, ill health or death. (1)

Incident	Actions identified following conclusion of SI investigation
<p>Incident (2021/11391) Faulty batch of histoacryl glue impacting patient outcome</p>	<p>The learning and actions identified through the completed SI investigation are summarised below . Actions identified will be monitored though follow up of actions through the SI process .</p> <ol style="list-style-type: none"> <li>1. Field Safety Notices - The investigation found that there was no formal policy or process in place in the Trust for the management of Field Safety Notices (FSN) issued by companies.</li> <li>2. Lot numbers The panel agreed that education of theatres staff around recording of lot numbers, particularly for products which are not obviously implants such as glue, was essential. It was also agreed by the panel that the electronic patient record (EPR) system could potentially be used to alert staff if a lot number was not entered. This should be reviewed in co-ordination with the EPR team.</li> <li>3. The Neurovascular team work closely with other centres and consider which techniques to use on a case by case basis for this rare and high risk condition. This is a highly specialised treatment which relies on the skills of a few very specialised individuals and the team are continuously reviewing their practice alongside other specialist centres.</li> </ol> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>• All-staff protected teaching time in theatre will be utilised to remind theatres staff (including scrub staff, anaesthetic staff, and surgeons) of the importance of recording lot numbers. The findings of this Serious Incident investigation will be discussed for learning purposes.[Completed October 2021]</li> <li>• The EPR team will be asked to review how lot numbers are recorded on the patient record and to identify any enhancements to this system, in particular to identify whether a mechanical alert or notification can be added to remind staff when a lot number is not entered.[Completed October 2021]</li> <li>• A policy will be drafted and agreed to outline the management process and pathway for all safety alerts, including Field Safety Notices (FSNs). [Due date March 2022]</li> <li>• A communications package on what should be done on receipt of a FSN or safety alert will be developed and cascaded to all staff via a communications strategy. [Due date March 2022]</li> <li>• A list of major stakeholders/partners who supply the Trust with products will be compiled. These companies will be contacted and informed of our new policy for management of safety alerts. They will be asked to copy in the safety alerts email address for any FSN related communication. [Completed December 2021]</li> </ul>

## Learning from excellence- positive practices , care , and communication highlighted through the CDRM reviews

Quarter of death	Admitting specialties	Summary
Q4 20/21	PICU/Immunology	<i>Multidisciplinary approach with multiple teams involved. Discussed at national HLH meeting. Aberdeen team referred to Genetics and this has meant that family have already been followed up locally.</i>
Q4 20/21	Surgery/PICU	<i>Mum has really appreciated ongoing contact with Family Liaison team and follow up meetings</i>
Q4 20/21	PICU/IR/neurology/neurosurgery	<i>Timely transfer from UCLH to GOSH. Good working between specialities, good recognition of bleed during/after IR procedure. Neurovascular team work closely with other centres.</i>
Q1 21/22	PICU	<i>Despite Covid pandemic this child was repatriated to XXXXXX after death. The PICU team were credited for doing a great job in caring for this child and family. Attendance at CDRM of GP, local hospital and GOSH teams was really helpful in coordinating the follow up for this family.</i>
Q1 21/22	PICU/gastro	<i>Rapid surgical removal of the central line. Rapid diagnosis of this rare condition due to excellent team working. Memorial service was held in the chapel and a book of memories created by the Squirrel nursing team which the parents hugely appreciated.</i>
Q1 21/22	PICU	<i>Mother gave positive feedback about the care received at local hospital and PICU at GOSH. Many of the teams were preparing this child for discharge home prior to his sudden acute deterioration, there was really good evidence of multidisciplinary teamworking in the discharge planning and in the ongoing support for this family following the sad outcome.</i>
Q1 21/22	Heart Failure Team & CICU	<i>"Dedication, sensitivity of CICU nursing was humbling". Excellent MDT working in the face of a very challenging and complex case with progressive cardiac failure despite full VAD support. There were broad international and Berlin Heart team consultations. GP was really grateful to the local and tertiary centres for all the care provided. Peer support, psychology support and one to one support available to CICU nursing team has been available.</i>
Q1 21/22	PICU, Plastic Surgery, Metabolic	<i>Evidence of good multi-disciplinary team working, parents were extremely grateful for the care they received (feedback unprompted by the family)</i>
Q1 21/22	SNAPS/NICU	<i>Fantastic team working between UCLH NICU/GOSH NICU/GOSH Surgeons and Neonatal transport service</i>
Q1 21/22	PICU	<i>Child was baptised. Parents were offered the chance to go to the roof terrace but declined this. Family were really grateful that they could bring the sibling in to visit prior to death with support of play specialist (this has been feedback to the individual)</i>
Q1 21/22	Neurology /metabolic	<i>Despite Covid Pandemic GP practice took parental concerns about feeding seriously and saw the baby in person and identified that the baby needed immediate admission to hospital. Metabolic team arranged muscle biopsy to be done and parental genetic bloods after death prior to them leaving the hospital avoiding the need for them to return for these investigations. Cardiac arrest was a VF arrest (which is an uncommon occurrence) and this was well managed.</i>
Q1 21/22	CICU/Heart Transplant Team	<i>Very complex and emotionally challenging case. praised the staff in particular nursing for the care provided. The nursing team were credited for their extraordinary achievements in sibling visitation prior to death and in repatriating this child and family back home after death despite the Covid pandemic. This has been fed back to the individuals involved via the GOSH PRAISE process.</i>

