

## Meeting of the Trust Board Wednesday 23 November 2022

Dear Members

There will be a public meeting of the Trust Board on Wednesday 23 November 2022 at 2:30pm in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.

Company Secretary Direct Line: 020 7813 8330

### AGENDA

	<b>Agenda Item</b> <b><u>STANDARD ITEMS</u></b>	<b>Presented by</b>	<b>Attachment</b>	<b>Timing</b>
1.	<b>Apologies for absence</b>	Chair	<b>Verbal</b>	<b>2.30pm</b>
<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	<b>Minutes of Meeting held on 21 September 2022</b>	Chair	<b>L</b>	
3.	<b>Matters Arising/ Action Checklist</b>	Chair	<b>M</b>	
4.	<b>Patient Story</b>	Chief Nurse	<b>N</b>	<b>2:40pm</b>
5.	<b>Chief Executive Update</b>	Chief Executive	<b>O</b>	<b>3:00pm</b>
<b><u>PERFORMANCE</u></b>				
6.	<b>Directorate presentation: Blood, Cells and Cancer</b>	Chief Operating Officer/ Senior Leadership Team for Directorate	<b>P - presentation</b>	<b>3:10pm</b>
7.	<b>Feedback from NED walkrounds</b>	Chair and Non-Executive Directors	<b>Verbal</b>	<b>3:35pm</b>
8.	<b>Integrated Quality and Performance Report (Month 6 2022/23) September 2022 data</b>	Medical Director/ Chief Nurse/ Chief Operating Officer	<b>Q</b>	<b>3:45pm</b>
9.	<b>Finance Report (Month 7 2022/23)</b>	Chief Finance Officer	<b>R</b>	<b>3:55pm</b>
<b><u>ASSURANCE</u></b>				
10.	<b>Learning from Deaths report- Child Death Review Meetings – Q2 2022/23</b>	Chief Medical Officer	<b>S</b>	<b>4:05pm</b>
11.	<b>Guardian of Safe Working</b>	Chief Medical Officer	<b>T</b>	<b>4:15pm</b>
12.	<b>Nursing Workforce Assurance Report</b>	Chief Nurse	<b>U</b>	<b>4:25pm</b>
13.	<b>Health Inequality Update</b>	Chief Nurse	<b>V</b>	<b>4:35pm</b>
<b><u>STRATEGY AND PLANNING</u></b>				
14.	<b>Annual Planning 2023/24</b>	Chief Finance Officer/ Chief Operating Officer	<b>W</b>	<b>4:45pm</b>

15.	<b>Seen and Heard annual report 2022 including:</b> <ul style="list-style-type: none"> <li>• Workforce Race Equality Standard 2022</li> <li>• Workforce Disability Equality Standard 2022</li> <li>• Gender Pay Gap</li> </ul>	Director of HR and OD	X	4:55pm
<b><u>RISK AND GOVERNANCE</u></b>				
16.	<b>Update on Board Assurance Framework</b>	Company Secretary	Y	5:05pm
17.	<b>Board Assurance Committee reports</b> <ul style="list-style-type: none"> <li>• <b>Quality, Safety and Experience Assurance Committee – November 2022</b></li> <li>• <b>Audit Committee</b></li> <li>• <b>Finance and Investment Committee Update – September 2022</b></li> <li>• <b>People and Education Assurance Committee Update – September 2022 meeting</b></li> </ul>	Chair of QSEAC  Chair of Audit Committee  Chair of the Finance and Investment Committee  Chair of the People and Education Assurance Committee	Z  1  2  3	5:10pm
18.	<b>Council of Governors' Update</b>	Chair	4	
19.	<b>Register of Seals</b>	Company Secretary	5	5:25pm
20.	<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.)			
21.	<b>Next meeting</b> The next public Trust Board meeting will be held on Wednesday 1 February 2023.			

**DRAFT Minutes of the meeting of Trust Board on  
21<sup>st</sup> September 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
Professor Russell Viner	Non-Executive Director
Gautam Dalal	Non-Executive Director
Matthew Shaw	Chief Executive
Tracy Lockett	Chief Nurse
John Quinn	Chief Operating Officer
Margaret Ashworth	Interim Chief Finance Officer
Caroline Anderson	Director of HR and OD

**In attendance**

Cymbeline Moore	Director of Communications
Dr Shankar Sridharan	Chief Clinical Information Officer
Margaret Ashworth	Interim Chief Finance Officer (Designate)
Dr Sophia Varadkar	Deputy Medical Director
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Beverly Bittner-Grassby	Governor (observer)
Jackie Gordon	Governor (observer)
1 member of GOSH staff	
Dr Mary Mathias*	Haemophilia Consultant
Dr Jenny Rivers*	Deputy Director of Research and Innovation
Lauren Tedaldi*	Research Communications Manager
Hannah*	Mother of a GOSH patient
Lynn Shields*	Director of Education
Dhimple Patel*	GOSH Nurse Apprentice
Laurence O’Sullivan-Whiting*	Workforce Development Lead – Apprentices
Alice Knight*	Practice Facilitator
Helen Dunn*	Director of Infection Prevention and Control

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

<b>86</b>	<b>Apologies for absence</b>
86.1	Apologies for absence were received from Sanjiv Sharma, Medical Director. Sophia Varadkar, Deputy Medical Director was in attendance in their stead.
<b>87</b>	<b>Declarations of Interest</b>
87.1	No declarations of interest were received.
<b>88</b>	<b>Minutes of Meeting held on 7 July 2022</b>

88.1	Minute 72.1 – Minute to be updated to reflect that the previous Chief Finance Officer left the Trust in July 2022 rather than June.
88.2	Subject to this amendment the Board <b>approved</b> the minutes of the previous meeting.
<b>89</b>	<b>Matters Arising/ Action Checklist</b>
89.1	Action 24.10: The RACG had considered the Board action about the Children’s Cancer Centre BAF risk and the risk around it continuing to be relevant and fit for purpose. The RACG had proposed the following wording be added to the end of the risk statement: “Risk of time elapsing and the building remaining relevant and fit for purpose.” This was <b>approved</b> by the Board.
<b>90</b>	<b>Patient Story: Experience of GOSH as Research Hospital</b>
90.1	The Board received by patient story via Zoom from Hannah, mum of GOSH patient Charlie, aged 7, who had been diagnosed with a rare form of Haemophilia B from birth. Hannah said that Charlie was also factor 9 deficient and had become allergic to factor 9 which was very challenging and lots of time had been spent considering different options for Charlie’s treatment. Charlie had been given the opportunity to become the first patient to receive a new drug via a pen injector as part of a research trial. Hannah said that the trial had been discussed for several years and Charlie had begun to receive the drug in May 2022. The drug had been life altering for Charlie who had previously had an internal bleed in a muscle or joint every two weeks and now had had one incident between May 2022 and September 2022 and had been able to go on holiday.
90.2	Hannah said that the drug had enabled Charlie to be more active and to have his portacath removed which led to a significant reduction in risk of infection and sepsis.
90.3	Hannah said that she had a good relationship with Charlie’s clinical team and trusted their advice however it had been challenging being with Charlie alone, a long way from home and without another adult to rely on. She said that it had been difficult to rely on nurses to look after Charlie when she needed to leave the hospital.
90.4	Mary Mathias, Haemophilia Consultant said that Charlie had a very rare complication of a rare condition and there were fewer than 10 people in the UK with the same complication. She said that with the support of the Research and Innovation Team Charlie had been enrolled on the trial at an early stage and had been the first boy enrolled in the world.
90.5	Russell Viner, Non-Executive Director asked whether taking part in the trial had been an additional burden to the family or had felt like a seamless part of Charlie’s care. Hannah said that the clinical team had always been clear about what would be required and she had been prepared for a more challenging process than had materialised. She said that the requirements had been more flexible than she had envisaged and the team had been very supportive.
90.6	Amanda Ellingworth, Non-Executive Director highlighted the difficulty of having a sick child and asked whether Hannah had been given access to psychological support. Hannah said that as haemophilia was in her family she had been aware

	of the condition and when she had been overwhelmed the clinical team had been helpful in providing information in an understandable way. She added that as the team made her feel empowered in the ability to support her son and were always available she had not required access to psychological support.
<b>91</b>	<b>Chief Executive Update</b>
91.1	Matthew Shaw, Chief Executive said that the 2022/23 pay award had been substantially below the level of inflation and it was possible that industrial action would be taken in some areas. With the support of the GOSH Charity, the Trust had developed a hardship fund to enable staff to apply for a grant of up to £500 to help with immediate and unexpected costs.
91.2	The Trust's activity continued to be high, however this was not reflected in Referral to Treatment performance which was declining. Consideration was being given to the additional steps the Trust could take to improve performance. GOSH continued to have discussions to ensure that national policy was reflective of the needs of child health and to highlight that paediatric waiting lists were growing at a faster rate than that of adults.
91.3	GOSH had been judged to be the third best children's hospital worldwide. All the leading organisations had been research hospitals which had underlined the importance of focusing on research. A Partnership Board had been established with UCLH to support strategic alignment of services and drive opportunities in patient care particularly around oncology care and foetal pathways.
91.4	James Hatchley, Non-Executive Director said that he had had the honour of representing GOSH at the funeral of Her Majesty The Queen. He said that he had remembered the work done by the Trust to support patients and families throughout The Queen's patronage of GOSH.
<b>92</b>	<b>Integrated Quality and Performance Report (Month 4 2022/23) July 2022 data</b>
92.1	John Quinn, Chief Operating Officer said that some changes had been made to the format of the IQPR and an executive summary had been added in response to Board feedback. Of the 26 metrics which had been RAG rated, 15 had been rated green which was positive and a balanced scorecard was being developed.
92.2	Sophia Varadkar said that there was good performance in the quality and safety metrics and there continued to be a good level of incident reporting. Focus continued on high-risk reviews and serious incident investigations and improved ways of working had begun with respect to Duty of Candour. The number of cases requiring the application of Duty of Candour were small and were being actively managed. Work had taken place to update the policy which would be presented to the Policy Approval Group in October 2022. Sophia Varadkar highlighted the need to focus on good clinical practice rather than statutory requirements.
92.3	Tracy Lockett, Chief Nurse said that there continued to be a positive response rate to the Friends and Family Test with over 95% of respondents reporting they were likely to recommend GOSH however there had been a small reduction in the response rate. There had been a considerable increase in complaints during July 2022 however this had since reduced.

92.4	<b>Action:</b> Suzanne Ellis, Non-Executive Director asked for a steer on the drivers of last-minute cancellations and it was agreed that John Quinn would provide this information at the next meeting.
92.5	Russell Viner welcomed the format and clarity of the report. He noted that there had been a reduction in performance against Duty of Candour in July and asked what had driven this. He noted that there had been a change in the way the data was presented from percentages to absolute numbers. Sophia Varadkar highlighted that the number of cases involved was very small and therefore a small change was likely to skew the percentages. Matthew Shaw confirmed that a weekly meeting took place to review all cases which were subject to Duty of Candour.
92.6	Sir Michael Rake, Chair said that Non-Executive Directors had visited Safari Ward which was a cancer outpatient ward. He said that although staff were doing all they could, the environment was challenging and it was a clear demonstration of the need for the Children's Cancer Centre development.
92.7	Amanda Ellingworth highlighted that the overdue actions arising from serious incidents had remained broadly unchanged and asked what was required to reduce this. Sophia Varadkar confirmed that August data showed that the metric would be green rated for the first time. She added that in some cases actions required a deadline extension and careful review took place to ensure that this was appropriate.
92.8	Suzanne Ellis welcomed the transparency of the report and noted that dental consultant availability had been challenging for several years and said that notwithstanding the national nature of the issue it was important that GOSH took local action. John Quinn said that the recruitment process was ongoing, but challenges remained in the area. A pan London project to increase capacity and reduce waiting times had been developed prior to the COVID19 pandemic and John Quinn said that it was important for a similar partnership response. Matthew Shaw said that focus must also be placed on prevention to reduce the number of tooth extractions required in children and young people.
92.9	John Quinn said that the referral to treatment metric was reducing on a weekly basis. He said that in many areas of the hospital performance was improving however there was a decline in some large services. He said that a number of actions were being taken to improve the position.
92.10	<b>Action:</b> James Hatchley noted the substantial improvement in the format of the report and suggested that an annual review take place to ensure it was capturing the relevant metrics. He highlighted that no pharmacy metric had been included. It was agreed that an annual review of the metrics included in the report would take place.
<b>93</b>	<b>Finance Report (Month 5 2022/23) August 2022 data</b>
93.1	Margaret Ashworth, Interim Chief Finance Officer said that the Trust's position year to date was £4.8million adverse to plan. NHS and other clinical income was £5.6million favourable to plan however International and Private Care (I&PC) income, pay costs and non-pay costs were all adverse to plan. A deep dive into Better Value would take place at Finance and Investment Committee on 30 <sup>th</sup> September 2022. I&PC income had increased however debtor days had also increased and focus was being placed on reducing this.

93.2	James Hatchley suggested that, given the potential for continued reduction in cash, additional planning was required in this area. He highlighted that the end of year audit would consider going concern and said that scenario planning would be required to ensure there was clarity around year end.
93.3	<b>Action:</b> Suzanne Ellis asked what was driving the increase in EPR costs and it was agreed that this would be discussed outside the meeting.
<b>94</b>	<b>Feedback from NED walkrounds</b>
94.1	Sir Michael Rake said that he had visited cancer wards which had been an impressive view of GOSH's abilities. He welcomed the opening of Lion Ward in October and said that staff had been positive about Epic.
94.2	Kathryn Ludlow, Non-Executive Director said that colleagues in the area had been impressive. They had raised that the team were increasingly supporting patients who were undergoing palliative care as parents had chosen to remain at GOSH rather than move to a hospice due to the good relationship with the Trust. Tracy Lockett said that staff had received additional training in recognition of this but agreed that there was an impact on teams. Matthew Shaw said that patients had often been in hospital for a long time and it was important that families had a choice however this could be challenging for staff. He said that there was not currently good space for palliative care patients, however this would be significantly improved in the Children's Cancer Centre.
94.3	Chris Kennedy, Non-Executive Director said that the team had been positive about their engagement in the design of the Children's Cancer Centre. They had requested information about DRIVE and using Epic to for data purposes.
94.4	<b>Action:</b> Amanda Ellingworth said that she had visited Pelican Ward. The lift had been out of order but was in the process of being fixed and the team had been anxious about the delayed replacement of a fridge. It was agreed that John Quinn would look into this. Suzanne Ellis said that staff on Pelican Ward had highlighted their work to improve patient pathways which they did not feel had been sufficiently recognised. They had been keen to ensure that patient pathways were considered holistically. Chris Kennedy said that the walkround had provided an insight into the complexities of managing the decant for the Children's Cancer Centre. Russell Viner said that although considerable focus was appropriately being placed on the Cancer Centre it was important to ensure that other areas which would not be impacted by the new space had the estate and facilities that they required.
<b>95</b>	<b>GOSH Learning Academy Midpoint Review</b>
95.1	Lynn Shields, Director of Education said that the GOSH Learning Academy (GLA) had received funding from the GOSH Charity after a successful case for investment was developed. An initial grant of £21million had been made and £15million had been released in 2019 with further release of funding dependent on the outcome of an external review which was in progress.
95.2	The GLA's strategic objectives had been successfully delivered and a clear link had been demonstrated between education and patient safety. The GLA had invested in a dedicated patient safety education role which was one of the first nationally. A scholarship award had also been established which had challenged

	educational inequalities.
95.3	The Board welcomed the work which had taken place and noted that the targets set had been exceeded in many areas. Gautam Dalal, Non-Executive Director asked how far work had progressed to use technology to support other organisations to manage their own learning. Lynn Shields said that GOSH had established a partnership with another London Trust in which their learning had been hosted in GOSH's Virtual Learning Environment (VLE) at the same cost as for GOSH staff.
95.4	Russell Viner highlighted the focus that was placed on GOSH as a research hospital and suggested that the same focus should be placed on the Trust as a learning organisation. He asked whether sufficient progress was being made in developing the Advanced Clinical Practitioner role given the shortage of clinicians in some areas. Lynn Shields said that the Trust was very active in terms of advanced practice and two education leads were in place in this area. The team had been in discussion with partner organisations about the potential to deliver an advanced clinical practitioner course in house. Lynn Shields said that education was a planet in the Trust's strategy alongside research and added that it was important that there was parity between the two areas.
95.5	Tracy Lockett acknowledged the excellent work in this area and said that it was important to ensure that the education provided was relevant and appropriate for the organisation. Learning was gathered from complaints, incidents and gaps in services and the GLA was supporting in these areas.
95.6	The Board welcomed the GLA's outcomes and congratulated the team on the success of the planet.
95.7	<u>Update on apprenticeships at GOSH</u>
95.8	Laurence O'Sullivan-Whiting, Workforce Development Lead – Apprentices said that a good range of GOSH staff accessed apprenticeships and it was an important way in which the Trust was able to recruit staff from the local population and identify new talent. Alice Knight, Practice Facilitator said that the programme had made a considerable contribution to workforce diversity. A programme had been established to enable healthcare support workers to become Registered Nurses and the first cohort would qualify in February 2023.
95.9	Dhimple Patel, GOSH Nursing Apprentice said that she had previously worked at GOSH for 14 years as a Healthcare Support Worker and had joined the apprenticeship to become a Registered Nurse. She said that was a respected member of her team and very much valued the educational opportunity.
95.10	Gautam Dalal asked whether volunteers formed part of the work around apprenticeships and Lynn Shields said that the team worked with a number of local groups and a proportion of any unspent levy could be invested in the local community at year end.
95.11	Sir Michael Rake highlighted the importance of good quality apprenticeship programmes to drive quality and diversity particularly in areas where there was a shortage of skills.

<b>96</b>	<b>Nursing Workforce Assurance Report</b>
96.1	Tracy Lockett said that there had been a small increase in nursing turnover however levels remained low overall. There had previously been challenges around recruitment in theatres however a recruitment pipeline had now been established and new staff were ready to begin in post. The Trust had been shortlisted for a nursing workforce award and consideration was being given to the ways in which GOSH could influence external stakeholders about the cost of living and transport. Kathryn Ludlow noted that the wellbeing fund had been established for one off emergency costs and highlighted that staff with ongoing financial concerns would need additional support. Matthew Shaw said that whilst, with the support of the GOSH Charity, the Trust could provide specific help it was not able to provide additional support and the uptake of the wellbeing payments was being monitored giving consideration to the way in which need was assessed. Caroline Anderson, Director of HR and OD said that the Trust was aiming to provide a more holistic support package including providing guidance, access to benefits, citizen's advice, and opportunities for careers and progression.
96.2	Russell Viner said that there had been some criticism of the UK's recruitment of international nurses and asked whether Trust was providing education to nurses which would benefit home countries on their return. Tracy Lockett said that GOSH was part of the pan London international nursing recruitment collaborative which agreed the principles for this recruitment. She confirmed that a recruitment package was offered to nurses which included education and training.
96.3	Chris Kennedy noted that there had been a substantial reduction in the vacancy rate in International and Private Care (I&PC) in June 2022 and asked what had driven this. He asked whether staff morale had increased in the area. John Quinn said that parts of Hedgehog Ward had closed which had reduced the establishment. Additional leadership had been introduced in I&PC to improve wellbeing and this would be monitored as activity increased. Tracy Lockett said that a new Head of Nursing would also be joining the Directorate in October 2022 and she was an excellent and experienced leader.
96.4	<u>Safe Nursing Establishment Review August 2022</u>
96.5	Tracy Lockett said that the review had taken place including deep dives into Bear, Pelican and Koala/Possum to ensure that the correct skill mix was in place to protect safe staffing. Some areas were experiencing in increase in demand for High Dependency Unit capacity and this was being monitored by Heads of Nursing to ascertain whether an increase in establishment was required.
<b>97</b>	<b>Learning from Deaths report- Child Death Review Meetings – Q1 2022/23</b>
97.1	Sophie Varadkar said that the mortality rate remained broadly static and in line with the anticipated level. In quarter one there had been 23 mortality review meetings and themes had been identified in terms of referral processes from local hospitals to GOSH and the value of preadmission discussions to support teams before patients arrive. The Learning from Deaths report was now being published on Our GOSH so would be available for staff to review.
97.2	<b>Action:</b> Gautam Dalal asked whether Learning from Deaths Reports incorporated the requirement from NHS England and Improvement to review patient mortality over a longer period as a result of avoidable deaths. It was agreed that the

	Medical Lead for Child Death Reviews would provide an update at the next meeting. Sophie Varadkar said that PICANET ensured that there was continuous review of data to consider themes and benchmarking and identify an increase in deaths outside of an expected range.
<b>98</b>	<b>Infection Prevention and Control Annual Report 2021/22</b>
98.1	Helen Dunn, Director of Infection Prevention and Control said that there had been continued management of infection control as a result of the COVID19 pandemic throughout the year and the team had been supporting Occupational Health with staff risk assessments. A large number of updates had also been released by NHS England about the management of patients and the team had managed the implementation of these requirements.
98.2	Work had been taking place to rebuild the sepsis training programme and this had gone live following the publication of the annual report. The first paediatric infection prevention and control academic module had also been published.
98.3	A key success had been around the detection of adenovirus on Robin and Fox Wards and work had taken place to undertake screening of the environment. The team was satisfied that sufficient mitigations were in place.
98.4	Work around the recording of care bundle compliance was required and learning was being taken from the success with the sepsis work which highlighted the importance of the ensuring that documentation was easily accessible and usable.
98.5	Kathryn Ludlow asked how the annual report was shared in the organisation and Helen Dunn said that it had been presented to the Infection Prevention and Control Committee and the Executive Management Team. She said that next year more standardised reporting would take place across the Integrated Care System.
98.6	Amanda Ellingworth asked how the effectiveness of committees reporting into the IPC committee was assessed and Helen Dunn said that reports were provided to the IPC committee which also reviewed its subcommittees' Terms of Reference.
98.7	Russell Viner asked whether artificial intelligence systems were in place which could identify patients who were at risk of deterioration and Shankar Sridharan, Chief Clinical Information Officer said that there was a related module of Epic which the Trust owned and models had be built and would receive information governance input.
98.8	Matthew Shaw said that there had been an improvement in governance processes between infection control and estates and facilities and there was improved joint working. This had ensured that there was visibility of estates issues which impacted infection control.
98.9	The Board <b>approved</b> the report for upload to the GOSH website.
<b>99</b>	<b>Emergency Preparedness Resilience and Response Annual Report 2022/23</b>
99.1	John Quinn, Chief Operating Officer said that the Emergency Planning Officer had completed a self-assessment against the NHS core standards for emergency preparedness resilience and response and the assurance meeting would be taking place on 27 <sup>th</sup> September. The self-assessment would be peer reviewed by

99.2	<p>another North Central London Trust as well as review by NHS England and the Integrated Care Board.</p> <p>Sir Michael Rake highlighted the fire which had taken place in the staff nursery and asked how this was being managed. Zoe Asensio Sanchez, Director of Space and Place said that there had been a considerable progress on oversight of fire safety which was now escalated to the Executive Management Team meeting on a weekly basis. She said that important learning opportunities had arisen from the fire and John Quinn confirmed that the Emergency Planning Officer, the fire officer and the fire, health and safety manager worked closely together.</p>
99.3	<p><b>Action:</b> Suzanne Ellis, Non-Executive Director noted that there had recently been a cyber-attack on a platform which hosted a number of applications used by NHS Trusts. She said that it was important that this was used as a learning event and it was agreed that an update would be provided.</p>
<b>100</b>	<b>Board Assurance Committee reports</b>
101.1	<u>Quality, Safety and Experience Assurance Committee – July 2022</u>
101.2	<p>Amanda Ellingworth, Chair of the QSEAC said that the safeguarding report had shown that the team had successfully met its targets and mitigated its risks. The Committee had discussed the impact of Better Value on quality and had asked the People and Education Assurance Committee to review the impact on staff.</p>
101.3	<p>A deep dive into medicines management had taken place and the committee noted the progress that was being made. Some estates work was required in pharmacy and KPIs had not been identified; the committee had requested that these were in place by the next meeting.</p>
101.4	<u>Finance and Investment Committee Update – July 2022</u>
101.5	<p>James Hatchley, Chair of FIC gave an update which was noted.</p>
101.6	<u>People and Education Assurance Committee Update – September 2022 meeting</u>
101.7	<p>Kathryn Ludlow, Chair of PEAC said that the focus of the meeting had been on health and wellbeing and there was substantial work taking places in this area. Staff continued to access the wellbeing hub and occupational health however the results of the pulse survey was declining in all nine questions.</p>
101.8	<p>Matthew Shaw said that this continued to be a concern and it was challenging to separate the cause of the results into internal and external factors given the significant challenges in the external environment. Amanda Ellingworth said that it was important to benchmark the Trust's results to ensure that GOSH was not falling below other organisations. Caroline Anderson said that the Pulse survey was benchmarked across both North Central London and London. She added that Trusts were anticipating a downturn in staff survey results.</p>
101.9	<p>Kathryn Ludlow said that psychology support had previously been provided to staff by the wellbeing hub which had been funded by the GOSH Charity however this had not been renewed. Kathryn Ludlow expressed some concern about the reduction in provision at a time when other Trusts were increasing support for staff. The Freedom to Speak Up Guardian (FTSUG) would be leaving the Trust in</p>

101.10	<p>December 2022 and they had been instrumental in raising the profile of the service. There had been an increase in concerns being raised during the time the FTSUG had been in post which was positive and the PEAC would now begin to focus on the action that was being taken because of issues being raised. Caroline Anderson said that as the wellbeing hub was integrated into the wider occupational health service, she did not feel that staff would suffer a detriment as a result of the reduction in psychology support.</p> <p><b>Action:</b> Amanda Ellingworth requested that the Board undertake unconscious bias training and that consideration was given to the way in which the Board made decisions.</p>
<b>102</b>	<b>Review of Standing Orders</b>
102.1	Anna Ferrant, Company Secretary said that a recommendation had been made to formally adopt electronic communication and decision making for the Trust Board and its committees going forward which would align the standing orders with those of the Council of Governors which had been updated in July 2018.
102.2	It was also proposed that the standing orders of the Trust Board were removed from the Constitution for the purpose of making timely changes as amendments would be approved by the Board which met on a more frequent basis.
102.3	The Board <b>approved</b> the recommended changes.
<b>103</b>	<b>Any other business</b>
103.1	Sir Michael Rake said that James Hatchley would be stepping down from the Board as he had reached the end of his term. He thanked James for his commitment, involvement, support and knowledge from which GOSH had greatly benefitted during his tenure.

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

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
25.1	25/05/22	It was agreed that updates on health inequalities would be provided to the Board on a 6 monthly basis.	TL	November 2022	Action closed: On agenda
92.4	21/09/22	Suzanne Ellis, Non-Executive Director asked for a steer on the drivers of last-minute cancellations and it was agreed that John Quinn would provide this information at the next meeting.	JQ	November 2022	Verbal Update
92.10	21/09/22	James Hatchley noted the substantial improvement in the format of the IQPR and suggested that an annual review take place to ensure it was capturing the relevant metrics. He highlighted that no pharmacy metric had been included. It was agreed that an annual review of the metrics included in the report would take place.	JQ	Annually, ongoing	Action noted and ongoing. Discussion has already been held with the Board at a Board Development session
93.3	21/09/22	Suzanne Ellis asked what was driving the increase in EPR costs and it was agreed that this would be discussed outside the meeting.	SE, JQ	November 2022	In progress – An update will be provided outside the meeting.
94.4	21/09/22	Amanda Ellingworth said that she had visited Pelican Ward. The lift had been out of order but was in the process of being fixed and the team had been anxious about the delayed replacement of a fridge. It was agreed that John Quinn would look into this	JQ	November 2022	Verbal Update
97.2	21/09/22	Gautam Dalal asked whether Learning from Deaths Reports incorporated the requirement from NHS England and Improvement to review patient mortality over a longer period as a result of avoidable deaths. It was agreed that the Medical Lead for Child Death Reviews would provide an update at the next meeting.	SS	November 2022	Action closed: The Board receives a quarterly report on “Learning from Deaths” on the conclusions of The Child Death Review Meetings during Q1. The reports cover what modifiable factors are identified and themes for learning.
99.3	21/09/22	Suzanne Ellis, Non-Executive Director noted that there had recently been a cyber-attack on a platform which hosted a number of applications used by NHS Trusts. She said that it was important that this was used as a learning event and it was agreed that an update would be provided.	JQ	November 2022	The following update was provided to the Audit Committee at its November meeting.  <i>Systems owned and managed by Advanced were subject to a</i>

Attachment M

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
					<p><i>ransomware attack earlier this year. This had a wide-reaching impact across the NHS. GOSH uses the eFinancials system that is provided by Advanced. Once GOSH ICT were made aware that one of our vendors had fallen victim to a ransomware attack the connection to this system was disabled. GOSH reinstated connection to eFinancials after receiving an increase in the assurance level provided by NHS England following a security review carried out on the eFinancials infrastructure by an independent cyber security investigator called 'Mandiant'. Mandiant confirmed there was no evidence proving compromise on the eFinancial infrastructure from the wider Advanced Cyber-Attack, and that 'Mandiant has implemented additional security controls to monitor and block any future malicious traffic.</i></p> <p><i>Secondly, GOSH has implemented additional security technologies, including Next-Generation firewalls, to provide modern filtering and monitoring capabilities than the older firewall that GOSH was using, which provided the connection to Advanced systems. These controls, coupled with the existing Cyber</i></p>

Attachment M

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
					<i>Security measures already in place, provide additional assurance supporting the reinstatement of the link.</i>
101.10	21/09/22	Amanda Ellingworth requested that the Board undertake unconscious bias training and that consideration was given to the way in which the Board made decisions.	CA	November 2022	Action noted and ongoing: Plans underway to provide training in early 2023.



<b>Trust Board</b> <b>23 November 2022</b>	
<b>Patient Story: Food at GOSH</b>  <b>Submitted by</b> Tracy Lockett, Chief Nurse <b>Prepared by</b> Claire Williams, Head of Patient Experience	<b>Paper No: Attachment N</b>  <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of report</b> 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.	
<b>Summary of report</b> Ophelia and Giada are identical twins who underwent bone marrow transplants at GOSH earlier this year. Their father, Matteo, will attend the Board by zoom to share his experiences including: <ul style="list-style-type: none"> <li>• The outstanding clinical care his daughters received</li> <li>• The different experiences Ophelia and Giada had in relation to food at GOSH.</li> <li>• During the bulk of Ophelia's admission, she received food under the standard catering model in which she pre-ordered meals the day before. Meals were delivered at 5.00pm each day but were poor quality and Ophelia stopped eating and had to be fed entirely by NG tube.</li> <li>• Towards the end of her admission Ophelia was able to participate in the Catering Pilot in which meals are ordered on the day and delivered at a time agreed with the patient. Feedback is gathered each day to ensure that meals meet patient's preferences.</li> <li>• Giada's was under the Catering Pilot throughout the whole of her admission. She had no issues with food and her stay was two weeks shorter than her sister. Matteo attributes this to the food provided under the Catering Pilot.</li> </ul> <p>Work is underway to build on the success of the Catering Pilot.</p>	
<b>Action required from the meeting</b> For information	
<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>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>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>
<b>Strategic risk implications</b> TBC	

<b>Financial implications</b> Not Applicable
<b>Implications for legal/ regulatory compliance</b> <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>
<b>Consultation carried out with individuals/ groups/ committees</b> N/a
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Head of Patient Experience
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Nurse
<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



<b>Trust Board 23 November 2022</b>	
<b>Chief Executive's Report</b>	<b>Paper No: Attachment O</b>
<b>Submitted by: Matthew Shaw, Chief Executive</b>	<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 our most pressing strategic and operational challenges, namely: <ul style="list-style-type: none"> <li>• <u>Pandemic recovery</u>: including expediting activity and access to care for children's and young people, including work with system partners</li> <li>• <u>Stabilising our financial position</u>: Financial sustainability and advocating for a fair settlement for children and young people with complex health needs</li> <li>• <u>Transformation to improve systems, processes and capabilities</u>: Projects and programmes that support our quadruple aim to improve access, quality and value and support our staff.</li> </ul>	
<b>Patient Safety Implications</b> <ul style="list-style-type: none"> <li>• No direct implications (relating to this update in isolation).</li> </ul>	
<b>Equality impact implications</b> <ul style="list-style-type: none"> <li>• No direct implications (relating to this update in isolation).</li> </ul>	
<b>Financial implications</b> <ul style="list-style-type: none"> <li>• No direct implications (relating to this update in isolation).</li> </ul>	
<b>Action required from the meeting</b> <ul style="list-style-type: none"> <li>• None – for noting</li> </ul>	
<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> 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	

## People updates

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### GEMS awards

I'm delighted to report that we have re-launched GEMS (GOSH Exceptional Members of Staff) awards at our Extraordinary Big Brief on Thursday 13 October. We paused GEMS during the pandemic, in part because they involved face-to-face presentations. The revised system connects to our 'praise' framework, which encourages teams to recognise and thank colleagues who go above and beyond to support them and our patients and families every day. We will be celebrating an outstanding individual and team each month at our all staff meetings and other staff communications.

### GOSH Conference

I was pleased to open the 6<sup>th</sup> Annual Great Ormond Street Hospital Conference on Friday 11 November 2022, which operated virtually with a number of engagement hubs throughout the Trust. This year the theme was a celebration of ***Inclusion explored through different lenses – Unsung heroes within our staff; Building bridges in health care; and Crossing boundaries with education.*** It showcased the ways in which we are strengthening our diverse and inclusive workforce and the amazing work carried out across the Trust.

### Strike action

The Royal College of Nursing (RCN) has announced that a mandate for industrial action has been supported by nurses across the country - including here at GOSH. At this stage, we don't know when or how this action might take place and we will share details with you when we have them.

Although the vote means that we are likely to face significant operational challenges, we fully respect the right of staff to take part in lawful industrial action and will work hard with colleagues across the trust and trade unions to facilitate the action while keeping the hospital safe.

### Leadership team changes

I'm delighted that John Beswick has now joined as our new Chief Financial Officer (CFO) from BT where he was CFO of BT Group's Technology units for six years. John will replace Margaret Ashworth, our fantastic interim CFO, who continues to work with us until the start of December. John is an engineer and accountant by background and was responsible for all financial, commercial, risk and governance activities for BT's technology organisation, including R&D, across the globe. His experience across commercial, research and innovation will be invaluable to us and bring fresh thinking at what is a challenging time for us and the NHS. I know you will join me in making John welcome and in thanking Margaret for her support.

Zoe Asensio-Sanchez, our Director of Space and Place, is leaving to take up a new role within the NHS. Given the breadth and size of the directorate and the challenging context the hospital is operating in, we wanted to ensure there was no gap in leadership for Space and Place and have therefore appointed Jason Dawson, an experienced leader of estates and facilities and redevelopment projects, as the interim Director of Space and Place. Jason has now taken up this role and Zoe will be leading on a number of projects until she leaves at the end of the calendar year.

We are also delighted to be joined by a new Chief Pharmacist, Jayne Ballinger who joins us from Buckinghamshire Healthcare NHS Trust and will take over from our excellent interim cover, Stuart Semple.

## System update - Emergency and critical care pressures

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Children's hospitals across England are unseasonably busy. Emergency Department Attendances are high and there are larger than usual numbers of severe respiratory conditions, exacerbated by cases of RSV and flu. Paediatric Intensive Care Unit occupancy levels have been very high with

almost all Children's Hospital Alliance Trusts at 100% occupancy. Operational teams are working extremely hard to ensure that we maintain as much capacity as possible, and we are supporting NHS-wide efforts to address the immediate pressures.

We are also continuing to support national conversations about the wider issues affecting flow, such as the need to develop specialist expertise to ensure patients can be safely discharged into secondary care and community settings, as well as the urgent need to invest in developing both on-site and virtual care capabilities across our children's hospitals.

### **Supporting pandemic recovery – Super Saturday**

---

On Saturday, 12<sup>th</sup> November, we teamed up with our Children's Hospital Alliance partners (Alder Hey, Sheffield, Evelina, Leeds, Birmingham, Manchester, Bristol, Newcastle, Oxford and Southampton) for 'NHS Super Saturday' – our shared drive to help children and young people get the care and support they need and reduce delays.

Super Saturdays were created in response to the challenges created by the COVID pandemic, including increased waiting lists. During the day partner hospitals offered additional clinics, scheduled extra surgery slots and some teams headed out into the community to give families health advice and promote healthy habits.

At GOSH, we celebrated our third Super Saturday by seeing 60 children in outpatients, with not one DNA. Interventional radiology were able to treat 10 children, MRI 8 patients and 11 children had a surgical procedure. We also had a team of around 10 staff who consented 59 families to the sample bank.

It was tougher to recruit volunteers for the event this time – understandably so, when staff have been giving their all day in, day out for such a long time. I know the board will join me in wanting to say a huge 'thank you' to those who made it possible including nurses, HCAs, doctors, radiographers, administrators, lab and pharmacy staff - and not forgetting the catering staff who delivered pizza to our wonderful volunteers. They are all amazing!

### **Important child health developments led by the GOSH community**

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#### **Celebrating three years of the Zayed Centre for Research into Rare Disease in Children**

Our Zayed Centre for Research into Rare Disease in Children celebrates its third anniversary this month. The milestone marks another year of breakthrough research at GOSH, with hundreds of clinicians and researchers collaborating to help seriously ill children from across the globe.

We were delighted to celebrate this milestone with the release of the Centre's first annual report – provided as an attachment to this report. As well as highlighting recent progress, the report provides insights into the work of some of the 33 independent research groups currently based at the Centre. For example, research into the use of innovative CAR T-cell therapy for childhood cancers.

Since opening in 2019, the Zayed Centre for Research's Falcon outpatients unit has seen patients from more than 30 different countries. The Centre has welcomed almost 50,000 patients a year, seeing up to 200 patients daily.

As well as providing life-changing treatment for seriously ill children, over the past year, its state-of-the-art facilities have also supported complex, global health challenges. For example, in April, the UK Health Security Agency (UKHSA) called on world-leading genomics experts to help identify which virus was driving an unusual rise in childhood hepatitis cases. The UKHSA approached an existing collaboration of UCL scientists from the Zayed Centre for Research and clinical scientists led by Professor Judy Breuer, Professor of Virology and Consultant at GOSH. By July, the World Health

Organisation (WHO) reported more than 1,000 children across 35 countries had been affected. The Zayed Centre for Research and GOSH-based teams were able to report that co-infection with two viruses may have caused the onset of severe liver disease in affected children. A separate study in Scotland corroborated the UCL/GOSH results. The findings provide the world-first example of adeno-associated viruses (AAV) being implicated in disease.

In February, as part of UK Pavilion events at Expo 2020, GOSH Professor Claire Booth led a virtual seminar on her research in gene therapy. The seminar highlighted how modified harmless viruses can be used to treat patients with severe immune system diseases. Professor Booth is Mahboubian Professor in Gene Therapy at UCL Great Ormond Institute of Child Health and Consultant in Paediatric Immunology at the hospital.

*Attachment: Zayed Centre for Research into Rare Disease in Children Annual Report for 2021*

### **Recognising World Diabetes Day**

I'm delighted that the Trust was able to mark global World Diabetes Day on 14 November 2022 by sharing videos about diabetes on GOSH's Health Information channel on YouTube. There are more than 1.2 million children and young people living with type 1 diabetes and at GOSH we support children with rarer and more complex forms of the disease. The videos feature Dr Catherine Peters, one of our specialists in endocrinology and diabetes at GOSH.

### **£35 million research boost for GOSH**

We are delighted that the National Institute for Health and Care Research (NIHR) has now announced that the Great Ormond Street Hospital (GOSH) Biomedical Research Centre (NIHR GOSH BRC) is one of 20 centres from across the country to receive 5-years of funding to deliver translational research.

Our vision is to transform the health of children, and the adults they will become, by combining cutting edge research methods with world-leading clinical trial expertise, to accelerate discovery of new treatments for children with rare and complex conditions worldwide.

The NIHR GOSH BRC is a collaboration between Great Ormond Street Hospital and the UCL Great Ormond Street Institute of Child Health (UCL GOS ICH). We are proud to be the only NIHR-supported Biomedical Research Centre focussing solely on paediatric research. Our Biomedical Research Centre provides cutting-edge facilities and world-leading expertise, allowing our staff and NHS, university, industry and charity collaborators to conduct pioneering translational research into childhood illnesses.

This new funding allows us to build on the partnership between GOSH and UCL GOS ICH, while developing new relationships with children's hospitals across the UK including Birmingham, Sheffield and Liverpool.

Our new Biomedical Research Centre will bring together five Themes to enhance our strengths and world-leading expertise from diverse researchers, with the involvement of our unique patient population, to focus on the following areas:

- **GENE STEM and CELLULAR THERAPIES** builds on our world-leading expertise to develop new therapies for childhood cancer and immunological, blood, brain, neuromuscular, skin and metabolic conditions.
- **GENOMIC MEDICINE** uses cutting-edge technology and new ways of analysing large data-sets to improve diagnosis and help develop treatments.

- ACCELERATING NOVEL THERAPIES supports bringing new medicines into clinical practice by delivering clinical trials and stem-cell based evaluation of therapies.
- TISSUE ENGINEERING and REGENERATIVE MEDICINE develops pioneering laboratory and surgical techniques to repair, replace or regenerate tissues or organs.
- APPLIED CHILD HEALTH INFORMATICS uses advanced data analysis methods, leveraging GOSH's electronic patient data, to improve management of children with rare and/or complex conditions.

Alongside these themes, the BRC Central Development Hub will support our highly successful Career Development Academy, commercial and public involvement activities. This work is vital to our continued efforts to translate research into patient benefits, support a diverse workforce of researchers and deliver outcomes with a truly global, transformational impact.

Involving patients, their carers and the public in the research process is essential to achieving our strategy and we know that patients seen at hospitals that carry out research have better outcomes.

### **Children at GOSH first to receive CRISPR-edited universal T-cells**

The announcement of our NIHR funding came as we were able to share an important world first, delivered through the BRC working with the Medical Research Council and facilitated by the Anthony Nolan Registry, whose donors provided the all-important healthy T-cells.

Researchers at GOSH and UCL GOS ICH used CRISPR/Cas9 technology to engineer the donor T-cells to try to treat seriously ill children with resistant leukaemia who had otherwise exhausted all available therapies.

This Phase I trial was published in *Science Translational Medicine* and is the first use of 'universal' CRISPR-edited cells in humans, which represents a significant step forward in the use of gene-edited cells for cancer treatment. The research team built and used a new generation of 'universal' genome-edited T cells, advancing previous work with older, less accurate technology.

While a number of CAR T-cell therapies are now being provided by the NHS, they rely on collecting and engineering a patient's own cells. This is expensive and is not always feasible or possible in a short period of time. Genome editing is being investigated to allow donated cells to be pre-manufactured and used in multiple patients, aiming to reduce costs and make the treatments more accessible.

Six children aged 14 months to 11 years with relapsed and treatment-resistant B-ALL were given the therapy through an intravenous infusion up to February 2022. All of the children had previously been through standard UK treatments for B-ALL but had sadly seen their disease return multiple times. When successful, patients were then eligible to have a bone marrow stem cell transplant to help re-establish a healthy immune system.

Four of the first six children treated entered remission within 28 days, which allowed them to receive a stem cell transplant. Of those four children, two children remain in ongoing remission 9 months and 18 months after treatment respectively, while sadly two relapsed following their stem cell transplant. The next step is for researchers to offer the treatment to more children, earlier in their treatment pathways when their cancers have not progressed so far.

**Ends**

ZAYED CENTRE  
FOR RESEARCH  
INTO RARE DISEASE  
IN CHILDREN

# Annual Report 2021



**A GREAT ORMOND STREET HOSPITAL AND UCL PARTNERSHIP**

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# INTRODUCTION

The Zayed Centre for Research into Rare Disease in Children at Great Ormond Street Hospital (GOSH) was built to bring together patients, researchers and clinicians and accelerate the research, diagnosis and treatment of children from around the world with rare and complex conditions. Opening shortly before the outbreak of COVID-19 in the UK, the Zayed Centre for Research's mission was stress-tested almost immediately. But the timing proved fortuitous as its specialist facilities meant it was quickly able to play an instrumental role in the world's first human challenge study of COVID-19 - work which would not otherwise have been possible at GOSH.

Implementation of alternative ways of working, close collaboration with specialist clinical colleagues and the staff vaccination programme all contributed to ensuring as much essential research as possible continued, with some teams able to capitalise on the unique interdisciplinary set up at the Zayed Centre for Research to pivot their research towards Sars-CoV-2 and virology in ways that they would not previously have considered.

Beyond the research dedicated to it, the pandemic had a significant effect on the delivery of all research programmes across GOSH and the UCL Great Ormond Street Institute of Child Health (UCL GOS ICH) in 2021. A combination of paused recruitment, staff redeployment/absence, delays to studies opening, lack of capacity within support departments as well as patient hesitancy meant a significant reduction in the level of research activity, a key focus for the Zayed Centre for Research.

However, researchers based at the Zayed Centre for Research continued to work with collaborators around the world to make significant headway in



Street view of Zayed Centre for Research

projects focused on diseases such as epilepsy, the previously fatal condition severe combined immunodeficiency due to adenosine deaminase deficiency (ADA-SCID) and leukaemia, among others.

In September, the Zayed Centre for Research welcomed its first VIP visitors since lockdown began, when the Crown Prince of Abu Dhabi, His Highness Sheikh Mohamed bin Zayed Al Nahyan,<sup>1</sup> toured the facility along with the Secretary of State for Health, Sajid Javid MP, and the Secretary of State for Education, Minister Nadhim Zahawi MP. November also marked two years since the Zayed Centre for Research first opened its doors, a poignant milestone and a moment to reflect on the challenges overcome and opportunities still ahead.

Despite the ongoing pandemic and the associated restrictions, the vision for the Zayed Centre for Research was borne out in 2021. It was at the heart of several major breakthroughs in research, world-firsts and has made steps as the UK's largest academic gene and cell therapy facility. This annual report details some of the landmark events that took place.

<sup>1</sup> His Highness Sheikh Mohamed bin Zayed was elected President of the United Arab Emirates on 14 May 2022

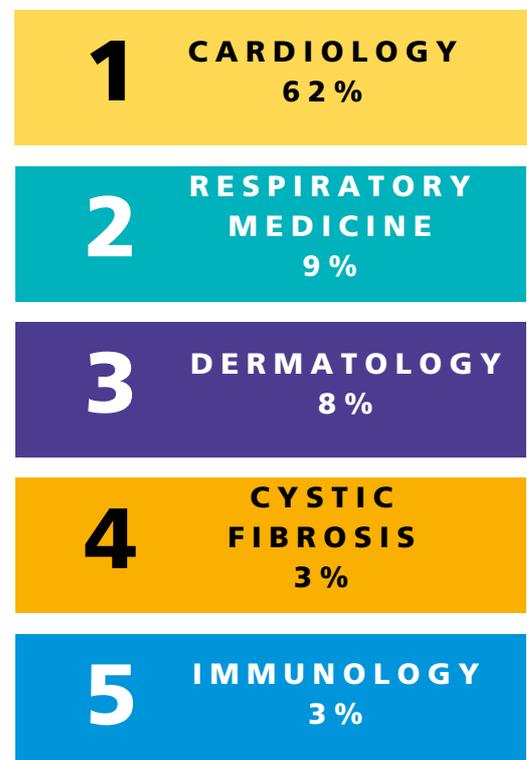
# OUTPATIENT VISITS / CARE STATISTICS

OCTOBER 2019 – OCTOBER 2020

Visits by Specialty	Count
Cardiac Surgery	42
Cardiology	28702
Cardiothoracic Transplantation	927
Chem Pathology	6
Cleft	31
Clinical Genetics	824
Craniofacial	63
Cystic Fibrosis	1338
Dermatology	3666
Ear Nose and Throat	21
Extracorporeal membrane oxygenation (ECMO)	2
Endocrinology	205
Epilepsy	50
Fetal Cardiology	47
Gastroenterology	14
General Paediatrics	935
Haematology	1
Immunology	1201
Infectious Diseases	547
Metabolic Medicine	18
Nephrology	637
Neurology	44
Neuromuscular	68
Neurosurgery	269
Oncology	1
Orthopaedics	35
Pain Management	2
Plastic Surgery	54
Psychological Medicine	2
Pulmonary Hypertension	493
Respiratory Medicine	4161
Rheumatology	350
Specialist Neonatal and Paediatric Surgery (SNAPS)	1103
Spinal Surgery	10
Urology	75

In the first year of its opening there were 45,944 visits to Falcon outpatients and 16,678 unique patients. On average each patient had three appointments (a combination of in-person and virtual) during the year.

The top five specialties at the Zayed Centre for Research in 2019/2020 were:



Although the majority of children visiting the Zayed Centre for Research when it first opened in 2019 were UK-based, it also welcomed a number of international patients.



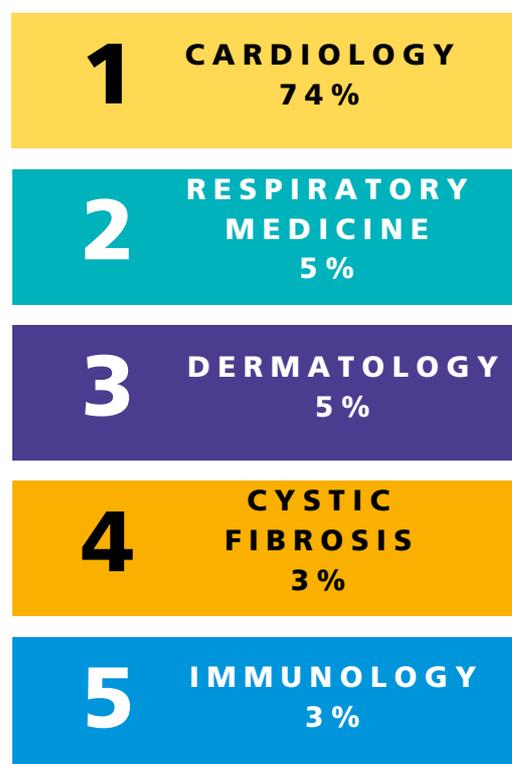
Please see appendix for figures by country.

## OCTOBER 2020 – OCTOBER 2021

Visits by Specialty	Count
Audiological Medicine	2
Bone Marrow Transplant	3
Child and Adolescent Mental Health Service (CAMHS)	28
Cardiac Surgery	7
Cardiology	34533
Cardiothoracic Transplantation	1125
Cleft	6
Clinical Genetics	757
Craniofacial	29
Cystic Fibrosis	1191
Dermatology	2248
Ear Nose and Throat	41
Extracorporeal membrane oxygenation (ECMO)	7
Endocrinology	168
Epilepsy	18
Gastroenterology	8
General Paediatrics	1
Haematology	1
Immunology	1186
Infectious Diseases	380
Metabolic Medicine	5
Nephrology	10
Neurodisability	1
Neurology	137
Neuromuscular	176
Neurosurgery	162
Orthopaedics	25
Plastic Surgery	270
Psychological Medicine	70
Pulmonary Hypertension	627
Respiratory Medicine	2483
Rheumatology	138
Specialist Neonatal and Paediatric Surgery (SNAPS)	965
Urology	67

Despite the COVID-19 pandemic, between October 2020 and October 2021 there were 46,875 visits to Falcon outpatients and 15,806 unique patients, with each patient still attending (either in-person or virtually) an average of three appointments during the year.

The top five specialties remained unchanged from the previous year:



Despite the pandemic, very sick children from around the world still visited the Zayed Centre for Research, albeit in smaller numbers.



Please see appendix for figures by country.

# FAMILY FEEDBACK

Falcon outpatients continued to meet its target of seeing up to 200 patients a day. Below is a selection of comments about the Zayed Centre for Research from families of patients. The comments were collated for NHS England throughout 2021.

“Gorgeous, kind staff - our son was very nervous and they made us feel so special. Super professional! Beautiful building!!”

“We owe GOSH everything & think the world of it. The care, expertise and everything in between make us very proud of our NHS. Thanks always and forever! P.S lovely new building. Reception staff great, very friendly and funny!”

“Lovely building, we were greeted straight away by a lovely, friendly member of staff. It is also very clean and organised and well sign posted. Thank you and stay safe.”

“Falcon is fabulous. We can have all our tests in one place. It’s airy, clean and well run.”

## PATIENT STORY

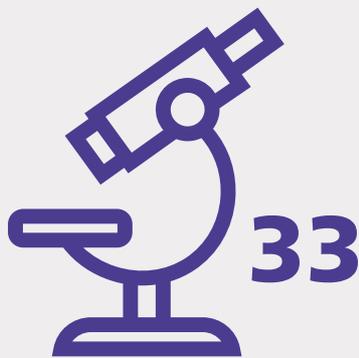


GOSH patient April, age 7

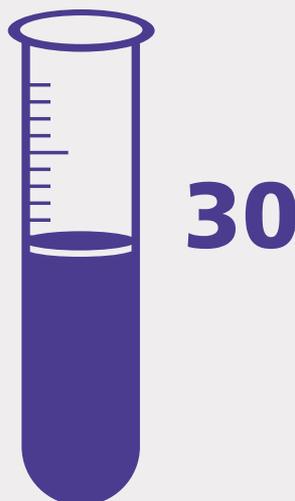
April was rushed to GOSH when she was a baby where she was diagnosed with acute aortic stenosis, a congenital heart defect that meant her heart had to work much harder as the aortic valve in her heart did not work properly. She had several procedures at the hospital including major heart surgery when she was just a few months old. Now aged seven, April has started school and loves to go to the beach with her family. April continues to visit the Zayed Centre for Research as an outpatient while she continues to be monitored because she will need further valve replacements in the future.

# RESEARCH

Research at the Zayed Centre for Research and across GOSH and UCL GOS ICH is underpinned by funding from the NIHR Great Ormond Street Hospital Biomedical Research Centre (NIHR GOSH BRC). The NIHR GOSH BRC is the only NIHR-supported BRC focusing entirely on paediatric research. The BRC provides cutting-edge facilities, world-leading expertise and access to over 200 rare disease patient populations. This allows GOSH staff and NHS, university and industry collaborators, to conduct pioneering translational research into childhood illnesses.



The current number of independent research groups led by Principal Investigators (PIs) located in the Zayed Centre for Research.



The number of new clinical research projects that have been led by Zayed Centre for Research PIs since it opened in October 2019. Objectives include drug development, medical devices and diagnostics. Six of these projects are clinical trials investigating new treatments, such as gene therapies.

One of these is a first in-human Phase 1 clinical trial testing the safety and effectiveness of a cell therapy (genetically engineered CAR-T cells) for B-cell acute lymphoblastic leukaemia (B-ALL), a difficult to treat blood cancer. This clinical trial is led by Professor Waseem Qasim (Professor of Cell and Gene Therapy, UCL GOS ICH).

Between April 2020 and April 2021 there were:

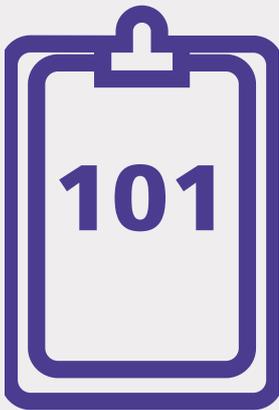


Number of active trials involving gene and cell therapies registered at GOSH, covering health categories including blood, cancer, neurological/neuromuscular, inflammation and immune system and metabolic and endocrine disorders. Seventeen patients were recruited for these trials in this time.



Number of gene and cell therapy products targeting cancers, immunodeficiencies and metabolic disorders manufactured at GOSH. These products were manufactured for use in clinical trials of rare conditions with limited treatment options and led by Zayed Centre for Research-based PIs including:

- A gene therapy for children with a rare, genetic disorder called Mucopolysaccharidosis type II (MPS II) led by Professor Adrian Thrasher (Professor of Paediatric Immunology and Wellcome Trust Senior Research Fellow, UCL GOS ICH).
- A gene therapy for X-linked Severe Combined Immunodeficiency (X-SCID), led by Professor Claire Booth (Mahboubian Professor of Gene Therapy, Consultant in Paediatric Immunology, UCL GOS ICH; Consultant in Paediatric Immunology, GOSH).
- Genetically engineered T cells for children with post-transplant lymphoproliferative disease (PTLD), a complication that can occur after a solid organ transplant, led by Professor Persis Amrolia (Professor of Transplantation Immunology, UCL GOS ICH; Consultant in Bone Marrow Transplant, GOSH).
- Genetically engineered CAR-T cells for complex blood cancers that have not responded to existing treatments, led by Professor Persis Amrolia.



Number of clinical research publications featuring Zayed Centre for Research researchers, with 37 publications related to gene and cell therapies.

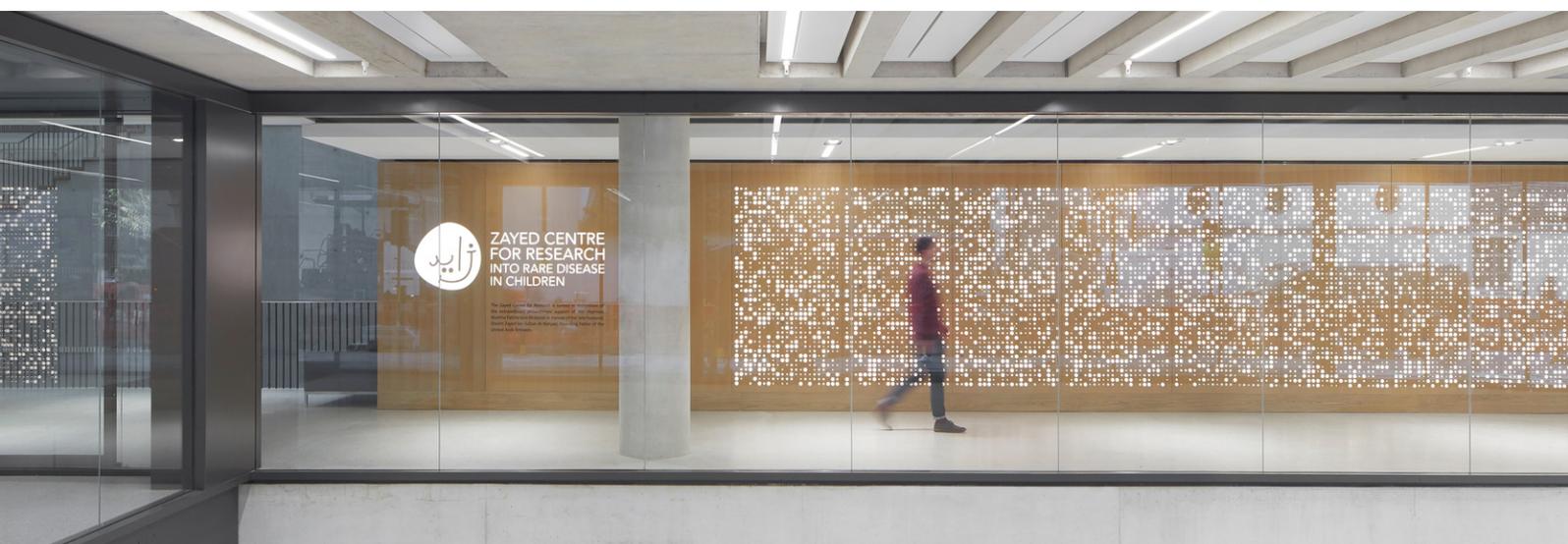
# LEVERAGED FUNDING

Between April 2020 and April 2021, the researchers at GOSH and UCL GOS ICH brought in additional income from from other UK-based and international charities, research councils and commercial organisations across the following research themes:

Advanced treatments for structural malformation and tissue damage	£9m
Gene, stem and cellular therapies	£13m
Genomics and systems medicine	£3m
Novel therapies for translation in childhood diseases	£37m

Examples of major grants awarded to teams based at the Zayed Centre for Research include:

- Doctor Karin Straathof (Principal Research Fellow, Honorary Consultant in Paediatric Oncology, UCL GOS ICH) received £1.4m from the J P Moulton Charitable Foundation for a clinical trial of genetically engineered T cells to treat a rare and fatal brain tumour, childhood diffuse midline glioma (DMG).
- Professor Waseem Qasim (Professor of Cell and Gene Therapy, UCL GOS ICH) received £821k from the Medical Research Council for a Phase 1 clinical trial testing the safety of a gene therapy (genetically engineered CAR-T cells) in treating B-cell acute lymphoblastic leukaemia (B-ALL), a difficult to treat blood cancer.
- Professor John Anderson (Professor of Experimental Paediatric Oncology, UCL GOS ICH) received £740k from Stand up to Cancer/CRUK for an innovative research programme looking at CAR-T cell therapy in neuroblastoma and medulloblastoma.



Zayed Centre for Research entrance walkway

# 2021 HIGHLIGHTS

## February 2021 - Global collaboration announced to develop new treatments for paediatric diseases

Ahead of Rare Disease Day 2021, GOSH joined forces with three other leading children's research institutions on three continents to decipher paediatric illnesses, including rare diseases, and find better treatments. The hospital is working with Boston Children's Hospital, the Murdoch Children's Research Institute with The Royal Children's Hospital in Melbourne, and The Hospital for Sick Children (SickKids) in Toronto to evaluate genomic data, clinical data from patients, and scientific and medical expertise to accelerate the discovery and therapeutic development.

The partnership, known as the International Precision Child Health Partnership (IPCHiP), is the first major global collaboration around genomics and child health. IPCHiP's first project will involve epilepsy in infants, bringing together efforts already underway at the four hospitals.

Investigators at each site will enrol babies under age one with epilepsy, sequence their genomes, change treatment based on the findings when appropriate, and follow the children's development long-term. No patient will be identifiable from the data used, and no patient data will be shared across international borders.

The study will compare those who receive a genetic diagnosis with those who do not. Through this project, IPCHiP will establish systems to evaluate data responsibly across the different institutions.

Dr Amy McTague (Honorary Consultant Paediatric Neurologist and Research Fellow, UCL GOS ICH) who is based at the Zayed Centre for Research and is leading the epilepsy project, GeneSteps, in the UK said: "We know that for at least 50% of babies with epilepsy, there is a genetic cause. For some, having a specific genetic diagnosis can change treatment and we want to know if finding the genetic problem earlier improves epilepsy and development in the long-term."

The study will pioneer the use of rapid genome testing in epilepsy and will recruit 100 babies initially, with a larger study planned.



Zayed Centre for Research gene and cell therapy facility

## April 2021 - Gene therapy offers a potential cure to children born without an immune system

In a study published in the New England Journal of Medicine, co-lead authors Professor Claire Booth (Mahboubian Professor of Gene Therapy, UCL GOS ICH; Consultant in Paediatric Immunology, GOSH) and Professor Donald Kohn (Professor of Paediatric Hematology/Oncology, Microbiology, Immunology & Molecular Genetics, Molecular & Medical Pharmacology, UCLA) reported the two to three year outcomes of 50 children who were treated in clinical trials with an experimental stem cell gene therapy for severe combined immunodeficiency due to adenosine deaminase deficiency (ADA-SCID) between 2012 and 2017.

The standard treatment for ADA-SCID involves once or twice weekly injections of the ADA enzyme until a matched bone marrow donor – usually a close family member – can be found. If a matched bone marrow donor is not available, patients require lifelong ADA injections along with preventative medicines. These treatments are expensive and therefore out of reach for patients in many countries. If approved, gene therapy would be a welcome new treatment option for ADA-SCID as it is a one-time procedure that has the potential to provide life-long results.

Two to three years after the treatment, all 50 children treated with the new gene therapy at GOSH, UCLA Mattel Children's Hospital and the National Institutes of Health (NIH) are alive and well. Of these, 48 are no longer showing symptoms of ADA-SCID, although they will have lifelong monitoring. In the two cases in which treatment wasn't successful, both children were able to return to current standard treatments, with one eventually receiving a bone marrow transplant. No serious side effects have so far been reported, with generally mild or moderate complications experienced from the necessary preparation for the gene therapy.

### April 2021 - MicroRNA from stem cells could be used to treat babies while still in the womb

A team of researchers from GOSH, led by Professor Paolo de Coppi (Head of Stem Cells and Regenerative Medicine, UCL GOS ICH; Consultant Paediatric Surgeon, GOSH), and The Hospital for Sick Children (SickKids) in Toronto have used tiny liquid 'bubbles' of microRNAs from stem cells to regenerate under-developed lungs in rats still in the womb.

As babies develop in the womb, the growth of their lungs is a critical part of development, and any disruptions can lead to under-developed lungs, leading to disability or even stillbirth. Known as 'pulmonary hypoplasia', this condition usually occurs alongside other medical conditions or due to other malformations, like when the diaphragm fails to properly close during development. Infants born with the severest cases only have a survival rate of 60% and those who do survive face a lifetime of complications. Treatment options can involve surgery even before the baby is born but irreparable damage is often done to the lungs.

Now, scientists and doctors from two of the world's leading children's hospitals have come together to take advantage of the regenerative properties of stem cells isolated from amniotic fluid. These cells produce tiny liquid 'bubbles', called vesicles, containing microRNAs that boost the genes that support the developing lung. The team found that using microRNAs isolated from a donor's amniotic fluid stimulated lung growth, proper lung structure, and the creation of lung cells in the laboratory and in animal models of pulmonary hypoplasia.



Zayed Centre for Research laboratory



Zayed Centre for Research laboratory

### May 2021 - New insight into when CAR-T is effective against childhood leukaemia

In CAR-T therapy, immune cells (T cells) are genetically engineered to contain a molecule called a chimeric antigen receptor (CAR) on their surface which can specifically recognise cancerous cells.

Dr Luca Biasco (Honorary Senior Research Associate, UCL GOS ICH) and Professor Persis Amrolia (Professor of Transplantation Immunology, UCL GOS ICH; Consultant in Bone Marrow Transplant, GOSH), together with their research teams, assessed the CAR-T cells of patients involved in the CARPALL Phase I Study, which used a new CAR molecule known as CAT-19 developed between UCL Cancer Institute and UCL GOS ICH, for treatment in children with acute lymphoblastic leukaemia.

The team compared CAR-T cells from patients who still had CAR-T cells detectable in the blood more than two years after their treatment, with individuals who had lost their CAR-T cells in the one to two months post treatment.

Using a technique called 'insertion site barcoding', researchers were able to study the fate of different types of CAR-T cells in patients after they were given. Using this barcoding technique, they were able to see 'stem cell memory T cells' play a central role both during the early anti-leukaemic response and in later immune surveillance, where the body recognises and destroys cancer cells. This suggests that this small subgroup of T cells are critical to the long-term success of the therapy.

Researchers say this work indicates that the teams caring for patients could measure the types of CAR-T cells present after someone has had their anti-leukaemia therapy, to gain an indication of whether they will be able to preserve their CAR-T cells into the future, avoiding relapse.

## July 2021 – Gene therapy offers hope to children with rare and fatal brain diseases

While there are some conditions that we can now treat with gene therapy, others are still waiting while our teams work tirelessly to find a treatment or even a cure.

In 2009, Professor Manju Kurian (Professor of Neurogenetics, UCL GOS ICH) was a PhD student at GOSH when she discovered a rare condition called DTDS. Previously doctors thought it was a form of cerebral palsy but her work showed that it was caused by a single faulty gene. Children with DTDS are rarely able to learn to walk or speak. As they grow, they develop 'parkinsonism' - so called because of similarities to Parkinson's Disease. This includes slow movements, involuntary twisting postures of their arms and legs and whole-body stiffness.

There are currently no effective treatments or a cure and most children with DTDS sadly die before reaching adulthood, often from respiratory infections or other complications.

But in 2021, using a mix of laboratory tests and animal studies, Professor Kurian, who is now based at the Zayed Centre for Research and working closely with colleagues at the UCL GOS ICH, was able to cure mice with DTDS. She's also been able to use the cutting-edge facilities of the Zayed Centre for Research to grow human brain cells with DTDS – so called "brain in a dish" – and cure them of the condition. She will soon be applying for a clinical trial to offer hope of a treatment for DTDS and other degenerative brain disorders like it.



Professor Manju Kurian (Professor of Neurogenetics, UCL GOS ICH)



His Highness Sheikh Mohamed bin Zayed Al Nahyan visits the Zayed Centre for Research in September

## September 2021 - Crown Prince of Abu Dhabi meets clinicians and researchers at the Zayed Centre for Research into Rare Disease in Children

GOSH hosted His Highness Sheikh Mohamed bin Zayed Al Nahyan,<sup>1</sup> Crown Prince of Abu Dhabi, the Secretary of State for Health Sajid Javid MP, and the Secretary of State for Education Minister Nadhim Zahawi MP at its Zayed Centre for Research into Rare Disease in Children, to tour the facility and learn more about the life-changing impact of its work.

Representatives from GOSH, GOSH Charity and UCL GOS ICH took the visiting group on a tour of the main laboratory in the Zayed Centre for Research, which has 140 dedicated research benches and is home to its genomics team. During the pandemic, their work has supported GOSH's response to COVID-19, including sequencing 15,500 samples from hospitals, the community and travellers returning to the UK to help scientists learn about the changing nature of the virus.

The delegation also saw the state-of-the-art specialist clean rooms - the largest single academic manufacturing unit for gene and cell therapies in the UK and one of the largest in the world – where products are manufactured for use in ground-breaking gene therapy trials. These facilities also enabled the manufacture of the COVID-19 virus to supply to the world's first human challenge trial earlier this year.

<sup>1</sup> His Highness Sheikh Mohamed bin Zayed was elected President of the United Arab Emirates on 14 May 2022

## September 2021 - ViroCell Biologics and GOSH announce partnership to dislodge gene and cell therapy 'logjam'

ViroCell, an innovation-driven Contract Development and Manufacturing Organization (CDMO), is addressing the global viral vector supply demand imbalance that constrains the manufacture of novel cell and gene therapies. ViroCell focuses exclusively on the design and good manufacturing practice (GMP) manufacture of viral vectors and gene modified cells for clinical trials.

Viral vectors are harmless viruses that are used to 'trick' cells into accepting new genes. They are highly complex to make and their availability and effectiveness dictates whether a clinical trial of gene or cell therapy will work. ViroCell is focused where the viral vector design and GMP manufacturing bottleneck is most acute: the zone between pre-clinical concept and pivotal clinical trials. ViroCell is therefore filling the gap between 'small volume' academic core labs and 'large volume' CDMOs.

As part of the partnership with GOSH, ViroCell will more than double the UK's lentivirus vector manufacturing capacity for clinical trials in 2022 and secure the coveted position as the first UK CDMO to be able to deliver adeno-associated virus vectors to the cell and gene therapy markets.

The production of the vectors will take place in GOSH's Zayed Centre for Research into Rare Disease in Children. The ViroCell team's track record of manufacturing more than 100 viral vectors for clinical trials over the last 20 years coupled with the Zayed Centre for Research's state-of-the-art clean room suites, will enable ViroCell and GOSH to dislodge the logjam that currently prevents promising novel cell and gene therapies from entering clinical trials.



Zayed Centre for Research gene and cell therapy facility

## November 2021 – GOSH celebrates second anniversary of Zayed Centre for Research into Rare Disease in Children

The Zayed Centre for Research turned two in November 2021. In addition to facilitating more than 105,000 patient visits to Falcon Outpatients since it opened in 2019, the Zayed Centre for Research has also been involved in several globally significant research developments, hosted some very important visitors, and is on track to become a central hub for vector manufacture following the announcement of a new partnership with ViroCell.

## December 2021 - Lab-grown stomachs help to shed light on COVID-19 symptoms in children

Recent advances in lab-grown mini organs, also known as organoids, can provide scientists with invaluable tools to study how our organs function, both when they are healthy, and when they are impacted by disease. For the first time, an international team of scientists and doctors have used these advances to develop a lab-grown model of the human stomach. This can be used to study how infections in humans impact the gastrointestinal system. To do this, researchers isolate stem cells from patient stomach samples, and grow them under special conditions in the lab. This creates mini stomachs in a petri dish that can mimic the behaviour of a human stomach.

This development was pioneered by an international team, representing a collaboration between GOSH, UCL GOS ICH, and the Istituto Zooprofilattico Sperimentale delle Venezie, Legnaro, Italy. It was led by Dr Giovanni Giuseppe Giobbe (Research Associate, UCL GOS ICH), Professor Nicola Elvassore (Lecturer in Paediatric Regenerative Medicine, UCL GOS ICH) and Professor Paolo de Coppi (Head of Stem Cells and Regenerative Medicine, UCL GOS ICH; Consultant Paediatric Surgeon, GOSH) with much of their work carried out in the Zayed Centre for Research.

The scientists were able to infect the mini stomachs from the outside by exposing the surface of the cells to SARS-CoV-2. From this they showed that SARS-CoV-2 could replicate within the stomach. Importantly, it replicated more noticeably in organoids that were grown from the child and late foetal cells, compared to adult and early foetal cells. The team now plan to continue their work with the mini stomachs aiming to study how the stomach develops from early in pregnancy through to adulthood. They also hope to look at the effects of other common gastrointestinal infections.



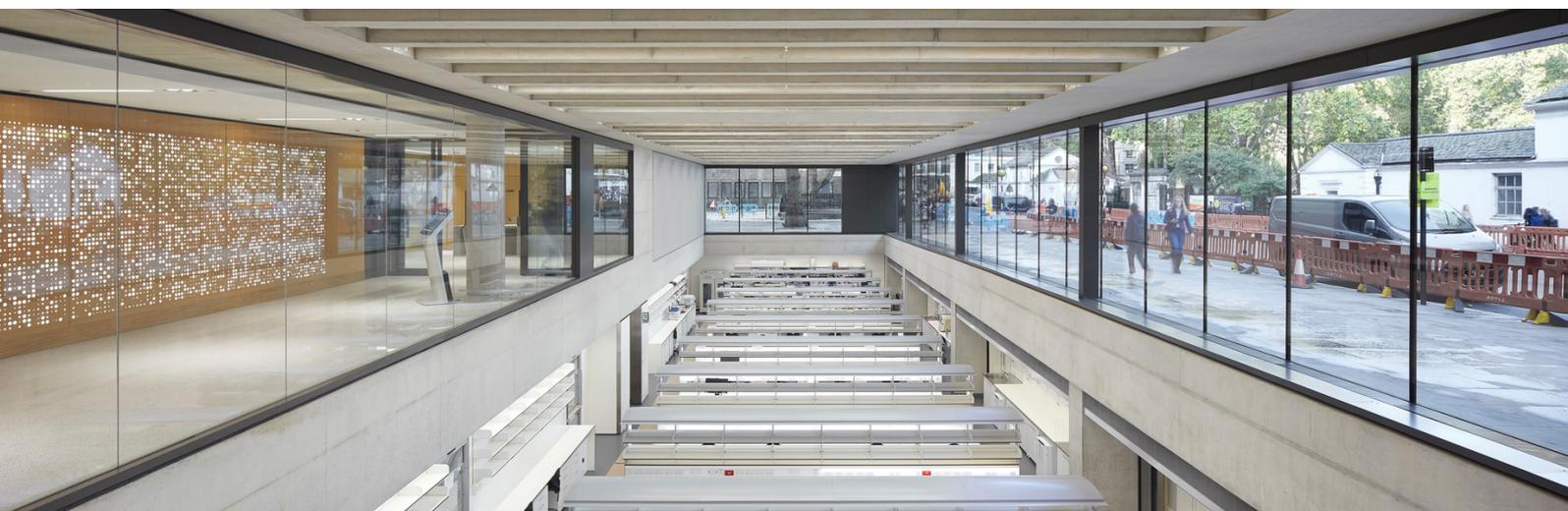
# SPOTLIGHT ON: CANCER RESEARCH

T cells are specialised immune cells that patrol the body, seeking and clearing up cells that are infected, for example with a virus. But cancer cells can go unnoticed as they often look very similar to healthy cells. To use T cells as a cancer treatment, they are reprogrammed with a cancer 'detector' called chimeric antigen receptor (CAR). The CAR enables T cells to spot cancer cells and spring into action, directly destroying cancer cells and alerting other immune cells of the cancer threat.

While promising for some forms of childhood cancer, 'CAR-T therapy' can lead to life-threatening side effects and the cancer often returns as the treated T cells disappear from the body. Furthermore, obtaining children's cells and returning them requires harsh, invasive procedures that some children simply aren't well enough for.

Researchers based at the Zayed Centre for Research are tackling these issues head on. For example, in blood cancers like acute lymphoblastic leukaemia (ALL) Professor Persis Amrolia (Professor of Transplantation Immunology, UCL GOS ICH; Consultant in Bone Marrow Transplant, GOSH) and his team have developed a new CAR molecule that can bind more rapidly to the cancer cells and remove them, reducing side effects and improving cancer symptoms. They are investigating why CAR-T cells last longer for some patients, and not others (this is important because the loss of CAR-T cells means the treatment doesn't work), and how they can make CAR-T cells persist in the body. They have found that a special group of T cells are essential for destroying cancer cells. In parallel, Professor Waseem Qasim (Professor of Cell and Gene Therapy, UCL GOS ICH) and his team are leading research that uses 'off the shelf' CAR T-cells that work for anyone, so that children don't need to go through all the harsh measures to remove their cells.

A team led by Dr Karin Straathof (Principal Research Fellow, Honorary Consultant in Paediatric Oncology, UCL GOS ICH) is also working to tackle cancers with solid tumours, particularly neuroblastoma - a cancer that comes from the nervous system outside the brain. The team has developed a special CAR that instructs T cells to recognise a protein present only on the surface of neuroblastoma cancer cells. They've shown that this works, leaving healthy cells untouched, and now plan to start a clinical trial of CAR-T cell therapy for children with neuroblastoma who aren't responding to standard treatments.



Zayed Centre for Research street-level view over the laboratory

# GENE AND CELL THERAPY FACILITY

The Zayed Centre for Research's gene and cell therapy facility consists of seven suites and is the UK's largest academic manufacturing facility for gene and cell therapies. It enables world-leading, first-in-man clinical trials, such as the first use of gene editing technologies in children; genetically engineered T cell therapy for childhood solid tumours; and virus-based gene therapy for disorders affecting the eye.

Over the last two years, two out of the seven manufacturing rooms in the gene and cell therapy facility have been used to manufacture SARS-CoV-2 for the UK Vaccine Taskforce in collaboration with industry partner, hVIVO.



Zayed Centre for Research gene and cell therapy facility

For method development it is crucial to obtain MHRA accreditation for the new facility. The NIHR GOSH Biomedical Research Centre (BRC) is working closely with the MHRA to achieve this. Similarly, the NIHR GOSH BRC has been working since 2017 to bring ex vivo CRISPR genome editing to good manufacturing practice level.

Several projects have started in 2022 which cover vector manufacture, biologics, gene and cell therapies and virus manufacture.



# SPOTLIGHT ON: GENE THERAPY

July 2021 marked 20 years since the first patient, Rhys Evans from Wales, was treated with gene therapy at GOSH for X-SCID – he was the first patient to receive gene therapy in the UK. Since then, over 100 children have been treated with gene therapy at GOSH for dozens of different diseases. Many of these children would have been expected to die before their second birthday and gene therapy was transformational in allowing many of them to live normal lives and go to school. Back in 2001, the only treatment for patients like Rhys was a bone marrow transplant, an incredibly difficult procedure that requires a matched donor to be found, usually a sibling. Rhys became the first to receive this ground-breaking gene therapy and after a few weeks his immune system started to develop. He recently celebrated his 21st birthday.



GOSH patient Rhys, age 21

Stories like Rhys' would have not been possible without researchers and clinicians working in collaboration for the benefit of children with rare and complex diseases. Now, GOSH is a global centre of excellence for gene therapy and has treated more patients with the technology than anyone else in Europe – something that would not have been possible without the Zayed Centre for Research.

Gene therapy was pioneered at GOSH by Professor Bobby Gaspar (Professor of Paediatrics and Immunology, UCL GOS ICH) and Professor Adrian Thrasher (Professor in Paediatric Immunology and Wellcome Trust Senior Research Fellow, UCL GOS ICH) who is based at the Zayed Centre for Research. Much of this early research took place at the Wolfson Centre for Gene Therapy, supported by the Wolfson Foundation.

Most patients treated in clinical trials at GOSH with gene therapy have had different forms of severe combined immunodeficiency (SCID), a group of rare disorders caused by mutations in different genes involved in the development and function of infection-fighting immune cells. More recently, patients with a range of diseases from leukaemia to rare genetic conditions such as spinal muscular atrophy (SMA) and an inherited retinal disorder which causes children to lose their sight – Leber’s congenital amaurosis (LCA) – have been treated in clinical trials.

Gene therapy research at the hospital is accelerating at a faster pace because of the Zayed Centre for Research. Rare disease researchers are now co-located with Falcon, the rare disease outpatients’ clinic, so that they can learn from colleagues treating these conditions and ‘reverse translate’ these real outcomes to make changes to their own research that will benefit families. They have access to cutting-edge facilities and equipment specially designed for research of this nature and calibre, and they can easily spark new collaborations with other rare disease research colleagues and clinicians, pushing forward new ideas.



Professor Manju Kurian (Professor of Neurogenetics, UCL GOS ICH) conducts her research at the Zayed Centre for Research



All of this has increased the rate at which gene therapies are being developed and tested for patient benefit. Among those leading the clinical trials are Professor Claire Booth (Mahboubian Professor of Gene Therapy, UCL GOS ICH; Consultant in Paediatric Immunology, GOSH) - who celebrated the successful results of a stem cell gene therapy clinical trial for ADA-SCID in May 2021 - and Professor Manju Kurian (Professor of Neurogenetics, UCL GOS ICH), who discovered the brain disorder dopamine transporter deficiency syndrome (DTDS) in 2009 and has subsequently helped develop a potential gene therapy cure for the disease. More detail on their work can be found in the highlights section of this report.

Professor Claire Booth  
(Mahboubian Professor of Gene  
Therapy, UCL GOS ICH, Consultant in  
Paediatric Immunology, GOSH)

# SUSTAINABILITY AND ENERGY EFFICIENCY

The Zayed Centre for Research comprises 13,000m<sup>2</sup> of space set over eight floors. The building has been designed with energy efficiency and sustainability in mind. To this end, several key design features ensure the building operates in an environmentally friendly way while maintaining efficiency:

- Photovoltaic systems (PV systems) are a renewable energy technology which transform the energy from the sun into electricity using photovoltaics. These photovoltaics, also known as solar panels, provide a reliable green energy solution. A PV system has been installed on the building, allowing generation of electricity through solar power.
- A gas-fired combined heat and power (CHP) unit has been installed to supplement grid-supplied electricity. CHP systems use gas to generate electricity on-site and use the heat generated to provide hot water for the site.
- A sophisticated electrical metering network has been installed to ensure power consumption can be monitored and tracked for efficiency.
- Heating systems, chilled water systems, gas systems and water systems are all monitored by meters to allow tracking of consumption and efficiency.
- The building is fitted with blinds that have been designed to minimise heat gains within internal spaces, consequently reducing the requirement for mechanical cooling.
- Heat recovery systems have been installed on air handler units to increase efficiency of space heating / cooling.



- Light-emitting diodes (LED) are semiconductor light sources that emit light when current flows through them. LED lighting has been installed throughout the building. A lighting control system has been installed to control lighting in all areas. High-performance movement detectors have also been installed in appropriate areas so that lights are automatically switched off in unoccupied areas. The control system also dims lights when full output is not required.
- A Building Energy Management System (BeMS) has been installed to reduce costs while improving staff comfort and working conditions. Programmed to operate in the hospital according to schedules, the system 'self-learns' and adapts the time the hospital switches heating on and off to match external weather conditions.



The indicators of operational performance are annual carbon dioxide emission per unit of area of the building caused by its consumption of energy, compared to a value that would be considered typical for this type of building. The operational rating is a numeric indicator of the amount of energy consumed during the occupation of the building over a period of 12 months, based on meter readings. The display energy certificate (DEC) for the performance of a building is labelled on an "A to G" scale in a similar way to many UK household appliances as this is a format easily recognisable to the public.

The Zayed Centre for Research building has been allowed to 'bed in' since its opening and is being operated in accordance with the original design. Operational performance is slightly above the benchmark with a rating of E, compared with typical performance of this type of building which is D. This is still in line with expectations for a new building in the initial operational period.

GOSH has employed a full-time dedicated Energy Manager who will be completing an audit of the Zayed Centre for Research over the first quarter of 2022/2023 including detailed analysis of the sub-metered data and a review of the controls' strategy in conjunction with the engineering team and building occupants.

# A VERY SPECIAL THANK YOU

The Zayed Centre for Research into Rare Disease in Children was made possible thanks to a transformative £60 million gift from Her Highness Sheikha Fatima bint Mubarak, wife of the late Sheikh Zayed bin Sultan Al Nahyan, founding father of the United Arab Emirates, in 2014. We are also grateful to Research England, The Wolfson Foundation, John Connolly & Odile Griffith and the Mead Family Foundation whose generous support contributed to the creation of the Zayed Centre for Research. The Zayed Centre for Research is a partnership between Great Ormond Street Hospital, UCL and Great Ormond Street Hospital Children's Charity.



Artist Mark Titchner created an iconic piece of art for the Zayed Centre for Research.

Based on a Helen Keller quote, the interconnected design features interweaving pathways to represent the collaborative vision for the building.

# APPENDIX

## Acronyms

<b>BRC</b>	Biomedical Research Centre
<b>GOSH</b>	Great Ormond Street Hospital
<b>NIHR</b>	National Institute for Health and Care Research
<b>PI</b>	Principal Investigator
<b>UCL GOS ICH</b>	University College London Great Ormond Street Institute of Child Health

## Falcon visits by country of residence:

Country of Residence October 2019 - October 2020	Count
Canada	1
Cyprus	1
England	16486
Falkland Islands	2
France	2
Germany	2
Gibraltar	2
Greece	1
Ireland	32
Jersey	3
Kuwait	2
Malta	14
Netherlands	1
New Zealand	1
Northern Ireland	15
Norway	1
Pakistan	1
Poland	1
Qatar	1
Scotland	21
Slovenia	1
Spain	2
UAE	1
USA	2
Wales	23
Other	59

Country of Residence October 2020 - October 2021	Count
Bulgaria	1
Cyprus	2
England	15696
Falkland Islands	1
France	1
Germany	2
Guernsey	1
Ireland	21
Jersey	4
Kuwait	1
Malta	7
New Zealand	1
Nigeria	1
Northern Ireland	10
Saudi Arabia	1
Scotland	18
UAE	2
Wales	23
Other	13



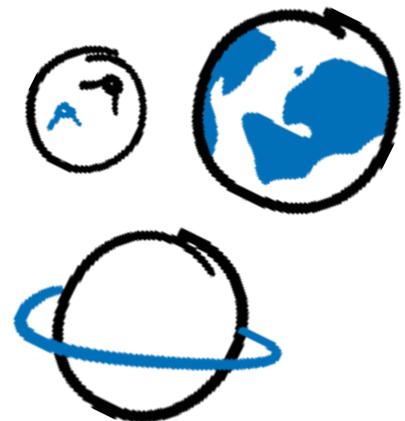
Great Ormond Street   
Hospital for Children  
NHS Foundation Trust

Great Ormond Street Hospital Children's Charity  
40 Bernard Street  
London WC1N 1LE

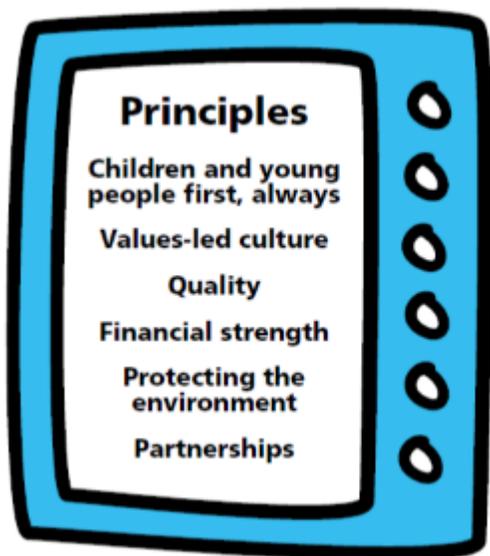
T: 020 3841 3083  
E: [izabella.siemicka@gosh.org](mailto:izabella.siemicka@gosh.org)

Great Ormond Street Hospital Children's Charity. Registered Charity no. 1160024.





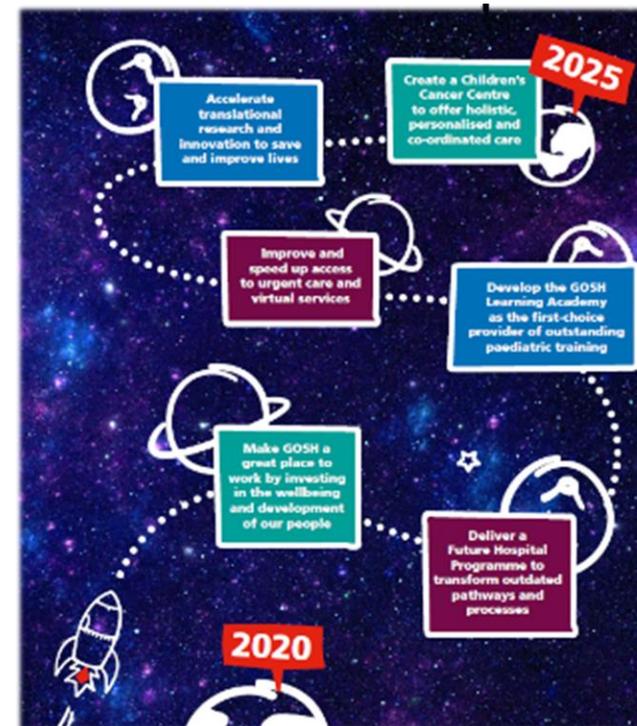
# Blood Cells and Cancer DIRECTORATE REVIEW



Trust Board  
23<sup>rd</sup> November 2022

Clarissa Pilkington– Chief of Service  
Anupama Rao– Deputy Chief of Service  
Esther Dontoh– General Manager

Emma Gilbert – Interim Head of Nursing and Patient Experience



# Team Organogram



**Clarissa Pilkington**  
Chief of Service



**Anupama Rao**  
Deputy Chief of Service



**Esther Dontoh**  
General Manager



**Emma Gilbert**  
Interim Head of Nursing  
and Patient Experience

**Jacqueline Holloway**  
Directorate PA

## Bone Marrow Transplant

Speciality Lead  
**Kanchan Rao**

Interim Matron  
**Carole Bell**

Service Manager  
**Charlotte Stevens**

**4 Consultants**  
(3.97wte)

## Dermatology

Speciality Lead  
**Lea Solman**

Interim Matron  
**Lisa White**

Service Manager  
**Yolanda Adjepong**

**8 Consultants**  
(4.78wte)

**2 Associate Specialists**  
(1.45wte)

## Haematology

Speciality Lead  
**Sujith Samarasinghe**

Matron  
**Mary Foo-Caballero**

Service Manager  
**Josie Dorney**

**9 Consultants**  
(6.9wte)

**Associate Specialist**  
(1.0wte)

## Haemophilia

Speciality Lead  
**Mary Mathias**

Interim Matron  
**Carole Bell**

Service Manager  
**Charlotte Stevens**

**4 Consultants**  
(3.5wte)

## Immunology

Speciality Lead  
**Winnie Ip**

Interim Matron  
**Carole Bell**

Service Manager  
**Charlotte Stevens**

**10 Consultants**  
(4.7wte)

## Infectious Diseases

Speciality Lead  
**Alasdair Bamford**

Interim Matron  
**Carole Bell**

Service Manager  
**Charlotte Stevens**

**5 Consultants**  
(4.10wte)

## Oncology

Speciality Lead  
**Olga Slater**

Matron  
**Mary Foo-Caballero**

Service Manager  
**Josie Dorney**

**9 Consultants**  
(6.5wte)

**Associate Specialist**  
(2.0wte)

## Palliative Care

Speciality Lead  
**Julie Bayliss**

Matron  
**Mary Foo-Caballero**

Service Manager  
**Josie Dorney**

**4 Consultants**  
(4.0wte)

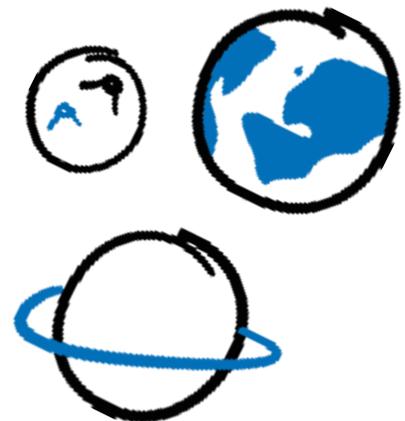
## Rheumatology

Speciality Lead  
**Muthana Al Obaidi**

Interim Matron  
**Lisa White**

Service Manager  
**Yolanda Adjepong**

**9 Consultants**  
(7.4wte)



# Areas of expertise



BMT for malignant, non-malignant and metabolic conditions. Autologous and allogeneic CAR-T cell therapies

Dermatology: vascular, EB, hemi-hypertrophy, general including biologics

Haematology: malignant and non-malignant, long-term follow-up

Haemophilia (2.5 million savings for NHS through use of trial drugs)

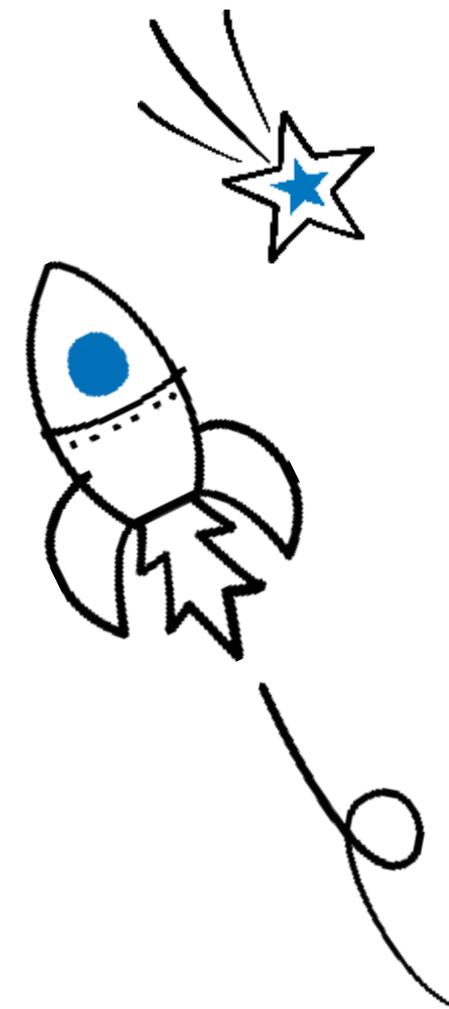
Infectious Disease, AMS, PIMS-TS, Monkeypox

Immunology: gene therapies, New-born screening, Thymic Transplant

Rheumatology: trials, novel auto inflammatory diseases, Uveitis

Specialist Palliative Care

Oncology, solid tumours, neuro-oncology, retinoblastoma, Long Term Follow-up,



# Directorate Profile

## Our Budget

- Annual Budget 22/23: £33.4 million

## Our Clinical Spaces

- **Lion/Elephant/Giraffe** - 30 funded Haematology/Oncology/Palliative care Beds
- **Fox/Robin** - 20 funded Bone Marrow Transplant and Immunology beds
- **Pelican** – 10 funded inpatient for Rheumatology, Dermatology, Immunology and Infectious Disease – also Trust pandemic ward
- **Safari** – 20 day-care beds supporting Haematology/Oncology/BMT/immunology
- **Pelican Ambulatory** – 11 day-care beds supporting Rheumatology/Dermatology/Infectious Diseases and Immunology



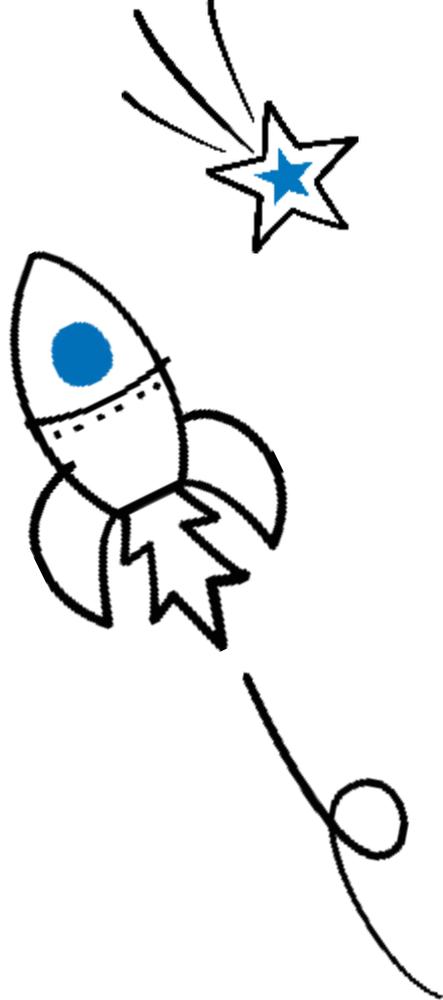
Staff Group	WTE
Ward-based Nursing Qualified and unqualified	200
Specialist nursing: CNS, ANP	69.5
Junior Doctors	56.01
Senior Managers and Admin	61.25
Other	0.2
Consultants	62.05
Housekeepers	11
Scientific Therapy Tech	1.71
<b>Grand Total</b>	<b>430.2</b>



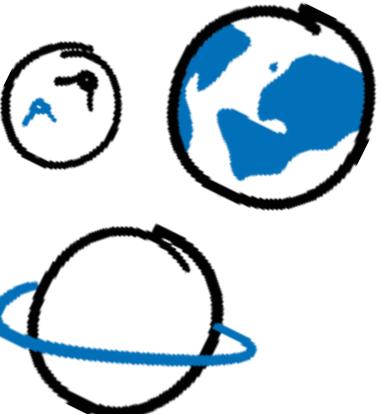
## Research and Innovation – new projects/awards

**857,308** Combined funding coming to GOSH  
for commercial and non-commercial projects

### Commercial Projects Include:

- Bone Marrow Transplant, To determine the clinical benefit of tabellecleucel EBV-CTLs **£49,938 (Professor Persis Amrolia)**
  - Bone Marrow Transplant Posoleucel (ALVR105) for the Treatment of Adenovirus Infection in Pediatric and Adult Participants **£32,666 (Dr Kanchan Rao)**
  - Bone Marrow Transplant, ALVR105 for the Treatment of Patients With Virus-Associated Hemorrhagic Cystitis **£33,717 (Dr Kanchan Rao)**
  - 4616 (explorer10) concizumab prophylaxis in children below 12 years with haemophilia **£26,723 (Dr Mary Mathias)**
  - Haemophilia, Study on caplacizumab-treated paediatric patients **£3,081 (Dr Alice Taylor)**
- 



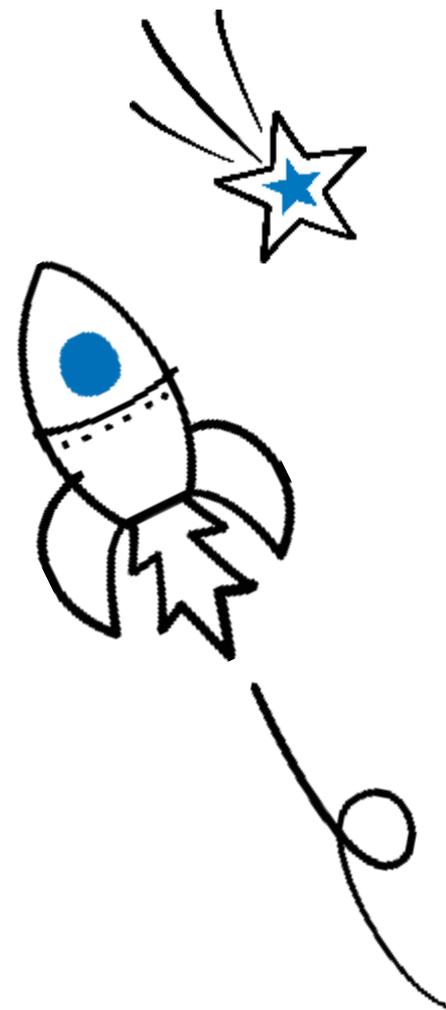


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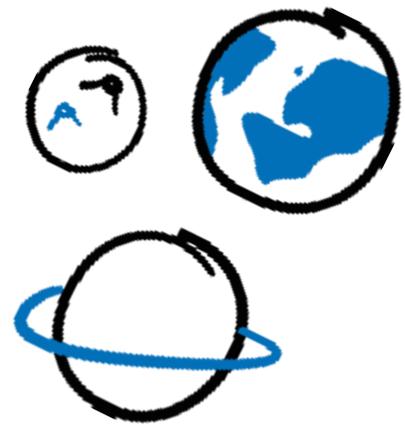
### Non-Commercial Projects include:

- Immunology, Phase I/II, non-randomised, multi-centre, open-label study of pCHIM-p47 - funded via the UCL Technology Fund **£396,561 (Professor Claire Booth)**
- Oncology, A single cell atlas of rhabdomyosarcoma transcriptomes from diagnosis to relapse funded by CRUK **£99,828 (Dr Karin Straathof)**
- Multi-factorial prognostic model to optimise treatment outcomes in paediatric low-grade glioma **£99,576 (Dr Darren Hargrave)**
- Immunology, Base edited T cell therapy against T-ALL (TvT) awarded **£50,944 (Dr Waseem Qasim)**
- Haemophilia, MOTIVATE, **£17,828 (Dr Mary Mathias)**
- Living with treatment-related hearing loss: experiences of survivors of childhood brain cancer **£14,958 (Dr Christine Dahl)**
- Rheumatology, Defining the cellular basis of disease persistence in juvenile idiopathic arthritis **£26,853 (Professor Lucy Wedderburn)**
- Rheumatology, Biologics in refractory vasculitis (BIOVAS) **£5,539 (Professor Paul Brogan)**



# Principle 1: Children and young people first, always

## Restoring elective activity and clinical prioritisation



### Situation:

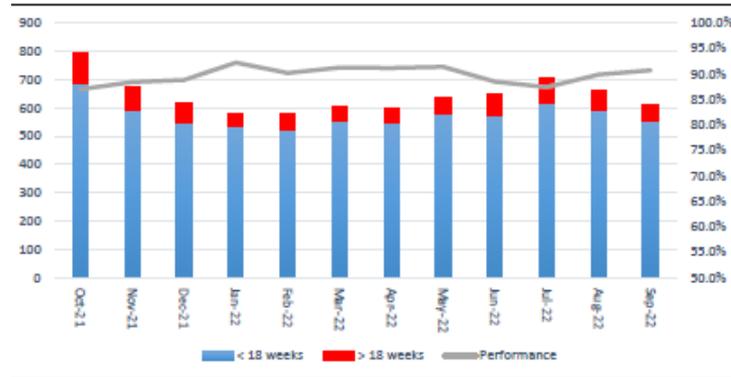
- September 2022: 501 patients waiting for first appointment or treatment; 13 are waiting more than 35 weeks for treatment

### Actions being taken:

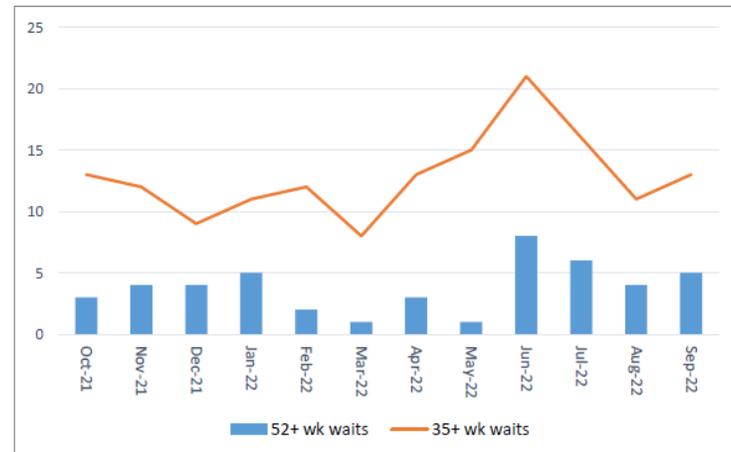
- Continue to treat most clinically urgent cases;
- Prioritise these on the waiting list:  
**P2 (566), P3 (367) and P4 (544)**
- Develop business case for hard-pressed specialties: Dermatology and Immunology.