## Learning points identified

Where learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience.

Quarter of death	Location of learning	Learning /Actions taken
Q4 2020/21	PICU	<p>Clinical deterioration of a PICU patient. The conclusion of the RCA was that, whilst there were issues identified which needed to be addressed, this child died as a result of natural causes. None of the issues identified were found to have more than minimally contributed to death. This was reflected at inquest , where Her Majesty’s Coroner concluded that the child died as a result of natural causes.</p> <p>The recommendations and actions from the RCA report are:</p> <ol style="list-style-type: none"> <li>1. Recommendation: “Review and audit documentation and the frequency of documentation being achieved in a timely manner (to include the access to functioning computers, log in times, and processes in accessing patient records)” Action: “Audit the quality of documentation and frequency of observations to identify gaps in knowledge and process” Audit has been completed to identify gaps in knowledge and process.</li> <li>2. Improve the ability to see vital sign trends in context for an individual patient – for example by persistent realtime display of the T3 system at every ICU bed space. Business case/paper for procurement of T3 across all of the Intensive Care Units has been drafted.</li> <li>2. Recommendation: “Review any barriers to escalation to duty Consultant from junior medical staff to be explored.” Action: “Undertake an audit to understand if there are any barriers to the escalation of the deteriorating patient to the duty consultant” The audit was completed and did not reveal any significant barriers with escalation to the duty consultant.</li> </ol>
Q1 21/22	Neurology	<p>Clinical incident reported around the deterioration of the patient on Koala Ward and staff feeling of helplessness when trying to escalate concerns. The clinical incident has been reviewed by the Directorate and the following recommendations have been identified.</p> <ul style="list-style-type: none"> <li>• Situation discussed with Associate Medical Director for Safety who is leading trust wide process around management of the deteriorating child at Gosh. This is a longer term piece of work but this incident will feed into the review.</li> <li>• Discussion with outreach lead consultant. This case was referred to CSPs but not to ICON / outreach who were not aware.</li> <li>• CSP informed team of the event so that they can review the case and consider whether there is learning for the team.</li> <li>• Discussed with Koala ward sisters that in cases such as these they have option to escalate directly to PICU (by nursing or clinical team) if though appropriate</li> </ul>

## Learning points identified

Where learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience.