RTT incomplete pathways:  
% of patients waiting < 18 weeks = **90.7% Sept 2022**

RTT incomplete pathways: % of patients waiting <18 weeks	Period	Target	Actual
	Sep-22	92.0%	<b>90.7%</b>



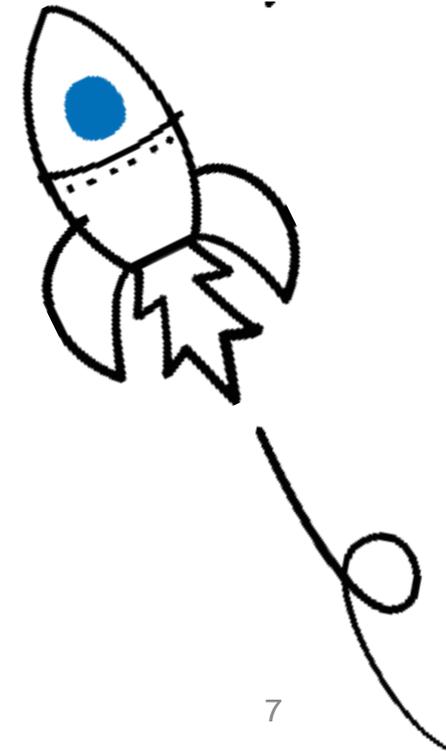
Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
91.2%	91.2%	91.4%	88.5%	87.4%	89.9%	90.7%



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
52 wks+	3	1	8	6	4	5
35 wks+	13	15	21	16	11	13

### Challenges:

- P 2, 3 & 4 patients continue to exceed capacity.
- Cancelled electives through the rail strikes and additional bank holidays
- Number >52 weeks: all inherited breaches.
- Patient cancellations & Do Not Attends (DNA's)



# Principle 3: Quality Compliance

## DATIX incidents

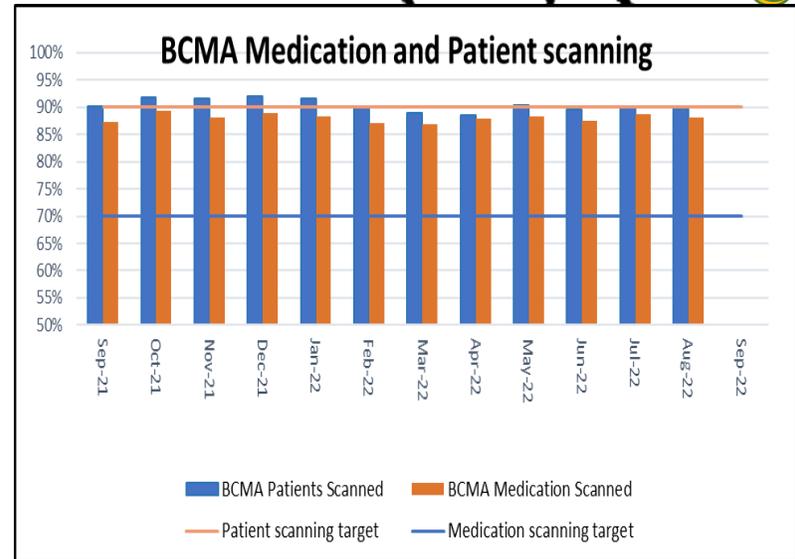
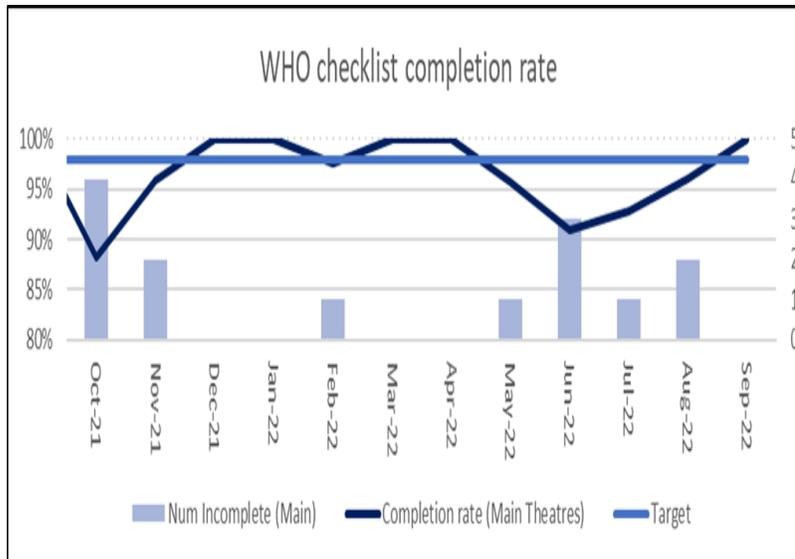
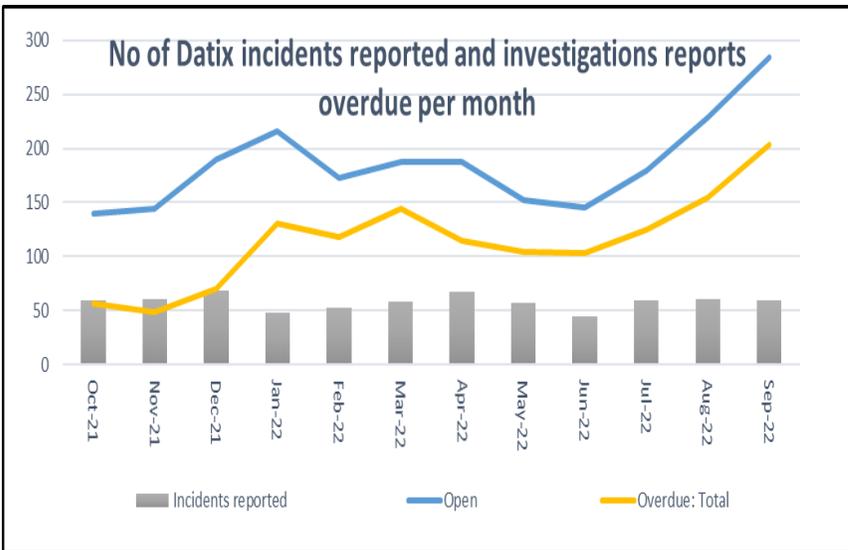
- DATIX incident reporting remains consistent: 50/month An increase in number of overdue DATIXs is due to time pressure.
- Number of overdue incidents has risen in last four months- **104**. Action plan in place.

## WHO checklist

- Improving.** Deputy Chief of Service has confirmed that WHO checklists are being completed in practice but there are documentation gaps on Epic.
- Serious Incidents**
- Brain tumour misdiagnosis – all directorate actions complete.

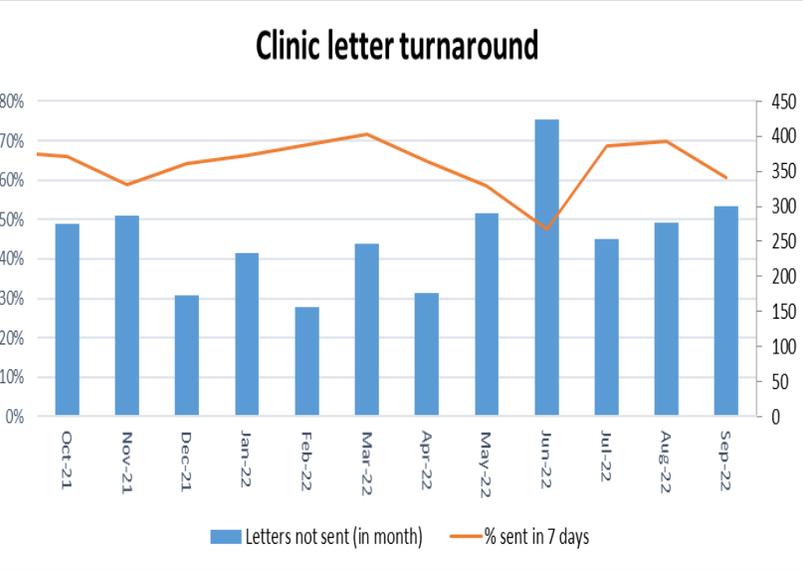
## BCMA scanning compliance

- Since May 2022 BCC has met the BCMA scanning and medication target. Work continues to improve BCMA patients scanned.





# Principle 3: Quality Compliance

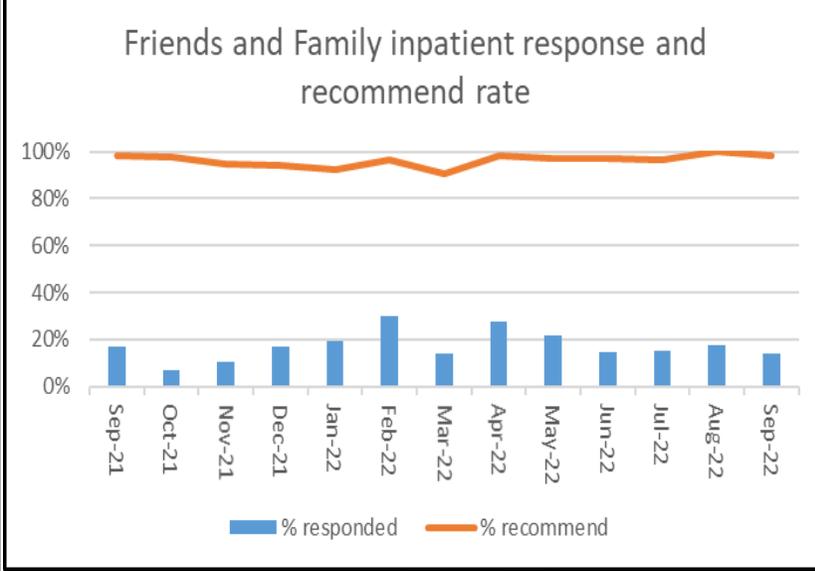
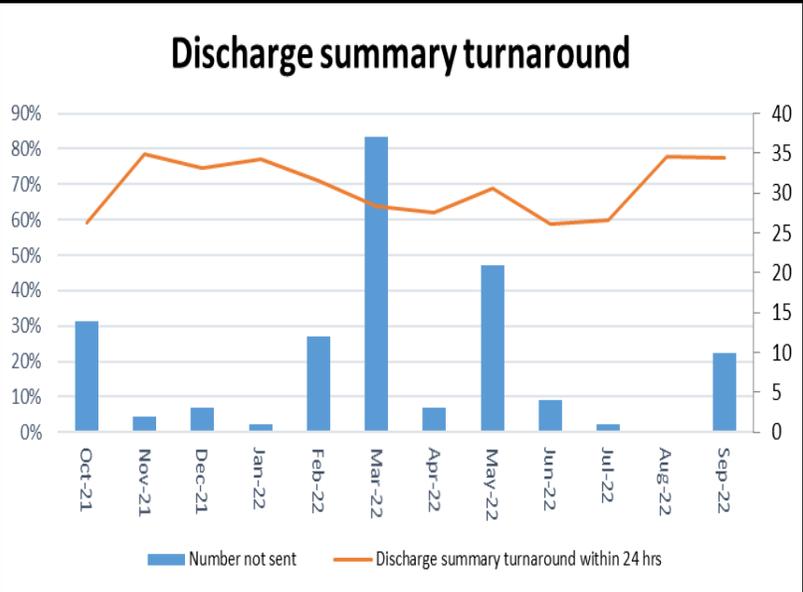


- #### Clinic letter turnaround in 7 days
- No change.** Average turnaround time is now 5.4 days compared to 8 days in April 2021.
  - While percentage compliance with the 7 day turnaround target has worsened over the last few of months, there are Individualised action plans are in place for specialties struggling with performance.
  - Recruitment freeze on oncology consultant post and pending business cases in Immunology and Dermatology have placed teams under pressure.

- #### Discharge summary turnaround
- Improving.** Since the introduction of Saturday cover and increased team supervision, performance has improved.

- #### Friends and Family Test (FFT)
- Inpatient response rate without Ambulatory is consistently above 25%, with a high (>96%) rate to recommend.
  - Working with EPIC to gain a true reflection of ambulatory patients.

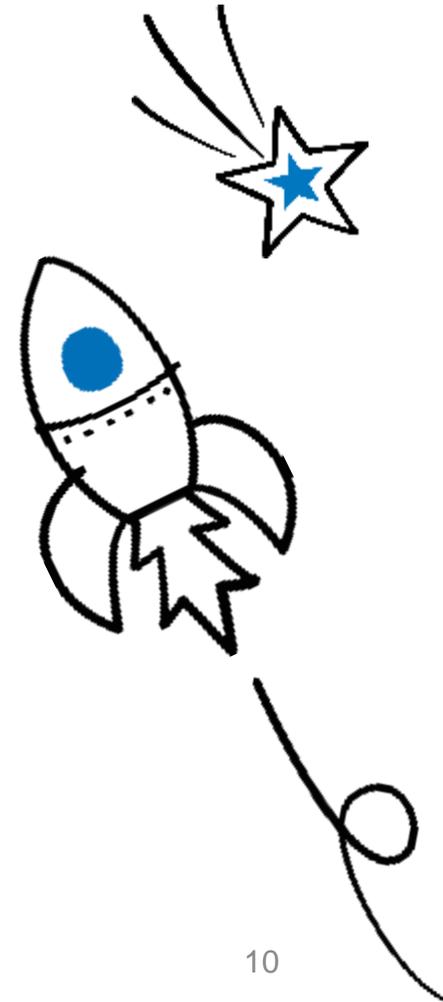
- #### Complaints
- Initially low, recent increase.** Last year n=17.
  - The directorate staff have become very proactive in listening to problems expressed by families and discussing these immediately, with feedback to families and resolution of problems at an early stage.
  - In September 2022 we received 6 complaints our highest total.

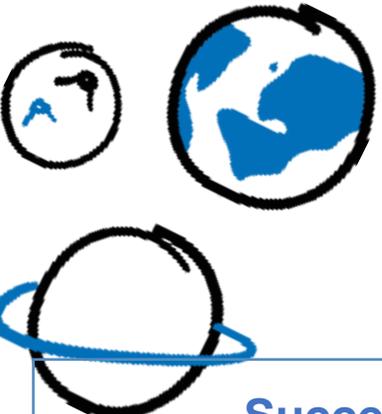


Directorate <sup>5</sup>	Number of Complaints	Patient activity	Complaints per 1000 CPA
Blood Cells & Cancer	3	41674	0.07
Body Bones & Mind	23	50983	0.45
Brain	5	37710	0.13
Heart & Lung	18	43920	0.40
IPC	9	17029	0.53
Medicines Therapies & Tests	1	20690	0.05
Operations & Images	3	22364	0.13
Sight & Sound	12	49614	0.24

## Principle 3: Quality- Safari suboptimal - Issues to be addressed

- Better connectivity to rest of the hospital – to allow urgent transfer of severely ill children
- Increased isolation capacity
- Reliable, working lifts that can fit the hospital bed with child, team and equipment.
- Heat control – high temperatures in the summer, freezing in the winter
- Numerous Datix reports: Remote location/inadequate lifts/unacceptable environment for cancer care /capacity/
- Complaints Delays/Cancellations/poor patient experience





# Principle 4: Financial strength



## Successes 21/22

- Our influenceable non-pay has stayed within overall budget envelope even allowing for an 18% unfunded inflation on blood products.

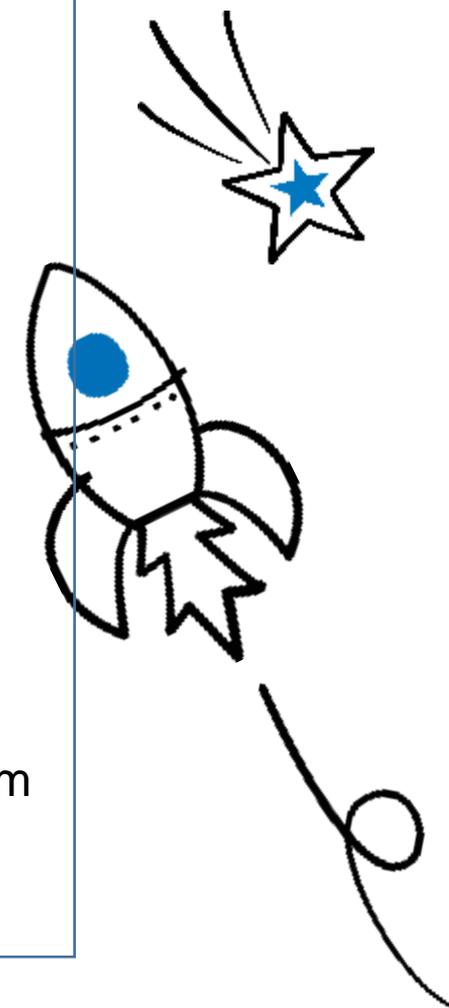
## Value 22/23

**Target** - £1.7m

**Schemes identified** – £1.1m, of this, £0.6m has been delivered and the remaining 0.5m is rated as high risk.

## 2022/23 Looking forward

- **Private Income** – Monthly meeting instigated with International and Private Care directorate to drive activity
- **Pay Budget**- £29m
- **Non-Pay** – £4m
- **Sharing the challenge** – Messages on financial challenge were shared early through the directorate governance structure, and efficiency is a standing item on team meetings.



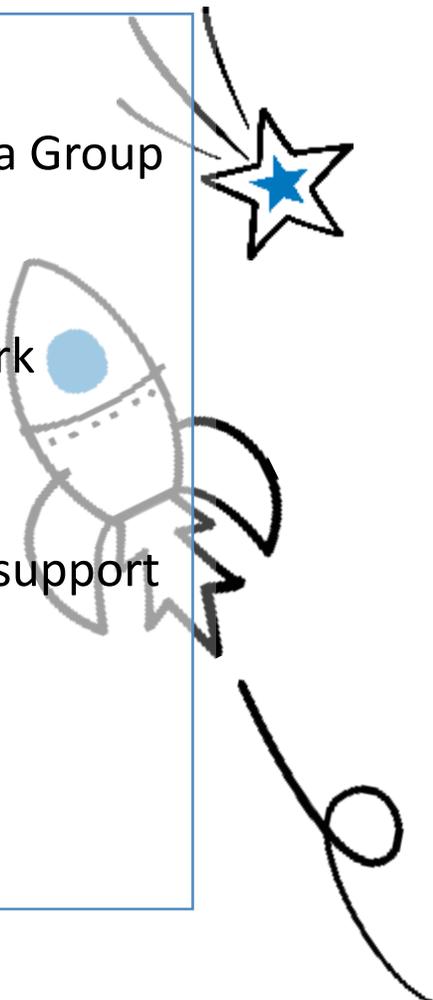


# Principle 6: Partnerships

## New and established relationships

- North Central London's Startwell programme
- Reciprocal collaboration with UCLH
- Functional relationship with Birmingham for Dermatology Epidermolysis Bullosa (EB) service
- Thymic transplant : Only centre in the world. Maintained through collaboration throughout Europe

## Network relationships

- Children's Cancer and Leukaemia Group (CCLG)
  - North Thames paediatric network
  - Involvement on:
    - North West London ICS/B for support with NHSE match funding bid.
- 



# Success in Collaboration and Engagement



## Education

Lead Practice Educator for BCC designed and wrote the only CYP SACT module in the UK:-this plus BMT and Cancer modules franchised to GOSH through LSBU.

- Supported international education in Egypt



## Nursing

- Created Digital Education Network (DEN) pages for all internal training.
- Foundation Oncology and BMT courses offered externally to community teams and POSCUs.



## Patient and Public Voice

- Infectious Disease spearheaded Covid 19 (PIMS-TS) and now involved in planning local/regional/national Monkeypox strategy
- National Institute for Health and Care Research (NIHR) Patient and Public Involvement Impact case study for Immunology
- Immunology Severe Combined Immunodeficiency (SCID) New-born screening introduced in September

## Publications



- Long-term safety & efficacy Gene Therapy for Wiskott Aldrich Syndrome – published in Nature
- BSH Guideline for Haematological investigation in suspected NAI accepted for publication. Co Authored by Keith Sibson
- Press release end of the month on the first patient treated with Base edited CAR T cells for refractory T cell leukaemia

## Pathways

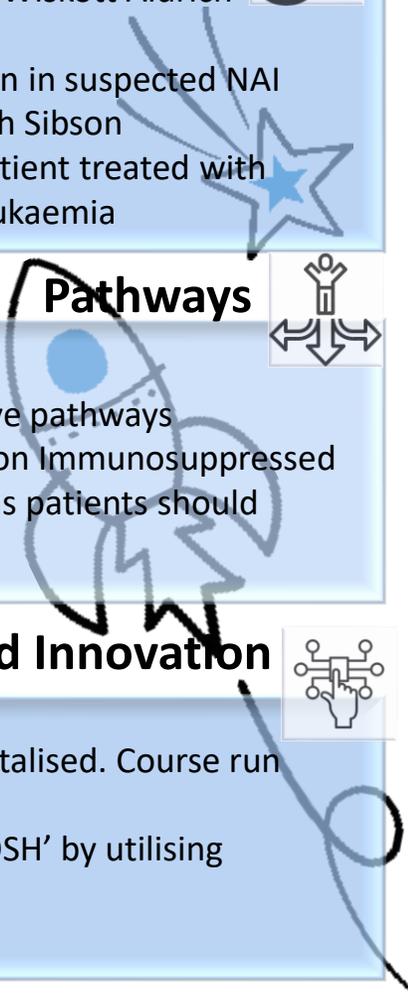


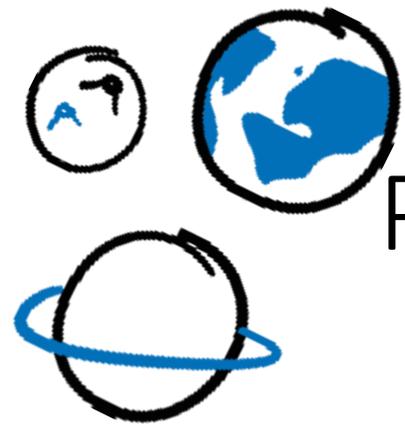
- Network collaboration to review and improve pathways
- Rheumatology leading the way with advice on Immunosuppressed patients and advising number of vaccinations patients should receive

## Digital and Innovation



- Venepuncture and Cannulation training digitalised. Course run trust wide x4 a year
- Increased registration of patients to 'My GOSH' by utilising Network contacts and communication





# Plan to open 2027

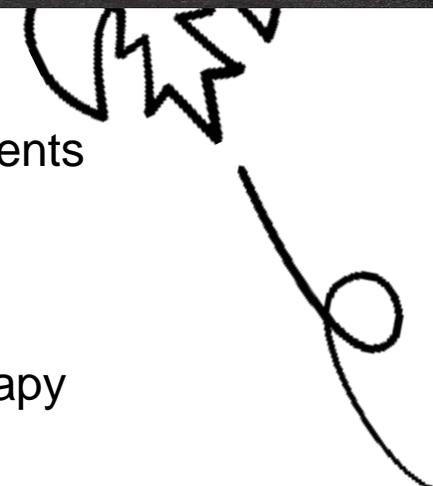
• Workforce model assumes that cancer 'caseload' activity grows by 20%. Capacity changes include:

- 4 additional inpatient beds for Bone Marrow Transplant (BMT) (+20%)
- 13 additional inpatient beds for haematology/oncology (+30%)
- 8 additional cancer day care beds (+40%)



New service developments

- Ambulatory Care
- PET-CT
- Molecular Radiotherapy



Three circular icons: a globe with a blue and white pattern, a smaller globe with a blue and white pattern, and a planet with a blue ring. 

## Top three operational successes

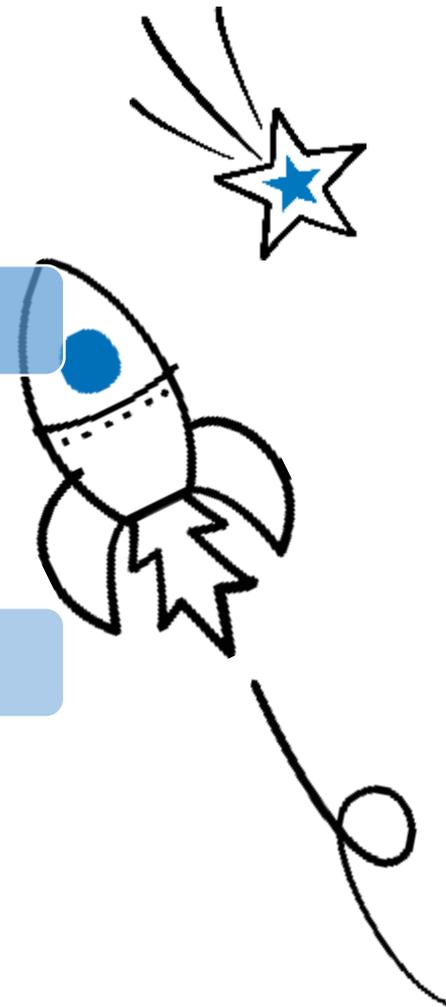
- Excellent clinical engagement with Children's Cancer Centre: clinicians involved in creating vision and design.
- Quality and safety: active MDT staff involvement in whole journey
- Maintained **100%** cancer operational standards; No Future Activity (NFA) for Dermatology vastly improved

## Top three operational challenges

- Matching our resource to the demands of our services
- Directorate meeting better value targets despite unfunded services such as palliative care and thymic transplant.
- Reducing nursing vacancies and dealing with the ongoing impact of sickness

## Top three operational priorities

- Improving theatre utilisation across medical specialities
- Attaining accreditation for Immunology Service
- To use commissioning changes to our, and our partners', advantage



**Trust Board  
 23<sup>rd</sup> November 2022**

**October IQPR (September 2022 Data)**

**Submitted by:**

John Quinn, Chief Operating Officer

**Co-Authors**

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

**Paper No: Attachment Q**

**For discussion**

**Purpose of report**

To present the Integrated Quality and Performance Report 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.

**Summary of report**

The Board Integrated Quality and Performance Report has no additional metrics or amendments this month.

The Trust performance for the month of September 2022 is positive overall for four out of the five domains with continued pressure on access.

Patient Safety has no significant issues flagged and following the continued work with directorates the high-risk review rate has improved. The small rise in reported E.coli and Klebsiella last month have reduced this month however close monitoring of this will continue.

Patient experience remains in positive position particularly within Friend and Family scores.

The Trust has delivered £6m Better Value year to date and overall has identified £14.96m as confident of delivery.

Well-led remains a focus for the Trust particularly PDRs, honorary contract training compliance and voluntary turnover. Turnover has seen a gradual rise over the last 9 months and is reflected in the rising vacancy rate.

Activity overall is below the internal 2022/23 plan but is above 2019/20 figures. RTT and Diagnostics saw a decline in performance, however, Cancer targets continues to be met. The vacancy and sickness rate are a contributing factor to the challenges seen in RTT and Diagnostics with reduced bed availability. The reported RTT 104-week wait is dated for treatment in November.

**Patient Safety Implications**

The IQPR includes metrics and analysis on Patient Safety.

**Equality impact implications**

There are no specific metric on equality, but the report includes metrics on Access, Freedom to speak up and patient experience.

**Financial implications**

The IQPR only includes metrics on Better Value and no other specific metrics on Finance, but access and activity performance will have implications on revenue.

Attachment Q

<b>Action required from the meeting</b> None
<b>Consultation carried out with individuals/ groups/ committees</b> Reviewed at EMT
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Chief Operating Officer
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Executive



Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Integrated Quality & Performance Report

## October 2022

Reporting September 2022 data



**John  
Quinn**

Chief  
Operating  
Officer

**Tracy  
Luckett**

Chief Nurse

**Sanjiv  
Sharma**

Medical  
Director

**Caroline  
Anderson**

Director of HR  
& OD

Report Section	Page Number
Executive Summary	3 - 4
Patient Safety	5 - 6
Effectiveness	7
Patient Experience	8
Well Led	9 - 10
Patient Access	11 - 13
Appendices	15 - 25

Overall the Trust remains positive for four out of the five domains with continued pressure on access.

No significant issues in patient safety are flagged, with an improvement in the high risk review rate. The small rise in reported E.coli and Klebsiella last month have reduced this month however close monitoring of this will continue.

Patient experience remains positive with Friends and Family scores remaining in 97-99% range.

Overall the well led domain is good however staff turnover is up at 13.6%. This is still below the Trust target of 14% but follows a gradual rise over the last 9 months. This is reflected in a rising vacancy rate (contractual 8.2% and nursing 9.0%) and is a contributing factor (along with a raised sickness rate in Sept) to reduced bed availability and the resultant impact on access and activity levels.

Access (RTT) saw a continued slow decline (72.3 to 71.8%) and Diagnostics (84.1 to 83.5%). We have seen some levelling off, and improvements in some specialties, in October but blood shortages may mean it is difficult to recover significantly in the short term. A small number of specialties are a key driver (Dental, Plastics, Orthopaedics) which are facing issues nationally. Clinical Genetics has also seen pressures due to a high staff turnover of consultants and councillors and increase workload as a result of whole genome sequencing. Activity though remains strong with overall activity at 112% of 19/20.

Cancer targets continue to be met.

Better value has identified £19m of potential savings, of which £6m has been delivered YTD. £5m of this is recurrent.

# Integrated Quality & Performance Report, October 2022

## Patient Safety

Incidents		-
Serious Incidents	■	↘
Duty of Candour	■	-
Infection Control	■	-
Mortality		-
Cardiac Arrest	■	-

## Patient Experience

FFT Experience	■	→
FFT Response	■	↗
PALS	■	→
Complaints	■	→

## Well Led

Mandatory Training	■	→
Appraisal (Non-Cons)	■	↘
Appraisal (Cons)	■	→
Sickness Rate	■	↗
Overall Workforce Unavailability		
Voluntary Turnover	■	↗
Vacancy Rate – Contractual	■	↗
Bank Spend		→
Agency Spend	■	→

## Patient Access

RTT Performance	■	↘
52 Week Waits	■	↗
78 Week Waits	■	↗
104 Week Waits	■	↗
DM01 Performance	■	-
Cancer Standards	■	-
Cancelled Operations	■	↗

## Effective

Clinical Audits	■	-
QI Projects	■	↗
Outcome reports	■	-
Better Value	■	-

# Patient Safety - Incidents & Risks

## Overview

- **Incidents:** There was a small increase in the total incidents open this month from 2109 to 2180. Currently both the clinical directorates and governance teams are working together to reduce the number of open incidents.
- **Serious Incidents:** One new SI was declared in September. This was related to treatment delay for a patient with a buried bumper (PEG). The investigation is ongoing.
- **Duty of Candour:** 6 stage 2 DOC were due in September. All 6 have been completed, though three were completed past the 10 working day time limit (2 working days, 3 working days, 8 working days). In two of the cases where there was a delay, this was so an IRM could take place. In the third case, a pressure ulcer investigation was completed and the findings shared with the family as part of the stage 2. Please note that the Duty of Candour policy is being updated in October and metric will change to allow 60 days (currently 45) for stage 3 completion.
- **Risks** – High risk review rate improved again following a decline in performance in August, when many risk action groups were cancelled.

## Patient Safety - Incidents

		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Last 12 months	RAG	Stat/Target
New Incidents	Volume	626	616	495	546	556	661	532	608	577	675	620	600		No Threshold	Target
Total Incidents (open at month end)	Volume	1434	1663	1781	1944	1531	1444	1477	1522	1687	1922	2109	2181		No Threshold	Target
New Serious Incidents	Volume	1	3	0	2	1	2	2	4	1	4	2	1		No Threshold	Target
Total SIs (open at month end)	Volume	21	22	22	21	18	17	20	18	14	15	10	12			Target
Overdue Serious incidents	Volume	0	0	0	0	0	0	0	0	0	0	0	0		>1	=1 =0 Stat
Overdue SI Actions	Volume	61	59	63	35	15	16	12	12	25	14	4	18		>=12	6 - 11 0 - 5 Target
Incidents involving actual harm	%	28%	23%	26%	28%	19%	22%	21%	18%	15%	12%	13%	11%		>35%	25%-35% <25% Target
Never Events	Volume	0	1	0	0	0	1	0	0	0	0	1	0		>/=1	0 Stat
Pressure Ulcers (3+)	Volume	0	0	0	1	0	0	0	1	0	0	0	1		>1	=1 =0 Stat
Duty of Candour Cases (new in month)	Volume	11	4	1	5	3	3	3	7	3	8	7	7		No Threshold	Target
Duty of Candour – Stage 2 compliance (case due in month)	%	33%	40%	60%	37%	100%	66%	1 / 5	3/3	3/5	1/3	1/5	3/6		<75%	75%-90% >90% Target
Duty of Candour – Stage 3 compliance (case due in month)	%	40%	75%	0%	60%	33%	33%	1 / 1	2/6	2/2	1/3	0/0	0/0		<50%	50%-70% >70% Target
High Risks (% overdue for review)	%	25%	27%	31%	12%	6%	21%	28%	32%	5%	5%	40%	9%		>20%	10% - 20% <10% Target

# Patient Safety - Infection Control & Inpatient Mortality

## Overview

- Line infections reduced across the board this month. There have been no further issues identified with the supply of the wipes used to clean the needle-free connectors. This continues to be monitored regularly. Gram negative bacteraemia's reduced within the month and outputs from the directorates review of RCAs is awaited to identify any common themes within specialities. .
- Both the number of cardiac arrests and respiratory arrests outside of ICU/theatres are within normal variation. Whilst it is useful for understanding the frequency of inpatient deaths, compared to activity, however we recognise that it is not risk adjusted data. That is, it doesn't account for how unwell the patient was on admission and the likelihood of death as a potential outcome. There are two additional processes by which we can effectively understand our mortality outcomes at GOSH. 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. There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths through M+Ms . This is important as the majority of patient deaths at GOSH are in intensive care areas

## Infection Control

		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	2022/23 YTD	Last 12 months	RAG (22/23 threshold)	Stat/ Target		
C Difficile cases	In Month	0	1	0	0	0	0	0	1	2	1	0	1	5		>8	N/A	<=8	Stat
C difficile due to lapses (note 2)	Annually															>8	N/A	<=8	Stat
MRSA	In Month	0	0	0	0	0	0	0	0	0	0	0	0	0		>0	N/A	=0	Stat
MSSA	In Month	0	3	2	3	0	2	2	3	3	2	2	0	12		No Threshold			
E.Coli Bacteraemia	In Month	0	0	0	1	1	3	1	3	2	0	3	2	11		>8	N/A	<=8	Stat
Pseudomonas Aeruginosa	In Month	1	1	0	0	1	2	0	2	1	0	2	2	7		>8	N/A	<=8	Stat
Klebsiella spp	In Month	1	2	1	1	2	1	2	6	3	1	3	0	15		>12	N/A	<=12	Stat
CV Line Infections (note 1)	In Month	0.7	1.3	0.9	1.6	1.3	1.5	2.2	1.7	1.5	2.4	5.4	2.5	2.6		>1.6	N/A	<=1.6	T

## Inpatient Mortality & Cardiac Arrest

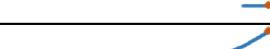
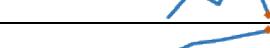
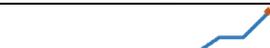
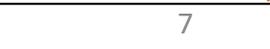
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Last 12 months	RAG	Stat/ Target
Number of In-hospital Deaths	13	6	9	9	11	9	8	7	7	10	8	7		No Threshold	
Inpatient Mortality per 1000/discharges	13.5	4.7	9.6	9.6	9.5	7.8	8.1	6.7	6.6	9.0	7.3	6.6		No Threshold	
Cardiac arrests outside ICU/theatres	1	1	3	4	1	1	1	0	0	1	1	2		No Threshold	
Respiratory arrests outside ICU/theatres	4	3	2	5	2	1	1	2	3	0	2	2		No Threshold	
Inquests currently open	19	15	12	12	14	12	14	13	13	14	15	10		No Threshold	

## Better Value:

The Trust's Better Value target for 2022/23 is £22.8 million. The total value of schemes identified is £19 million; £14.96m have been identified and finalised as "green" to date. The remainder require further work before we can be confident of delivery. This uplift is in part due to the further work undertaken to move schemes from amber to green across directorates.

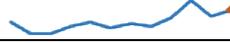
There is a further gap of circa £4 million which is being addressed through weekly meetings with Directorate leads, overseen by the Better Value Delivery Group. 90% of the value of the savings on the active financial tracker are recurrent. As at September 2022 the YTD target was £ 9.87 million, the Trust has delivered £6.0 million (61%) target.

A panel has been formed to manage the flow of EQIA documentation to govern the schemes, and there are now 75 schemes that have been formally approved (63%). There are 34 central outstanding schemes, 15 of which are already covered in papers and ready for panel for review. Local schemes with outstanding EQIAs total 12 which can be compressed to 10 EQIA papers.

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Last 12 months
Speciality led clinical audits completed (actual YTD)	74	86	99	109	114	8	16	24	32	48	66	
Outcome reports published (YTD)	6	6	7	7	8	0	0	0	2	2	3	
QI Project completed	0	0	0	0	0	0	0	10	0	1	3	
QI Projects started	2	0	1	0	0	1	1	28	7	15	6	
NICE guidance currently overdue for review										0	0	
Better Value YTD Actual									£3,706,440	£4,633,985	£6,010,393	
% value of schemes identified compared to their Better Value target							77.8%	83.0%	80.4%	89.9%	78.0%	
Number of schemes identified							80	97	102	110	119	
Number of schemes fully signed off and EQIA assessed							4	26	45	46	75	
Number of schemes identified but not signed off							76	71	57	64	34	

## Overview

- Complaint numbers (n=14) remained higher than usual bring the total YTD date to 75 (the total number of complaints received for the whole of 2021/22 was 78). This is attributed in part to promotion of the complaints process but also reflects anecdotal increases in complaints and Pals contacts across the NHS.
- Transport contacts reduced this month related to the implementation of a comprehensive action plan. This remains under close review
- Pals contacts about cancelled appointments at short notice remained high and reflect Trust performance (slide 13). Concerns about food are being addressed through the Catering Working Group, Food on Demand Pilot and FoodHero rapid response mailbox with positive feedback from families. Despite increases in Pals contacts, turnaround improved with 74% of contacts resolved within 48 hours.
- Overall feedback was very positive with patients praising the warmth, compassion and reassuring nature of staff.

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Last 12 months	RAG		
FFT Experience rating (Inpatient)	97.0%	97.0%	97.0%	97.0%	98.0%	97.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	94.0%	95.0%	95.0%	95.0%	98.0%	94.0%	98.0%	97.0%	97.0%	97.0%	97.0%	97.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	26.0%	32.0%	27.0%	25.0%	37.0%	37.0%	37.0%	35.0%	29.0%	23.0%	28.0%	28.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	8.45	6.47	6.32	7.56	8.42	7.44	8.1	7.59	9.25	12.37	9.46	10.46		No Threshold		
Complaints- per 1000 episodes	0.42	0.26	0.24	0.13	0.13	0.34	0.32	0.27	0.95	0.38	0.43	0.58		No Threshold		
Red Complaints -% of total (note 1)	10%	10%	9%	10%	11%	8%	8%	6%	5%	5%	7%	7%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	4%	3%	5%	6%	8%	9%	9%	9%	8%	8%	10%	9%		>12%	10-12%	<10%

Notes:

- Rolling 12 month average
- Since April 2020

# Well Led Headlines: September 2022



**Contractual staff in post:** Substantive staff in post numbers in September were 5302.1 FTE, a decrease of 30.9 FTE since August 2022. Headcount was 5,735 (-20 on the previous month).

**Unfilled vacancy rate:** Vacancy rates for the Trust increased to 8.2% in September (up from 7.8% in August). While the vacancy rate remains below the 10% target, it is higher than the same month last year (5.7%). Vacancy rates in Nursing & Patient Experience, Research & Innovation, Corporate affairs, Finance and Transformation remain outliers in this metric.

**Turnover:** is reported as voluntary turnover. Voluntary turnover increased in September to 13.6% but had been stable in around the 12% - 12.6% area since the start of the calendar year. It remains below the Trust target (14%). Prior to August the trust had been on an upward trajectory in terms of increased turnover from April – July. Previous trends indicate that turnover will continue to increase towards the end of the calendar year.

**Agency usage:** Agency staff as a percentage of paybill in August and has remained at this level since June 2022, however remains below the trust target of 2%. The highest expenditure currently sit within corporate areas such as Finance (9.57%), HR&OD (5.92%) and the medical directorate (6.59%). Bank % of pay bill dropped 0.1% to 5.4% of total pay spend in September, and this is higher than the August 2021 rate of 5.0%.

**Statutory & Mandatory training compliance:** The September training rate for the Trust remains stable for a second month at 93%, with all directorates meeting the target with the exception of space & Place (89%), and Corporate affairs (89%). Information governance just below target at 93%, having dropped 1% since August. Safeguarding Children Level 3 compliance for substantive staff is 95% remaining stable from the previous month, And the Resus training rate (nursing staff) compliance figure is 73%. For the second consecutive month. Honorary Contractors compliance remains a focus and a proposal to update the Honorary Contracts policy has been approved by EMT, with changes to policy & procedure being worked up. Compliance improvement in this indicator is expected towards the end of the year.

**Appraisal/PDR completion:** The non-medical appraisal rate is 78% for the second month running, as with the previous month a large part of this drop in compliance is due to the trusts domestic cohort all being out of date at the same time as they were transferred into the trust a year ago. This has negatively affected the trust figure, and significantly affected the Space and Place figures who recently experienced a merger. Work is in progress in the HR&OD team for a simplified PDR process for this cohort, and there is also a proposal to improve the wider PDR process, both workstreams will assist in improving the overall trust figures mid to long term. Consultant appraisal rates have increased by 2% to 85% and remains below target.

**Sickness absence:** September sickness rate was 3.6% and is above the trust target, up 0.3% from the previous month and lower than the September 2021 rate (3.9%) Sickness rates were highest in Space & Place (7.4%) followed by Sight and sound (4.7%), ICT (4.6%).

**Freedom to Speak Up:** The service received 11 contacts in September which was a decrease compared to the previous month. Themes being raised in September covered a range of concerns including behaviours, safety and quality of care, discrimination and policy. Those raising concerns came from a range of professional backgrounds.

## Well Led Metrics Tracking

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	91.0%	91.0%	92.0%	92.0%	93.0%	92.0%	93.0%	93.0%	93.0%	94.0%	93.0%	93.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	84.0%	85.0%	87.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	85.0%	83.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	86.0%	87.0%	88.0%	87.0%	87.0%	86.0%	87.0%	86.0%	84.0%	83.0%	78.0%	77.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	95.0%	89.0%	91.0%	87.0%	89.0%	93.0%	87.0%	86.0%	87.0%	85.0%	87.0%	85.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	75.0%	74.0%	78.0%	74.0%	78.0%	76.0%	76.0%	74.0%	72.0%	71.0%	69.0%	68.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	87.0%	86.0%	89.0%	89.0%	89.0%	89.0%	94.0%	94.0%	94.0%	96.0%	95.0%	95.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	90.0%	91.0%	92.0%	91.0%	91.0%	92.0%	92.0%	94.0%	93.0%	94.0%	94.0%	93.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	83.0%	83.0%	83.0%	82.0%	81.0%	80.0%	79.0%	77.0%	78.0%	81.0%	81.0%	82.0%		<80%	80-90%	>90%	Stat
Sickness Rate	3.8%	4.2%	5.9%	4.1%	4.0%	3.7%	4.3%	3.6%	3.6%	3.3%	3.3%	3.6%		>3%	N/A	<3%	T
Turnover Rate (Voluntary)	11.5%	11.3%	11.7%	12.1%	12.2%	12.1%	12.1%	12.2%	12.1%	12.6%	12.5%	13.6%		>14%	N/A	<14%	T
Vacancy Rate – Contractual	5.6%	5.2%	5.8%	5.3%	4.9%	4.9%	6.9%	7.1%	6.5%	7.5%	7.8%	8.2%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	1.0%	1.2%	3.0%	2.9%	3.1%	3.5%	5.9%	6.2%	6.1%	7.8%	8.8%	9.0%		No Threshold			T
Bank Spend	5.0%	5.1%	5.2%	5.2%	5.3%	5.2%	5.5%	4.2%	5.5%	5.5%	5.5%	5.4%		No Threshold			T
Agency Spend	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.1%	1.2%	1.1%	1.1%	1.1%	1.1%		>2%	N/A	<2%	T
Care Hours per Patient Day (CHPPD)	16.2	15.6	13.2	14.4	15.8	14.8	14.1	15.7	14.5	16.1	16.7	15.0		No Threshold			T
Quarterly Staff Survey - I would recommend my organisation as a place to work							65%					62%				No Threshold	T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation							88%					87%				No Threshold	T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) <small>See note 1</small>							7.5					7.0				No Threshold	T
Quarter Staff Survey - Communication between senior management and staff is effective <small>See note 1</small>							46.0%					41%				No Threshold	T
Number of people contacting the Freedom To Speak Up Service	21	12	5	21	19	19	16	13	15	20	20	11		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)							25	21	24	33	32	15		No Threshold			T

Note 1 - Survey runs in January, April and July.

Note 2 - people contacting the service can present with more than one theme to their concern

# Performance Metrics

## Access Metrics Tracking

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	76.7%	76.4%	75.3%	75.4%	75.3%	76.0%	75.2%	76.8%	75.3%	73.7%	72.3%	71.8%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	1,617	1,605	1,711	1,688	1,731	1,635	1,733	1,638	1,765	1,900	2,006	2,023	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	194	202	194	176	169	142	151	160	177	177	196	202	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	69	60	60	39	34	27	28	24	24	20	25	30	Above		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	8	7	5	7	9	5	7	4	3	0	0	1	Above		>0	N/A	=0	Stat
18 week RTT PTL size	6,940	6,814	6,938	6,858	7,004	6,811	7,009	7,070	7,150	7,239	7,229	7,176	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	87.4%	90.2%	87.7%	83.0%	86.4%	86.8%	84.1%	84.7%	82.6%	83.9%	84.1%	83.5%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,347	1,271	1,290	1,394	1,430	1,463	1,556	1,565	1,489	1,506	1,480	1,463	-		No Threshold			-
Cancer waits: 31 Day: Referral to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<85%	N/A	>85%	Stat
Cancer waits: 31 Day: Decision to treat to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<96%	N/A	>96%	Stat
Cancer waits: 31 Day: Subsequent treatment – surgery	67%	88%	100%	75%	60%	100%	100%	100%	100%	100%	100%	100%	-		<94%	N/A	>94%	Stat
Cancer waits: 31 Day: Subsequent treatment - drugs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<98%	N/A	>98%	Stat
Cancer waits: 62 Day: Consultant Upgrade	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		No Threshold			-
Cancelled Operations for Non Clinical Reasons (note 1)	77	31	22	11	15	34	23	31	28	43	28		-		No Threshold			-
Cancelled Operations: 28 day breaches	4	8	0	1	3	1	2	4	4	4	4		-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,411	1,438	1,554	1,494	1,464	1,126	1,244	1,398	1,256	1,261	1,347	1,112	-		No Threshold			-
NHS Referrals received- External	2,590	2,767	2,391	2,439	2,490	2,818	2,470	2,603	2,673	2,607	2,431	2,611	-		No Threshold			-
NHS Referrals received- Internal	1,894	1,997	1,593	1,937	1,861	2,016	1,812	2,023	2,096	2,208	2,175	2,220	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	6,643	6,727	6,560	6,483	6,605	7,637	6,704	6,626	6,816	7,352	7,472	6,910	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,734	1,675	1,684	1,790	1,793	2,156	1,690	1,473	1,499	1,569	1,493	1,707	-		No Threshold			-

Note 1 - Elective cancelled operations on the day or last minute

Note 2 - Patient and Hospital Cancellations (excluding clinic restructure)

Note 3 - Hospital non-clinical cancellations between 0 and 56 days of the booked appointment

Note 4 - Planned Past TCI date includes patients with no planned date recorded

# Patient Access - Activity Monitoring at Month 6

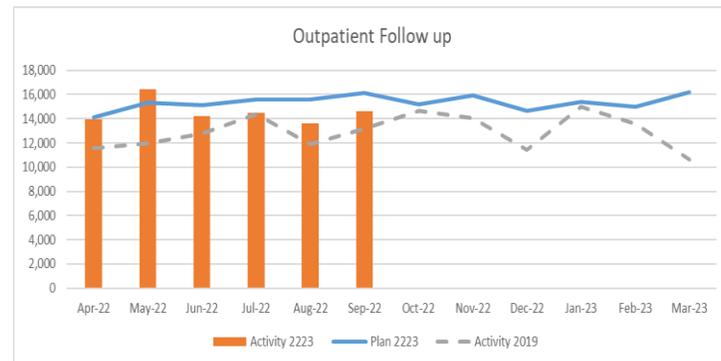
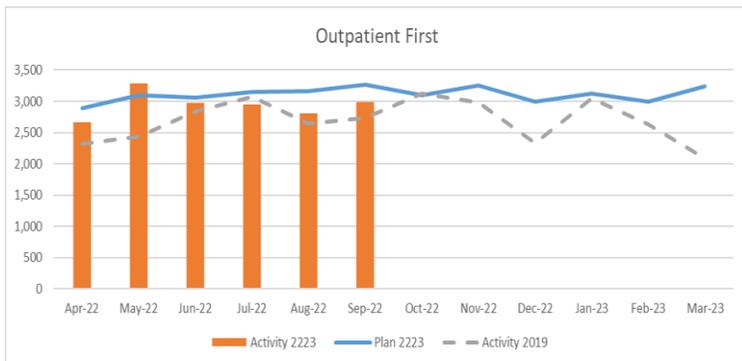
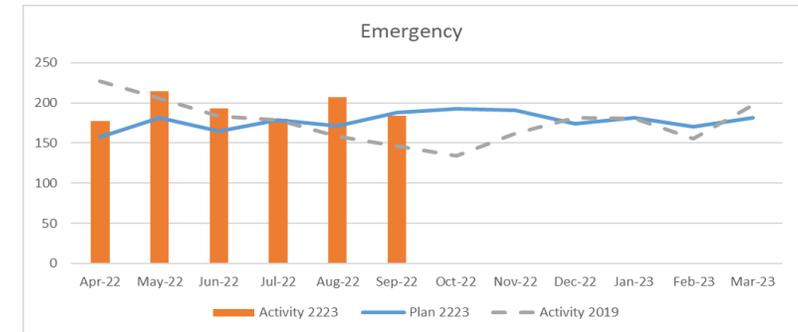
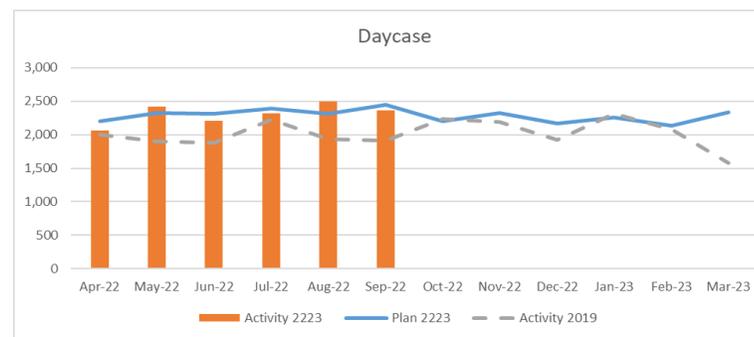
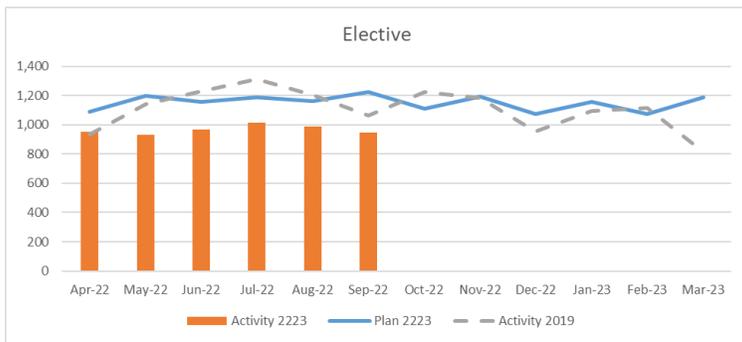
## Overview:

Elective activity continues to be significantly down (at 82% and 84%) against 22/23 plan and 19/20. This is driven by a number of factors including bed closures (due to staffing and patient case-mix), day-cases being on inpatient wards, and planning assumptions on increased referral activity that has not materialised. During September the unexpected national Bank Holiday also impacted elective and outpatient activity.

Day-case activity during September was behind plan (103 spells) compared to 17 in August. Ytd Day-cases are at 99.26% of plan.

Both First and Follow-up outpatient activity is above 19/20 (10%) but below plan (9%). This is mainly driven by a reduction in follow-ups.

With lower activity and continued bed closures this has impacted the delivery of RTT waiting time improvement. A strong focus is being placed on activity levels over the coming months.



## Overview YTD M6

POD	Plan 2223	Activity 2223	Activity 2019	% of 19/20	% of Plan
Daycase	13,983	13,880	11,877	116.86%	99.26%
Elective	7,013	5,794	6,886	84.14%	82.62%
Emergency	1,042	1,156	1,099	105.19%	110.95%
First OPA	18,623	17,673	16,042	110.17%	94.90%
Follow-up OPA	91,807	87,282	75,752	115.22%	95.07%
<b>Grand Total</b>	<b>132,469</b>	<b>125,785</b>	<b>111,656</b>	<b>112.65%</b>	<b>94.95%</b>

## Overview

Waiting times across the three main national areas of focus has been challenging in September. The volume of activity being carried out has been impacted due to bed closures, unexpected bank holiday in September for the Queens' funeral and increases in both inpatient and outpatient last minute cancellations.

- **RTT** Performance for September 2022 was **71.8%**, a 0.5% decrease from last month and is below trajectory. The overall PTL has increased by 2% from April 2022, investigation suggests clock stops have been lower than clock starts. Referrals have not seen a significant increase.
- There is one patient who is waiting above **104** weeks and this is mainly due to the complexity of the case. Provisional TCI for treatment is planned for November. **78** week waits increased to 30 and are above trajectory. **52** week waits have increased to 202 and are below trajectory. The long waiters are predominantly in Orthopaedics (49), Plastic surgery (38), ENT (19), Cardiology (14), Craniofacial (14), Spinal Surgery (12) and Ophthalmology (11). Clinical staff absence, staff sickness, bed pressures, reduction in activity and patient choice has impacted September performance. We anticipate performance worsening in October in particularly due to the national shortage of blood, leading to cancellations of complex cases.
- For specialties where an RTT recovery trajectory is signed off, 5 out of 22 are on track or above trajectory. Sight & Sound and Heart & Lung Directorates are most challenged.
- **DM01** performance for September 2022 was **83.5%**, a decrease of 0.6% from the previous month. The number of 6 week breaches has increased this month to 241, compared to 234 last month. 13 week breaches have seen a significant decrease at 27 compared to 43 last month.
- **Cancer:** All five standards were achieved for August 2022. It is projected for September that all five standards will also be met.

## Bottlenecks

Consultant availability in particular for Dental and Orthopaedics

Specialist surgeon availability predominantly for joint cases and complex patients

Community/local physiotherapy capacity for the SDR pathway

Increases in inherited waits above 52 weeks

Challenges in diagnostic capacity particularly for MRI 5, MRI sedation, Endoscopy and Echo (stress and sedated echo)

Respiratory complex patient bed requirement impacting sleep study activity

Ward decants for required cleaning in some instances reducing bed base for the service

National Blood shortage impacting complex cases

## Actions

Additional lists for Dermatology and Ophthalmology

Reopening of Hedgehog ward supporting both NHS and Private work

Continuation of Weekly Access Meeting with General Managers chaired by COO

Continuation of Weekly PTL challenge sessions with directorates

Continued focus on reduction of long wait patients

Additional clinics for Endoscopy during November and December

Super Saturday additional lists

# Appendix

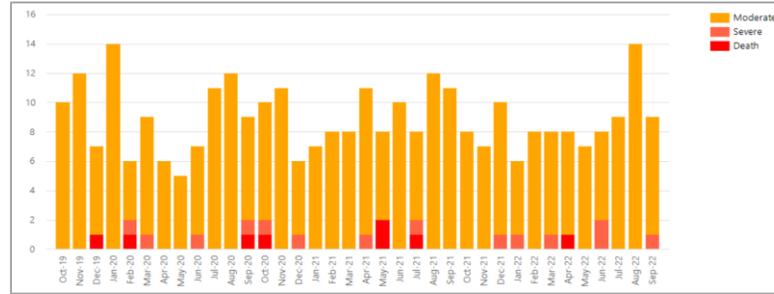
## Integrated Quality & Performance Report

# Appendix 1: Patient Safety (incidents & risks)

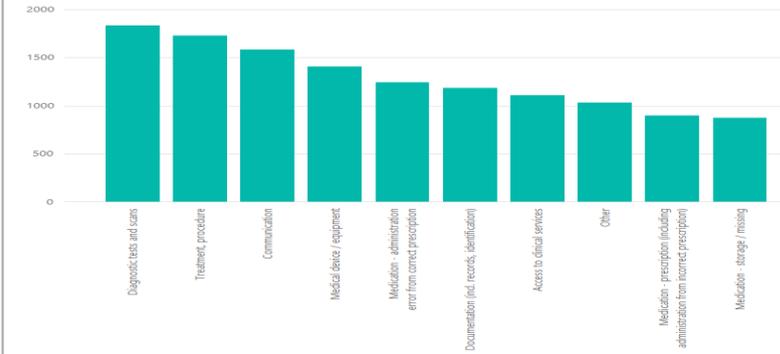
### New Incidents



### Incidents by Harm



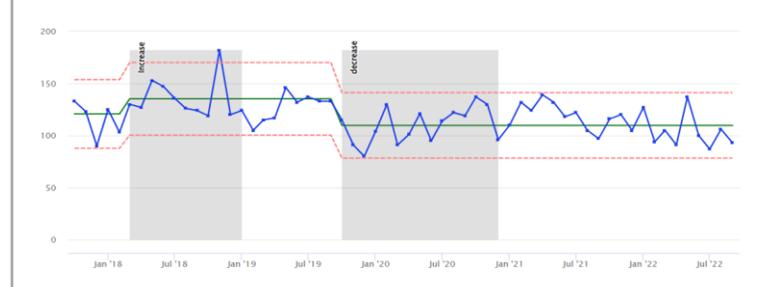
### Top 10 Incident Categories (themes)



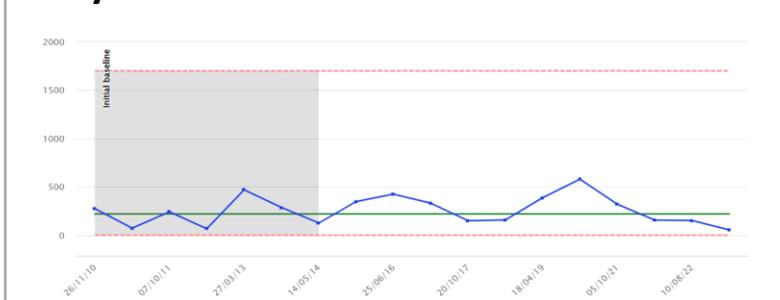
### Open Incidents



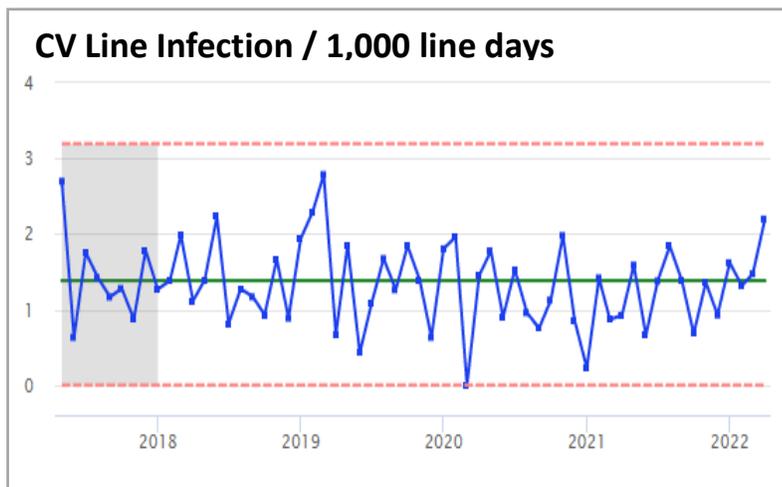
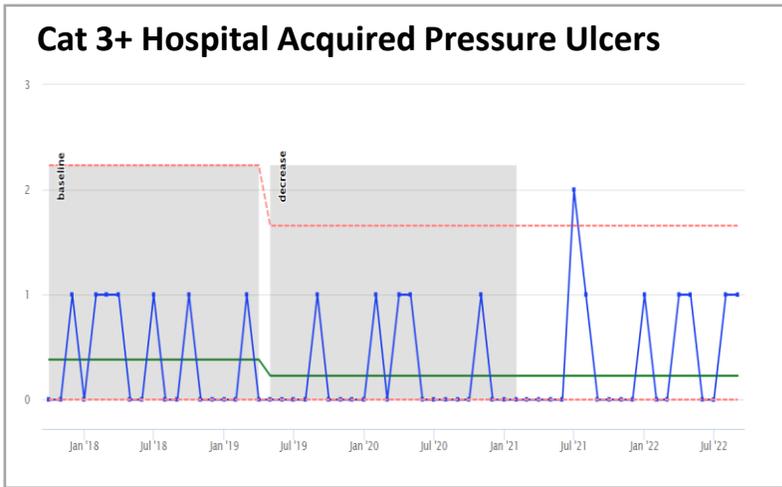
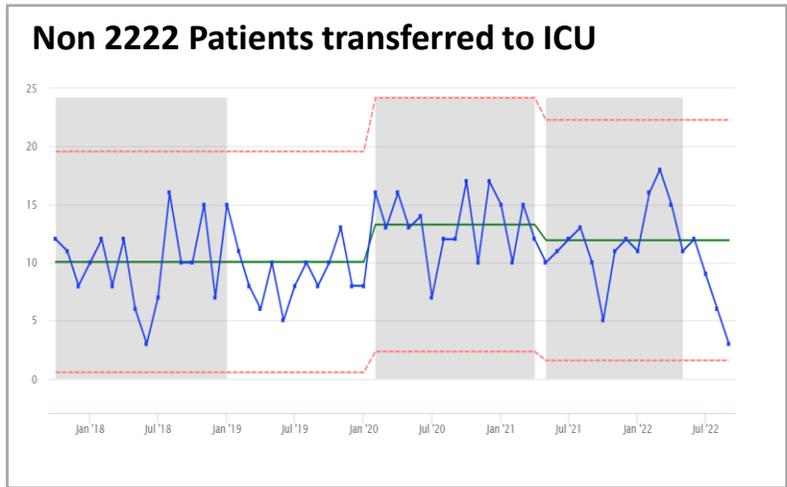
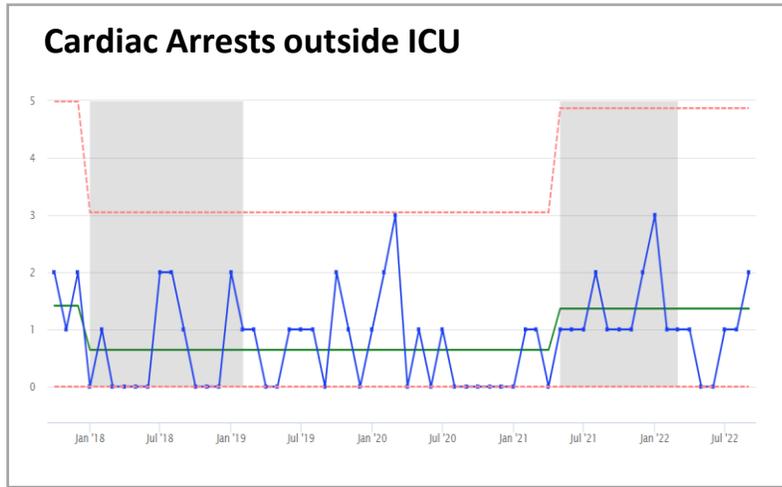
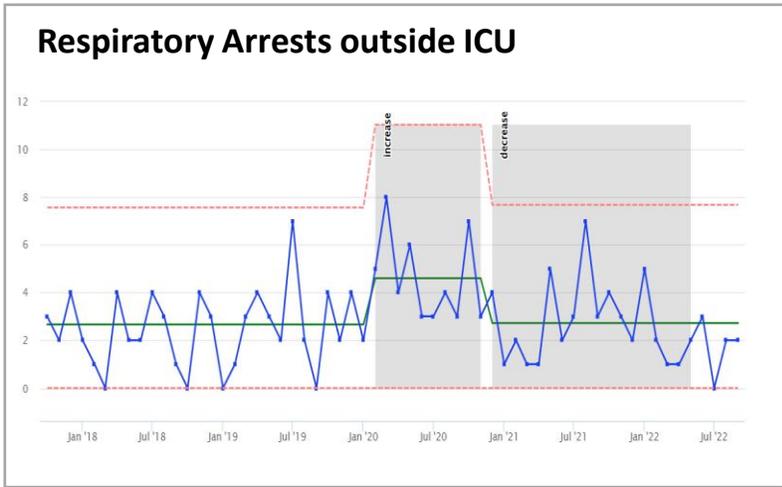
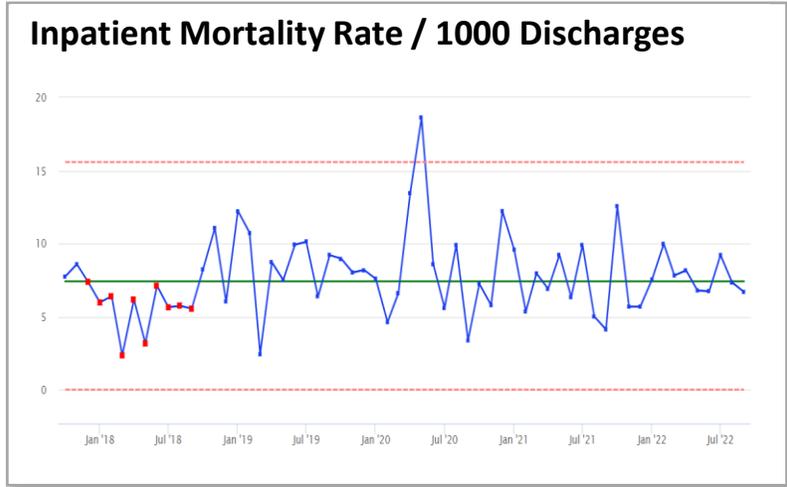
### Medication Incidents



### Days Since never events



# Appendix 2: Patient Safety (Infection & mortality)



# Appendix 3: Friends and Family

## Overview:

All directorates met the inpatient experience score target for September. However, within outpatients, Blood Cells and Cancer (91%) and Core Clinical Services (93%) scored below the Trust Target of 95%. The inpatient response rate was achieved at Trust Level (28%). Two directorates were below the 25% target, Blood Cells and Cancer (14%) and Brain (24%), Sight and Sound (20%).

## Headline:

Inpatient response rate – (28%) same as August.

Experience measure for inpatients – 99%

Experience measure for outpatients – 97%

Total comments received - 1609

9% of FFT comments are from patients

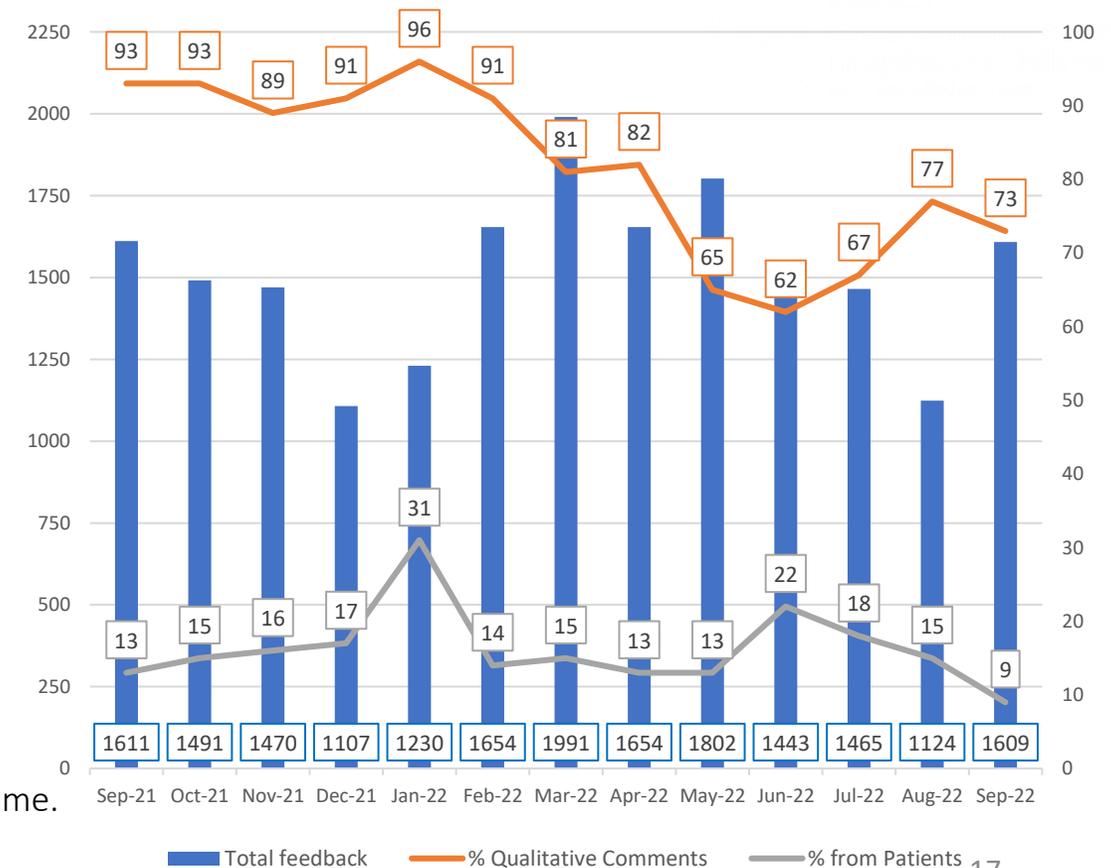
73% of responses had qualitative comments

### Positive Areas:

- Staff professionalism.
- Staff go the extra mile!
- Staff make patients feel safe.
- Staff humour.
- Staff are caring and attentive.
- Patients are made to feel very welcome by ward staff.
- Staff clearly explained treatment plans to patients.

### Areas for Improvement:

- Food – not enough vegetarian options
- Food – served too early.
- Wi-Fi – Particularly bad around main reception.
- Ward areas are cold at night.
- Low staffing levels on Kingfisher.
- Parent beds are very uncomfortable.
- Discharge from the ward takes a long time.
- Bedside entertainment is problematic.



# Appendix 3: Complaints

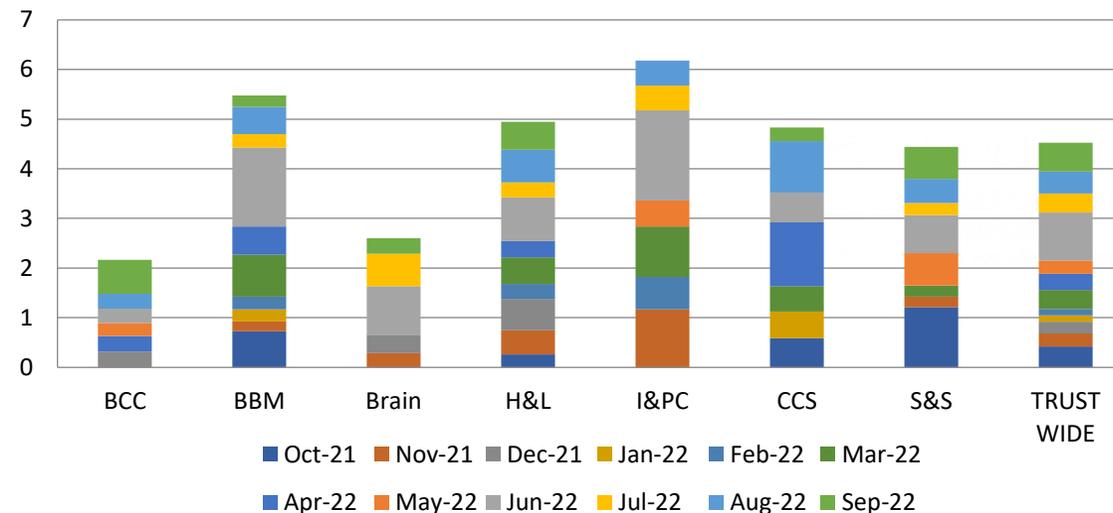
**Headline:** The Trust received 14 new formal complaints and one of these were graded as red/high risk. This brings complaints received since April 2022 to 69. This is significantly higher than last year when the total number of complaints for the whole of 2021/22 was 78. The increase is attributed in part to promotion of routes for raising concerns.

**Concerns raised:** In August families complained about:

- **Aspects of care** including failure to administer anti-sickness medication, misdiagnosis, decision-making, lack of appropriate referrals, failure to read the patient’s notes, query about cause of long terms effects on patient post surgery and a medication error, lack of basic care and delays in appointments and diagnosis.
- **Communication** regarding cancelled appointments, contradictory advice, lack of explanation about a surgical procedure.
- **Transport-** multiple rescheduled collection times leading to the patient staying in an extra night.
- **Lack of reimbursement** following cancellation of patient’s surgery.

**New red complaint** relates to concerns about Oncology and Neurosurgery. Specifically, the family complain about delays in the treatment of their daughter’s tumours, failure to respond to changes and deterioration in her condition until they became emergencies, quality of care, and incompetence leading to physical and emotional suffering and harm.

**Response times:** 10 formal complaints closed in September 2022 (7 responses were sent within the original timeframes agreed with complainants).



**Learning actions/ outcomes from complaints closed in September 2022 included:**

- Reminder of importance of sharing relevant information with families including ward orientation including visiting times and restrictions re siblings. Nightly check in process to identify any issues or gaps in communication.
- Identification and investigation of EPR issue resulting in incorrect admission information.
- Ongoing transport improvement including better understanding of vehicle requirements and use with a third-party taxi company alleviating demand for the HATS specialist vehicle crews and reducing delays.

# Appendix 3: PALS

**Headline:** Pals received 251 contacts in September (16% increase from August). September's contacts centred around Outpatient enquiries, families chasing referrals and outcomes, cancellation of Outpatient appointments and admission dates. Pals received 10 compliments in September for SNAPS, BMT, PICU, Catering, Physio, Play and Dental.

**Contacts resolved within 48 hours rose to 74%**

## Significant areas of focus:

**Outpatients:** Families contacted Pals for assistance with referral outcomes, cancellations of OPA and admissions, families seeking clarification on their treatment plan from clinical teams.

**Cardiology:** Pals recorded 14 Cardiology contacts in September (down by 9 from August) the majority focus on short notice cancellation of admissions, chasing admissions and OPA dates.

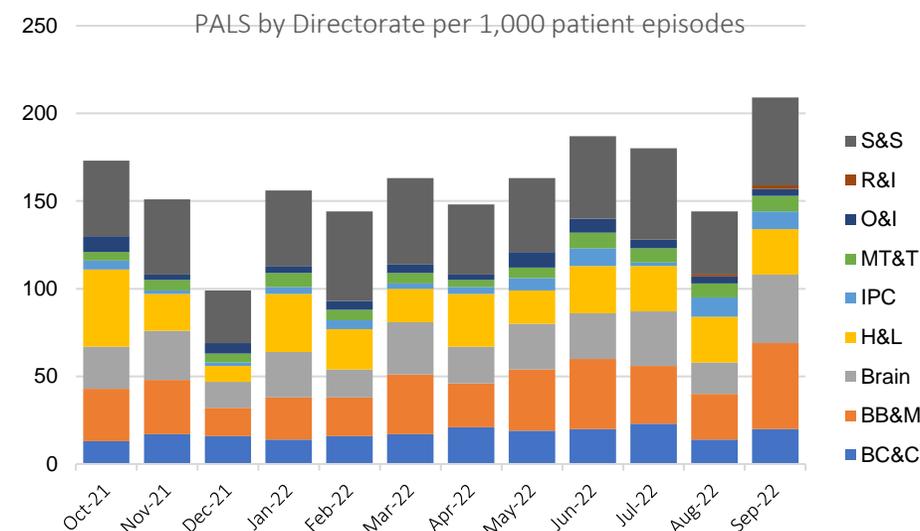
**Neurology:** Pals recorded 12 cases in September (up by 8 from August) focus was on queries with clinical care, families requesting second opinions, chasing test results and referral enquiries.

**Orthopaedics:** Pals recorded 11 cases in September- (up by 8 from August) contacts centred around chasing OPAs, admissions enquiries, referral enquiries and lack of communication from the team.

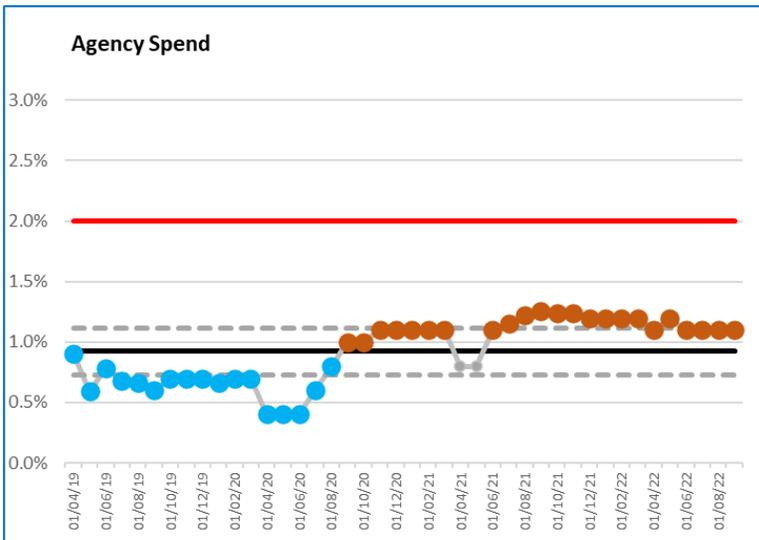
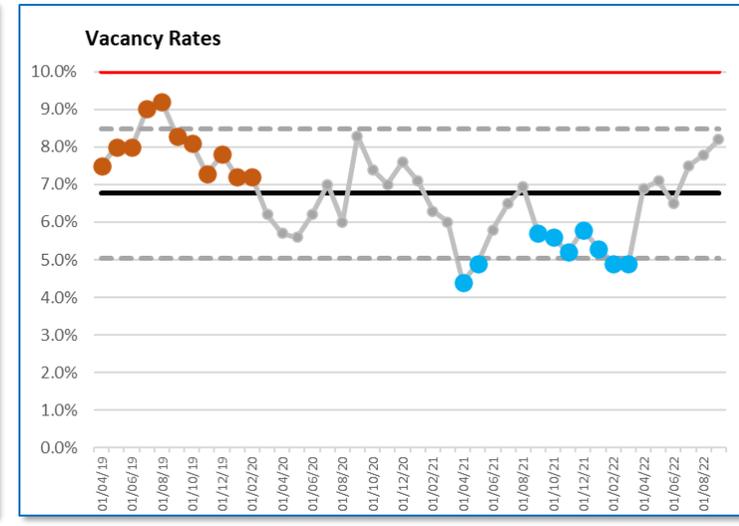
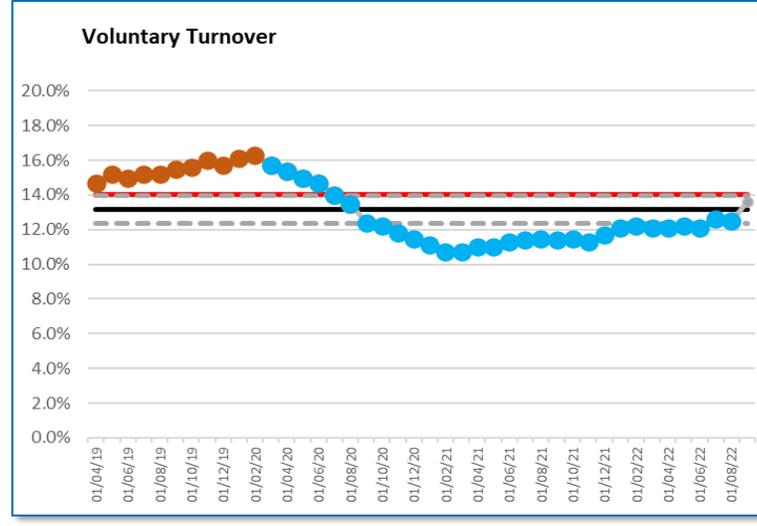
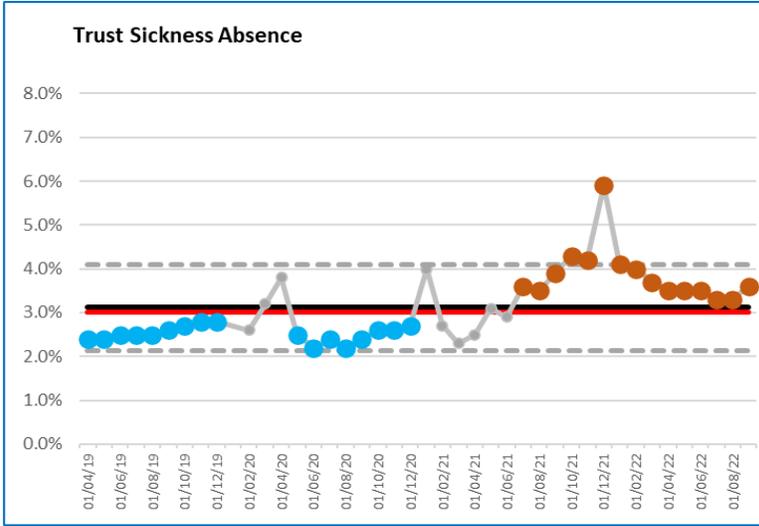
## Themes

Pals have received several compliments about the bespoke food service which the Catering team have started to offer. The initiative started with the dietetic team noticing patients not eating. Catering wanted to explore this issue and realised one of the reasons could be that children were not hungry during protected mealtimes especially at dinner time at 4pm. Large amounts of food waste were identified and often if the food arrived at 4pm was left out for a while until the child was ready to eat, the quality of food had deteriorated resulting in parents purchasing food outside of the hospital.

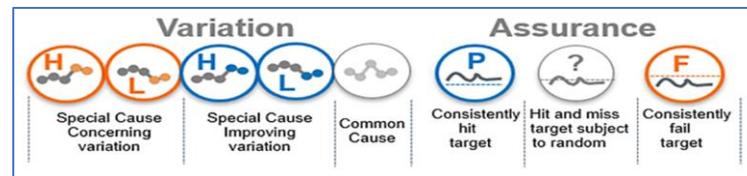
The Catering team explored options to be more accommodating/flexible with dinner meals times, it was identified they could offer Food on demand service between 6:30-7pm, where patients/parents are asked what they would like for dinner and more importantly, what time they would like dinner. Food was cooked fresh and an allocated "delivery runner" delivers the food immediately to the bedside. Families praised the initiative and the effects on their child's wellbeing.



# Appendix 4: Workforce SPC Analysis

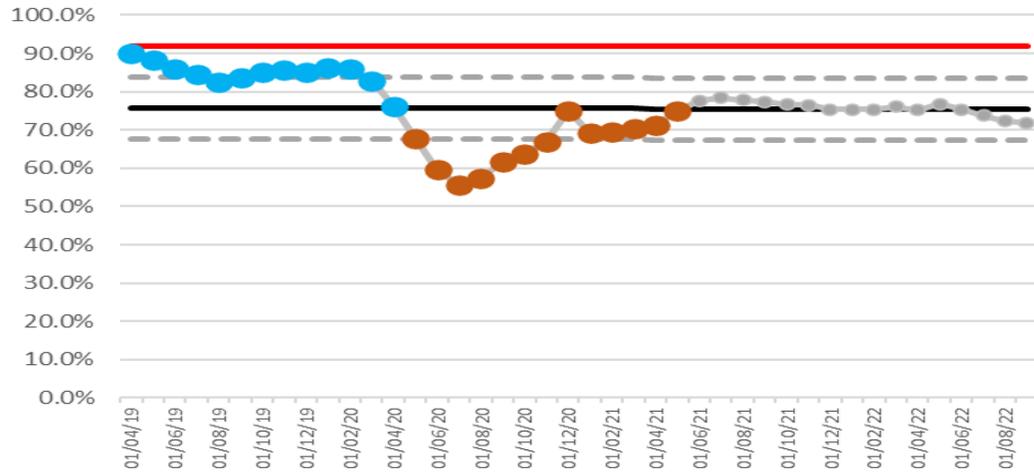


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Sep 22	3.6%	3.0%	H	?	3.1%	2.1%	4.1%
Voluntary Turnover	Sep 22	13.6%	14.0%	P	P	13.2%	12.4%	14.0%
Vacancy Rates	Sep 22	8.2%	10.0%	P	P	6.8%	5.0%	8.5%
Agency Spend	Sep 22	1.1%	2.0%	H	P	0.9%	0.7%	1.1%



# Appendix 5: Referral to Treatment times (RTT)

RTT Waits Performance



RTT:

71.8% -0.5%

People waiting less than 18 weeks for treatment from referral.

>52 Weeks:

202 6

Patients waiting over 52 weeks

>78 Weeks:

30 5

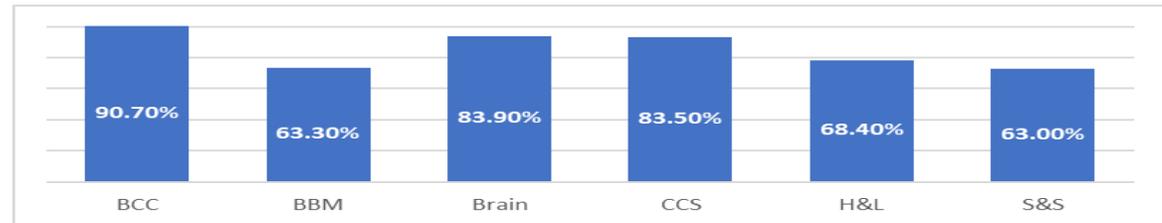
Patients waiting over 78 weeks

>104 Weeks:

1 1

Patients waiting over 104 weeks

## Directorates



RTT Long Waits Monitoring



## RTT PTL Clinical Prioritisation – past must be seen by date

P2

189 10

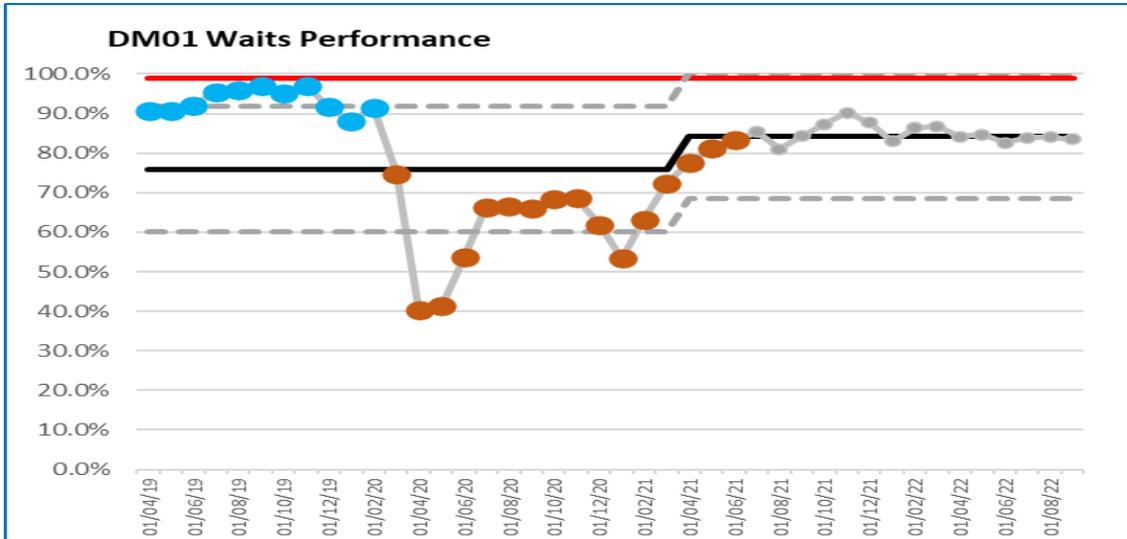
P3

615 36

P4

378 57

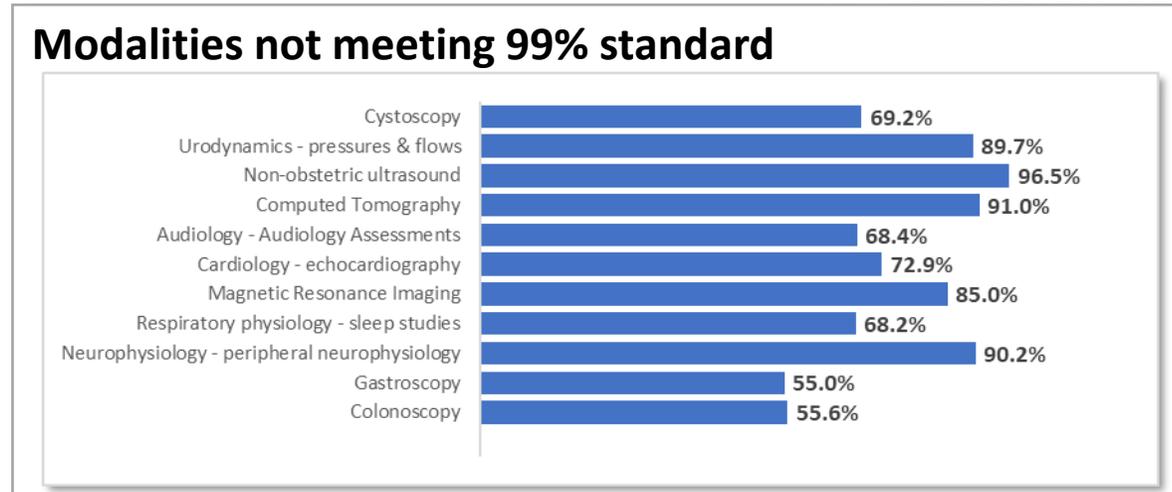
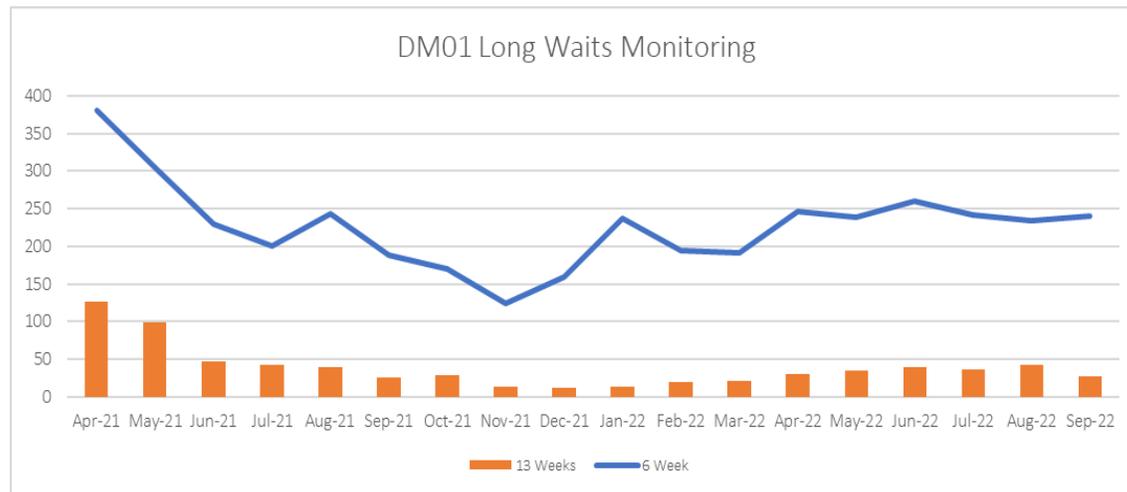
# Appendix 6: Diagnostic Monitoring Waiting Times (DM01)



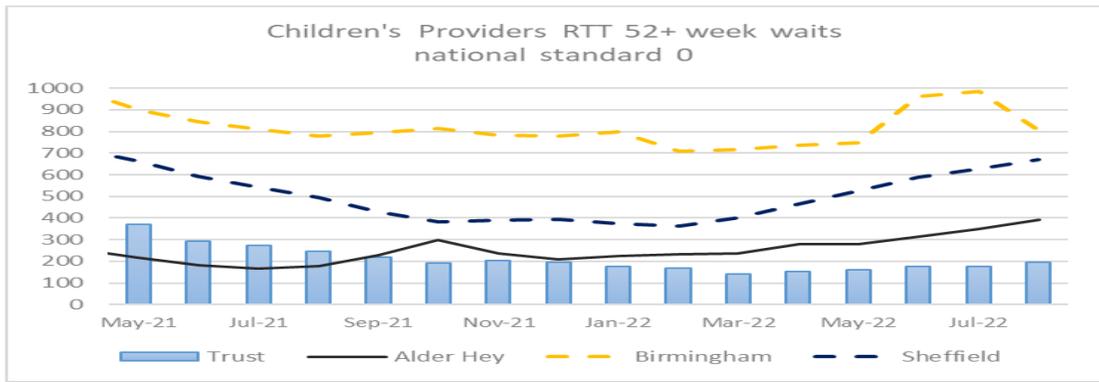
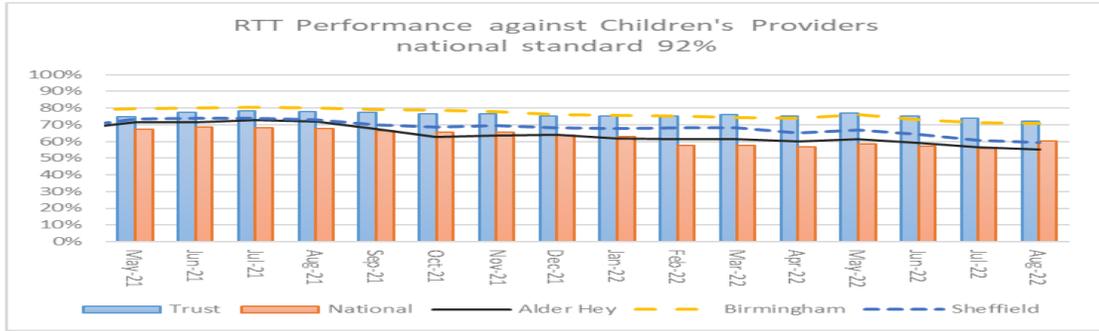
**DM01:**  
**83.5%**   
 People waiting less than 6 weeks for diagnostic test.