Quarter of death	Location of learning	Learning /Actions taken
Q1 21/22	Heart Failure Team & CICU	Ensure that communication for highly complex heart failure children with local hospital teams is thorough. Parents had concerns in relation to the care at the local hospital and it will be important to chase the outcome of the local hospital investigation/response to identify if there is any learning identified
Q1 21/22	GOSH – Neurosurgery /local	Action from CDRM For discussion between Neurosurgery and Neurology to determine what changes to protocols and learning can be put in place in terms of escalation and ownership of referrals. Suggestion that local hospitals should be encouraged to call Consultants directly (via Switchboard) if they are not getting the appropriate support/advice for urgent cases. This has already been actioned at the referrer and fed back to the teams involved at the CDRM.
Q1 21/22	GOSH PICU	A working group has been established internationally to improve pathways for patients with this rare condition to achieve good teamworking and to get more longitudinal data and publish cases.  Death certificate initially not accepted by Camden registry as it contained an abbreviation (BMT) so had to be re-written, already teaching has been instituted for teams involved to ensure accurate recording of BMT in the appropriate sections and not using abbreviations to avoid any confusion for the registration of the death which might delay burial. This has also been fed back to the Registrar at Camden registry office as this was not an isolated incident.
Q1 21/22	GOSH	Child appeared to be in pain on movement of his right leg while inpatient (on Respiratory ward) and he was found to have a right distal femur fracture and generally osteopenic bones.  Paper presented at the November 2021 Patient Safety and Outcomes Committee which highlighted key learning from a review of inpatient fracture incidents . Next steps are to agreed in response to the themes raised in that report
Q1 21/22	GOSH-PICU	1. It seemed that despite suspicion of mitochondrial disorder this child did not have an echo prior to her final admission (despite many previous inpatient and outpatient hospital encounters and extensive work up of her early onset encephalopathy without a unifying diagnosis). This has identified the learning point that cardiology work up should be instigated for children being evaluated for mitochondrial disorders although is not likely to have changed the outcome for this child. 2.Learning Disability CNS raised the question about 'Global developmental delay' being recorded as a cause for the death under Part 2 of the MCCD. The medical teams felt the degree of global delay was important to include in the MCCD as it indicates the level of vulnerability. This highlights the need for further review of how GDD is recorded on MCCD to fit with the way deaths in children with learning disability is reviewed.

## Learning points identified

Where learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience.

Quarter of death	Location of learning	Learning /Actions taken
Q1 21/22	CICU/Heart Transplant Team	1. Mitochondrial associated liver dysfunction was not fully explored prior to transplant (and the finding of cirrhosis may have precluded transplant) however might have provided more information going into the transplant in terms of risks and complications. The numbers of these patients are rare. As a learning point the heart transplant team and liver team intend to liaise in the pre-transplant period for patients identified with the potential for multi-system involvement of underlying [mitochondrial] conditions. The value of post mortem examination (offered but not done in this case) was also discussed as a potentially important in terms of learning for other children with similar underlying conditions. 2. DCD (donation after circulatory death) heart transplants are still a relatively new phenomenon (especially in children) and the data following all transplants is fed into NHSBT. The need for increased ECMO support post operatively in these DCD transplant patients has been identified and the GOSH transplant team are working closely with the Papworth team who have lead in adult DCD heart transplants.
Q1 21/22	NICU	The bedside nurse had not appreciated the poor prognosis (despite a catastrophic brain bleed on scan) and this case highlighted the importance of ensuring that all members of the clinical team are aware of the (poor) prognosis to ensure that consistency between medical and nursing messages in our communication and approach to families. The nurse in this case would have provided memory making etc over the course of the day had there been a better understanding of the prognosis. The NICU Consultant at GOSH has reflected on this and will address this issue with the GOSH NICU team as a learning point.
Q1 21/22	Respiratory/ PICU	1. National Interstitial lung disease panel on 100 000 genomes panel testing did not include SAVI in 2016, subsequently molecular techniques have improved and that is why the relevant test could be done in 2019 and a diagnosis was confirmed. The ILD panel still does not include SAVI and this was identified as a learning point and action to address as an action with GOSH Geneticist who is involved in the ILD panel to address. 2. This case identified the need for pan London and national discussion about complex cases. 3. There were a number of incidents when parental behaviours towards medical and nursing staff had to be addressed. This identified the need for better support for staff under these challenging circumstances.