**>6 Weeks:**  
**241** **7**  
 Patients waiting over 6 weeks

**>13 Weeks:**  
**27** **16**  
 Patients waiting over 13 weeks



# Appendix 7: National and NCL RTT Performance – August 2022



Nationally, at the end of August, 60% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 12% above the national August performance at 72.3% and is inline with comparative children's providers. RTT Performance for Sheffield Children (59.2%), Birmingham Women's and Children's (70.9%) and Alder Hey (55.1%).

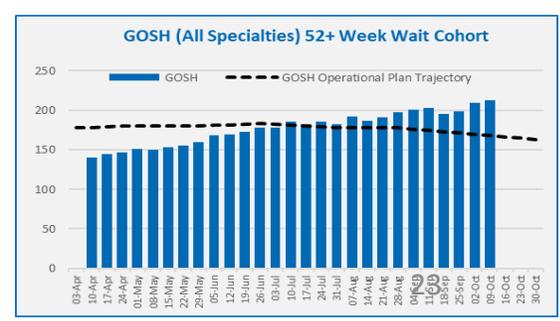
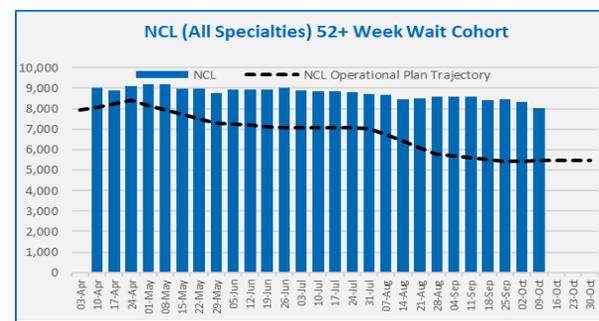
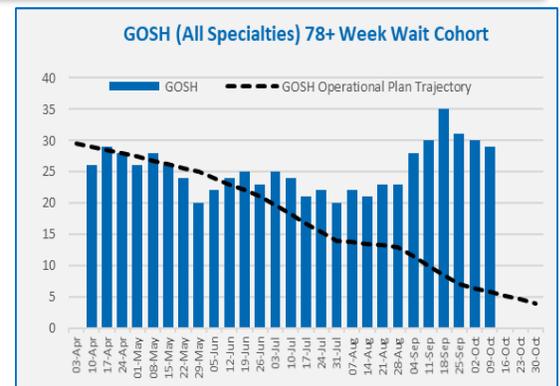
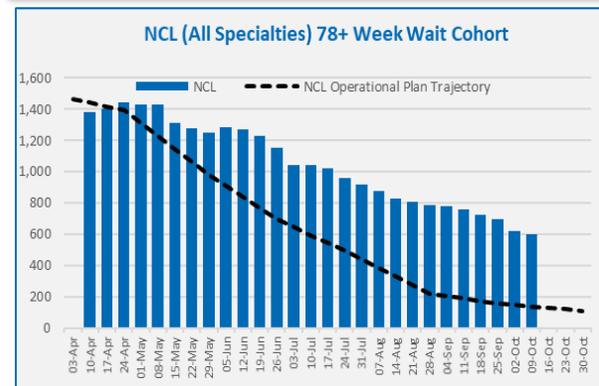
The national position for August 2022 indicates an increase in patients waiting over 52 weeks at 369,417 patients.

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 August.

Overall for NCL the 78+ week wait position is above projected plan at 460 patients. Mainly driven by RFH and UCLH numbers. GOSH is above trajectory by 23 patients.

Overall, the number of patients waiting 52 weeks for NCL is reducing. Royal Free and UCLH have the most significant volumes. GOSH is marginally above the agreed 44 week trajectory submission at 9<sup>th</sup> October 2022.

NCL are in a strong position regionally with reducing long waits. However, risk remains with inter provider transfers of patients above 52 weeks.



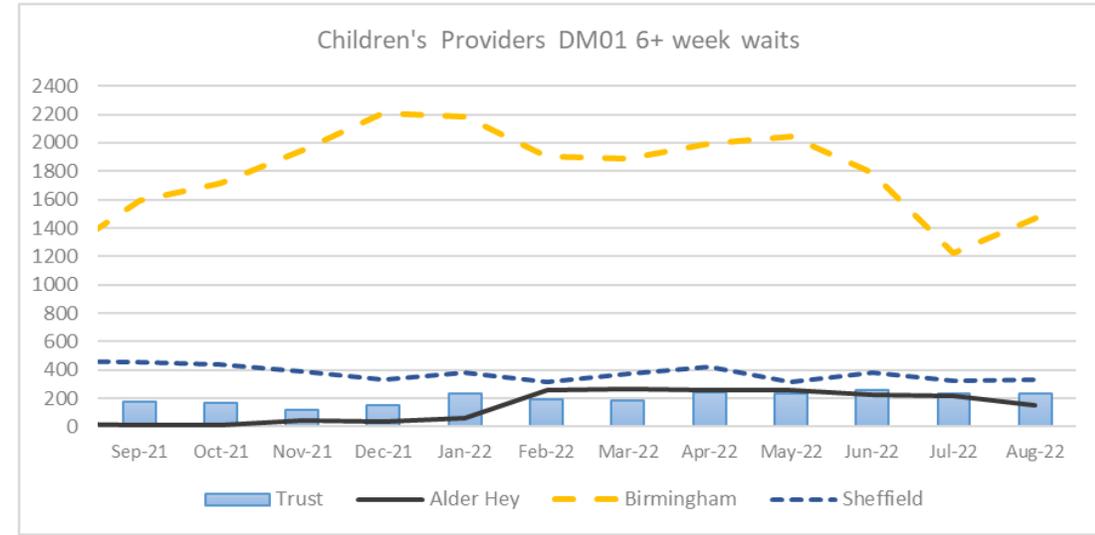
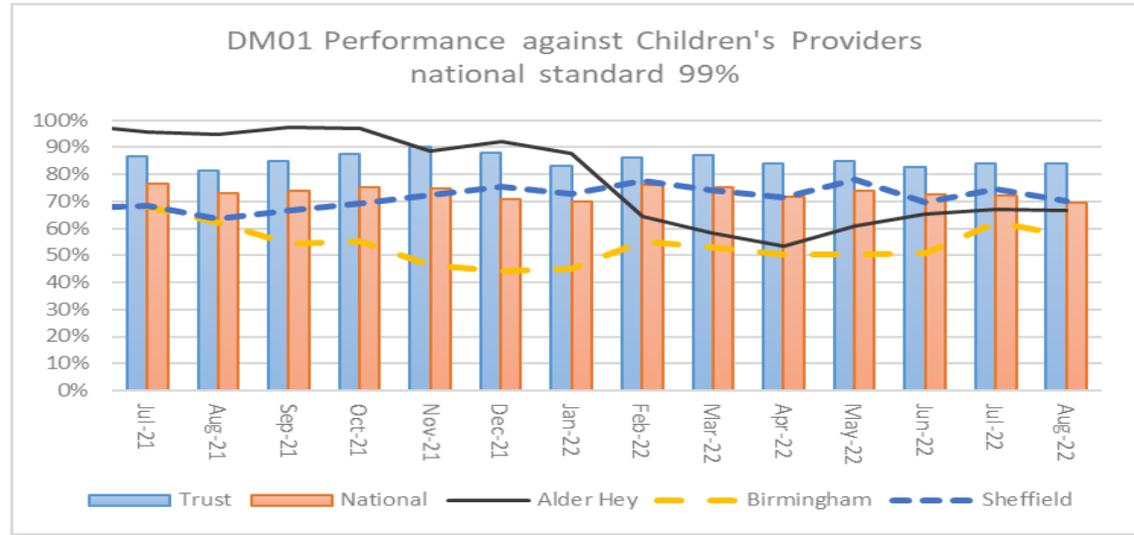
# Appendix 8: National Diagnostic Performance and 6 week waits – July 2022

Nationally, at the end of August, 69.4% of patients were waiting under 6 weeks for a DM01 diagnostic test.

GOSH is tracking 14% above the national June performance and is inline with comparative children’s providers. DM01 Performance for Sheffield Children (70.13%), Birmingham Women’s and Children’s (57.2%) and Alder Hey (66.5%).

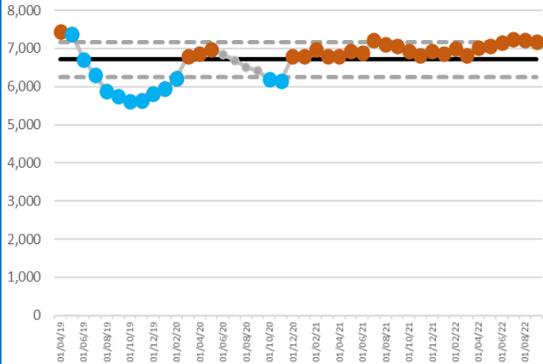
The national position for August 2022 indicates an increase of patients waiting over 6 weeks at 461,400 patients.

Compared to Birmingham and Sheffield the number of patients waiting 6 weeks and over for GOSH is lower than all these providers for August.

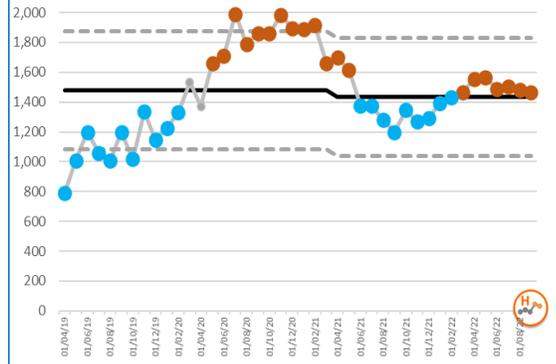


# Appendix 9: Patient Access SPC Trends

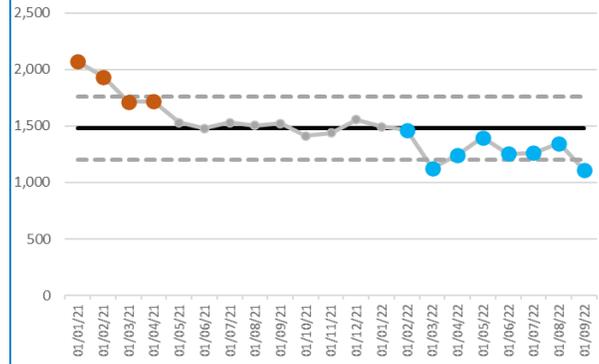
RTT Incomplete PTL



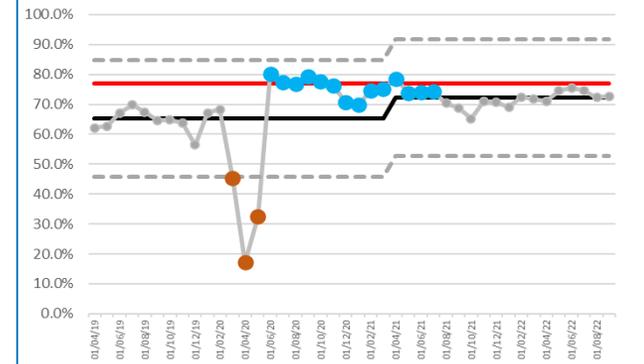
DM01 Waiting List



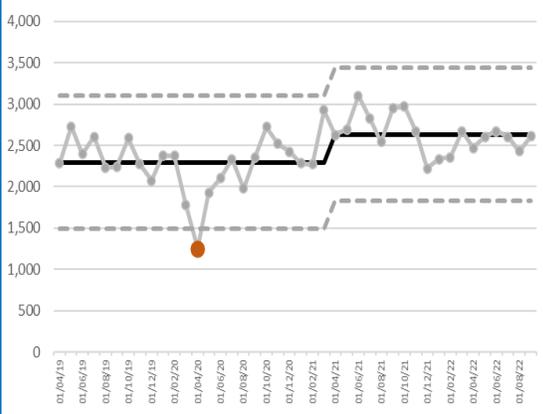
Elective Planned Patients Beyond Due Date



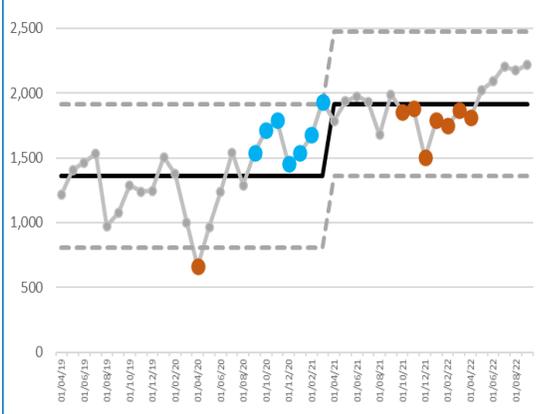
Main Theatre Utilisation



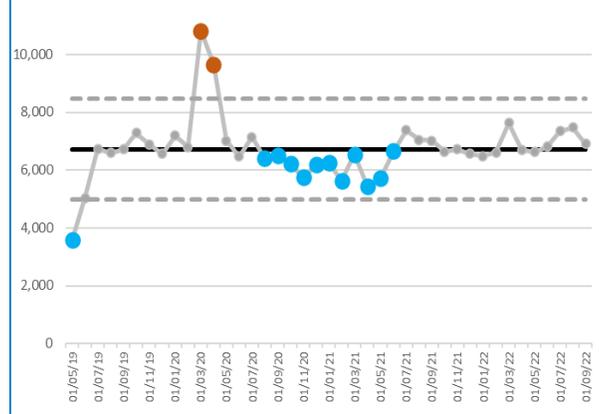
External NHS Referrals Received



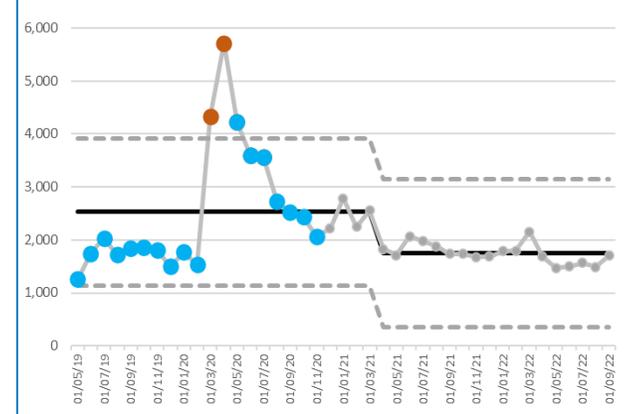
NHS Internal Referrals



Total NHS Outpatient Appointment Cancellations



NHS Outpatient Cancellation by Hospital <57 days



# Integrated Quality & Performance Report

## October 2022 (Reporting September 2022 data)

**Trust Board  
23<sup>rd</sup> November 2022****Finance Report Month 7****Paper No: Attachment R****Submitted by:  
John Beswick, Chief Finance Officer** **For information and noting****Purpose of report**

The table below outlines the trust financial position at Month 7.

	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	47.8	52.9	5.1	326.8	337.9	11.1
Pay	(28.4)	(30.6)	(2.2)	(200.8)	(212.6)	(11.8)
Non-Pay	(19.5)	(19.3)	0.1	(135.0)	(139.9)	(4.8)
<b>Surplus/(Deficit)</b>	<b>(0.0)</b>	<b>3.0</b>	<b>3.1</b>	<b>(9.1)</b>	<b>(14.6)</b>	<b>(5.5)</b>

The Trust Better Value programme summary:

- Better Value programme has identified £15.4m of the £22.8m target
- At month 7 £8.7m has been delivered YTD out of the £12.1m YTD target.

**Summary of report**

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

1. NHS & other clinical income is £10.9m favourable to plan YTD due to increased passthrough drugs income (offset by expenditure), genomics funding, ventilated patient income, higher than planned overseas income and the increased pay award income to offset the additional costs.
2. Private patients' income is £1.6m favourable to plan YTD due to increased levels of activity in current month. International private patient income saw an in-month improvement linked to increased activity from the referral pipeline with overperformance against plan of £1.9m.
3. Pay costs are £11.8m adverse to plan YTD which is being driven by the underperformance of the Trust's Better Value programme, additional costs for WLI/RTT to deliver the activity plan and higher levels of sickness cover across the Trust including the domestic team where pay is £1.3m adverse YTD. The higher than planned pay award has resulted in a £3.0m increase in expenditure above plan which is offset by increased income.
4. Non pay costs are £6.7m adverse to plan YTD due to underperformance on the Better Value programme and additional pass-through drugs expenditure (offset by income). In addition, the Trust has seen increases in software licence costs for the Trust EPR system and in ward maintenance/ventilation costs. Clinical supplies saw an increase in month with additional purchases in the theatres and labs following the annual summer dip in purchases linked to activity and annual leave.

5. The Trust cash balance at the 31<sup>st</sup> October was £93.4m which was a reduction of £0.4m from the prior month.
6. CDEL (Capital departmental expenditure limit) expenditure for the year to date was £2.9m, £3.0m less than plan. The Trust funded forecast total outturn for the year is per plan (£15.0m).
7. Based on the Plan as at 20<sup>th</sup> June, outturn run rate for 2022/23 remains at a deficit of £31.0m

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust is £93.4m which is £0.4m lower than last month.
NHS Debtor Days	NHS debtor days increased from 4 days in September to 7 days in October, increasing within the target of 30 days for the Trust.
IPP Debtor Days	IPP debtor days increased from 135 days in September to 171 days in October.
Creditor Days	Creditor days has decreased from 26 days to 24 days.

**1. Action Required:**

EMT are asked to note the Trust's financial position at month 7, cash flows and finance metrics.

**Contribution to the delivery of NHS Foundation Trust priorities**

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

**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 1: Financial Sustainability

**Financial implications**

The purpose of the report is to present an update on finance for September 2022.

**Implications for legal/ regulatory compliance**

Not Applicable

**Consultation carried out with individuals/ groups/ committees**

This has been discussed with EMT

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

Chief Finance Officer / Executive Management Team

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

Chief Finance Officer / Executive Management Team

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

FIC

## Finance and Workforce Performance Report Month 7 2022/23

### Contents

<b>Summary Reports</b>	<b>Page</b>
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Income and Expenditure Forecast Outturn Summary	4
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Income Summary	6
Workforce Summary	7
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Better Value and COVID costs	9
Underlying	10
Cash, Capital and Statement of Financial Position Summary	11

ACTUAL FINANCIAL PERFORMANCE

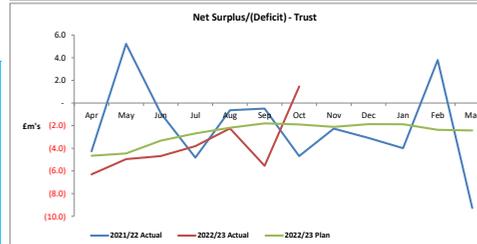
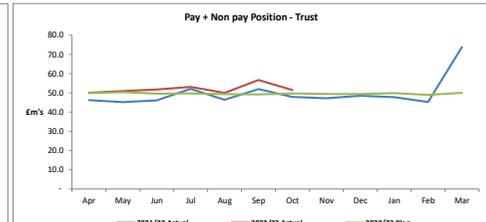
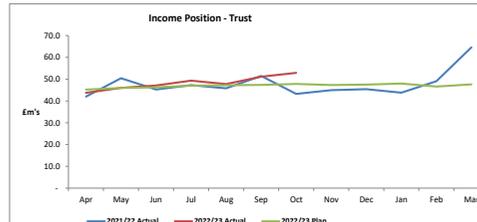
	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
<b>INCOME</b>	£47.8m	£52.9m	●	£326.8m	£337.9m	●
<b>PAY</b>	(£28.4m)	(£30.6m)	●	(£200.8m)	(£212.6m)	●
<b>NON-PAY inc. owned depreciation and PDC</b>	(£19.5m)	(£19.3m)	●	(£135.0m)	(£139.9m)	●
<b>Surplus/Deficit excl. donated depreciation</b>	(£0.0m)	£3.0m	●	(£9.1m)	(£14.6m)	●

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

AREAS OF NOTE:

The YTD financial position for the trust is a £14.6m deficit which is £5.5m adverse to plan. This is driven mainly by delays in the delivery of the Trust Better Value programme, outreach clinics, and commercial income being behind plan.

Income is £10.9m favourable YTD mainly due to increased income for passthrough drugs (£2.8m), Ventilated patients (£1.7m), Overseas (1.2m) and pay award funding (£3.4m). Private patient income saw an improvement in activity in month which is forecast to continue going forward. Non clinical income is also forecast to improve as contracts are finalised with commercial and NHS bodies. Pay is £11.8m adverse YTD due to additional costs associated with increasing activity, pay award, reducing the waiting lists and delays in the Better Value programme. Non pay (including owned depreciation and PDC) is £4.8m adverse YTD largely due to higher levels of Passthrough Drugs (offset with Income). The Trust Better value programme is behind plan by £3.8m. This is associated with scheme lead in time taking longer than initially planned. The Trust has put additional challenge programmes into place to increase the delivery of the overall programme and has expanded its methods of engagement with all staff across the Trust.



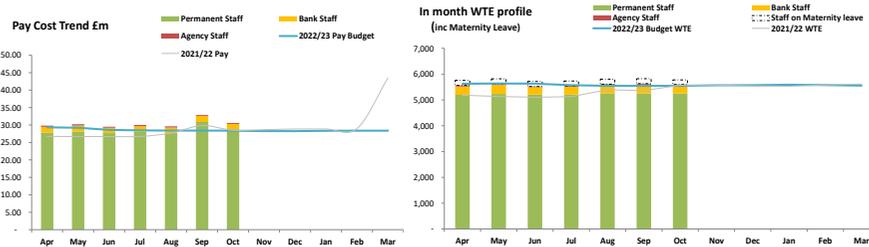
PEOPLE

	M7 Plan WTE	M7 Actual WTE	Variance
Permanent Staff	5,526.9	5,251.9	275.0
Bank Staff	12.6	307.9	(295.3)
Agency Staff	5.3	35.5	(30.2)
<b>TOTAL</b>	<b>5,544.8</b>	<b>5,595.4</b>	<b>(50.6)</b>

AREAS OF NOTE:

Month 7 WTEs decreased in comparison to Month 6, largely within Bank for Admin and Estates and ancillary. Although Staff usage is below planned levels the use of bank remains high due to continued (but reducing) levels in relation to Vacancies, Covid isolation and sickness backfill. The Trust has seen significant levels of sickness within the domestic team and is working to reduce this and ensure the service continues without interruption.

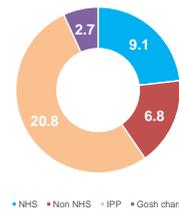
The 31st October absence rate due to Covid was 0.3% of the permanent workforce which shows a deterioration from prior month, 0.23% on 30th September.



CASH, CAPITAL AND OTHER KPIS

Key metrics	Sep-22	Oct-22
Cash	£93.7m	£93.4m
IPP debtor days	135	171
Creditor days	26	24
NHS Debtor days	4	7
BPPC (£)	89%	89%

Net receivables breakdown (£m)



Capital Programme	YTD Plan M7	YTD Actual M7	Full Year Fcst
Total Trust-funded	£5.8m	£2.9m	£15.0m
Total IFRS 16	£0.1m	£0.0m	£0.6m
Total Donated	£7.2m	£5.4m	£29.7m
Total Grant-funded	£0.0m	£0.0m	£0.0m
<b>Grand Total</b>	<b>£13.2m</b>	<b>£8.2m</b>	<b>£45.3m</b>

AREAS OF NOTE:

- Cash held by the Trust decreased in month from £93.7m to £93.4m.
- Capital expenditure for the year to date was £8.2m, £4.9m less than plan. The Trust funded forecast total outturn is per plan.
- I&PC debtors days increased in month from 135 to 171. Total I&PC debt (net of cash deposits held) increased in month to £20.8m (£16.4m in M06). Overdue debt increased in month to £17.4m (£16.9m in M06).
- Creditor days decreased in month from 26 to 24 days.
- NHS debtor days increased in month from 4 to 7 days.
- In M07, 89% of the total value of creditor invoices were settled within 30 days of receipt; this represented 78% of the total number of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.

# Trust Income and Expenditure Performance Summary for the 7 months ending 31 Oct 2022



Annual Plan	Income & Expenditure	2022/23								Rating	Notes	2021/22	2022/23	2022/23
		Month 7				Year to Date						Actual	Plan YTD	Plan In-month
		Plan	Actual	Variance		Plan	Actual	Variance				YTD Variance	M7	M7
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	(£m)	(£m)		
452.02	NHS & Other Clinical Revenue	38.31	40.87	2.56	6.68%	264.32	275.18	10.87	4.11%	G	1	35.93	264.32	38.31
46.12	Private Patient Revenue	3.96	5.87	1.91	48.16%	23.79	25.37	1.58	6.62%	G	2	2.66	23.79	3.96
65.65	Non-Clinical Revenue	5.53	6.17	0.64	11.54%	38.67	37.33	(1.34)	(3.47%)	R	3	4.63	38.67	5.53
<b>563.78</b>	<b>Total Operating Revenue</b>	<b>47.80</b>	<b>52.90</b>	<b>5.10</b>	<b>10.68%</b>	<b>326.78</b>	<b>337.88</b>	<b>11.10</b>	<b>3.40%</b>	<b>G</b>		<b>43.22</b>	<b>326.78</b>	<b>47.80</b>
(322.02)	Permanent Staff	(26.76)	(28.67)	(1.91)	(7.14%)	(188.29)	(198.88)	(10.60)	(5.63%)	R	4	(26.68)	(188.29)	(26.76)
(3.65)	Agency Staff	(0.29)	(0.27)	0.02		(2.37)	(2.23)	0.13		G		(0.31)	(2.37)	(0.29)
(16.74)	Bank Staff	(1.34)	(1.63)	(0.29)	(21.48%)	(10.16)	(11.51)	(1.34)	(13.22%)	R		(1.49)	(10.16)	(1.34)
<b>(342.41)</b>	<b>Total Employee Expenses</b>	<b>(28.38)</b>	<b>(30.56)</b>	<b>(2.18)</b>	<b>(7.68%)</b>	<b>(200.82)</b>	<b>(212.62)</b>	<b>(11.80)</b>	<b>(5.88%)</b>	<b>R</b>		<b>(28.49)</b>	<b>(200.82)</b>	<b>(28.38)</b>
(94.54)	Drugs and Blood	(7.90)	(7.47)	0.43	5.45%	(55.47)	(60.36)	(4.89)	(8.82%)	R	5	(7.24)	(55.47)	(7.90)
(41.17)	Supplies and services - clinical	(3.41)	(4.12)	(0.71)	(20.76%)	(24.19)	(25.22)	(1.03)	(4.25%)	R		(3.20)	(24.19)	(3.41)
(71.02)	Other Expenses	(5.91)	(6.00)	(0.08)	(1.44%)	(41.83)	(42.62)	(0.78)	(1.87%)	R		(6.12)	(41.83)	(5.91)
<b>(206.74)</b>	<b>Total Non-Pay Expenses</b>	<b>(17.22)</b>	<b>(17.58)</b>	<b>(0.36)</b>	<b>(2.10%)</b>	<b>(121.50)</b>	<b>(128.20)</b>	<b>(6.71)</b>	<b>(5.52%)</b>	<b>R</b>		<b>(16.56)</b>	<b>(121.50)</b>	<b>(17.22)</b>
<b>(549.15)</b>	<b>Total Expenses</b>	<b>(45.61)</b>	<b>(48.15)</b>	<b>(2.54)</b>	<b>(5.57%)</b>	<b>(322.32)</b>	<b>(340.82)</b>	<b>(18.51)</b>	<b>(5.74%)</b>	<b>R</b>		<b>(45.05)</b>	<b>(322.32)</b>	<b>(45.61)</b>
<b>14.64</b>	<b>EBITDA (exc Capital Donations)</b>	<b>2.19</b>	<b>4.75</b>	<b>2.56</b>	<b>116.94%</b>	<b>4.46</b>	<b>(2.95)</b>	<b>(7.41)</b>	<b>(166.00%)</b>	<b>R</b>		<b>(1.83)</b>	<b>4.46</b>	<b>2.19</b>
(25.27)	Owned depreciation, Interest and PDC	(2.24)	(1.74)	0.50	22.17%	(13.55)	(11.67)	1.88	13.89%			(1.39)	(13.55)	(2.24)
<b>(10.63)</b>	<b>Surplus/Deficit</b>	<b>(0.05)</b>	<b>3.01</b>	<b>3.06</b>	<b>6,369.27%</b>	<b>(9.09)</b>	<b>(14.61)</b>	<b>(5.53)</b>	<b>(60.84%)</b>			<b>(3.22)</b>	<b>(9.09)</b>	<b>(0.05)</b>
(20.99)	Donated depreciation	(1.85)	(1.55)	0.30		(11.90)	(11.45)	0.46				(1.46)	(11.90)	(1.85)
<b>(31.62)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(1.90)</b>	<b>1.46</b>	<b>3.36</b>	<b>6,369.27%</b>	<b>(20.99)</b>	<b>(26.06)</b>	<b>(5.07)</b>	<b>(60.84%)</b>			<b>(4.68)</b>	<b>(20.99)</b>	<b>(1.90)</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
29.61	Capital Donations	1.79	1.44	(0.35)		8.19	5.36	(2.83)				1.46	8.19	1.79
<b>(2.01)</b>	<b>Adjusted Net Result</b>	<b>(0.10)</b>	<b>2.90</b>	<b>3.00</b>	<b>2,888.36%</b>	<b>(12.80)</b>	<b>(20.70)</b>	<b>(7.90)</b>	<b>(61.73%)</b>			<b>(3.22)</b>	<b>(12.80)</b>	<b>(0.10)</b>

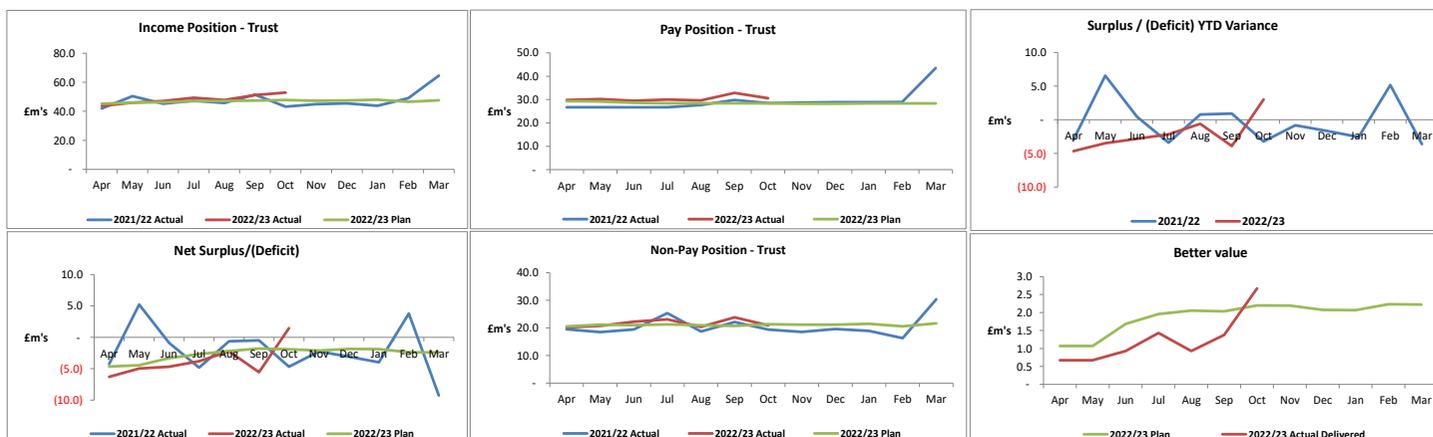
## Summary

The YTD Trust financial position at Month 7 is a deficit of £14.6m which is £5.5m adverse to plan.

The deficit is due to a combination of reduced clinical income linked to changes in the national funding regime for 2022/23, increased drugs costs and higher than planned spend on pay and maintenance of software.

## Notes

- NHS clinical income is £10.9m favourable to plan YTD due to increased income for passthrough drugs (offset with expenditure), other NHS clinical income, overseas income linked to additional activity, funding for longer stayers and pay award funding.
- Private Patient income is £1.6m favourable to plan YTD which is due to increased levels of activity in current month, Month 7 has seen a recovery of the private patient activity resulting in a £1.9m overperformance in month.
- Non clinical income is £1.3m adverse to plan YTD. This is mainly driven by reduced levels of Commercial income, Charity income and outreach clinics. The Trust is continuing to work on increasing the income from these later in the year.
- Pay costs are £11.8 adverse to plan YTD mainly due to high levels of bank usage linked to sickness, additional shifts to reduce the waiting lists, national pay award and a delay in the delivery of the Better Value programme.
- Non pay is £6.7m adverse to plan YTD largely due to increase in pass through expenditure (£2.8m) which is offset by additional income.



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

## Trust Income and Expenditure Forecast Outturn Summary for the 7 months ending 31 Oct 2022

2022/23					
Income & Expenditure					Rating
	Plan (£m)	Forecast (£m)	Variance (£m) %		YTD Variance
NHS & Other Clinical Revenue	452.02	452.02	0.00	0.00%	G
Private Patient Revenue	46.12	46.12	0.00	0.00%	G
Non-Clinical Revenue	65.65	65.65	0.00	0.00%	G
<b>Total Operating Revenue</b>	<b>563.78</b>	<b>563.78</b>	<b>0.00</b>	<b>0.00%</b>	<b>G</b>
Permanent Staff	(322.02)	(322.02)	0.00	0.00%	G
Agency Staff	(3.65)	(3.65)	0.00	0.00%	G
Bank Staff	(16.74)	(16.74)	0.00	0.00%	G
<b>Total Employee Expenses</b>	<b>(342.41)</b>	<b>(342.41)</b>	<b>0.00</b>	<b>0.00%</b>	<b>G</b>
Drugs and Blood	(94.54)	(94.54)	0.00	0.00%	G
Supplies and services - clinical	(41.17)	(41.17)	0.00	0.00%	G
Other Expenses	(71.02)	(71.02)	0.00	0.00%	G
<b>Total Non-Pay Expenses</b>	<b>(206.74)</b>	<b>(206.74)</b>	<b>0.00</b>	<b>0.00%</b>	<b>G</b>
<b>Total Expenses</b>	<b>(549.15)</b>	<b>(549.15)</b>	<b>0.00</b>	<b>0.00%</b>	<b>G</b>
<b>EBITDA (exc Capital Donations)</b>	<b>14.64</b>	<b>14.64</b>	<b>0.00</b>	<b>0.00%</b>	<b>G</b>
Owned depreciation, Interest and PDC	(25.27)	(25.27)	0.00	0.00%	
<b>Surplus/Deficit</b>	<b>(10.63)</b>	<b>(10.63)</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
Donated depreciation	(20.99)	(20.99)	0.00	0.00%	
<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(31.62)</b>	<b>(31.62)</b>	<b>0.00</b>	<b>0.00%</b>	
Impairments	0.00	0.00	0.00		
Capital Donations	29.61	29.61	0.00	0.00%	
<b>Adjusted Net Result</b>	<b>(2.01)</b>	<b>(2.01)</b>	<b>0.00</b>	<b>0.00%</b>	

### RAG Criteria:

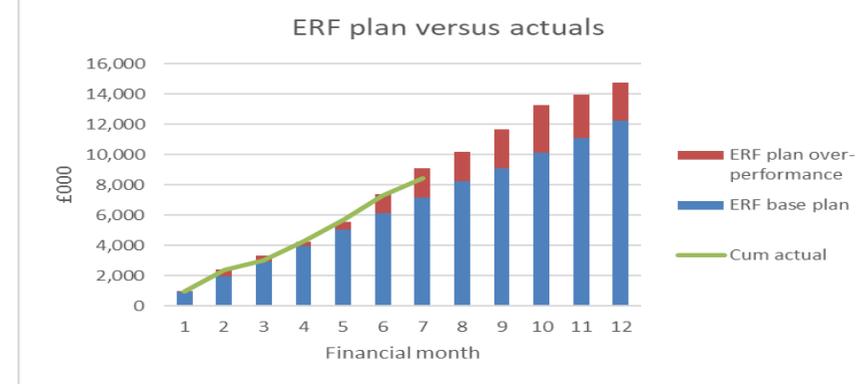
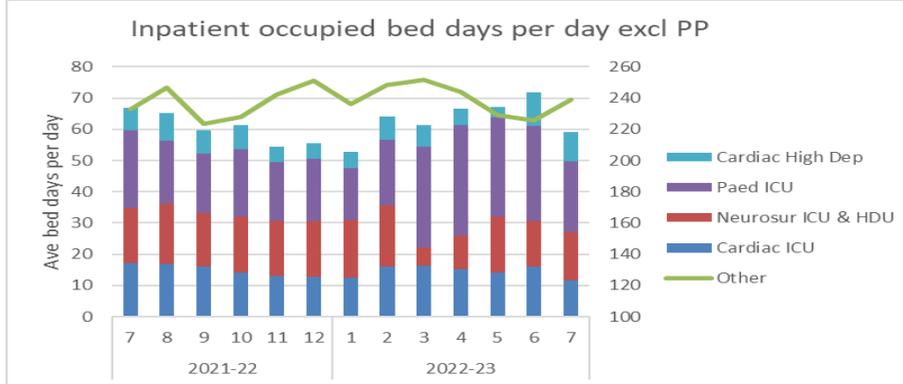
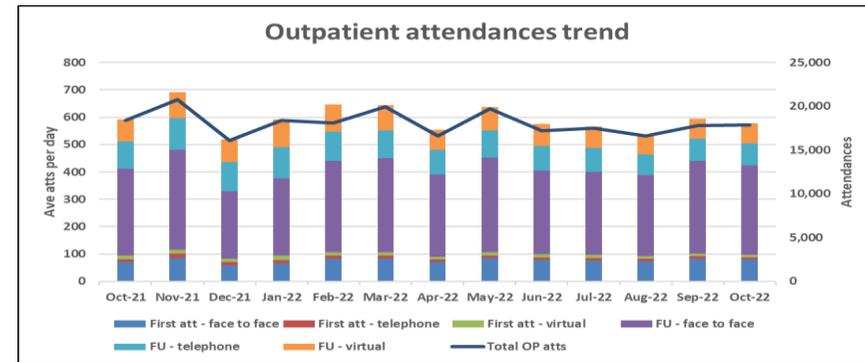
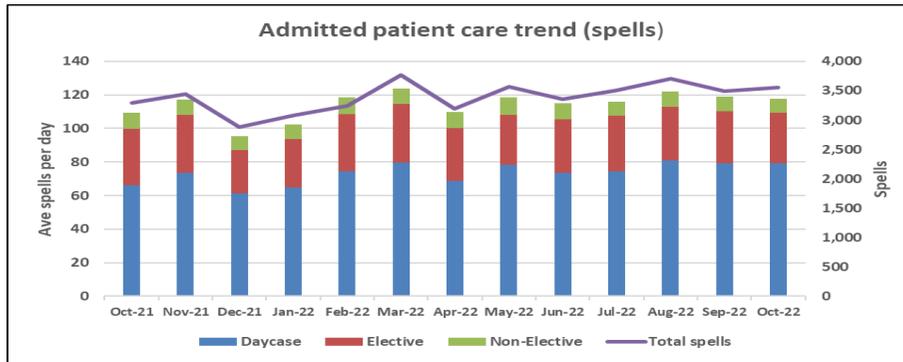
Green Favourable YTD Variance  
 Amber Adverse YTD Variance (< 5%)  
 Red Adverse YTD Variance (> 5% or > £0.5m)

### Summary

- In support of the ICS delivering a breakeven position at the end of the year the Trust control total is a £10.6m deficit.

### Notes based on £10.6m deficit

- The forecast for NHS & other clinical revenue is set to meet plan as there are plans of income and expenditure to be reduced for passthrough drugs and overperformance of Health Education Income .
- Private Patient income is forecast to achieve £46.1m with the Trust working on a Recovery plan to bring in the current referrals in the pipeline and bring in additional patients.
- Pay is forecast to be within plan with continued reduction in WTEs and with plans to identify and deliver on the trust Better Value programme. All pay inflation/ arrears have been offset with income.
- Non Pay is planned to recover with forecast to be within plan with identification and continuity to deliver on the trust Better Value programme. In addition with expectation that passthrough drugs costs will reduce off setting income.

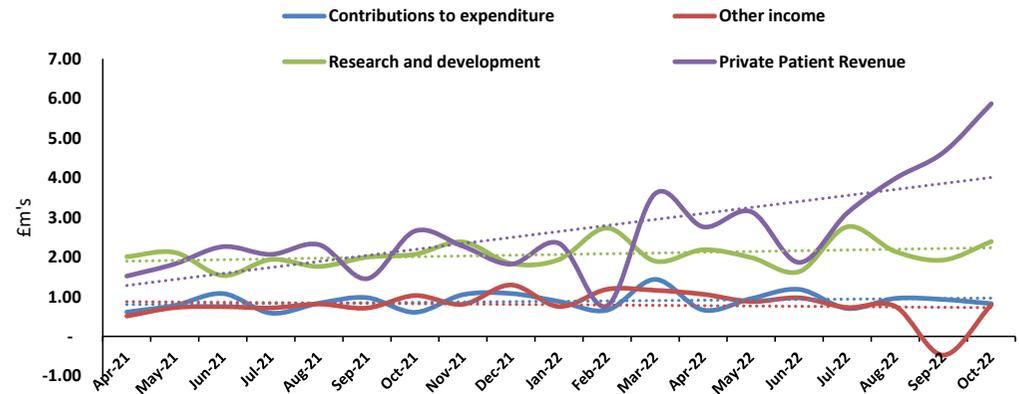
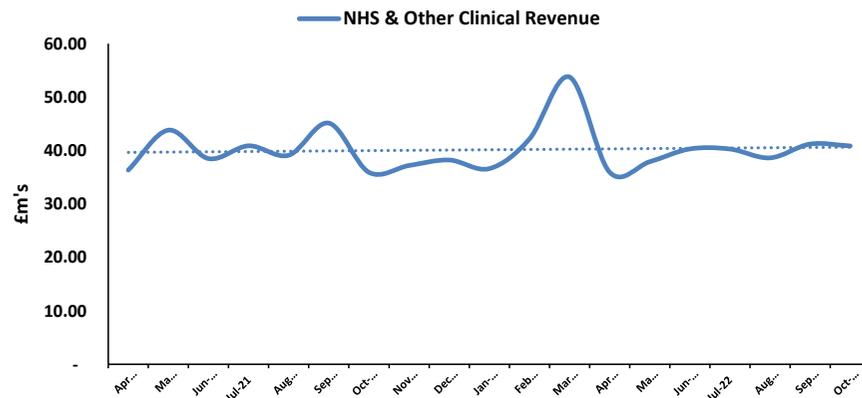


**Summary**

- Activity in October has further decreased by 1.2% per working day overall for admitted patient care points of delivery versus September with daycases stable and a 4% and 3.2% decrease for elective and non-elective respectively. Outpatient attendances have also decreased by 2.73% per working day.
- Bed days for October 2022 are stable per working day with the reduction of 12.7 critical care bed days per working day being offset by other bed days increasing by 13.7 days versus September.
- Outpatient attendances decreased versus September across both first and follow up attendances at 3.9% and 2.9% respectively. Face to face % activity levels have stabilised since August, at circa 70% face to face and 30% non-face to face. The number of outpatient attendances may increase as activity is finalised.
- Clinical supplies and services have decreased versus September (£3.1m to £3.6m) in line with activity.
- The mechanism for calculating the elective recovery fund and the baseline that actual performance will be measured against remains subject to confirmation. On the basis of current information, estimated year to date October performance is £8,459k versus a plan of £9,103k. This is an under-performance of £644k against the total plan consisting of baseline ERF funding and planned over-performance, however this may be subject to change as activity data and the calculation methodology is finalised. The national calculation to July 2022 is due to be shared with the Trust in the next week.

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

## 2022/23 Income for the 7 months ending 31 Oct 2022



### Summary

- Income from patient care activities excluding private patients is £10.9m favourable to plan YTD. This is due to significant increases income for pass through drugs, additional genomics funding, ventilated patients and high cost patients for devolved nations.
- Non clinical income is £3.8m adverse to plan YTD. Mainly driven by lower commercial activity, Charity income and awaiting finalisation of contracts.
- Private Patient income is £1.6m favourable to plan YTD. This is due to increased activity levels in month and work is being done to increase activity level further. Private patient income has increased and strong referrals are leading to the expected continued increase in private income.

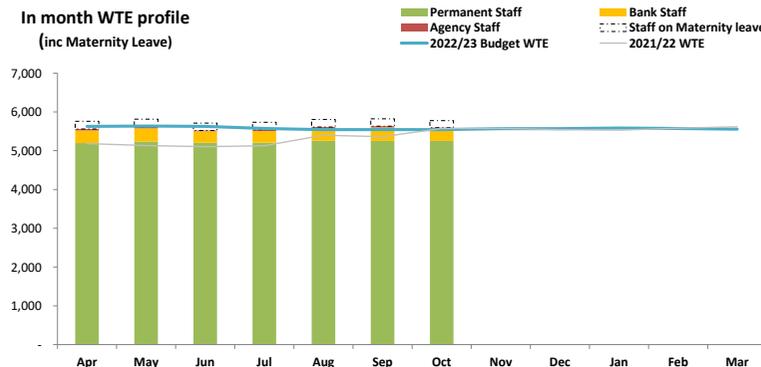
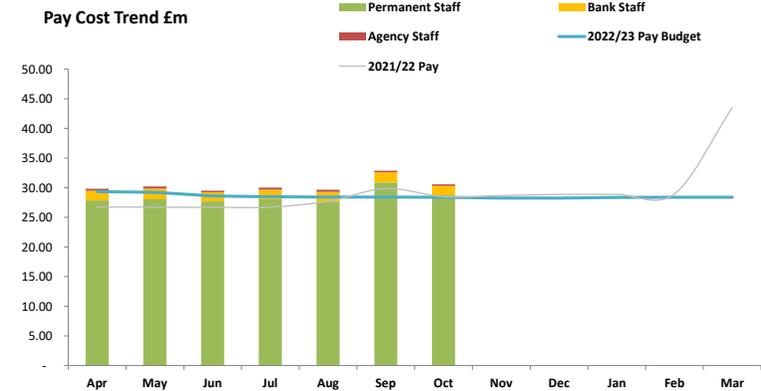
# Workforce Summary for the 7 months ending 31 Oct 2022

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



£m including Perm, Bank and Agency Staff Group	2021/22 actual full year			2022/23 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)	61.7	1,251.7	49.3	39.4	1,288.6	52.4	(3.4)	(1.1)	(2.4)	R
Consultants	63.5	396.0	160.4	38.9	394.6	169.0	(1.9)	0.1	(2.0)	R
Estates & Ancillary Staff	10.6	323.6	32.9	9.0	441.6	34.9	(2.8)	(2.3)	(0.5)	R
Healthcare Assist & Supp	11.3	322.5	35.2	6.9	314.7	37.6	(0.3)	0.2	(0.4)	A
Junior Doctors	31.6	385.4	82.0	20.0	389.6	88.0	(1.6)	(0.2)	(1.4)	R
Nursing Staff	93.8	1,623.3	57.8	56.8	1,615.3	60.3	(2.1)	0.3	(2.4)	R
Other Staff	0.8	15.3	53.9	0.6	17.6	54.7	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	60.2	1,039.5	57.9	38.1	1,085.7	60.1	(3.0)	(1.6)	(1.4)	R
<b>Total substantive and bank staff costs</b>	<b>333.6</b>	<b>5,357.4</b>	<b>62.3</b>	<b>209.7</b>	<b>5,547.7</b>	<b>64.8</b>	<b>(15.1)</b>	<b>(6.9)</b>	<b>(8.1)</b>	<b>R</b>
Agency	4.2	35.8	116.0	2.2	35.7	107.2	0.2	0.0	0.2	G
<b>Total substantive, bank and agency cost</b>	<b>337.8</b>	<b>5,393.2</b>	<b>62.6</b>	<b>211.9</b>	<b>5,583.4</b>	<b>65.1</b>	<b>(14.9)</b>	<b>(6.9)</b>	<b>(8.0)</b>	<b>R</b>
Reserve*	0.5	0.2		0.7	0.0		(0.5)	(0.5)	0.0	A
Additional employer pension contribution by NHSE (M12)	13.6	0.0		0.0	0.0		0.0	0.0	0.0	G
<b>Total pay cost</b>	<b>351.8</b>	<b>5,393.4</b>	<b>65.2</b>	<b>212.6</b>	<b>5,583.4</b>	<b>65.3</b>	<b>(15.3)</b>	<b>(7.4)</b>	<b>(8.0)</b>	<b>R</b>
Remove maternity leave cost	(4.1)			(2.1)			(0.3)	0.0	(0.3)	A
<b>Total excluding Maternity Costs</b>	<b>347.6</b>	<b>5,393.4</b>	<b>64.5</b>	<b>210.5</b>	<b>5,583.4</b>	<b>64.6</b>	<b>(15.6)</b>	<b>(7.4)</b>	<b>(8.2)</b>	<b>R</b>

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



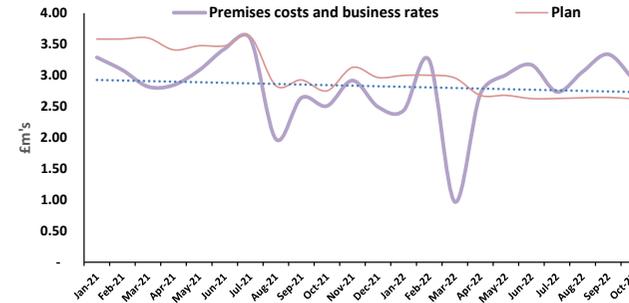
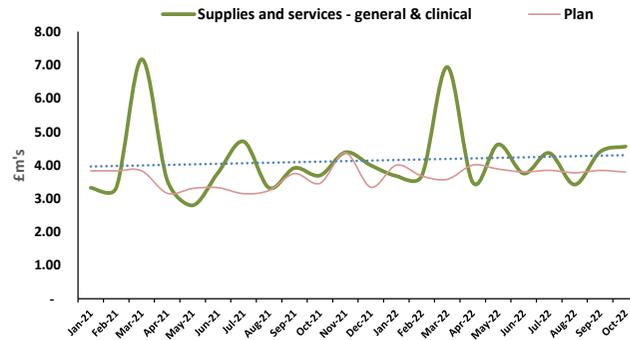
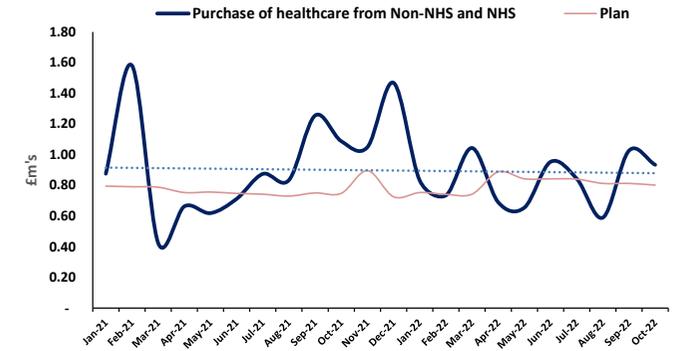
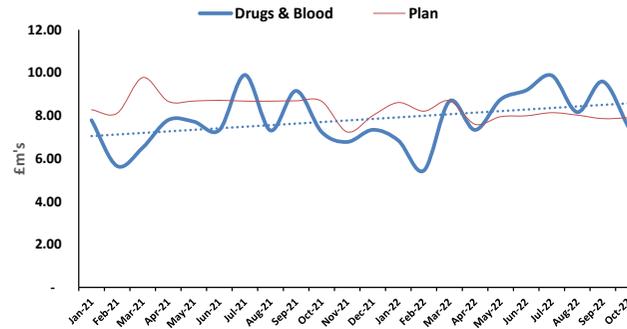
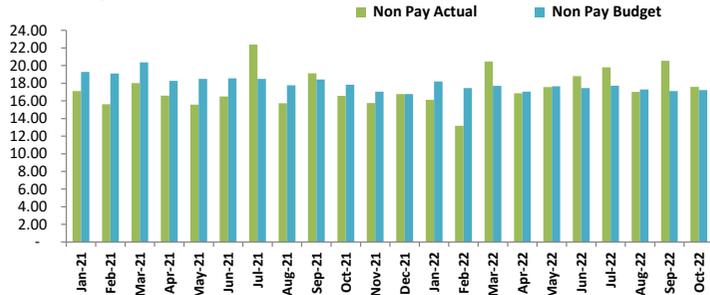
## Summary

The table compares the actual YTD workforce spend in 2022/23 to the full year workforce spend in 2021/22 prorated to the YTD.

- Pay costs are above the 2022/23 plan YTD by £11.8m and when compared to the 2021/22 extrapolated actual it is £15.3m higher. This increase from 2021/22 is being driven by volume increase (£7.4m) and price increase (£8.2m). The price variance is driven by the NHS pay award and increase in NI payments. The largest element of the volume increase is driven by the full year insourcing of the cleaning service.
- July has seen a increase in the number of staff absent from the Trust due to Covid with the number increase from 0.23% on the 30th September to 0.3% on the 31st October.
- The Trust continues to see high levels of maternity leave (180 WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.
- Consultants & Junior Doctors are £3.5m adverse YTD to plan due to rota compliance and an increase in WLIs and on call cover to deliver the Trust activity plans .
- Estates & Ancillary are £1.3m adverse YTD to plan due to high levels of sickness in within the cleaning service. When compared to 2021/22 the key driver of the increase is the level of sickness and the full year insourcing of the service.
- Scientific Therapeutic and Technical Staff are £1.4m adverse to plan YTD due to Agency usage within Pharmacy .

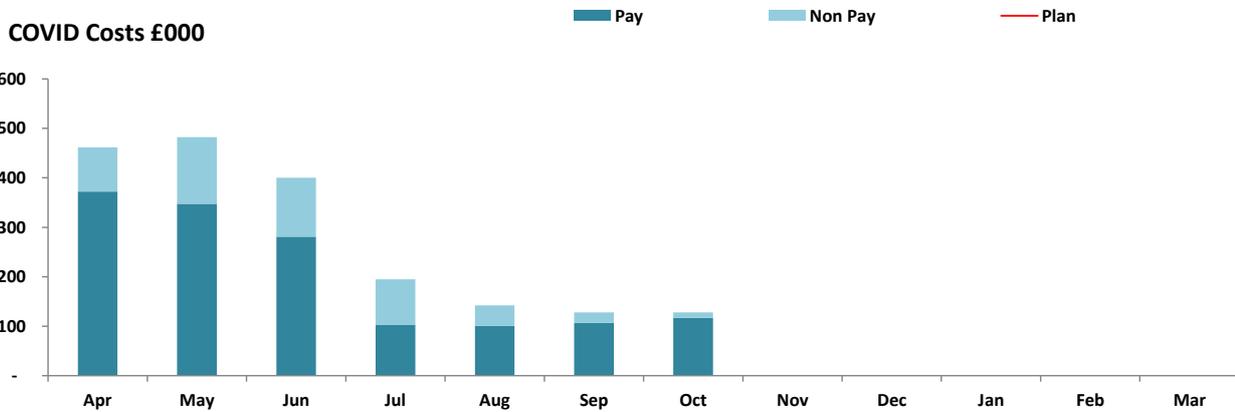
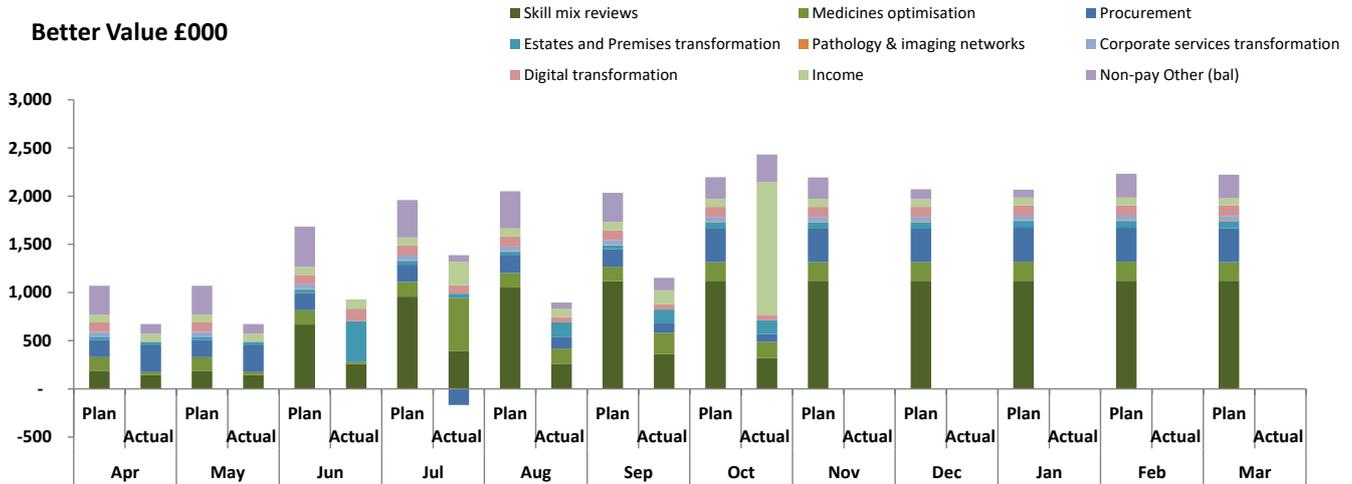
## Non-Pay Summary for the 7 months ending 31 Oct 2022

**Non Pay Cost Trend £**



### Summary

- Non pay is £0.4m adverse to plan in month and £6.7m adverse to plan YTD.
- Pass through expenditure is £2.8m adverse to plan YTD but this offsets by additional income.
- Premises costs are £1.5m adverse to plan YTD due to increased costs associated with the expanded Trust EPR system, ward refurbishment and ventilation works
- Drugs costs are £1.3m adverse to plan YTD due to increase in costs for CAR-T
- Supplies & Services Clinical costs decreased in month following increased levels of ordering due to systems being down, however clinical supplies as £1.5m adverse position
- Education and Research Costs are £1.0m favourable to plan YTD due to lower than plan spend on courses and conferences and research related costs (offset by income)
- Impairment of receivables is £0.2m favourable to plan YTD due to the continued work to increase payment of aged private patient invoices previously provided for although in month bad debt increased by £0.1m.

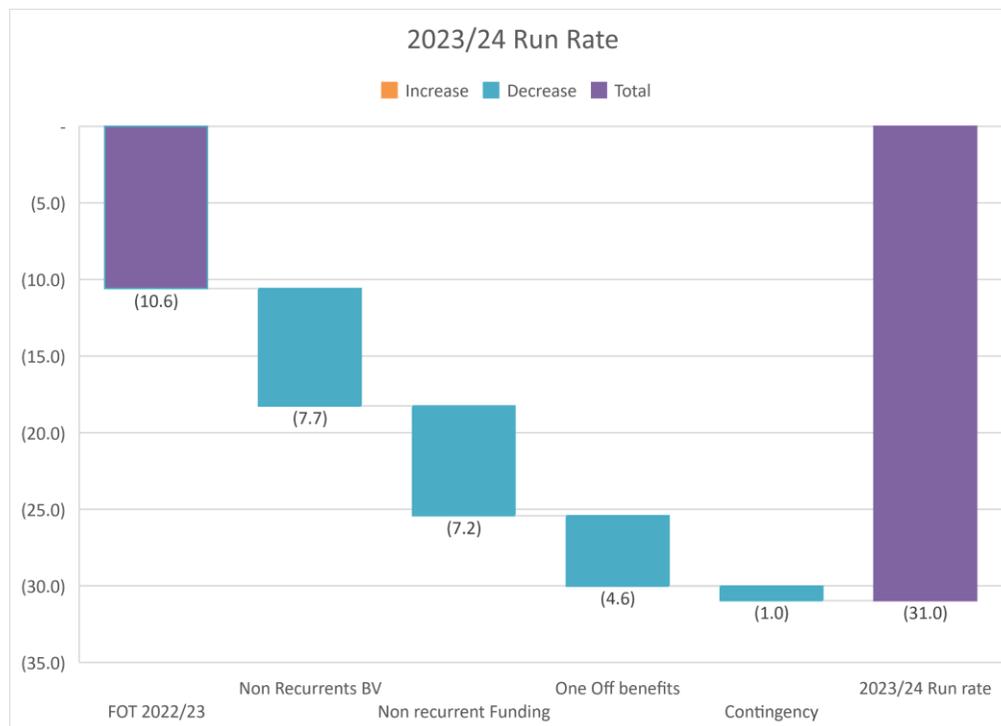


**Better Value and Covid-19 costs**

- The Trust is continuing to develop its better value programme for 2022/23 and continues to hold weekly Directorate / PMO meetings to finalise the schemes and develop new ones. In addition the Trust held additional workshops and meetings to drive bottom up scheme development across the Trust.
  - Month 7 £8.7m of the £12.1m plan has been delivered.
  - Month 7 plan was for £7.8m of recurrent savings, Trust has delivered £6.3m.
  - Month 7 plan was for £4.2m of non recurrent savings, Trust has delivered £2.4m.
- Covid costs in month are £0.1m which is significantly lower than the last six months of 2021/22 and it is continuing to reduce. The costs incurred by the Trust are associated with cleaning, testing and Covid premium payments. It is planned for all covid costs to be removed and this report will track progress with this each month. The main costs in month are associated with pre-screening of patients and the uplifted bank rates.

## Underlying Run rate for 2023/24

Run Rate Adjustments	£m
<b>2022/23 Forecast Outturn</b>	<b>(10.60)</b>
Better Value Non recurrent	(7.68)
One Off Annual Leave Accrual release	(2.00)
Other non recurrent balance sheet release	(2.60)
ICS regional funding non recurrent	(3.24)
Covid income	(3.93)
Contingency	(1.00)
<b>2023/24 Run rate</b>	<b>(31.04)</b>



### Notes

This slides shows the run rate for the Trust which looks at the Trust forecast and adjusts it for non-recurrent elements to give the 2023/24 opening financial run rate. This is important to note because the Trust has a number of significant non recurrent benefits in the 2022/23 forecast that will not continue into 2023/24, therefore the 2023/24 financial position will start in a worse position than this years forecast.

- The Trust forecast is for a £10.6m deficit which contains £19.4m of non-recurrent benefit. In addition the Trust has assumed £1.0m of contingency for 2023/24. This results in a £31.0m underlying deficit for 2023/24.
- The Better Value programme is split into recurrent and non-recurrent. The non-recurrent element of better value in the forecast is £7.7m which will therefore not continue into 2023/24.
- The Trust is releasing £4.6m in 2022/23 and the Trust will not have these available in 2023/24.
- The Trust is receiving a number of non-recurrent funding streams which are not going to continue into 2023/24.
- This assumes that Private patient income, charitable income and ERF will continue into 2023/24 at the same full year value as 2022/23 (£57.2m). It also assumes that ERF will continue into H2 2022/23 and that Research income will continue to cover its costs as in 2022/23.

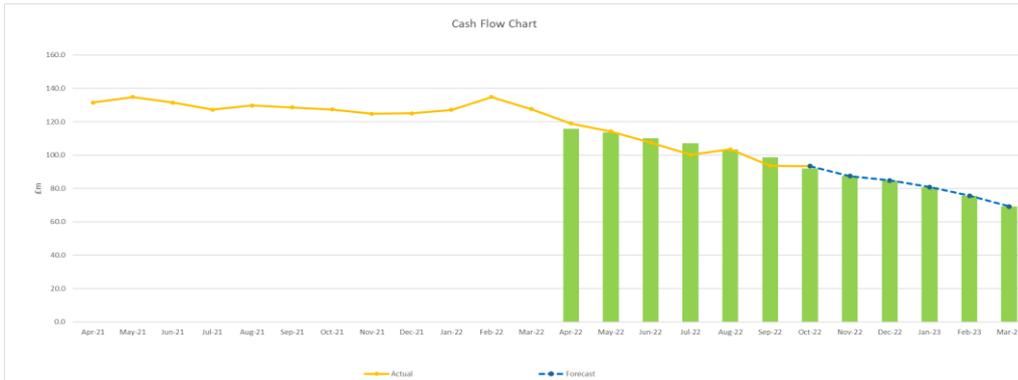
31 Mar 2022 Audited Accounts £m	Statement of Financial Position	YTD Actual 30 Sep 22 £m	YTD Actual 31 Oct 22 £m	In month Movement £m
546.40	Non-Current Assets	620.02	616.32	(3.70)
62.22	Current Assets (exc Cash)	83.68	89.61	5.93
123.67	Cash & Cash Equivalents	93.74	93.36	(0.38)
(104.63)	Current Liabilities	(113.03)	(115.47)	(2.44)
(5.37)	Non-Current Liabilities	(28.32)	(26.22)	2.10
<b>622.29</b>	<b>Total Assets Employed</b>	<b>656.09</b>	<b>657.60</b>	<b>1.51</b>

31 Mar 2022 Audited Accounts £m	Capital Expenditure	YTD plan 31 October 2022 £m	YTD Actual 31 October 2022 £m	YTD Variance £m	Forecast Outturn 31 Mar 2023 £m	RAG YTD variance
6.12	Redevelopment - Donated	6.18	3.90	2.28	26.44	A
1.61	Medical Equipment - Donated	1.04	1.46	(0.42)	3.25	R
-	ICT - Donated	0.00	0.00	0.00	0.00	G
<b>7.73</b>	<b>Total Donated</b>	<b>7.22</b>	<b>5.36</b>	<b>1.86</b>	<b>29.69</b>	<b>A</b>
<b>0.32</b>	<b>Total Grant funded</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
12.05	Redevelopment & equipment - Trust Funded	1.51	0.78	0.73	3.88	R
1.44	Estates & Facilities - Trust Funded	2.26	1.12	1.14	3.47	R
3.17	ICT - Trust Funded	2.07	0.97	1.10	5.11	R
-	Contingency	0.00	0.00	0.00	2.52	G
(0.74)	Disposals	0.00	0.00	0.00	0.00	G
<b>15.92</b>	<b>Total Trust Funded</b>	<b>5.84</b>	<b>2.87</b>	<b>2.97</b>	<b>14.98</b>	<b>R</b>
<b>0.16</b>	<b>Share allocation</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
-	<b>Total IFRS 16</b>	<b>0.10</b>	<b>0.00</b>	<b>0.10</b>	<b>0.64</b>	<b>G</b>
<b>1.53</b>	<b>PDC</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
<b>25.66</b>	<b>Total Expenditure</b>	<b>13.16</b>	<b>8.23</b>	<b>4.93</b>	<b>45.31</b>	<b>A</b>

31-Mar-22	Working Capital	30-Sep-22	31-Oct-22	RAG	KPI
4.0	NHS Debtor Days (YTD)	4.0	7.0	G	< 30.0
131.0	IPP Debtor Days	135.0	171.0	R	< 120.0
12.0	IPP Overdue Debt (£m)	16.9	17.4	R	0.0
87.0	Inventory Days - Non Drugs	83.0	80.0	R	30.0
34.0	Creditor Days	26.0	24.0	G	< 30.0
43.0%	BPPC - NHS (YTD) (number)	48.7%	47.5%	R	> 95.0%
74.4%	BPPC - NHS (YTD) (£)	81.6%	78.2%	R	> 95.0%
83.4%	BPPC - Non-NHS (YTD) (number)	80.6%	80.5%	R	> 95.0%
92.2%	BPPC - Non-NHS (YTD) (£)	92.1%	92.2%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	72.0%	78.0%	R	> 95.0%
90.6%	BPPC - Total (YTD) (£)	88.5%	89.4%	R	> 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)

Mar-22	Liquidity Method	Sep-22	Oct-22	RAG	Mar-23	RAG
1.8	Current Ratio (Current Assets / Current Liabilities)	1.6	1.6	G	1.8	G
1.7	Quick Ratio (Current Assets - Inventories - Prepaid Expenses) / Current Liabilities	1.4	1.5	G	1.6	G
1.2	Cash Ratio (Cash / Current Liabilities)	0.8	0.8	R	0.8	R
77.0	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	60.1	59.7	A	44.0	A
127.0	Liquidity Days (Payroll) (Cash / Pay)	99.0	99.2	G	73.0	G



**Comments:**

- Capital expenditure for the year to date was £8.2m; the Trust-funded programme is £3.0m less than plan; the donated programme is £1.9m less than plan. The Trust funded forecast total outturn is as the plan.
- Cash held by the Trust decreased from £93.7m to £93.4m.
- Total Assets employed at M06 decreased by £1.5m in month as a result of the following:
  - Non current assets decreased by £3.7m to £616.3m.
  - Current assets excluding cash totalled £89.6m, increasing by £5.9m in month. This largely relates to the following: Contract receivables including I&PC which have been invoiced (£8.3m higher in month); Charity capital receivables (£1.3m higher in month); and other receivables (£0.3m higher in month). This is offset against the decrease in Accrued income (£4.1m lower in month).
  - Cash held by the Trust totalled £93.4m, decreasing in month by £0.4m.
  - Current liabilities increased in month by £2.4m to £115.5m. This includes Capital creditors (£0.7m higher in month); NHS payables (£1.1m higher in month) and deferred income (£3.9m higher in month). This is offset against the decrease in expenditure accruals (£1.1m lower in month) and other payables (£2.2m lower in month).
  - Non current liabilities decreased in month to £26.2m. This includes lease borrowings of £21.1m.
- I&PC debtors days increased in month from 137 to 171. Total I&PC debt (net of cash deposits held) increased in month to £20.8m (£16.4m in M06). Overdue debt increased in month to £17.4m (£16.9m in M06).
- In M07, 78% of the total number of creditor invoices were settled within 30 days of receipt; this represented 89% of the total value of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is 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 81% (81% in M06). This represented 92% of the total value of invoices settled within 30 days (92% in M06). The cumulative BPPC for NHS invoices (by number) was 48% (49% in M06). This represented 78% of the value of invoices settled within 30 days (82% in M06).
- Creditor days decreased in month from 26 to 24 days.


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

NHS Foundation Trust

<b>Trust Board 23<sup>rd</sup> November 2022</b>	
<b>Learning from Deaths report- Child Death Review Meetings – Q2 2022/23</b>  <b>Submitted by:</b> 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	<b>Paper No: Attachment S</b>  For information and noting
<b>Purpose of report</b> To provide Trust Board with oversight of learning from deaths identified through mortality reviews, this includes positive practice, but also where there were modifiable factors.  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.	
<b>Summary of report</b> This report focuses on learning from twenty-six child death review meetings (CDRMs) which took place at GOSH between 1st July and 30th September 2022. <ul style="list-style-type: none"> <li>• In one case there were modifiable factors identified by the CDRM where there is national learning outside of GOSH. There were no cases that had modifiable factors in the care provided at GOSH.</li> <li>• Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH in twelve cases.</li> <li>• Excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted by the CDRMs in eighteen cases.</li> </ul> The GOSH inpatient mortality rate is within normal variation. There have been no outliers detected in our real time risk adjusted monitoring of ICU deaths.	
<b>Patient Safety Implications</b> The reports show and frequently recognise the excellence of care and compassion provided by our staff, with excellent aspects of care, the co-ordination of care and communication at GOSH is highlighted in eighteen cases  Themes for improvement identified from the CDRMs highlighted in the report include: <ul style="list-style-type: none"> <li>• Earlier palliative care involvement with the potential for parallel planning was identified in three cases.</li> <li>• In two cases challenges were noted with local teams being kept updated during prolonged or significant admissions.</li> <li>• Familiarity with what to do when a child dies on the ward out of hours was highlighted in one case</li> </ul>	

Attachment S

<b>Equality impact implications</b> None identified
<b>Financial implications</b> None
<b>Action required from the meeting</b> There are no recommendations or actions for the Board to consider
<b>Consultation carried out with individuals/ groups/ committees</b> The report has been reviewed by the November 2022 Quality Safety Outcomes Compliance Committee
<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
<b>Who is accountable for the implementation of the proposal / project?</b> Medical Director

# Learning from deaths report –learning from Child Death Review Meetings Q2 2022/23

## Aim of this report

To highlight learning from child death review meetings (CDRMs) concluded between 1<sup>st</sup> July and 30<sup>th</sup> September for children who died at GOSH.

## Summary

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.

This report focuses on learning from twenty-six child death review meetings (CDRMs) which took place at GOSH between 1st July and 30th September.

The reviews highlighted:

- In **one** case there were modifiable factors<sup>1</sup> identified by the CDRM where there is national learning outside of GOSH. There were no cases that had modifiable factors in the care provided at GOSH.
- Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH in **twelve** cases.

Themes identified:

- Earlier palliative care involvement with the potential for parallel planning was identified in three cases.
  - In one case the family had been referred. The child deteriorated over the weekend before they were due to meet palliative care on the Monday
  - In another case the family had had a previous neonatal death and there could have been earlier consideration that when the sibling presented that the outcome might be the same.
  - Given the medical complexity of the case the review identified that earlier involvement of palliative care would have been helpful.
  - Early palliative care involvement is a recurrently positive theme in learning from deaths reports in the last 12 months.
- In two cases challenges were noted with local teams being kept updated during prolonged or significant admissions. This has been highlighted in a previous learning from death report. The CDRM provides an opportunity that we didn't have prior to their implementation to increase feedback from locals, which has increased our awareness of the challenges with updating local teams.
- Lack of familiarity with what to do when a child dies on the ward out of hours was highlighted in one case. This had been highlighted as a theme in a previous report. There is a Trust wide QI project in place looking at improving the When a Child Dies processes.
- Excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted by the CDRMs in **eighteen** cases.

Two CDRMs for children who died at GOSH were held at a local child death review in the borough where the child lived. There is variation in the interpretation of national guidance regarding where the CDRM is held. On the most part reviews take place in the organisation where the patient died. We have contacted the team who held the reviews to seek clarification on any learning points for GOSH for those two cases.

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<sup>1</sup> Modifiable factors are defined as those, which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths. (National Guidance on Learning from Death, NHS England, 2017)

Further information follows this summary.

## Contents

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4<sup>th</sup> November 2022

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

Andrew Pearson, Clinical Audit Manager

## Cases where modifiable factors were identified following the conclusion of the CDRM

### National learning

Month death	Location of learning	Learning /Actions taken
May 2022	National	<p>No screening for Severe combined immunodeficiency (SCID) at local hospital despite family history of this condition.</p> <p>Bacille Calmette-Guérin (BCG) should not have been given or the child breastfed with this history.</p> <p>SI investigation in local identified missed opportunities in terms of a lack of professional curiosity regarding seeking information about the death of the first child and the lack of face to face follow up attributed to the Covid pandemic.</p> <p>Since this case national newborn screen is now being piloted (60% of babies in England are being screened for SCID between Sept 2021 -2023) BCG is also administered later in infancy</p> <p>The GOSH team have also reflected on how the information around the death of the first child was shared with the family and other health professionals.</p>

### Outside of GOSH

Month death	Location of learning	Learning
March 2022	European country	<p>It is difficult to be conclusive on the provision of care provided in another country, but the CDRM did highlight modifiable factors. These were around the quality of ITU provision in the child's home country which resulted in line related sepsis and a delay/ability to commence anticoagulation/antibiotics as single line was required for inotropes.</p>

## Learning points identified

Additional learning points around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH

Month of death	Location of learning	Learning /Actions taken
November 2021	CICU	To greater consider the nutritional status more closely during consideration of (and timing of) surgery [tracheostomy]
January 2022	Oncology, NICU, Cardiothoracic	<p>1. Family would have appreciated earlier contact from the local team after death. GOSH did communicate with the local on the day of the child's death to inform them. It is a recurrent theme that updates are not routinely provided to local teams during the child's life (until after death) which could be done better and enable local teams to support families better.</p> <p>2. Earlier referral to palliative care for parallel planning would have been helpful for this child (and may have also enabled better communication in terms of bereavement support.)</p>
January 2022	Metabolic, cardiology	<p>1. Earlier referral to Palliative Care; this child was not referred antenatally or until a few days prior to death [despite the history of a similar outcome in the sibling] and earlier referral was identified as a learning point. The symptom care plan was not finalised at the time the baby deteriorated and died so the palliative care representative at CDRM will feedback to the team regarding having an interim plan in place in this situation going forwards to ensure these are prescribed and available when needed.</p> <p>2. There were some issues around lack of familiarity with what to do when a child dies on the ward out of hours and the death certificate was incorrectly completed (not a neonatal MCCD) and was given to the family (and had to be retrieved the next day) There is a Trust wide QI project in place looking at improving When a Child Dies processes on the wards (where children die infrequently) The Family Liaison Nurse has already created a checklist which is in use on Bear ward and will be shared more widely with the QI project group.</p>
February 2022	Oncology	The Elephant ward team created a trolley with a clear daily plan in case of sudden bleeding (haemoptysis) and the team on the ward found this very reassuring, it was not required however was an example of good practice to share more widely.
February 2022	PICU	This case highlighted the importance of communication with families who want to be aware of changes in clinical care (in this case the family wanted to be present at the time of extubation).
February 2022	PICU	The child received CPR for a short time and was readmitted to PICU before stopping which would have been avoidable with earlier discussions involving Palliative care
February 2022	NICU	<p>Pathway for transferring mothers post c-section of babies not expected or likely to survive needs to be identified (has been identified in other high risk [VGAM] cases).</p> <p>A learning point identified was that teams need to be mindful of the choices offered to parents (who may not want to hold their baby at end of life) and to identify what the family want and how they want to be communicated with in case of sudden deterioration which may not align with our own preconceptions about end of life care.</p>

March 2022	NICU	<p>1. Earlier palliative care involvement with the potential for parallel planning was identified in the review of this case</p> <p>2. In light of the outcome of the RCA the following actions were identified which we will be taking to improve care for our patients in the future:</p> <ul style="list-style-type: none"> <li>- The importance of skin assessments and completing the documentation even if unable to reposition patient and inspect skin will be further highlighted for all staff.</li> <li>- The NICU tissue viability nursing links will update the education board and will conduct bedside teaching for skin assessment.</li> <li>- e-learning on pressure ulcer prevention shall be made part of mandatory training within the ICU areas and further teaching included in the NICU team days</li> </ul>
March 2022	NICU	<p>A previous CDRM identified the need for a pathway for mothers of newborn babies to get to GOSH. This case identified that when it is not possible to get the mother to GOSH there is the option to transfer the baby back to the mother at the local hospital</p> <p>PICU/NICU family liaison nurse will put together a guideline for this in order to facilitate this for other families as this was greatly appreciated by the family. This will then be incorporated into the ongoing project jointly with UCLH looking at how best to get mothers across to GOSH (usually post delivery/C/section).</p>
April 2022	PICU	<p>1. Earlier referral to the learning disability team might have provided a more holistic approach to the family when approaching end of life conversations. 2 School Nurse had to get updates via the parents or the school. This is a recurring theme at CDRM on how local teams are kept updated during prolonged or significant admissions.</p>
April 2022	Rheumatology	<p>1. Local team reflected that it was very challenging to get the child admitted to GOSH as they did not fit under a particular speciality (although once admitted care was well coordinated). Multiple teams meetings held and good coordination by the SWAN CNS and particularly [GOSH Consultant] ensured good coordinated care. This has been raised previously and there is an HDU project underway at GOSH. The challenges of having input from so many teams for so many affected systems also highlighted the difficulties in having overarching oversight of which would be the terminal event and made parallel planning and plans for not escalating care very challenging. This was highlighted by the local and community teams also. There was also a suggestion that there should perhaps be a medical SWAN consultant with oversight of these complex cases. The local team also reflected that having two named consultants would ensure good continuity of care (so that care is not reliant on one individual given working patterns) as a learning point.</p> <p>2. Learning difficulties, Autism, ADHD supported by LD team during last year of life - an earlier referral to LD team was highlighted as a learning point.</p> <p>3. At time of death under a Child in Need Plan due to health issues and requirements for family support. Social care closed the case as mother was in control of the care however at CDRM it was felt that further support would have been helpful for the family. CDR coordinator will kindly feed this back to the social care team involved.</p>
May 2022	NICU	<p>Death certificate was rejected due to use of abbreviation (although this was unusual as genetic mutations are usually accepted abbreviations in this context). Raised directly with the registrar</p>

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

Month of death	Specialties	Summary
November 2021	Cardiology	The care provided by the team at GOSH was recognised by the parents as being of very high quality especially given how unwell this child was on arrival to the UK
January 2022	Oncology, NICU, Cardiothoracics	Feedback from parents emphasised <ul style="list-style-type: none"> <li>• Continuity of care and support offered</li> <li>• Value of video calls made by GOSH when they were isolating due to COVID</li> <li>• Sensitive care during and following the death</li> </ul> This will be fed back to the individuals involved in the care of this child by the NICU consultant following the CDRM
February 2022	Oncology	This family felt safe at GOSH and chose to remain at GOSH for end-of-life care. [Name] was able to have trips out of hospital and visit home on several occasions during the admission, including on Christmas Day. Their dog was a frequent visitor and was able to have family members and friends visit the ward. They also managed a trip to the hydrotherapy pool. At the end, excellent palliation as in patient of what was a very difficult local relapse in the left sphenoid region
February 202	Palliative care	Excellent communication and support from palliative care team. Baby remained comfortable and family were able to be with them in a private room at the time of death. At M&M stated that good care/perfect pathway/the proactive management for gold standard/ as well organised as it could be. The palliative care team were thanked for their symptom care plan which was hugely helpful to ward team (this is a relatively new intervention previously only for discharges to community) and has been greatly appreciated in several cases as an example of good practice.
February 2022	Metabolic/PICU	Good teamwork. Genetic diagnosis made very quickly. XXXXXXXX (metabolic consultant) very involved and quick transfer to hospice after death at parents' request
February 2022	BMT	BMT team were credited for their support for the nursing team and debriefs held.
February 2022	SNAPS/NICU	Parents feedback they were happy with the care at local and GOSH.
February 2022	CATS	It was noted that an MDT arranged by CATS prior to transfer was very helpful. The transport team also reflected that the team enabled the mother to have a cuddle prior to transfer despite the considerable instability.
March 2022	Endocrinology	Parents felt that a positive aspect of [name]'s care was that his endocrine consultant gave parents his direct e-mail in order for them to receive timely medical support during the pandemic. This consultant also developed a business plan in order to provide the family with a i-STAT machine. As part of the CDR process parents want to offer thanks to all professionals who were involved in their child's care over the years. A lot of supportive letters from the specialty consultants following death.
March 2022	NICU	Good communication between teams and with parents (multiple MDTs)

March 2022	Cardiology/CICU/ Cardiothoracic surgery	Family have feedback that they felt confident that everything was done and expressed their gratitude to GOSH and would like to visit the hospital again one day.
March 2022	PICU	Questions/Feedback from [name]'s family as follows: Thankful for care at GOSH, feel everyone tried their best to save them
March 2022	CICU	Father was enabled to visit from prison, chaplain at the prison was very supportive. CICU team was credited for their patience with the family enabling the family to maintain trust with the team over a long admission.
March 2022	NICU	Baby was transferred back to the local hospital to be with mother (who could not be discharged) after baby's death for cuddles. ICU/NICU family liaison nurse will put together a guideline for this in order to facilitate this for other families as this was greatly appreciated by the family. Family were very complimentary about the care at GOSH.
April 2022	Nephrology, PICU	Both parents feel they have been well supported throughout their child's life and have had good relationships with professionals involved with care. Excellent communication between different teams looking after them in Great Ormond Street Hospital.
April 2022	PICU/CATS	Good and timely care. Parents kept informed throughout. CATS team were credited for very helpful conference call with local team prior to transfer.
April 2022	Rheumatology	Multiple teams meetings held and good coordination by the SWAN CNS and particularly XXXXXX [Consultant] ensured good coordinated care.
May 2022	NICU	Excellent MDT efforts from multiple teams, good communication with family. Parents grateful for the care received. R14 testing enabled the diagnosis of this rare genetic mutation which has only recently been described with poor outcomes in all previously documented cases helped with prognostication discussions with the family.

## 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.

Twenty two children died at GOSH between 1<sup>st</sup> April and 30<sup>th</sup> June 2022

Reviews (i.e.an MRG or a CDRM) have been completed for **twenty** deaths.

**Six** CDRMs have taken place, and **sixteen** have not been completed.

- **Four** cannot take place until the completion of necessary coroner investigations. This in line with the Child Death Review Statutory Guidance.
- **One** took place via a local child death review in the borough where the child lived.
- **Three** are being planned to be reviewed by a local child death review in the borough where the child lived
- **Eight** are being scheduled at the time of writing due to challenges in Consultant capacity to attend the meetings.

The table below shows the summary of the deaths that occurred between 1st April and 30th June 2022 using NHS England reporting guidance (National Guidance on Learning from Deaths, 2017)

Total number of inpatient deaths at GOSH between 1st April and 30th June 2022	22
Number of those deaths subject to case record review ( either by the MRG, or at a CDRM)	20
Number of those deaths declared as serious incidents	1
Number of deaths of people with learning disabilities	7
Number of deaths of people with learning disabilities that have been reviewed	6

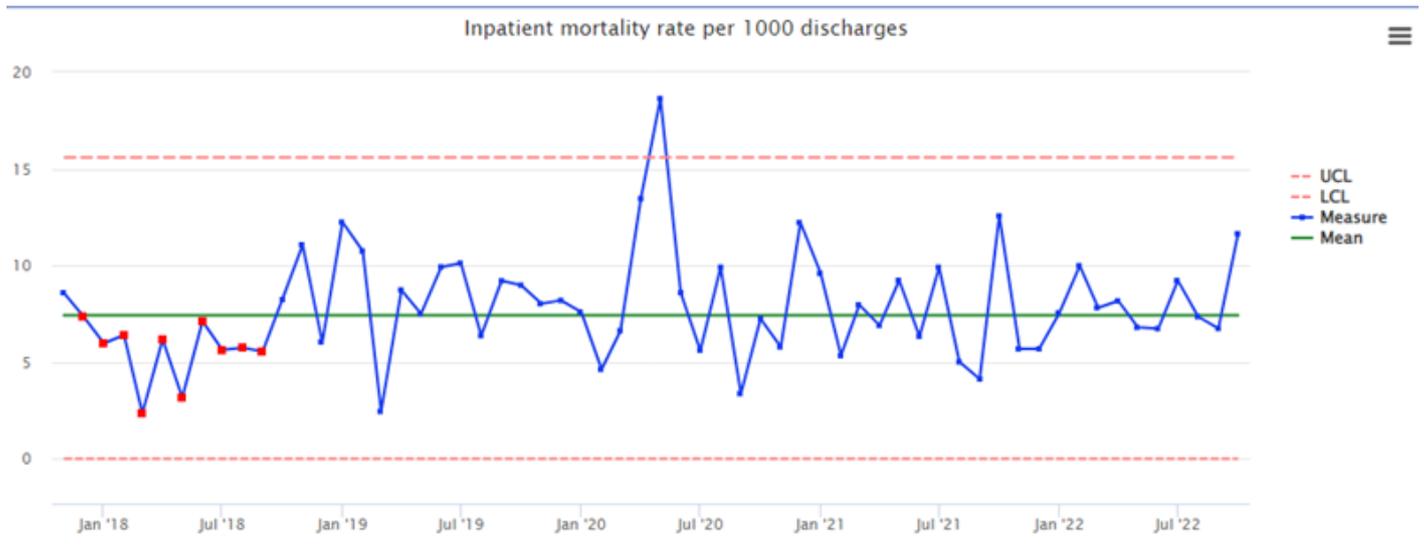
Modifiable factors identified at GOSH that may have contributed to vulnerability, ill health or death can only be confirmed following the conclusion of CDRM and therefore cannot be included in the table above.

One death in this period has been declared an SI:

Incident reference number (2022/10772)	Update
The SNAPS surgical team were contacted by an A&E requesting transfer of a patient to GOSH. The patient was transferred and underwent surgery on the abdomen, and sadly died later that day. Concerns included the clinical decision making of the GOSH teams prior to transfer, the diagnostic decision making following arrival, and the timeliness of transfer to theatre.	<p>An SI investigation was submitted to NHS England for sign off on 22<sup>nd</sup> August 2022. A request for further information has been received following their review of the report, and a response is currently being drafted by the Lead Investigator and the Patient Safety Team.</p> <p>The learning, outcomes and actions identified will be reported to the Quality Safety Outcomes Compliance Committee once the SI report is approved.</p>

## Mortality rate

The inpatient mortality rate is within normal variation



Our inpatient mortality rate is useful to understand the frequency of GOSH inpatient deaths compared to activity, and to signal if there is variation that may require exploration. We recognise that it is not risk adjusted data, which considers how unwell the patient was on admission and the likelihood of death as a potential outcome. There are two additional processes by which we can effectively understand our mortality outcomes at GOSH.

- 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



<b>Trust Board</b> <b>23 November 2022</b>	
<b>Guardian of Safe Working report</b>	<b>Paper No: Attachment T</b>
<b>Submitted by:</b> Dr Renée McCulloch, Guardian of Safe Working	
<b>Aims / summary</b> This report is the Q1 report of 2022/23 to the Board regarding Junior Doctor working practice at GOSH. This report covers the period 1 <sup>st</sup> April to 30 <sup>th</sup> June 2022 inclusive.	
<b>Action required from the meeting</b> <ul style="list-style-type: none"> <li>• Note requirement for ongoing data cleansing and finance review of bank spend</li> <li>• Vacancy rates in Q1 were higher than usual</li> <li>• Improvement in the recruitment and retention process for the Trust is likely to be beneficial</li> </ul>	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> The Guardian of Safe Working (GOSW) supports and enables a safe and positive working and learning environment for junior doctors. This contributes to the Trusts strategic objective relating to providing safe patient care and an excellent place to work and learn.	
<b>Financial implications</b> <ul style="list-style-type: none"> <li>• Continuing payment for overtime hours documented through the exception reporting practice</li> </ul>	
<b>Who needs to be told about any decision?</b> n/a	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Dr Renee McCulloch, Guardian of Safe Working, Associate Medical Director: Workforce Mr Simon Blackburn Deputy Medical Director for Medical & Dental Education	
<b>Who is accountable for the implementation of the proposal / project?</b> Dr Sanjiv Sharma, Medical Director	

## Guardian of Safe Working Q1: 1<sup>st</sup> April 2022 – 30<sup>th</sup> June 2022

### 1 Purpose

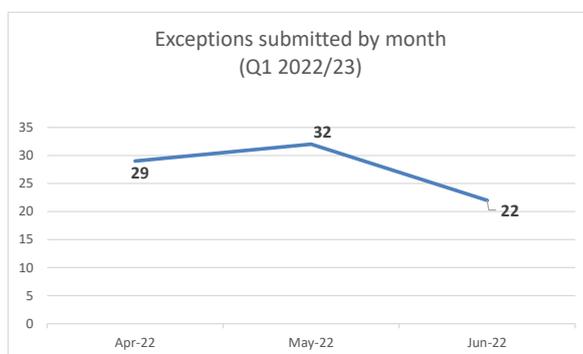
To inform the board on issues arising relating to the junior doctors working at GOSH and the work of the Guardian of Safe Working (GOSW). The GOSW is directly accountable to the trust board.

### 2 Background

See Appendix 1

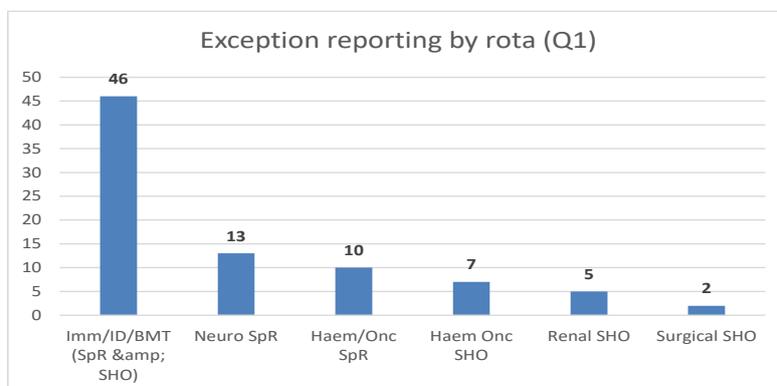
### 3 Exception Reporting: High Level Data

- 3.1 Number of exception reports (ER) at GOSH remain low reflecting cohort a) senior trainees b) non-UK Trust doctors c) poor engagement with ER system
- 3.2 However average exceptions per month increased from Q4 (from 19 per month to 27.6 per month in Q1.)



#### 3.3 83 ERs submitted in the period April to June

- 73 ER: extra hours worked.
- 4 Pattern
- 3 Educational
- 3 Service Support
  
- 16 doctors submitted the reports (14 SPR, 2 SHO)
- 7 doctors reported 5 times or more in the period (1 reported 19)
- ER reports across 8 rotas



3.4 Exception report outcomes

Outcome	Outcome
Fine	1
No further action	18
Payment	36
TOIL	28
Grand Total	83

3.4.1.1 Fines: *Imm ID Reg: "Two critically ill patients and a PICU transfer". Breach: Worked over 13 hours*

3.4.2 Action:

3.4.2.1 *Immunology and Bone Marrow Transplant rise in ERs – encouraged to raise ER as a team approach to gather prospective data. GoSW is reviewing data with specialty leads Nov '22.*

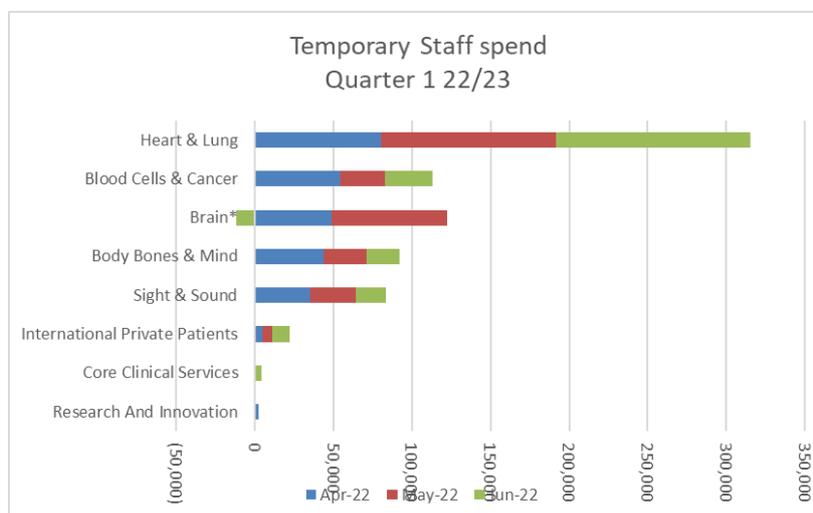
4 Vacancy Rates

The overall vacancy rate across junior doctor rotas as of 30th June 2022 is 13.3% with 49.4 FTE vacant out of a total of 369 doctor post in the Establishment. This in an increase of 1.5% since March 2022 (11.9%).