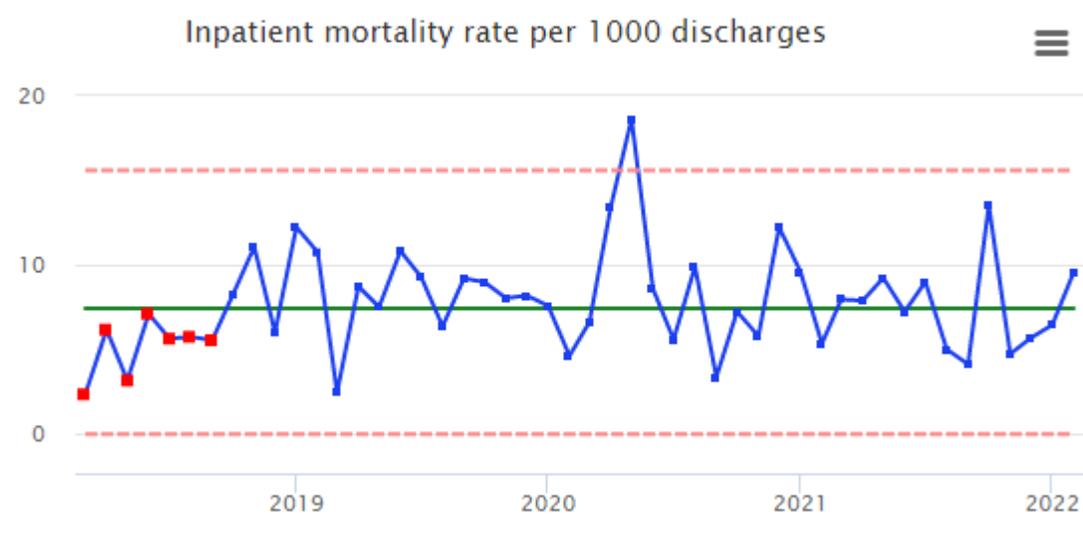
## Impact of COVID 19 pandemic on deaths at GOSH

We amended our mortality review process at the start of the COVID 19 pandemic to ensure we indicate where there has been impact of the pandemic on a death occurring at GOSH, and the experience of patients and families.

Previous learning from death reports have highlighted the impact of national restrictions on visiting and access to services. This was not noted as a theme for deaths in the CDRMs reviewed. In two deaths that occurred in Q2 2021/21 the CDRM note parents found the restrictions in visiting due to government imposed restrictions during the pandemic difficult.

## Mortality rate

The crude mortality rate 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. The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANET). The most recent PICANET report was published in January 2022 and covers the calendar years 2018-2020. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range

## Finance and Investment Committee Update

The Finance and Investment Committee (FIC) held two regular meetings on Wednesday 23 February and Friday 25 March 2022.

The report provides a summary of the February meeting, the Chair will provide a verbal update on highlights from the March meeting at the Trust Board.

### Key issues

#### Finance report month 10 (January data)

The Trust's financial position was a deficit of £5.9m year to date which was £2.9m adverse to the NHSE/I plan.

Income was £5.4m adverse to plan driven by below plan activity and reduced scope to earn ERF.

High levels of bank and agency staffing continued in order to backfill staff isolation and sickness.

The Committee discussed how, historically, International and Private Care (I&PC) income had contributed to the Trust achieving financial plans and how reduced activity in I&PC had adversely impacted the Trust's financial position during COVID. The Committee recommended that the Trust focus on increasing I&PC activity via the traditional markets as well as exploring new opportunities.

#### Integrated Performance Report Month 10 (January data)

Trust activity was below the pre-omicron forecasts – a revised recovery trajectory for the hospital was in development. Trust activity had been adversely affected by staff absences.

The Committee discussed mechanisms to push and increase (being mindful of staff wellbeing) activity levels within each specialty.

#### Update on the 2022/23 operational planning, finance and contracting guidance

The Committee received an update on the business planning processes for 2022/23.

The Committee noted that the processes would disadvantage the Trust and discussed the possible escalation options.

The Committee discussed the variance in financial performance of Trusts within the ICS and what the implications for the ICS as a whole were.