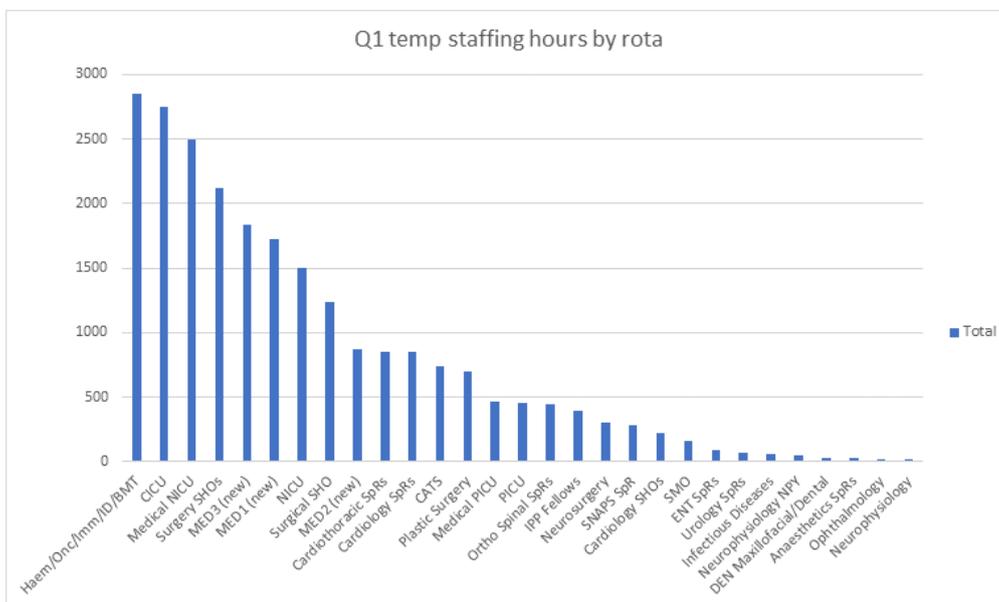
5 Finance, Bank and Agency data

5.1 The Trust spent £750,259 on Junior Dr temporary staffing in Q1 which equates to 8.8% of the quarter's total pay bill for Junior Doctors. This was an increase from Quarter 4 2021/22 (8%). All of the spend related to Bank; there was no actual Agency spend this quarter.

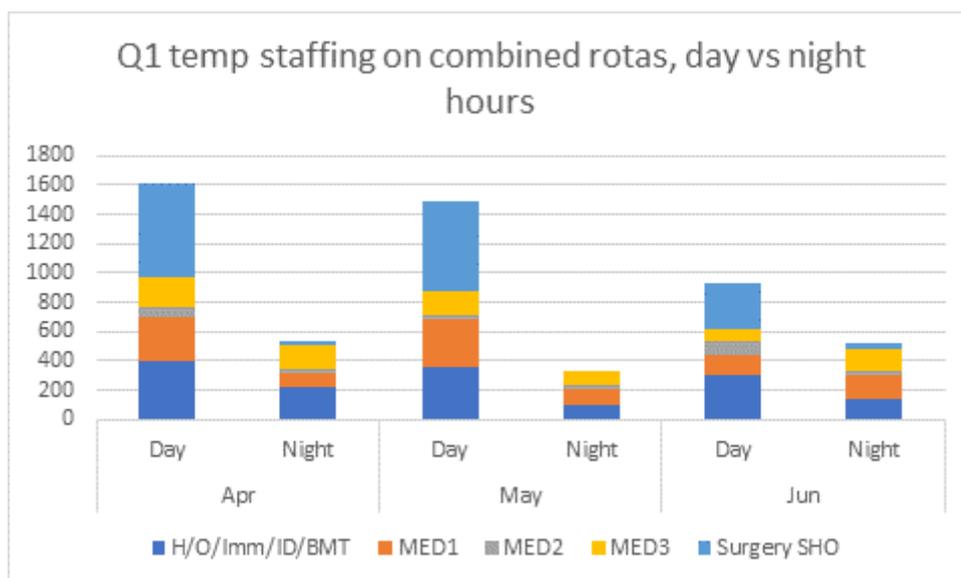


\*Brain received a credit adjustment in June

5.2 When looking at shifts booked in the period, the Haem/Onc/Imm/ID/BMT rota followed by the ICUs and Surgery SHO rotas required the most bank support. Heart and lung specialities feature strongly – ICU rotas require a minimum staffing number. For those rotas with joint medical and nursing (Advanced Nursing Practitioners) establishments we can now define some these more accurately as ‘medical’ PICU vs. PICU / medical NICU vs. NICU, noting that the temporary bank spend (5.1) does not identify differing professions, but establishment spend only.

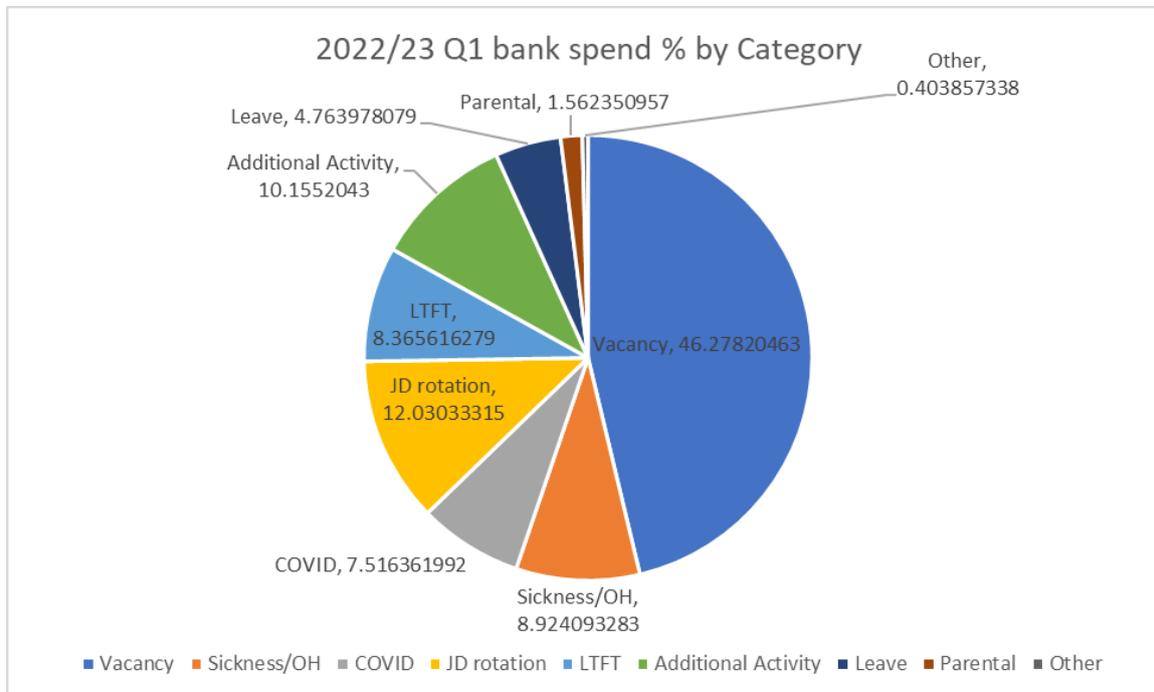


5.2.1 For combination rotas, where multiple specialities contribute to a night or weekend rota, it is important to identify that data (in 5.2) is crude and includes grouping bank spend from multiple specialities and across directorates. In addition, there is variance in day and night recording with the ‘night’ label including specialty long day shifts (17:00-21:00) and weekend out of hours shifts being labelled as ‘daytime’. This is relevant context when understanding reasons for bank hours and further data capture and analysis is required in order to determine true bank costs.



### 5.3 When scrutinising bank hours:

- 5.3.1 vacancy (absent doctor on rota) is by far the most frequent reason for bank shift request. Bank spend in this circumstance is not offset with salary saving.
- 5.3.2 Covid related absence has almost doubled the sickness rate
- 5.3.3 Less than full time working is becoming more prevalent
- 5.3.4 Delays in doctor onboarding and induction cover ('JD rotation') is costly



### 5.4 Actions

- 5.4.1 The surgical SHO rota has been remodelled to provide a new cross cover structure and out of hours establishment from August 2022. This will improve the current system which did not allow enough hours for leave to be taken without bank cover. In addition, it adds a third SHO to the weekend daytime cover which addresses concerns relating to patient safety and the volume of work for the surgical SHOs at weekends.
- 5.4.2 The medical workforce team is modelling various different options related to out of hours working that might support the growing demand of LTFT rota gaps and accommodating unexpected rota gaps.

## 6 Ongoing Compliance Issues with 2016 TCS:

- 6.1 There are no overt compliance issues. Review of working hours attached to non-resident rotas is underway.

## 7 Junior Doctors Forum (JDF)

- 7.1 Fold-up beds are available in all clinical areas specifically for junior doctor feet-up rest
- 7.2 The JDF are recruiting new speciality representatives due to turnover of staff.

**8 Summary**

- 8.1 All GOSH rotas are compliant for hours – challenges continue with respect to vacancy management and unexpected gaps from sickness related issues and delays in onboarding and recruitment. Focus should be on improving the recruitment and retention processes.
- 8.2 Ongoing data cleansing, monitoring and improvement work is required to continue to support and develop safe in and out of hours working practices and identify costings with clarity
- 8.3 Junior doctors remain engaged and JDF is recruiting representatives

## **Appendix 1 Background Information for Trust Board**

In 2<sup>nd</sup> October 2017 all junior doctors in training transferred to the new contract with 2016 Terms & Conditions (TCS).

The 2016 TCS clearly indicate the importance of appropriate working hours and attendance at training and education for junior doctors. Both issues have a direct effect on the quality and safety of patient care.

The statutory role of 'Guardian of Safe Working' (GOSW) was introduced in the 2016 and includes;

- overseeing the safeguards outlined in the 2016 contract
- ensuring that issues of compliance with safe working hours are addressed by the doctors and/or the employer
- facilitating the reporting structures
- overseeing the wellbeing of the junior doctors
- a requirement to provide quarterly reports to Trust board.

Exception reporting is the contractually mandated mechanism used by doctors to inform the Trust when their day-to-day work varies significantly and/or regularly from the agreed work schedule of their post. The purpose of exception reports is to ensure prompt resolution and / or remedial action to ensure that safe working hours are maintained.

Exception reports are submitted electronically by doctors to their educational supervisor. Upon receipt of an exception report, the educational supervisor will discuss with the doctor what action is necessary to address the reported variation or concern. The outcome of an exception report may be compensation, in the form of time off in lieu or payment for additional hours worked, or an adjustment to the work schedule of the post.

Whilst exception reporting is a mechanism of the 2016 contract for doctors in training, GOSH has elected to extend the use of the system to doctors employed under local (non-training) TCS, in order to encourage safe working practices for all doctors, provide equity and obtain a more comprehensive view of junior doctors working hours across the Trust.

The 2016 contract requires that a Junior Doctors Forum (JDF) is established in every Trust. The JDF primarily represent trainees and offers a forum for addressing concerns pertaining to working hours and conditions and education and training. This is in place and meets every month.

There are 45 different rota patterns currently in place within the Trust.

### **Publication of Amendments 2016 TCS September 2019: Context for 2018 contract review**

The new junior doctor contract was introduced in England without the BMA's agreement in 2016. The intention of the negotiations on this new contract was to introduce for doctors in training new, improved safe working arrangements, more support for their education and a new modernised pay system. The BMA and NHS Employers agreed during negotiations on this contract to jointly commission in August 2018 a review of its efficacy, to identify any areas for improvement to the contract terms. In 2019 a new referendum of the BMA Junior Doctor membership accepted the 2016 contract, including the amendments that have been negotiated.

Attachment T

**TCS contract includes but is not limited the following amendments:**

- a. Weekend frequency allowance maximum 1:3
- b. Too tired to drive home provision
- c. Accommodation for non-resident on call
- d. Changes to safety and rest limits that will attract GoSW fines.
- e. Breaches attracting a financial penalty broadened to include:
  - 1) Minimum Non Resident overnight continuous rest of 5 hours between 2200-0700
  - 2) Minimum total rest of 8 hours per 24 hour NROC shift
  - 3) Maximum 13 hour shift length
  - 4) Minimum 11 hours rest between shifts
- f. Exception Reporting
  - 1) Response time for Educational Supervisors - must respond within 7 days. GoSW will also have the authority to action any ER not responded to
  - 2) Payment must be made within 1 month of agreement or on next available payroll. No extra admin burden should occur
  - 3) Conversion to pay - 4 week window from outcome agreed to identify a shift before the end of the placement for TOIL to be taken. If this doesn't happen, payment should automatically be given. At the end of a placement, any untaken TOIL should be paid
- g. Time commitment and administrative support for GOSW.

**Trust Board  
23 November 2022****Nursing Workforce Assurance Report****Paper No: Attachment U****Submitted by:** Tracy Lockett, Chief Nurse  
**Prepared by:** Marie Boxall, Head of Nursing  
Workforce **For information and noting****Purpose of report**

The purpose of this paper is to provide the Trust Board with an overview of the nursing workforce activity led by the Nursing Workforce Team (NWT) which includes updates on recruitment, retention, sickness, and formal performance cases. It also aims to provide the board with the assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 further supplemented in 2018). This report covers reporting period July - Sept 2022 (Q2).

**Summary of report**

To note the information in this report in relation to:

1. The Registered Nurse (RN) vacancy rate increased to 9% in Sept 22 but remains below trust target (10%)
2. Voluntary turnover has increased to 15.3% in Sept 22 and is currently above target (14%)
3. Sickness rates have decreased to 4.2% in June and remains above target (3%)
4. Central recruitment has resulted in 158 nurses in the pipeline (Q3-Q4)
5. Recruitment to the Junior sister/charge nurse development programme has resulted in 15 new appointments to the development programme.
6. The trust will be participating in local and regional ICS retention improvements in an effort to reduce voluntary turnover.
7. There were 20 Datix reports raised in Q2 relating to safe staffing, with no patient harm.
8. CHPPD in Q2 was 16.13 (July), 16.77 (Aug) and 15.03 (Sept)
9. Temporary staffing shift requests fell in Q2 (6505) by 355 compared to Q1 (6860), with improved average fill rates in Q2 of 86.3%.
10. There are 4 formal disciplinary cases and 2 NMC referrals currently underway for nursing.

**Patient Safety Implications**

Appropriate nurse recruitment and retention activity is required to maintain safe staffing levels which has a direct correlation to patient safety.

**Equality impact implications**

None

**Financial implications:** All posts involved in the central recruitment campaigns have been incorporated into 22/23 Directorate budgets.

**Action required from the meeting**

None

**Consultation carried out with individuals/ groups/ committees**

EMT

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

NA

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

NA

## Attachment U

**1. Introduction** The purpose of this paper is to provide the Trust Board with an overview of the nursing workforce activity led by the Nursing Workforce Team (NWT) which includes updates on recruitment, retention, sickness, and formal performance cases. It also aims to provide the committee with the assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016/2018). This report covers reporting period July - September 2022 (Q2) and planned activity.

**2. Workforce Data Overview** Nursing workforce data at directorate and ward/unit level is reviewed monthly at the Nursing Workforce Assurance Group (NWAG) meeting to ensure activity is intelligence led and aligned with national and local, strategies and priorities, and to maintain safe staffing through proactive recruitment, retention, and workforce planning. Directorate level breakdown of RN budgeted establishment, staff in post, vacancy rate, percentage of temporary staffing, sickness, 12-month voluntary turnover rates, PDR and mandatory training compliance is available in Appendix 1.

**2.1 Vacancy and Voluntary Turnover** The latest RN workforce position based on validated data:

- The RN vacancy rate increased to 9% in September but remains below trust target (10%), and one of the lowest in NCL. This will drop in Oct as NQNs commence in post.
- Voluntary turnover has increased at 15.3% and above trust target (14%).

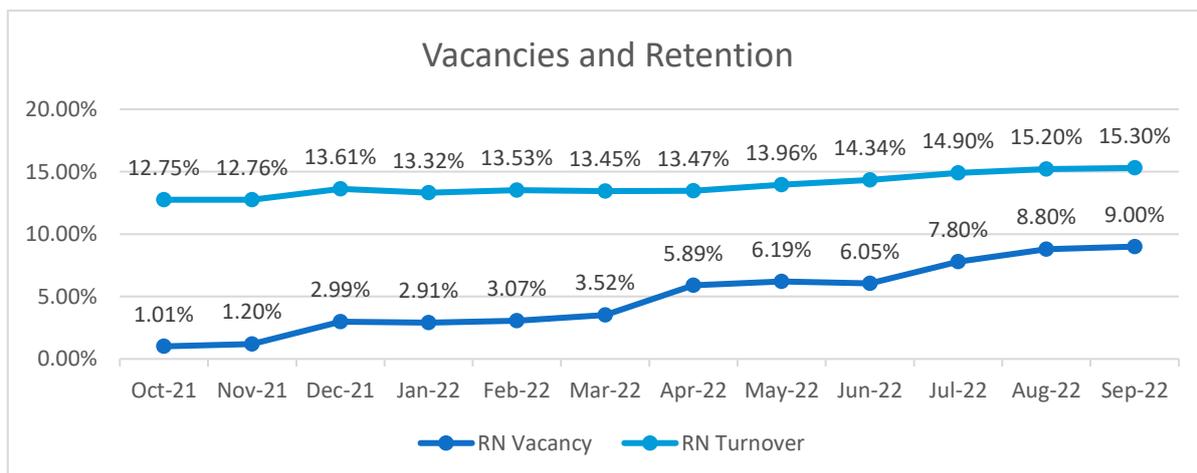


Fig. 1 Registered Nurse (RN) vacancy and voluntary turnover rate (12-month view)

**2.2 RN Sickness rates** have remained relatively stable over the last quarter but remain above target (3%) at 4.2% in September, predominantly driven by Covid, viral and short-term sickness

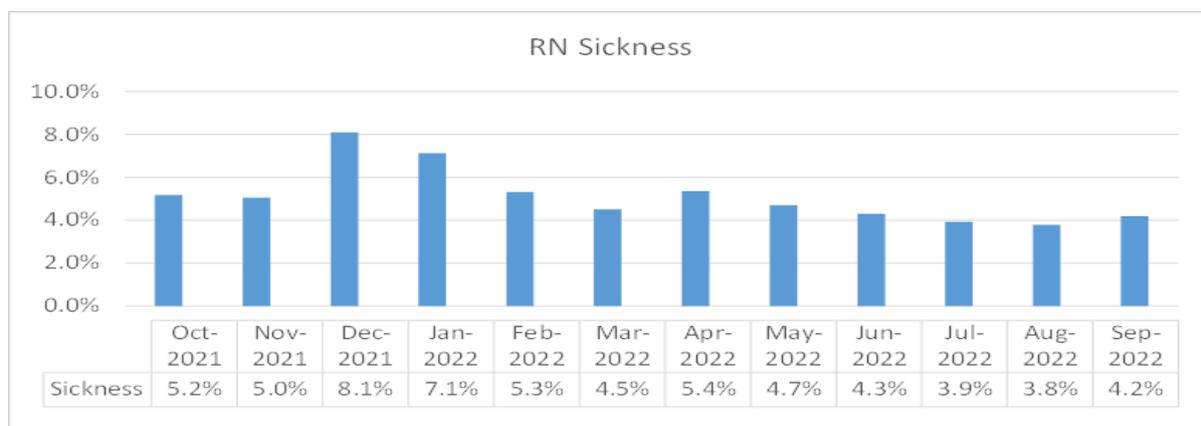


Fig. 2 RN sickness rates 12 month rolling

### 3. Recruitment activity overview

**3.1 Centralised recruitment campaigns** are staged throughout the year to maintain pipeline, mitigating peaks and troughs in voluntary turnover. The most recent Virtual Nurse Recruitment Open Day took place in September 2022 and attracted both experienced nurses and NRNs looking to join the April 2023 cohort. Recruitment activity throughout the last quarter comprised of:

**3.2 Newly Registered Nurses (NRNs)** 84 NRNs and 2 Newly Registered Operating Department Practitioners (ODPs) in October, with a further 42 planned to join in January 2023, aimed at counteracting the annually observed trend in pre-Christmas resignations/staff movement. The diversity of our NRN cohort continues to improve with 35.2% BME representation.

**3.3 Mental Health and Learning Disability Nurses** Following a bespoke mental health nurse recruiting campaign, we successfully appointed five nurses (2 NRNs, 3 experienced) to the Mildred Creek Unit. This is the first time that Mental Health NRNs have been included in our central recruitment campaign and will continue going forward.

**3.4 Forward Planning** April NRN cohort vacancy scoping is underway with 17 strong candidates shortlisted for interview.

**3.5 International Nurse Recruitment (IR)** 10 new IR nurses arrived in September and October and deployed across four directorates. A further two IR nurses are anticipated to join in January and February 2023. Our focus for the remainder of the campaign is on recruiting experienced theatre nurses into Core Clinical Services.

Nursing Workforce Recruitment Activity	Oct - 22	Nov - 22	Dec - 22	Jan - 23	Feb - 23	Mar - 23	Apr - 23	Total
Band 2 Health Care Support Workers				7				7
International Nurse Recruitment	4				2			6
Newly Registered ODPs	2							
Newly Registered Nurses	84			42			17	143
<b>Total</b>	<b>90</b>			<b>49</b>	<b>2</b>		<b>17</b>	<b>158</b>

Fig 3. Central recruitment pipeline 6-month forecast

### 4. Retention initiatives

**4.1 Junior Sister/Charge Nurse role and development programme** Following a successful recruitment campaign, 15 Junior Sisters/Charge Nurses were appointed and will commence their programme in January 2023. All eight clinical directorates participated. To support the Seen and Heard: Our Diversity and Inclusion Framework for 2020 – 2022 all interview panels were unbiased and diverse. Each panel consisted of a range of senior nurse managers across the organisation to ensure this was a fair and equitable recruitment process for all involved and based on ability alone.

**4.2 NHSE Retention Self-Assessment Tool** NHSE recently launched the National Retention Plan 2022/2023 which focuses on evidence-based interventions which have the greatest impact on retaining the nursing and midwifery workforce in the NHS. Part of adopting this plan at GOSH was to undertake the self-assessment tool which covers the seven overarching themes. The tool assists with identifying areas for improvement and development of a plan. Next steps are to work alongside the North Central London (NCL) Integrated Care System (ICS) Associate Programme Director for Nursing Workforce to establish a comprehensive retention improvement plan. A NCL retention workshop has been scheduled for end of November to support implementation of system wide priorities.

**4.3 Retention Insight Meetings at Ward/Unit Level** are currently being undertaken which offer a structured approach to open, honest and helpful dialogue with ward/unit managers regarding specific localised retention issues. Targeted interventions are being recommended and soft intelligence gathered to support ongoing recruitment and retention activity. Main known themes for voluntary turnover includes promotional opportunities (18.1%), relocation (16.5%) and improved work/life balance (11.5%).

**4.4 Retention Masterclasses** In addition to bespoke interventions, the team has established a rolling series of Retention Masterclasses open to all nursing managers. These virtual, bitesize classes present themes from the retention toolkit and key data points examined at Nursing Workforce Assurance Group (NWAG) which may be applied in an operational capacity.

## 5. Safe Staffing Incidents

**5.1** The number of Datix reports in relation to staffing levels increased September following the staffing establishment reviews and promotion of a reporting culture amongst our nurses. Assurance has been provided by the Directorate Heads of Nursing that no patient harm occurred because of any of the incidents. Themes which emerged from the reports:

- across all areas - staffing levels due to unplanned short-term sickness
- across all areas – unplanned increase in patient acuity

**5.2** The incidents specific to H&L predominately relate to Bear Ward. Following a deep dive review the directorate senior management team have implemented some changes to address the staffing and skill mix concerns

- Introduction of twilight shifts to support transition from day shift to night shift and workload.
- Increased staffing establishment
- Increased senior support with the plan to appoint another Band 7 clinical lead.
- Regular meetings between the staff nurses and the Head of Nursing (HoN) to ensure staff can discuss concerns and support improvements.

Directorate	July 22	August 22	September 22	Directorate total
BBM	0	0	3	3
BCC	0	0	0	0
H&L	1	2	8	11
O&I	1	1	1	3
S&S	0	0	1	1
Brain	0	1	0	1
R&I	1	0	0	1
I&PC	0	0	0	0
<b>Monthly total</b>	<b>3</b>	<b>4</b>	<b>13</b>	<b>20</b>

Fig. 4 Safe staffing Datix reports per directorate – Quarterly view

**6. Care Hours Per Patient Day (CHPPD)** is the national principal measure of nursing, midwifery, and healthcare support staff deployment in inpatient settings including ICUs. 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 skill mix. CHPPD data is uploaded onto the national Unify system and published on NHS Model Hospital monthly.

The reported CHPPD for July 2022 was 16.13 including 14.24 RN and 1.89 HCA Hours. In August 2022 the figure was 16.77 in total, including 14.77 RN and 2.0 HCA Hours. Whilst in September 22 it was 15.03 overall, 13.07 for RNs and 1.97 for HCAs.

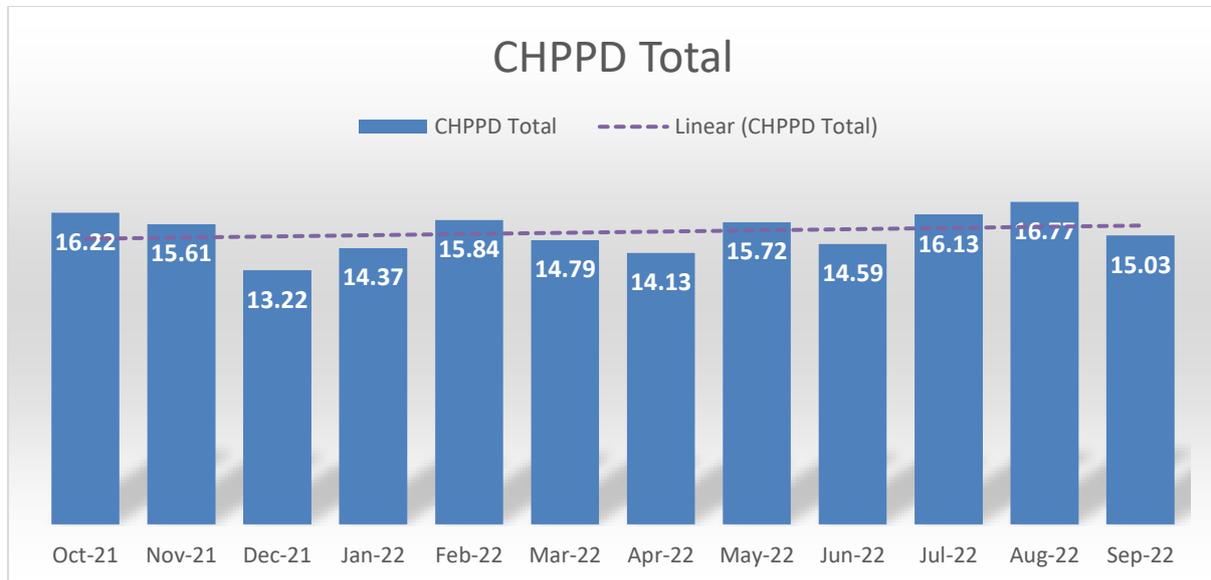


Fig. 5 CHPPD 12 month rolling trend

**7. Temporary Staffing** As a specialist trust the majority of the temporary staffing shifts are filled by our own substantive staff. Shift requests fell in Q2 (6505) by 355 compared to Q1 (6860), with improved average fill rates in Q2 of 86.3%. Following a review of the temporary staffing resource to ensure appropriate and cost-effective use, some key recommendations have been made including the implementation of a new Standard Operating Procedure (SOP).

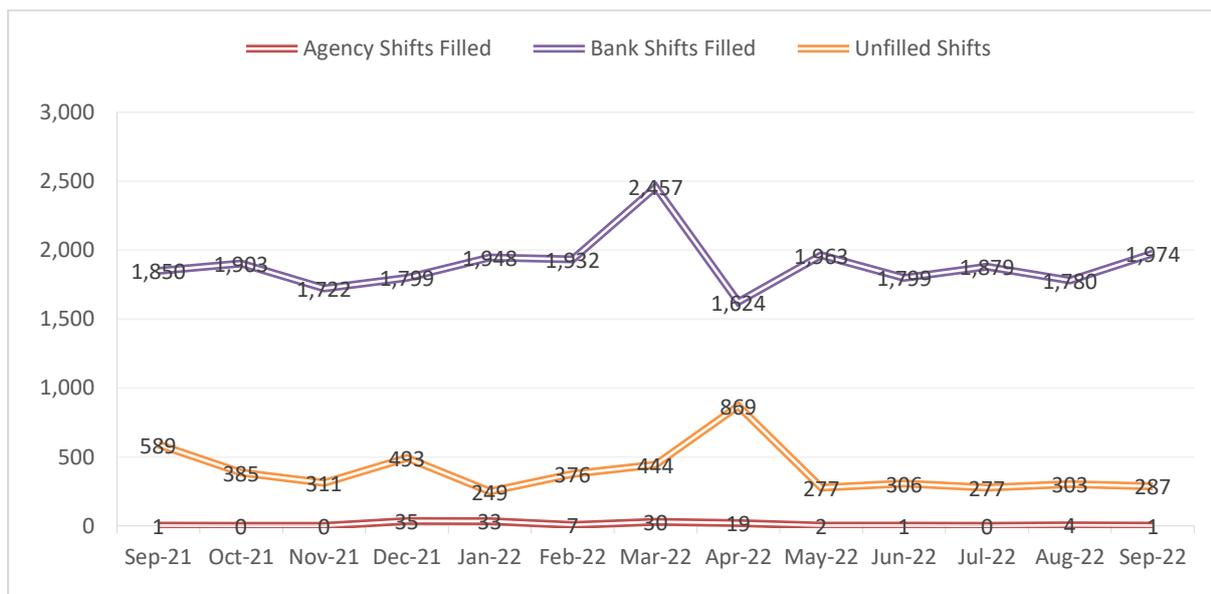


Fig. 6 Nursing & HCA bank requests 12-month overview

**7. Professional Nursing Standards** To ensure patient safety, maintain professional discipline and employ nurses who share our trust values and behaviours, we occasionally need to investigate

and/or address performance. This is to ensure nurses are offered the right level of support and supervision or in serious cases require a referral to the Nursing and Midwifery Council (NMC) to understand whether they pose a risk to the public, so steps may be taken to promote learning and prevent issues arising. During Q2 there were 4 disciplinary cases under investigation and 2 open NMC referrals under review.

Registered Nurse/ Health Care Assistant	Directorate	Type of investigation
RN	Core Clinical Services	Disciplinary
RN	Body, Bones & Mind	Disciplinary
HCA x 2	Body, Bones & Mind	Disciplinary
RN	Sight & Sound	NMC referral (external)
RN	Blood, Cells and Cancer	NMC referral (internal)

Fig. 6 Current profession standards issues

## **8. Conclusion**

In conclusion the workforce metrics demonstrate that we have rising vacancy rates although they remain below target and lower than our Integrated Care System (ICS) partners. Voluntary turnover has risen in line with vacancy rates, which was anticipated following full relaxation of post lock down and travel restrictions. Sickness rates have reduced over the last quarter however with winter viruses and covid we anticipate that this will rise over the coming months. With an established recruitment pipeline in place till April 2023, we will be focusing our efforts on implementing our refreshed retention plan and working with the Directorate HoNs to provide targeted support in 'hot spot' areas. Safe staffing levels are maintained through a combination of temporary staffing usage, deployment of substantive staff to support e.g., Clinical Nurses Specialists (CNS) and practice educators (PEs) and temporary bed closures. The combination of recruitment and retention activity will support safe staffing levels which will be monitored through monthly NWAG and biannual staffing establishments reviews which are due to be repeated in Feb/March 2023.

**Appendix 1 Workforce Metrics – Directorate level**

<b>July 2022</b>					
<b>Directorate</b>	<b>CHPPD (Inc ICUs)</b>	<b>RN Vacancies (FTE)</b>	<b>RN Vacancies (%)</b>	<b>Voluntary Turnover* %</b>	<b>Sickness (1 mo) %</b>
Blood, Cells & Cancer	12.2	2.3	1.0%	12.5%	5.9%
Body, Bones & Mind	11.8	18.8	9.1%	12.0%	2.9%
Brain	16.0	21.0	14.3%	8.2%	2.6%
Heart & Lung	23.0	30.1	5.5%	16.7%	3.7%
International	13.9	1.8	2.3%	13.1%	3.8%
Core Clinical Services	N/A	30.0	11.4%	19.6%	4.0%
Sight & Sound	12.9	2.4	2.9%	15.5%	5.2%
Research & Innovation	N/A	12.4	20.2%*	21.0%	1.5%
Trust	16.1	128.0	7.8%	14.9%	3.9%

<b>August 2022</b>					
<b>Directorate</b>	<b>CHPPD (Inc ICUs)</b>	<b>RN Vacancies (FTE)</b>	<b>RN Vacancies (%)</b>	<b>Voluntary Turnover* %</b>	<b>Sickness (1 mth) %</b>
Blood, Cells & Cancer	13.3	6.6	2.9%	12.7%	5.4%
Body, Bones & Mind	13.6	21.4	10.3%	12.9%	5.2%
Brain	12.4	14.3	10.5%	11.3%	2.7%
Heart & Lung	23.6	42.1	7.7%	16.5%	3.2%
International	14.5	2.5	3.2%	12.8%	5.0%
Core Clinical Services	N/A	29.6	11.3%	20.5%	3.6%
Sight & Sound	13.7	4.2	5.0%	12.6%	4.5%
Research & Innovation	N/A	11.9	19.4%*	20.9%	1.1%
Trust	16.8	142.9	8.8%	15.2%	3.8%

September 2022					
Directorate	CHPPD (Inc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mth) %
Blood, Cells & Cancer	12.3	9.7	4.3%	12.4%	4.5%
Body, Bones & Mind	12.5	21.6	10.5%	13.5%	4.4%
Brain	13.2	16.3	12.0%	12.8%	4.8%
Heart & Lung	19.7	39.3	7.2%	16.3%	4.0%
International	12.2	3.6	4.6%	11.6%	7.5%
Core Clinical Services	N/A	27.0	10.4%	21.9%	3.5%
Sight & Sound	14.1	5.7	6.8%	11.9%	4.9%
Research & Innovation	N/A	14.3	23.0%*	21.3%	0.8%
Trust	15.0	145.6	9.0%	15.3%	4.2%

**NB** The data relates to all RN grades across the Trust. Totals within the narrative may include nursing posts from other directorates not listed in the tables e.g., corporate, education, etc.

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

**Trust Board  
23 November 2022****Health Inequality Update****Submitted by:** Darren Darby Deputy Chief Nurse  
on Behalf of Tracy Lockett, Chief Nurse**Paper No: Attachment V** **For information and noting****Purpose of report**

This report updates the Board on the workstreams GOSH is undertaking to help tackle health inequalities. It also summarises the next steps needed to ensure that the programmes of work we are undertaking are having the anticipated impact, by delivering quality healthcare for all through equitable access, excellent experience and optimal outcomes

**Summary of report**

- Health inequalities are the avoidable, unfair and systematic differences in health outcomes between different groups of babies, children and young people.
- The Health and Care Act 2022 has formed Integrated Care Systems (ICSs) with the purpose of bringing partner organisations together to improve outcomes in population health and healthcare, and to tackle inequalities in outcomes, experience and access. Great Ormond Street continues to work in partnership across our local ICS, North Central London (NCL), and the national Children's Hospital Alliance.
- Better understanding of our patient population has allowed us to profile and analyse the data against several dimensions impacting on health inequality, including Income Deprivation Affecting Children Index, ethnicity and sex.
- The steering group have defined three initial programmes of work, based on the five national priorities for tackling health inequalities as set out in the NHSE operational planning guidance. There have been a number of milestones achieved
- Next steps include implementing the RCPCH Health inequalities toolkit and the NHS confederation health inequalities assurance framework tool.

**Patient Safety Implications**

None

**Equality impact implications**

This report updates the Board on the workstreams GOSH is undertaking to help tackle health inequalities.

**Financial implications**

None

**Action required from the meeting**

The Board is asked to receive and note the report

**Consultation carried out with individuals/ groups/ committees**

Health Inequalities Steering Group

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

Darren Darby - Deputy Chief Nurse

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

Chief Nurse – Tracy Lockett

### **1.0 Introduction**

This report updates the Board on the workstreams GOSH is undertaking to help tackle health inequalities. It also summarises the next steps needed to ensure that the programmes of work we are undertaking are having the anticipated impact, by delivering quality healthcare for all through equitable access, excellent experience and optimal outcomes.

### **2.0 Background & Context**

Health inequalities are the avoidable, unfair and systematic differences in health outcomes between different groups of babies, children and young people.

Since the last Board update in May 2022, the Health and Care Act 2022 was passed and the government has formed Integrated Care Systems (ICSs) as legal entities with statutory powers and responsibilities, with the purpose of bringing partner organisations together to improve outcomes in population health and healthcare, and to tackle inequalities in outcomes, experience and access. Effective collaborative working is critical to achieving these priorities, and Great Ormond Street continues to work in partnership across our local Integrated Care System (ICS), North Central London (NCL), and the national Children's Hospital Alliance.

Within our ICS, public health metrics relevant to our work on inequalities demonstrate a wide variation in deprivation scores across the five boroughs of NCL. Of the three most deprived boroughs in London for children under 16 years living in low-income families, two are within NCL, Islington and Camden. An estimated 30% of children in NCL are growing up in poverty. In comparison with the national picture, Islington and Haringey are in the top 20% most deprived areas UK wide.

### **3.0 Understanding GOSH Data**

To help the Trust understand our patient population, one of the programmes of work has been to produce a data set that will help us understand Great Ormond Streets patient demographics.

The planning and performance team have profiled the data in the hospital so that we can analyse it by several different dimensions:

1. Index of Multiple Deprivation (IMD)
2. Income Deprivation Affecting Children Index (IDACI)
3. Ethnicity
4. Sex

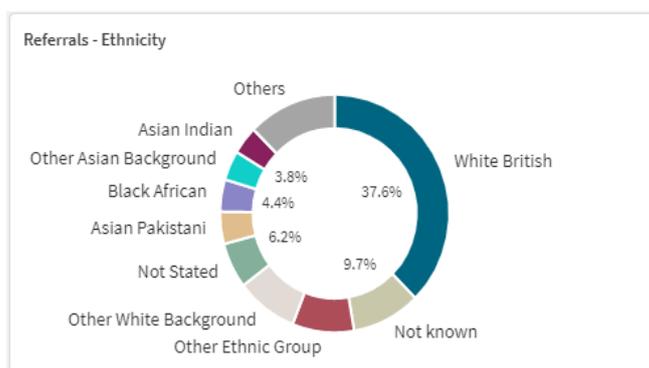
This allows the organisation to understand the profile of the whole patient cohort for the Trust. Equally importantly, as we start to act on this information, we are able to profile patient cohorts for factors such as transport issues or attendance issues, for example. This can help us to understand how such factors interplay with one another and work out if inequalities are root causes. It also allows us to measure the impact of any intervention we take, to see if the changes we are making are resolving inequalities we have in our services.

When analysing the whole Trust, we can see that 58% of our children and young people are from the postcodes that are in the bottom 50% of the IMD scores and 60% are from the postcodes that are in the bottom 50% of the IDACI scores.

According to the Child Poverty Action Group, children from Black and minority ethnic groups are more likely to be in poverty: 46 per cent, compared with 26 per cent of children in white British families. NCL is home to an ethnically diverse population with levels of ethnic minority groups ranging from 32% in Islington to 44% in Enfield.

Attachment V

GOSH data shows that our patient cohort is 28% Black, Asian and ethnic minorities against a national average of 15%.



In addition to inequalities associated with ethnicity, the pandemic highlighted and exacerbated the significant health inequalities experienced by people with a learning disability and people with autism. NHSE 2022/2023 priorities and operational planning guidance have stressed that we must ensure that people with learning disabilities or autism are not further disadvantaged in fair access to healthcare. As digital healthcare develops, this means making sure there are reasonable adjustments and tailored responses, including consideration of the ongoing need for face-to-face appointments.

On reviewing our data to understand the number of CYP with either learning disability or autism we recognise there is further analysis to be undertaken. The data available to the planning and performance team – based on problem lists – indicates that of the 12,046 inpatients we have treated this year, there are 545 with autism (4.5%) and 918 with learning disabilities (7.6%). This feels like an under representation, when compared with clinical audits by the learning disability team undertaken in June 2021. In a random sample of 281 records on a given day in hospital, of those identified as having LD from the problem list, 39% had an LD alert applied to their patient record. In a further audit in January 2022, a sample of 89 records of children with Autism found 24% did not have Autism documented on the problem list but did have this listed somewhere in clinical notes. 39% did not have an LD alert on their patient record.

From this we can extrapolate loosely that the problem list is approximately 75% accurate for children with autism, but we know that LD is much harder to diagnose/define so likely to be much less fully represented, and the flag is approximately 40% accurate. This is a priority for the steering group in the next period.

**4.0 GOSH Health Inequalities Programme**

The health inequalities steering group, chaired by the Chief Nurse Tracy Lockett, has continued to meet monthly since its establishment in April 2022 and is on track with progress against the initial programme plan.

<p><b>Description of Programme</b></p>	<p>To bridge the gap for patients with complex health needs who are impacted by Health Inequalities by:</p> <ul style="list-style-type: none"> <li>• Improving access, experience, outcomes for defined cohorts of patients and families</li> <li>• Developing our awareness, accountability, and insight on the impact of health inequalities as an organisation</li> <li>• Advocating for change and improvement on a national scale.</li> </ul>
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There have been a number of milestones achieved. These include collaborating with Professor Jugnoo Rahi from the Institute of Child Health, who is now a member of the steering group. In addition, Mat Shaw, CEO, and consultant nurse Kate Oulton presented at a national event entitled “Health Inequalities – what is the role of Children’s Hospitals”, hosted by GOSH Learning Academy. The GLA also organised a successful GOSH

## Attachment V

Conference entitled “Towards Inclusion. Inclusion within: Our Staff, Unsung Heroes, Health Care, Building Bridges and Crossing Boundaries”.

Project REF	Action / Milestone	Action / Milestone Description	Lead / Owner	Start date	Planned Completion	Status
1.00	Align					On-Track
1.01	Milestone	Agree the longlist of Health Inequality Priorities for GOSH	Tracy Lockett	03 Apr 22	03 May 22	Complete
1.02	Milestone	Finalise the Health Inequalities Board Paper	Polly Hodgson	03 Apr 22	06 May 22	Complete
1.04	Milestone	Hold 1st Steering Group & Establish Meeting frequency	Tracy Lockett	06 May 22	31 May 22	Complete
1.05	Milestone	Finalise Steering Group TOR (Including reporting cycles, membership, key aims and responsibilities of the group)	HI Steering Group	24 May 22	31 May 22	Complete
2.01	Milestone	Finalise the Shortlist of Health Inequalities Project Priorities	HI Steering Group	24 May 22	27 Jun 22	Complete
2.02	Milestone	Meet with ICH members to discuss HI from a Public Health Perspective	Tracy Lockett	11 May 22	11 May 22	Complete
2.04	Milestone	Scope Projects identified in the shortlist (including identification of any resource/funding requirements)	HI Steering Group		01 Sep 22	Complete
2.05	Milestone	Agree leads and resources on projects identified, establish governance and set launch dates.	HI Steering Group		01 Dec 22	On-Track
2.06	Milestone	Host the Health Inequalities Conference	GOSH GLA	14 Jun 22	14 Jun 22	Complete
2.07	Milestone	GOSH Conference Towards Inclusion. Inclusion within: Our Staff, Unsung Heroes, Health Care, Building Bridges and Crossing Boundaries	GOSH GLA	11 Nov 22	11 Nov 22	Complete

The steering group have defined three initial programmes of work, based on the five national priorities for tackling health inequalities as set out in the NHSE operational planning guidance.

- 1) Restoring NHS services inclusively, breaking down performance reports by patient ethnicity and IMD quintile.
- 2) Mitigating against digital exclusion, identifying who is accessing different modes of consultation by collecting data on patient age, ethnicity, disability status, condition, and IMD quintile.
- 3) Ensuring datasets are complete and timely, improving data collection on ethnicity.
- 4) Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes.
- 5) Strengthening leadership and accountability, which is the bedrock underpinning the four priorities above.

Programmes of work	Update	Status
1. Health Inequalities Data Dashboard	Data Dashboard project team identified key metrics required for mandatory reporting identified.	On Track near completion
2. Digital Poverty Data Collection	Digital Poverty Project defined  Team have approached EPR to proceed with the formal governance. Analyst resource requested for the project.	On Track
3. Health Inequalities Education Programme	Health Inequalities Education project presented to the GLA Board.  Public health education role has been approved via the GLA board and in development phase.	On Track Expected completion 01/04/2022

The three programmes of work are focused upon the quality of data and raising awareness to influence and steer the health inequalities agenda. Outside of these there are a number of programmes of work occurring.

### Clinical outcomes & Patient Experience

Equity of clinical outcomes & patient experience triangulates the approach to addressing health inequalities, below are a number of projects that are currently in progress.

### Recognition and response to patient deterioration

As part of the QI project improving our recognition and response to patient deterioration, there is a project by the quality improvement & patient safety team looking at how we currently assess clinical deterioration in patients with darker skin tones.

### Was Not Brought (WNB)

In collaboration with the Children’s Health alliance, GOSH continue with the WNB programme initiated by Alder Hey. The WNB Innovation programme aims to use AI predictive analytics across the trusts in the Paediatric Network. To identify patients who are most at risk of not attending a clinic appointment and subsequently use this data to provide system-wide improvements and support to these patients and their families to help them access care promptly. WNB is higher in certain socio-economic groups relative to others, such as families on lower incomes, therefore this programme hopes reduce hospital WNB rates; inequalities to health care, lower costs and improve productivity.

### Patient Experience

The Family Equality and Diversity Group (FED) have not met since the last board report. The meeting structure is currently being reviewed; however, work is still in progress to ensure the workstreams are continuing. The patient experience team are increasing accessibility to information for patients and their families/ carers about health conditions, our hospital and facilities through the inclusion of statements in our most used languages signposting support for translation and/or other formats via Pals. All new leaflets will have these statements included and existing leaflets (estimated to be around 1,200 will be completed- 300 over the next four quarters). A focus in the next phase needs to be hearing from the diverse communities we work with ensuring we address any barriers to accessing health services

The current vacant patient information officer role is currently in the recruitment phase and is key to the above pledge.

### Children’s Health Inequalities Research Project (CHIRP)

In collaboration with Lancaster University and CHA we are participating in a commissioned piece of research. The work involves interviews and focus groups with staff working in the CHA’s ten member children’s hospitals and is intended to form a novel evidence base on which a national programme of work to address inequalities affecting children and young people can be developed.

### 5.0 Next steps

The formation of the steering group has successfully generated brainstorming, discussions and ambitions to increase the focus within the Trust on the need to address health inequalities for children and young people, with progress on the initial actions. The group is now evolving to be able to ensure that the programmes of work we are undertaking are having the intended impact. The approach is based upon a combination of the RCPCH Health inequalities toolkit and the NHS confederation health inequalities leadership framework. The board assurance framework tool uses a combination of the modified eight key lines of enquiry (KLOEs) set out in the CQC’s “well led” domain to reflect the specific actions required on tackling health inequalities, and the five national priorities for tackling health inequalities. In essence, the steering group will be responsible for the leadership and accountability of addressing health inequalities, with programmes of work undertaken by five working groups to reflect the national priorities.



**6.0 Summary**

National policy places a strong emphasis on the leadership Integrated Care Systems and Trusts should play in tackling health inequalities. To ensure we have equitable access, excellent experience and optimal outcomes we have a number of local, system and national work programmes underway. We continue to work in collaboration with Children's Health Alliance and the Integrated Care Systems.

**7.0 Action Being Requested**

The Board is asked to receive and note the report.