#### Better Value

The Committee discussed the first Better Value report since pre-COVID. The report outlined the approach to the savings programme.

Children's Cancer Centre update

The Committee received an update from the Children's Cancer Centre Delivery Director and a Consultant from Currie & Brown Group Limited on planning process and the impact of inflation on availability of resources to complete the project.

Estates Return Information Collection (ERIC) return

The Committee reviewed the findings of the ERIC return which comprised of information relating to the costs of providing and maintaining the Trust's estate including buildings, maintaining and equipping hospitals, the provision of goods e.g., laundry and food and the costs and consumption of utilities.

Sight and Sound overspend report

The Committee receive a report that identified the main reasons for the overspend from the original budget figure within the Sight and Sound Business Case.

Major Project Update Reports

The Committee received updates on major projects.

Feedback from Governors

The Chair sought feedback from Governors in observance.

**End of report**

## Summary of the People and Education Assurance Committee held on 25 February 2022

The Committee noted summaries of the following assurance committees:

- Quality, Safety and Experience Assurance Committee (January 2022)
- Audit Committee (January 2022)

### **Junior Nurses Staff Story**

Staff stories were received from two Junior Nurses who talked about their experiences in relation to their personal development and educational opportunities available. They discussed staff morale and how staff on the wards were feeling, specifically in relation to wellbeing, bed management and waiting lists. They also talked about some of the challenges around having differing responsibilities and competencies depending on the type of shift they were on and the area of work.

### **People Strategy Update**

It was acknowledged that there hadn't been significant progress since the last meeting due to the HR & OD team being embedded and responding well to challenges over the last few months, including VCOD. Diversity & Inclusion and Allyship has continued to progress across the organisation and there was recognition of the work around recruitment process, reward and recognition and the implementation of the new Trust intranet which was due to be released soon. The Committee discussed how the Trust can balance the impact of the lack of certainty over financial outcomes and increased waiting lists, and the importance of leaders and managers being able to provide clarity in situations where there is high levels of anxiety and ambiguity.

### **Workforce Metrics Update**

The Committee heard how GOSH's workforce has significantly grown by 16% over the last four years. The current vacancy rate is at 5% and the voluntary turnover rate is at 12%, both below target although turnover is higher than the average of other Trusts. Sickness rates remain high, with the second most common reason being stress and anxiety. To support staff the Wellbeing Hub is being actively promoted and there are monthly Wednesday Wellbeing webinars. Statutory mandatory training rates remain above target and Estates and Ancillary were mentioned as a good news story given their compliance and good progress in a short period of time. The Committee is going to consider refreshing its focus around the workforce metrics update to use this as an opportunity to link with the staff story to have the ability to deep dive and get further assurance.

### **Nursing Workforce update**

It was noted that there had been a slight increase in the registered nurse vacancy rate to 3%, which is still good in comparison to others in the sector. The Committee were also informed that the recruitment strategies continue to grow and remain significantly important.

### **GOSH Learning Academy (GLA)**

The Committee were advised that the overall status for the programme remains on track. The GLA are looking at ways to share their resources with other provides and has given Alder Hay Children's Hospital the ability to sign up to DEN, so they are able to access free education. The Committee felt this was a positive step but also recognised the ongoing challenge between ensuring GLA continues to be financially sustainable.

An external independent review requested by GOSH Children's Charity will take place in October 2022 and will cover progress up to the completion of year two (April 2022).

The Committee noted the 'pass rate at first attempt' had dropped for students enrolled on clinical academic modules and were assured it was now back on track with a 90% pass rate overall.

### **Vaccination as a condition of deployment**

There have been fast-moving developments of VCOD over the last few months. 2.7% of staff were identified as either declining to have the vaccination or being unable to ascertain their vaccination status. The legislation was retracted by Government following a consultation on the 16 February 2022 and GOSH were pleased that no formal deployment processes took place. The Committee recognised how well the process had been managed in such difficult circumstances.

### **Insourcing Domestic Services Update**

The Trust were incredibly proud of the work undertaken to transfer 300 staff into GOSH and being able to make a number of improvements to their working conditions. The Committee heard about the next stage to full harmonisation and sought assurance that services had been operating as usual whilst the process has been ongoing.

### **Lone Workers Update**

The currently process is underway and was set out clearly to the Committee. Conversations continue to take place with managers the register is constantly being updated. The Committee asked whether there had been any delays and were informed that previously challenges with managers were not greatly improved and the process was picking up pace.

### **Update on the Board Assurance Framework**

The Risk Compliance and Assurance Group and Audit Committee had both discussed in-depth the focus and scores of the recruitment and retention risk and decided that it should remain on the register. However, the challenges around the availability of staff would be added to the Trust Wide Risk Register. The controls and assurances had been documented for the GLA BAF risk and these were approved by the Board in November 2021.

### **Deep Dive of BAF Risk 2: Recruitment and Retention**

Discussion took place around whether there had been any impact of BREXIT on the recruitment of consultants. The Committee heard that the Trust is recruiting 13.5% more staff and were assured that BREXIT had not impacted consultant recruitment. In 2014, a third of new recruits were EEA Nationals, this dipped slightly but was back to 36% in 2021. The Committee was also informed that recent immigration arrangements put in place last January had not made an impact and the Trust is seeing a steady stream of candidates wanting to work at GOSH.

However, it was noted that COVID had potentially changed things for the medical workforce. Doctors in particular choose their career pathway very early and the Trust needs to improve its international footprint visibility if it wants to continue its place in the international space, and this was of concern. On the flip side the Committee heard there is good ongoing work on the pathways for non-consultant colleagues joining GOSH and supporting and keeping them networked when they leave.

The Committee queried whether the risk score was accurate, and it was agreed for the score to be taken to the Risk Assurance and Compliance Group for further discussion and consideration.

### **Freedom to Speak Up Service Update**

The Committee received an update covering the last 2 months and noted the increase in concerns raised in comparison to the same period last year and generally across the past three years. Themes around infection control (vaccines), discrimination, a culture of not feeling heard and patient care/safety were the most prominent since the last report. Admin/clerical/estates and nurses were again the highest represented groups of workers contacting the service. The committee recognised the culturally challenge for staff which the Trust is trying to promote as a way to try an encourage conversations and resolutions locally.

### **NHS Wellbeing Guardian**

Due to time constraints, it was agreed to defer this item to the next meeting.

### **Results of the PEAC Effectiveness Survey**

Members agreed for the non-executive directors to meet and discuss the results of the survey outside of the meeting.

### **Governor Feedback**

Governors welcomed the helpful papers and gave feedback on the discussion around staff wellbeing with particular reference to sickness absence rates. Governors enjoyed hearing from the two staff members and were pleased that adequate time was given by the Chair to enable a longer discussion. Overall governors felt Non-Executive Directors showed very good knowledge of services and staff and their ability to challenge was very impressive.

**Summary of the Council of Governors' meeting  
held on 10<sup>th</sup> February 2022**

Sustainability and Climate and Health Emergency Update

The Council received a presentation on the progress made since GOSH had declared a climate and health emergency in February 2021. Governors had expressed a wish to become more involved in the programme of work and it was agreed that this would be taken forward. Discussion took place about the redevelopment programme over the coming years, particularly the Children's Cancer Centre, and the focus being placed on sustainability, alongside other priorities, during planning. Governors requested more measurable metrics in order to monitor progress.

Young People's Forum update

Members of the YPF had reviewed plans for the bedside entertainment system and emphasised the importance of ensuring that it could be used by patients with limited mobility. The YFP felt that improvement was required in entertainment which was available to patients aged 10 and over. A workplan was being developed for the YPF going forward.

Annual Planning Update

Planning guidance had been published on 24<sup>th</sup> December 2021 which had highlighted the requirement for Trusts to operate at 10% greater activity than in 2019/20. Further information was anticipated about the way in which this would be calculated. Key aims would be recovery against the backlog of waiting patients and to move forward with the digital strategy. Work was taking place with directorates and corporate areas to develop a budget which aligned to the Trust's strategy. Inflation remained a significant risk. Focus continued to be placed on increasing International and Private Care (I&PC) activity however it was not anticipated that the Trust would breach the 5% non-NHS income cap which would require Governor approval. Discussion took place around GOSH's national profile in the context of the move to an ICS structure and it was confirmed that discussions continued about how this would work in practice.

Chief Executive Report

There had been very high levels of staff sickness and absence as a result of isolation during the COVID19 surge in December and January which had reached approximately 13%. The Trust also had a rate of maternity leave that was approximately twice the London average. Notwithstanding GOSH's low nurse vacancy rate, the availability of staff had been considerably impacted by these factors. There had been a good improvement in quality metrics following a change in the management of this performance. An update was given on the strike which was taking place by a small number of security staff at GOSH and the importance of ensuring that behaviours during the strike were in line with the Trust's values and did not impede GOSH's ability to treat patients was emphasised.

Reports from Board Assurance Committees

- Quality, Safety and Experience Assurance Committee (January 2022)

Improvements were being made in the Trust's Quality and Safety Metrics as a result of the focus being placed on investing in the team and improving processes. The Committee had received an update on progress with the implementation of the Learning Disability Strategy and had noted that an external review was being planned for the Safeguarding service.

- People and Education Assurance Committee (December 2021)

A comprehensive update had been received on the People Strategy and the associated frameworks and the

committee had noted progress. A large number of initiatives had been developed and an impact tracker was now in place to monitor progress. A positive presentation had been received from two GOSH apprentices which had highlighted the importance of these roles in terms of the recruitment of a diverse workforce from the local area.

- Audit Committee (January 2022)

The Committee had reviewed a number of recommendations made by the Risk Assurance and Compliance Group around the Board Assurance Framework and had undertaken deep dives on operational performance and information governance. An external review of estates and facilities had been undertaken and the committee had received a presentation on the findings; progress with the action plan would continue to be monitored by the committee. Two positive internal audit reports had been received particularly around the BAF which had received a rating of significant assurance.

Appointment of a Non-Executive Director on the GOSH Board (for approval)

The Council approved the appointment of Gautam Dalal as a NED on the GOSH Board.

Children's Cancer Centre (CCC) Project Update

The project was currently in the RIBA 3 stage of planning and this involved working through each floor of the building and allocating rooms, being mindful of synergies, working in partnership with clinical champions. It was anticipated that the Full Business Case would be presented to the Trust Board in Autumn 2022 followed by a period to obtain approval from NHS England and Improvement. Building completion was planned for 2026. The Council discussed the work that was taking place with the local community and it was noted that public realm works were taking place in partnership with the Local Authority to develop a more pedestrianised street which was more appropriate for children and young people. The Council of Governors noted that the development of the Children's Cancer Centre would be considered to be a significant transaction as a result of the costs associated with the development and it would therefore require the approval of more than 50% of Governors through a vote.

Extension of the External Audit Contract

The Trust's external audit contract had been awarded as a three-year contract with the option to extend for a further two years. The two-year extension would begin in April 2022 and the Council of Governors was responsible for awarding the contract. An effectiveness survey had been undertaken and NEDs and Executive Directors who worked closely with the auditors had provided positive feedback. It was noted that although the incumbent had provided the service for a number of years, a new partner had been assigned to GOSH at each point of contract renewal to maintain independence. The Council approved the proposal to extend the contract for a further two years.

Governance Update

The Council welcomed the new Deputy Company Secretary to her first meeting and noted that newly elected and appointed Governors would join the Trust on 1<sup>st</sup> March. An induction working group had been developed and public and parent governors were asked to volunteer to sit on the group.

Update from the Membership Engagement Recruitment and Retention Committee (MERRC)

Governors had expressed a wish to become more involved in engaging with their constituencies and it was noted that discussion on how best to achieve this took place at MERRC. Governors were invited to join the committee. The Council approved the revised Membership Strategy.

Any other business

It was agreed that governors would take part in setting the agenda for the meeting through the Lead Governor.