<b>Trust Board 23 November 2022</b>	
<b>Annual Planning 2023/24</b>  <b>Submitted by:</b> John Beswick, Chief Finance Officer John Quinn, Chief Operating Officer	<b>Paper No: Attachment W</b>  <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of report</b> To provide an update on the annual planning process for 2023/24.	
<b>Summary of report</b> The Trust is required to submit an annual business plan to NCL and NHS England (NHSE) detailing the goals and objectives of the organisation for the coming year. The NHSE guidance around this has not yet been released and it is expected in December 2022. The Trust therefore has started the planning process for 2023/24 with a focus on recovery while it awaits the guidance to be released. This should put the Trust in a strong position when working with the ICS and national teams. Following the release of the guidance and the work undertaken during the planning process, updates will be provided to the Trust Board and FIC throughout the planning process ahead of presenting the completed plans to the Trust Board for sign off on 30 <sup>th</sup> March 2022.  The business planning process is currently on track and inline to continue to follow the timetable.	
<b>Financial implications</b> This paper outlines the process by which the Trust Annual Plan for 2023/24 will be delivered.	
<b>Strategic risk</b> BAF Risk 1 Financial Sustainability and BAF Risk 3: Operational Performance	
<b>Action required from the meeting</b> To receive an update on the process and progress of business planning for 2023/24	
<b>Consultation carried out with individuals/ groups/ committees</b> All clinical and corporate directorate leaders are involved in the business planning process. They in turn consult with their service leads and relevant external partners.	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Jonathan Wharton and Omer Majid	
<b>Who is accountable for the implementation of the proposal / project?</b> John Beswick & John Quinn	

## Annual Planning 2023/24

The following paper outlines the process and timelines for GOSH's internal Annual Planning 2023/24, which was launched Trust-wide on 7<sup>th</sup> November 2022 in order for the Trust to meet its Annual Planning obligations by the new financial year in April 2023.

The process has been structured to ensure that the overall deliverables and methods are as simple as possible with sufficient timelines ([Appendix A](#)) to allow the Annual Plans to go through proper challenge and governance before being signed off by the Trust Board on 30<sup>th</sup> March 2023.

### 2023/24 Annual Planning Outputs

The Trust is undertaking its annual planning process to meet its requirements as set out by NHSE as well as providing the organisation with a framework for the coming year.

Annual planning 2023/24 is focussed on:

- Creating a Trust wide plan that aligns with that of the North Central London (NCL) ICS, NHSE objectives centred around reducing wait times, increasing access, and recovering activity while aligning with the Trust's strategic priorities. These positions would need to be reviewed to consider the NHSE planning guidance for 2023/24 when it is released.
- Delivering a budget that supports the annual plan, provides financial assurance, and aligns with NCL ICS.
- Developing an efficiency programme that maintains service quality and safety while improving the Trusts use of resources.
- Developing a clear capital programme that meets Trust priorities and remains within the capital approved envelope.

All the above will be consolidated to form GOSH's Annual Plan which will be signed off at Trust Board on 30<sup>th</sup> March 2023 and used as the basis to fulfil any local or national request for planning for 2023/24.

**Appendix A: Timetable and Milestones for Annual Planning 2023/24**

<b>October 2022</b>	
26 October 2022	Operations Board approval of Planning for 23/24
<b>November 2022</b>	
7 November 2022	Briefing Session - Clinical Directorates, Corporate Divisions
23 November 2022	Trust Board Annual Planning and Budget Setting update
25 November 2022	Directorate capital requirements to Capital leads
<b>December 2022</b>	
14 December 2022	Operations Board to conduct first review of Capital Plan
16 December 2022	Draft of Clinical Directorate Activity Plans, Action Plans and Plans on a Page Submission
21 December 2022	First review of Capital by Capital Investment Group (CIG)
24 December 2022	NHSE Operational Priorities and Guidance 23/24 expected to be released
<b>January 2023</b>	
11 January 2023	Draft of Corporate Division Action Plans and Plans on a Page Submission
	EMT to review Estates PPM
w/c 16 January 2023	Executive Challenge Sessions
18 January 2023	EMT to review ICT PPM
TBC	FIC to review update of annual planning and capital planning
25 January 2023	Clinical and Corporate Directorates to submit Budgets, Action plans and Plans on a page
	Operations Board to review update of annual planning and capital planning
<b>February 2023</b>	
1 February 2023	Trust Board to review update of annual planning and capital planning
22 February 2023	Operations Board to review Final Plan
<b>March 2023</b>	
1 March 2023	EMT to review Final Plan
TBC	FIC to review Final Plan
30 March 2023	Trust Board to approve Final Plan



**Trust Board**  
**23 November 2022**

**Seen and Heard Diversity and Inclusion  
Annual Report**

**Submitted by: Caroline Anderson, Director  
of HR & OD**

**Paper No: Attachment X**

**For information and noting**

**Summary of report**

**Headline issues**

Attached is a copy of the Seen and Heard annual Diversity and Equality report which is submitted for information and endorsement prior to publication on the GOSH intranet. Overall, the reports shows that solid progress has been made against the commitments set out in the People Strategy, but with clear areas where further action and focus is required.

Key data changes are set out below:

- BAME representation in the workforce has been maintained at 35%
- An increase in BAME staff at bands 8A-C
- A reduction in the relative likelihood of white candidates being appointed
- A reduction to 15.4% of BAME staff reporting experiencing harassment from 15.6% last year.
- Disabled staff reported an NHS Staff Survey engagement score of an improvement on last year's score of 6.64 and consistent with the score of 7.4 for non-disabled staff.
- 3.05% of staff have declared a disability on the NHS Electronic Staff Record (ESR). This is a slight decrease from 3.5% in 2020

Areas requiring continued focus relate to: recruitment, progression and promotion, declaration rates against protected characteristics in particular sexuality and disability, and organisational culture

Our response to the D&I workforce issues originally identified in the People Strategy in 2019, are set out in our Seen and Heard Diversity and Inclusion Framework. The framework was published in November 2020 and is built around 4 key themes

- Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice
- Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training
- Creating a more inclusive work culture for all to build understanding and connectivity
- Creating channels and safe spaces which amplify the employee voice

Good progress has been made against the work themes with delivery of a wide range of mutually reinforcing activities, which are set out in the report.

**Financial implications**

None

**Strategic Risk**

BAF Risk 14: Culture

**Action required from the meeting**

To note and endorse the Report prior to publication.

Attachment X

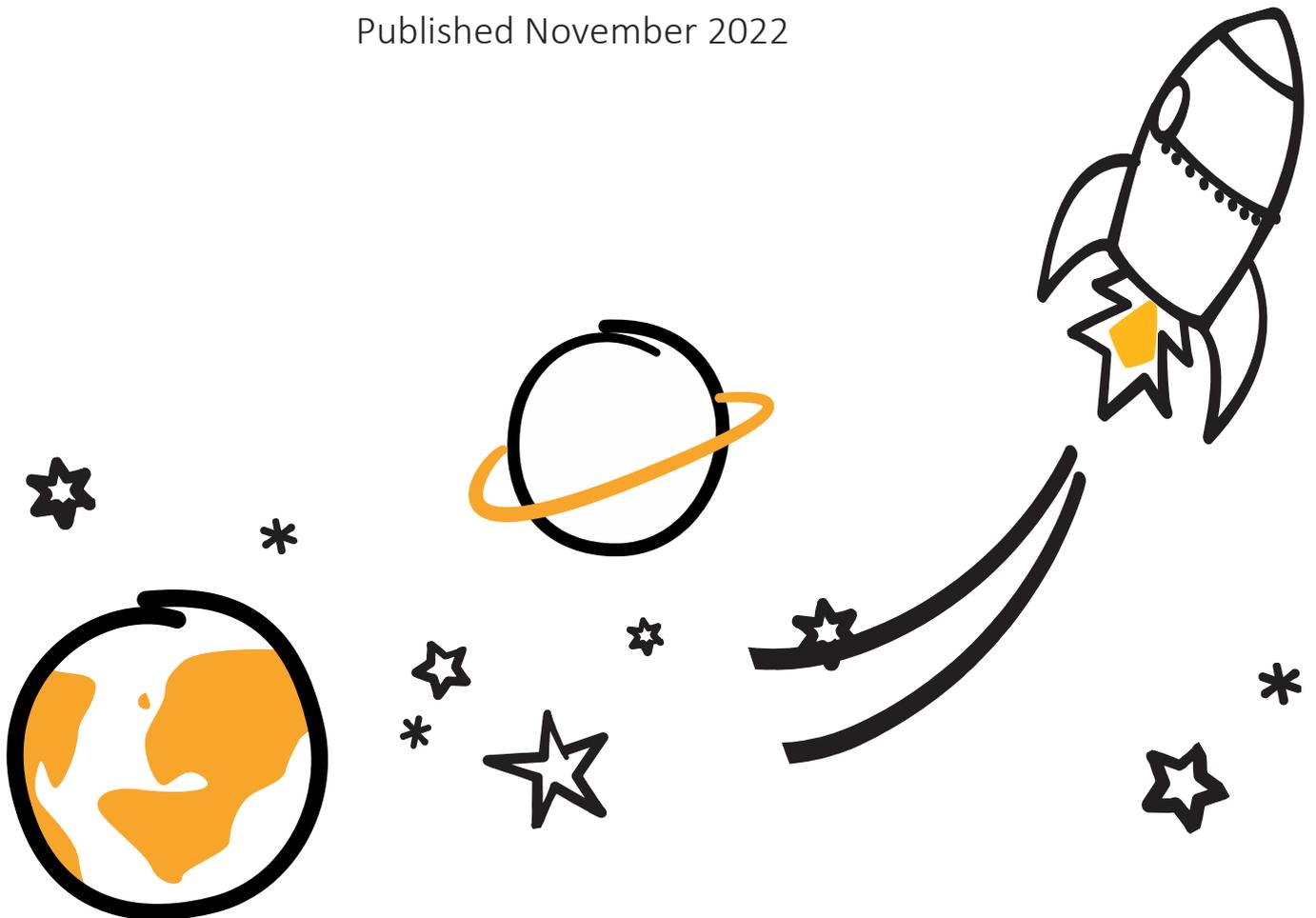
<b>Implications for legal/ regulatory compliance</b> The report meets our legal requirement to publish specific equality data sets
<b>Consultation carried out with individuals/ groups/ committees</b> HR&OD management team, People Planet Programme Board
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> AD of Organisational and Employee Development
<b>Who is accountable for the implementation of the proposal / project?</b> Director of HR and OD
<b>Which management committee will have oversight of the matters covered in this report?</b> Executive Management Team



# Seen and Heard

## Diversity and Inclusion Annual Report

Published November 2022



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## Executive Summary

This report provides a detailed overview of the equality data relating to the staff, to highlight any changes that have occurred over the past 12 months, bring together summaries from statutory reports such as WDES and WRES, showcase the work of our excellent staff networks, show our progress and highlight where there is still work to do.

The last past 12 months have seen many positive moves such as in reducing the disparity between the likelihood of white candidates being appointed compared to BAME candidates and the percentage of staff from BAME backgrounds reporting harassment for example. Our BAME workforce in bands 8A-C has seen growth but BAME staff still remain overrepresented at our lower bands.

Our WDES report showed that more staff with disabilities and long terms conditions were engaging with the staff survey than in previous years however only 3.05% staff reporting a disability and around 14% of staff not making a declaration, we recognise that we have significant non-disclosure concerning disability which, whilst is similar to the wider NHS, reducing this should be a priority over the next 12 months to enable us to fully understand the diversity of our people.

In contrast to the majority of NHS trusts, GOSH has a younger workforce with around 25% of staff under 30 and 54% under 50. This presents GOSH with some unique challenges particularly with the current cost of living crisis, which is likely to affect younger members of staff, who are more likely to be represented in the lower pay bands and our BAME staff who are also overrepresented in these bands.

This report highlights a number of the positive initiatives put into place to support the objectives of the Seen and Heard Framework, including:

- The Stop and Think process designed to reduce the number of staff entering formal disciplinary process, an area where BAME staff are still overrepresented.
- Seen and Heard Champions who will be participating on selected recruitment panels to bring an alternative voice and champion an inclusive process.
- De-biasing recruitment eLearning module which once launched will be mandatory for all recruiting manager to complete.
- The re-branding and relaunch of the staff networks

This report highlights the many positives changes that have occurred over the past 12 months; however, it also highlights that more work is required to improve the experience and opportunities of BAME colleagues and colleagues with disabilities regarding access to career progression, and to ensure every step of the internal and external recruitment process is free of bias.

## 1. INTRODUCTION

The purpose of this report is to provide a detailed overview of the equality data relating to staff of Great Ormond Street Hospital (GOSH). The report will show key findings, and our progress from last year, highlight levels of improvement as well as areas requiring further attention and go on to highlight next steps.

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

We collect data and review it regularly to ensure that we are not inadvertently behaving in a way that disadvantages members of staff or patients with protected characteristics. Through delivering our commitment to a diverse workforce and an inclusive approach to the service that we provide, we believe that GOSH will develop its capacity and capability to lead by example and be an employer of choice for everyone regardless of their background.

### The NHS People Strategy

The People plan for 2020/21 '*We are the NHS – action for us all*' was published in August 2020.

The Plan sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021.

The Plan sets out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England will take over the remainder of 2020/21. It focuses on:

- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care
- **Growing for the future** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

### Above and Beyond Strategy

The first priority of the Trust's five-year strategy 'Above and Beyond' commits to **making GOSH a great place to work by investing in the wellbeing and development of our people**. It states that as a GOSH community, we must value and respect each other, work together as one team, and put in place the support, education and development opportunities to help us be at our best, every day.

### The GOSH People Strategy

In November 2019 we launched our new [People Strategy](#), with a three-year plan to create an inclusive organisation where all our people are valued for who they are, as well as what they do. Launched in October 2020 our new [Diversity and Inclusion Framework](#) (D&I) and [Health and Wellbeing Framework](#) (H&WB) provide the foundations to reinforce the commitments set out in our People Strategy, creating the environment and a work programme to ensure they are delivered and, in doing so, help us meet the expectations set out in the NHS People Plan.

## **Terminology.**

In accordance with the wishes of the REACH network and in line with national guidance and best practice, the terms BME or BAME are avoided and instead staff who identify as being from a minority ethnic background are referred as *ethnically diverse staff* or *staff who identify as being from a minority ethnic background*. However, the term BAME is the terminology currently used nationally in the Workforce Race Equality Scheme (WRES) and the NHS staff survey, both of which this report references heavily, so in the interests of consistency BAME is used throughout this report.

## **De-Bias Recruitment and Selection Toolkit**

The debiasing of internal and external recruitment processes was one of the key priorities identified in the 10 year [London Workforce Race Strategy](#) published in October 2020. In August 2021 the NHS London Debiasing Recruitment toolkit was launched to provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. The purpose of this toolkit is to ensure all those involved in recruitment and selection of NHS staff in London are aware of how bias exists within recruitment and selection processes and what actions they can take to ensure the process is equitable and bias is eliminated at each and every stage from job design to onboarding.

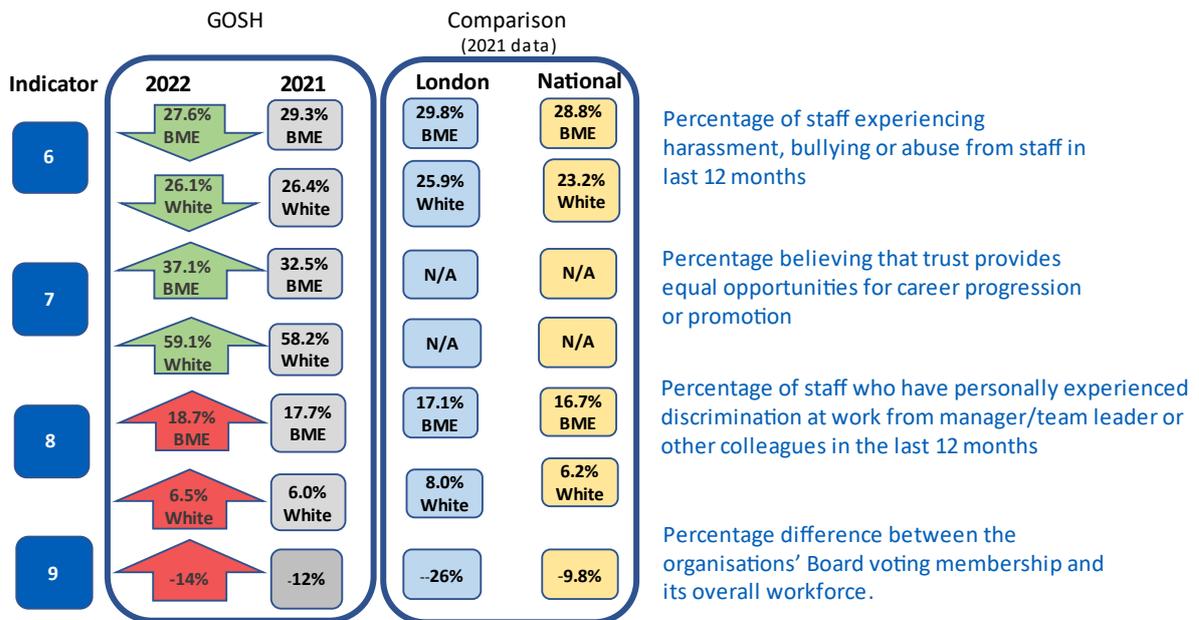
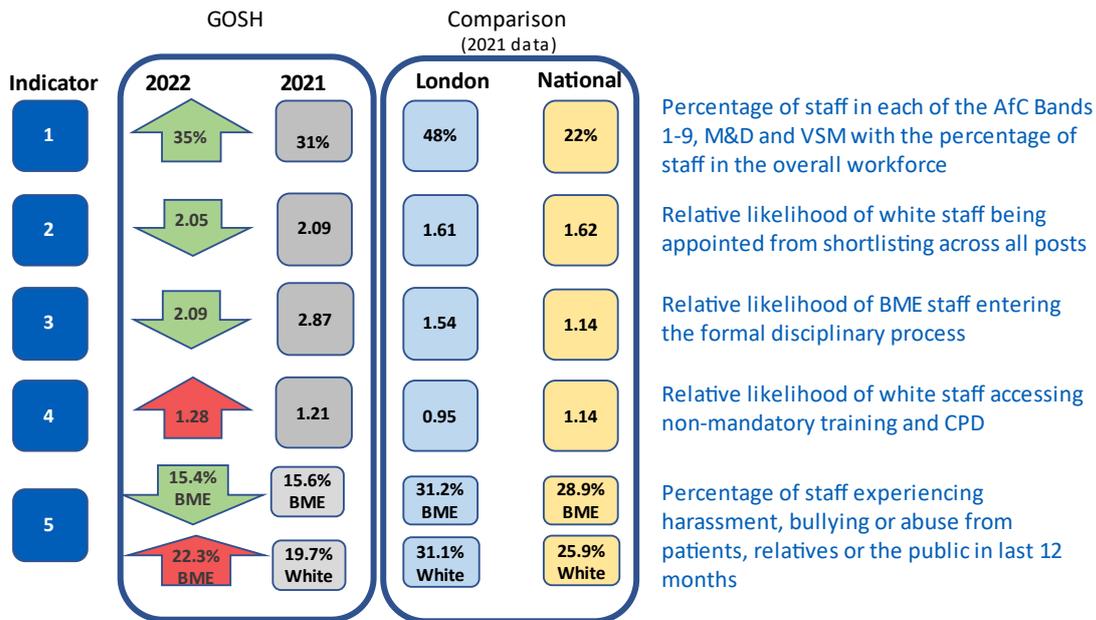
In December 2021, a project group was established with colleagues from across Human Resources, Communications and representatives from both staff side and staff networks. Since inception, the project group has assessed each stage of the recruitment and selection process and subsequently developed a toolkit of resources to support hiring managers with making fair recruitment decisions. The toolkit includes a recruiting managers guide to fair recruitment, an updated job description template, interview question guide, pre and post interview checklist and suggested reasonable adjustments during the recruitment process. All GOSH job adverts now include a diversity and inclusion statement demonstrating the Trust's commitment to diversity and inclusion.

In November 2022, an e-learning package will be launched and by the end of March 2023, it's expected that all colleagues involved in recruitment and selection will have completed the e-learning module and will not be able to participate in recruitment activity until they have undergone the training. The project group has also developed the 'Seen and Heard Champion' role. The champions, who are all existing GOSH staff, have received specialist training from an external training provider to support shortlisting and interview panels to ensure processes are free from bias and fair and equitable selection decisions are made.

At GOSH our Director of HR and OD Caroline Anderson is North Central London STP Executive Lead to implement the toolkit in NCL and ensure that recruiting people with the right values and skills to work on the many different roles we have in the NHS in London is a key foundation so that our organisations are fairer places to work. We need to guard against recruiting people who "fit" our teams and organisations and instead consider what each candidate is bringing in terms of their expertise that will contribute to an inclusive culture.

## **WRES and WDES Data Comparison**

The following chart shows that we are comparing our WRES data with national and regional London data. The colour green refers to positive and red indicates negative change.



### National Workforce Disability Equality Standard (WDES) 2020 Annual report

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop actions to improve the experience of staff with disabilities. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.

Below is a summary of GOSH's 2021 WDES submission.

- 3.05% of staff have declared a disability on the NHS Electronic Staff Record (ESR). This is a slight decrease from 3.5% in 2020. Numbers of staff declaring a disability are still small and as such, small staff changes have a large impact percentages.

- Non-disabled applicants were 1.12 times more likely to be appointed from shortlisting.
- Disabled staff were 2.07 times more likely to enter the formal performance management capability process.
- 26.6% of Disabled staff reported harassment, bullying or abuse, compared to 18.6% of nondisabled staff. This has remained unchanged since the previous year.
- 49.1% of Disabled staff reported they have equal opportunities for career progression. This represents a decrease from last years figure of 78.2% however is largely consistent with the feeling from non-disabled staff at 52.2%.
- 32.2% of Disabled staff felt that their employer had not made adequate adjustments. An increase of the previous year's score of 26.2%
- Disabled staff reported an NHS Staff Survey engagement score of an improvement on last year's score of 6.64 and consistent with the score of 7.4 for non-disabled staff.
- GOSH are currently one of the two-thirds of trusts who do not have any board members who have declared a disability
- A total of 14.4% of staff have not declared whether they have a disability and are listed as 'unknown' on ESR

### **Statutory and Mandatory Training**

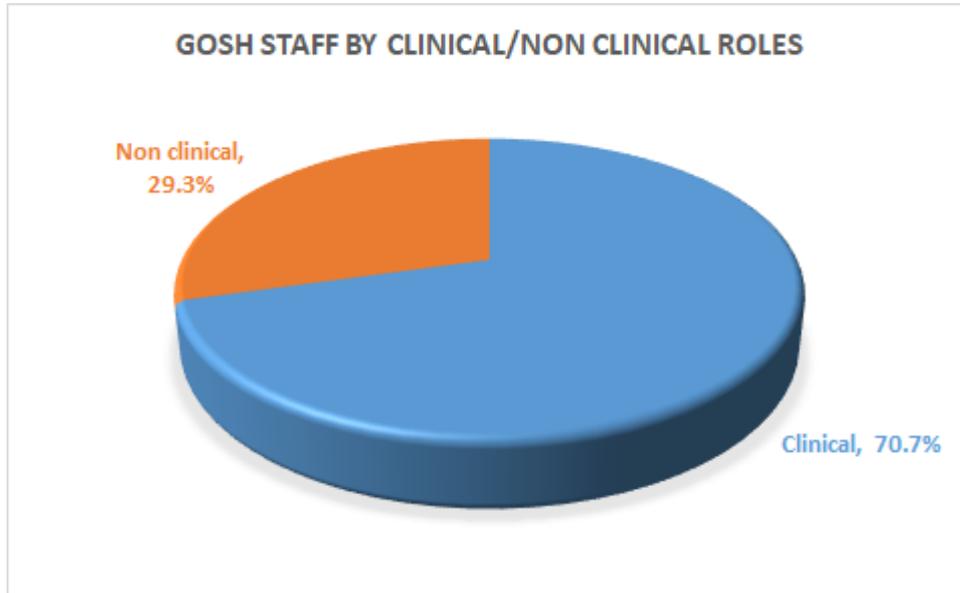
All members of staff are required to undertake Equality and Diversity and Human Rights e-learning every 3 years. Compliance has been consistently maintained at or above the 90% threshold, reaching 95% compliance in November 2022.

### **Appointment of GOSH NED Diversity and Inclusion Guardian**

We are delighted to have a dedicated Non-Executive Director (NED) Diversity and Inclusion Guardian, Amanda Ellingworth, who will champion the creation of a culture with diversity and inclusion at its heart for the benefit of all GOSH stakeholders. The Guardian will act as a 'critical friend' to question the impact of decision on issues of D&I, ensure the Board holds themselves and senior leaders to account for the way employees in all their diversity are managed and empowered and seek data to show that Seen and Heard Framework is working and impactful and prompt improvements if needed.

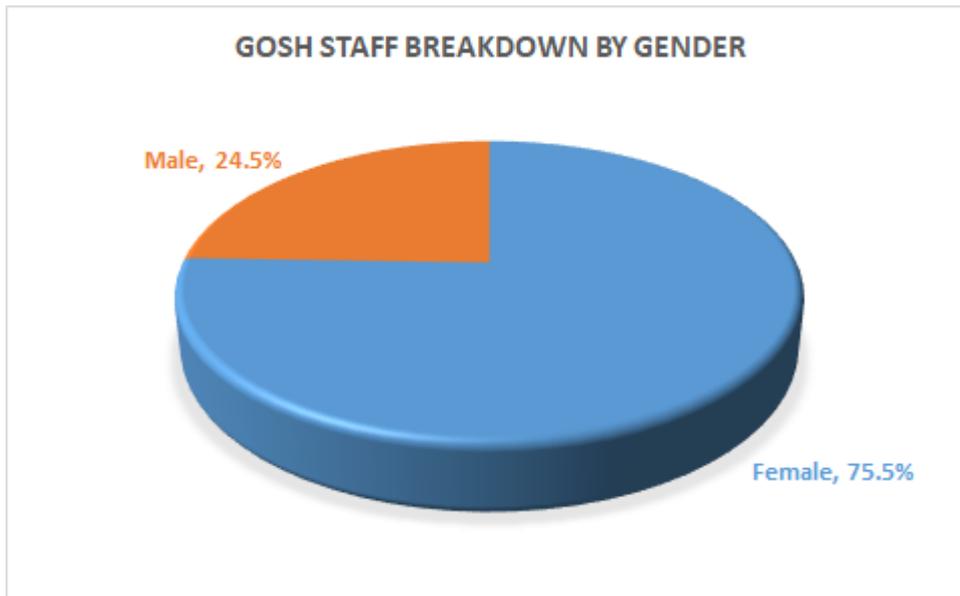
Our Director of HR and OD Caroline Anderson has also the Chair of North Central London BAME network to lead on this strategic piece of work regarding race equality and influence the wider healthcare system based in NCL.

## 2. OUR PEOPLE: WORKFORCE DEMOGRAPHICS AND PAY INFORMATION BY PROTECTED CHARACTERISTICS



Our workforce consists of 70.7% clinical staff and 29.3% non-clinical staff. This has remained largely consistent with last year's data of 69.2% and 30.8%

## 2.1. Gender: Total workforce

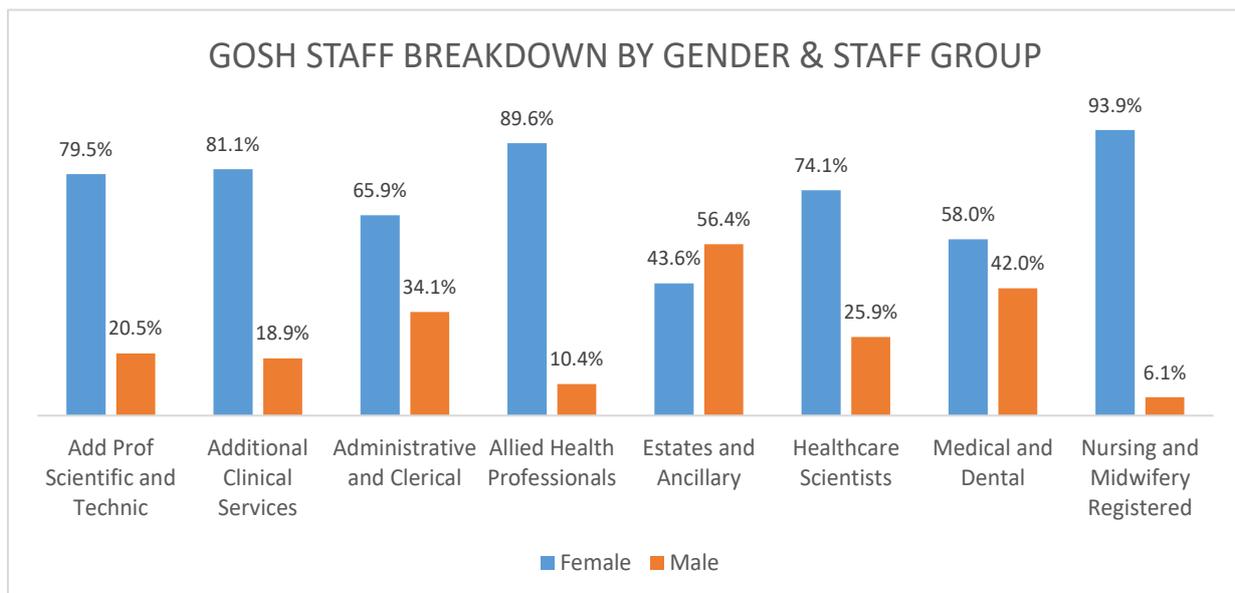


At GOSH we recognise that not all of our staff fit into the traditional binary male and female genders, however currently others gender identities are not recognised on the national NHS employee staff database. Work is currently progressing at the national level to remedy this and GOSH has been active in pushing and influencing this wherever possible.

The current proportion of male to female staff is 24.5% to 75.5%. This matches the NHS gender split. For the Medical workforce specifically, the split is 42% male.

The promotion of NHS careers without any gender bias is aimed at attracting both female and male candidates however societal drivers regarding gender-related career choices still strongly influence the above picture for certain professions such as nursing and AHP's.

## 2.2. Gender by staff group



We can see that nursing and AHP groups are predominantly female with only estates and ancillary staff having more male than female ratio.

## 2.3. Gender by pay band

Gender by Pay Band %			
Grade	Female	Male	Change from 2021
Domestic staff	48%	52%	+2% male
Band 2	60%	40%	+3% male
Band 3	75%	25%	+1% male
Band 4	76%	24%	No change
Band 5	86%	14%	+1% male
Band 6	85%	15%	No change
Band 7	84%	16%	No change
Band 8A	78%	22%	+1% female
Band 8B	68%	32%	+4% male
Band 8C	65%	35%	+3% male
Band 8D	81%	19%	+4% female
Band 9	60%	40%	+20% male
VSM & Ad hoc	50%	50%	+1% male
M&D Career Grade	80%	20%	+5% female
M&D Consultant	51%	49%	+1% male
M&D Junior Doctor	65%	35%	+3% female
<b>Grand Total</b>	<b>75%</b>	<b>25%</b>	

## 2.4. Gender Pay Gap

Public sector employers report and publish their gender pay gap information by 30 March of each year. The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. Organisations with a headcount of 250 or more on their 'snapshot date' must comply with regulations on gender pay gap reporting. Gender pay gap calculations are based on employer payroll data drawn from a specific date each year. This specific date is called the 'snapshot date'. The Trust has published its gender pay gap report to understand the size and causes of our pay gaps and identify any issues that need to be addressed. We believe that publishing and monitoring the gender pay gap will help us understand how effective our actions are in reducing it.

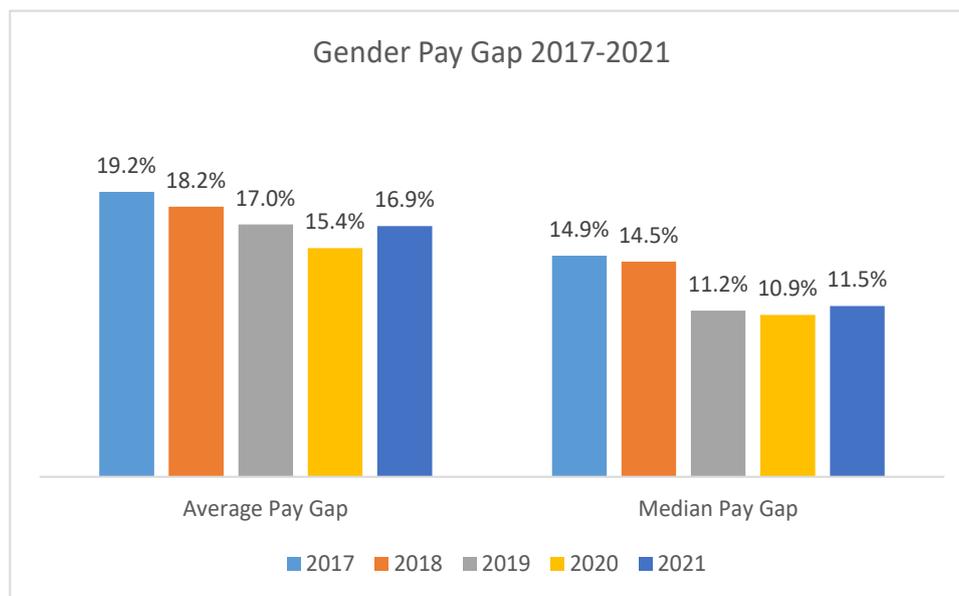
Like most NHS Trusts, the workforce at GOSH is majority female and the current proportion of male to female staff is 24.5% to 75.5 %, which is a slight reduction on our historical gender balance, driven by the insourcing of the domestic staff in August 2021. The distribution of the male workforce is concentrated in both the lower end of the Agenda for Change Bands, due to the gender balance of the Estates and Ancillary workforce, as well more senior roles (Band 8a+ and Medical staff).

Gender	Female	Male
May-20	77%	23%
May-21	77%	23%
May-22	76%	24%
Nov-22	75.5	24.5

- The Trust reported its Gender Pay gap data (as at March 2021) in March 2022. The data continues to show that in common with most NHS Trusts, the Trust continues to report a gender pay gap, which in 2021 was 11.5% for median hourly pay. Whilst we have an equal number of men and women consultants (51% and 49% respectively), female consultants form part of a much larger population of women when looking at the gap at the organisational level (as the Trust is 76% female). Consequently, their effect on female average pay is less

than male consultant pay is on male average pay. The full gender pay gap report findings will be published as required on our website.

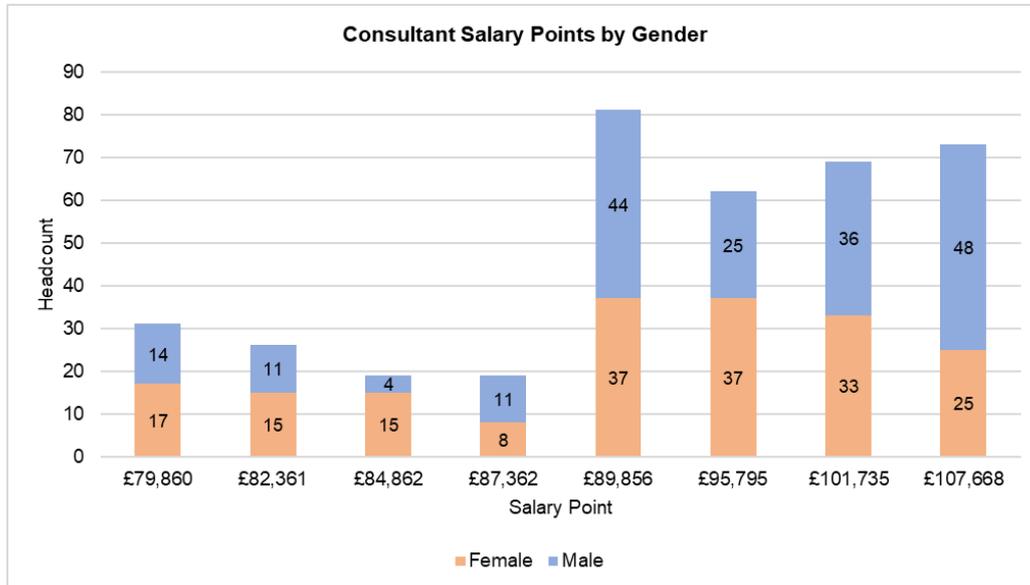
Gender pay gap (basic pay)		Gender pay gap (% receiving bonus)	
Men	Women	Men	Women
			
Women earn 88p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 11.5% lower than men's.		6.8% of male employees received a bonus	1.4% of female employees received a bonus



When considering the data at a more granular level it is clear that there are two main drivers for the gap at GOSH. The first one is the difference our consultant workforce makes on pay levels across the organisation. Whilst we have a fairly equal number of men and women consultants (51% and 49% respectively, at the time of Gender Pay Gap report), female consultants form part of a much larger population of women when looking at the gap at the organisational level (as the Trust is 77% female). Consequently, their effect on female average pay is less than male consultant pay is on male average pay:

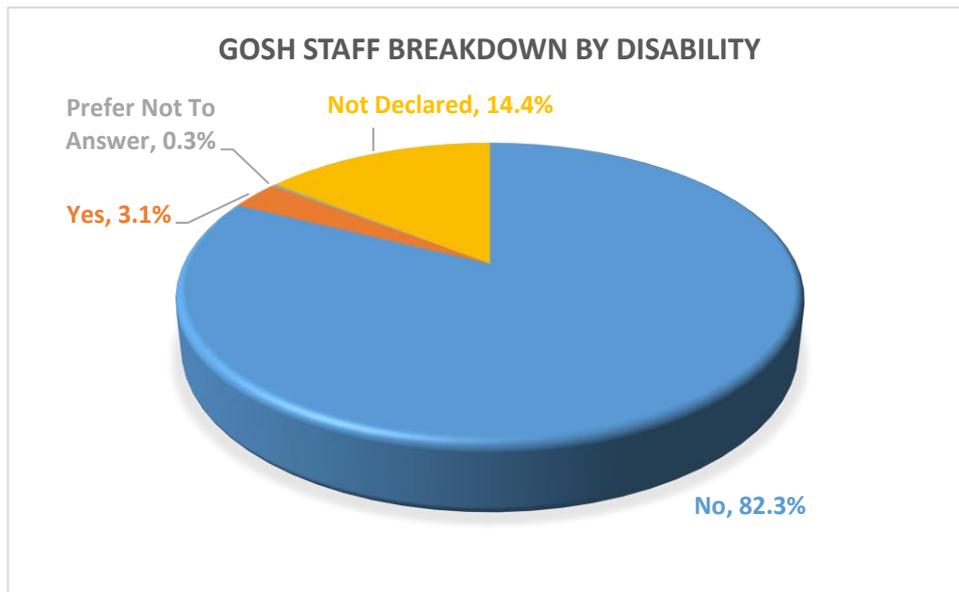
Gender pay gap (non-medical)		Gender pay gap (medical/dental)	
Mean	Median	Mean	Median
			
Women on a mean average earn 3p per hour more than men.	Women on a median average earn 14p per hour more than men.	Men on a mean average earn £2.93 per hour more than women.	Men on a median average earn £5.76 per hour more than women.
-0.14%	-0.75%	7.07%	13.45%

Within the consultant workforce the distribution of men and women along the consultant payscale broadly represents the traditional demographic of the medical workforce (i.e., predominately male). Over time, as the demographic shift within the trainee medical workforce filters through to the consultant workforce, and female consultants' progress up the payscale, the ratio of female consultants at higher points of scale will increase and contribute to a reduction in gender pay gap at GOSH.



The second driver for the gender pay gap at GOSH is related to the nursing workforce which is overwhelmingly female dominated. As it is the largest workforce within the Trust and the nurses are concentrated at lower pay bands compared to other clinical staff this situation reinforces the gender pay gap in the Trust.

## 2.5. Disability: Total workforce



The data shows that GOSH has a recorded workforce composition of 3.1% Disabled staff which remains the same as 12 months ago (3%) This number is based on reported information on the Trust's Electronic Staff Record (ESR) HR system. When reviewed against the NHS Staff Survey declaration this number is low as 7% of respondents to 2021 Survey question disclosed, they had a physical or mental health conditions, disabilities or illnesses.

The Seen and Heard Diversity and Inclusion Framework has a measure of success an improvement to the declaration rates of disabled staff to address the reported gap between HR data and the Staff Survey data. By improving the quality of the datasets, the validity of the WDES submission will be enhanced, and actions arising to improve the experience of disabled staff will be more based in the experience of those staff.

In November 2022 GOSH's Disability Confident Committed accreditation level 2 was renewed. This was achieved by making organisational commitment that ensure that our recruitment process is inclusive and accessible, vacancies are communicated, disabled people are offered an interview, reasonable adjustment is provided as required and existing disabled colleagues are supported in their career. Work to scope out the feasibility of achieving level 3, the highest offered will commence later this year in collaboration with the Enabled Network as part of our action plan for the Workforce Disability Equality Scheme (WDES) data collection and reporting. We will also initiate a campaign to raise awareness on invisible disabilities to encourage colleagues to disclose their disability status on ESR.

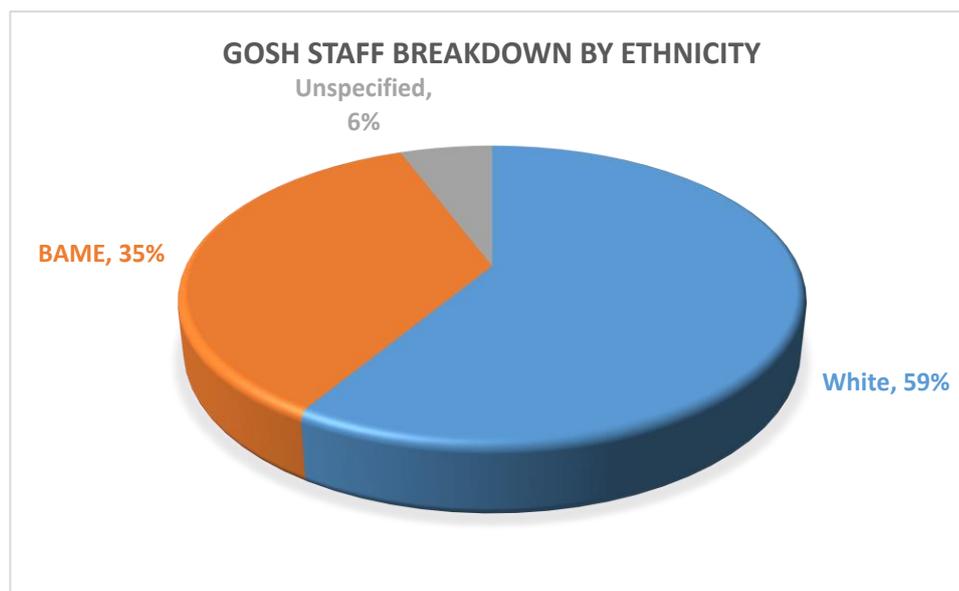
## 2.6. Disability by staff group

Staff Group	Yes	No	Not declared	Prefer not to answer
Add Prof Scientific and Technic	1.80%	80.60%	17.60%	0.00%
Additional Clinical Services	4.50%	81.80%	13.70%	0.00%
Administrative and Clerical	3.40%	83.40%	13.20%	0.00%
Allied Health Professionals	3.00%	79.90%	16.50%	0.60%
Estates and Ancillary	1.80%	81.70%	15.60%	0.90%
Healthcare Scientists	0.90%	81.40%	17.40%	0.30%
Medical and Dental	1.20%	82.10%	16.30%	0.40%
Nursing and Midwifery Registered	4.10%	82.80%	12.70%	0.40%
<b>Grand Total</b>	<b>3.10%</b>	<b>82.20%</b>	<b>14.40%</b>	<b>0.30%</b>

## 2.7. Disability by pay band

Pay band	Yes	No	Not Declared	Prefer Not to Answer
Band 2	3.8%	77.0%	18.6%	0.5%
Band 3	4.9%	83.9%	11.2%	0.0%
Band 4	2.5%	83.6%	13.9%	0.0%
Band 5	5.0%	86.6%	8.2%	0.3%
Band 6	3.9%	83.8%	12.0%	0.3%
Band 7	2.4%	79.9%	17.3%	0.3%
Band 8A	2.2%	76.5%	21.1%	0.2%
Band 8B	1.4%	75.5%	23.1%	0.0%
Band 8C	2.5%	78.8%	18.8%	0.0%
Band 8D	0.0%	71.4%	28.6%	0.0%
Band 9	0.0%	50.0%	50.0%	0.0%
M&D Career Grade	0.0%	80.0%	20.0%	0.0%
M&D Consultant	0.3%	72.4%	27.1%	0.3%
M&D Junior Doctor	2.3%	91.7%	5.5%	0.5%
VSM & Ad Hoc	1.5%	62.7%	34.3%	1.5%
DSG - Ad Hoc	0.7%	85.4%	13.1%	0.7%
<b>Grand Total</b>	<b>3.10%</b>	<b>82.20%</b>	<b>14.40%</b>	<b>0.30%</b>

## 2.8. Ethnicity: Total workforce



Our BAME staff representation is 35% which represent no change since 2021, and 5.6% of staff for whom ethnicity data is recorded as null/unknown and 60.4% white. Across the NHS nationally, 20% of the workforce with 76% white (Ethnicity in the NHS infographic 2019). However, the BAME workforce in London is higher at 45% (London Workforce Race Equality Strategy 2020). At the moment our BAME staff representation is lower than the London average.

## 2.9. Ethnicity by staff group

Staff Group	BAME	12-month change	White	Not known
Add Prof Scientific and Technic	35.16%	2.2%	62.82%	2.02%
Additional Clinical Services	43.43%	0.0%	56.07%	0.50%
Administrative and Clerical	43%	0.3%	53.48%	3.24%
Allied Health Professionals	14.29%	-0.3%	84.86%	0.86%
Estates and Ancillary	67.90%	0.4%	25.11%	6.99%
Healthcare Scientists	38.34%	-1.9%	61.66%	0.00%
Medical and Dental	36.70%	0.6%	62.81%	0.49%
Nursing and Midwifery Registered	20.69%	0.6%	79.08%	0.23%
<b>Grand Total</b>	<b>35%</b>	<b>0.2%</b>	<b>63.24%</b>	<b>1.59%</b>

\* Includes domestic staff insourced August 2021

The trends noted in last year's report have continued in that BAME staff continue to be very significantly disproportionately underrepresented in Registered Nursing and Allied Health Professionals, however we can see improvements on the previous report. The Trust continues its close working relationship with London Southbank University which is responsible for providing paediatric nursing students to the wards, in order to ensure that diversity is maximised at professional entry level.

BAME colleagues in nursing roles has increased to 20.69%, an increase from 20.1%.

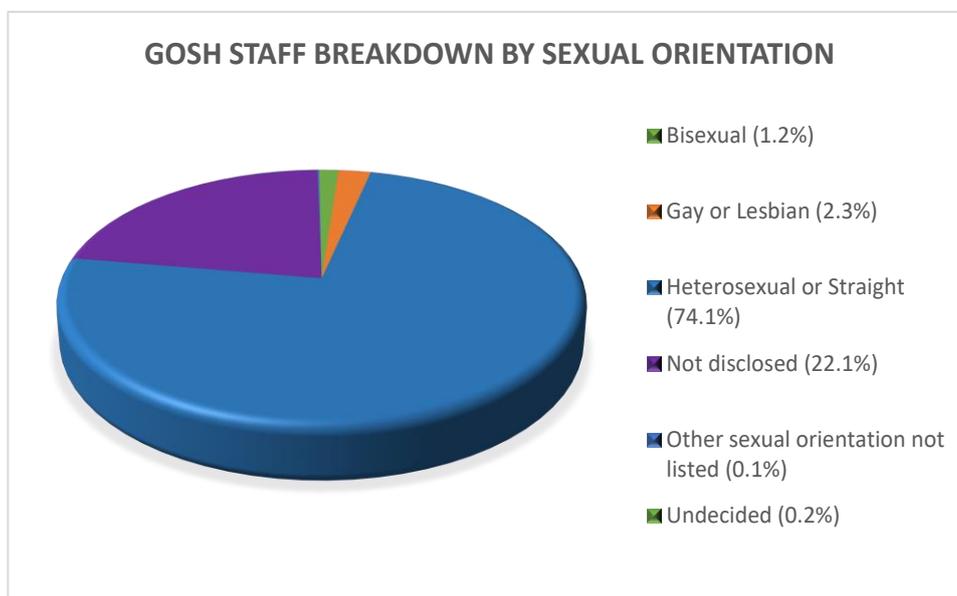
## 2.10. Ethnicity by pay band

The data shows that the highest percentage of BAME staff members are within pay bands 2-3, and domestic staff who have yet to transition over to Agenda for Change pay scales following their insourcing in August 2021. There remains an underrepresentation of BAME colleagues in pay bands 8A-9 and VSM level, however, there has been an increase in BAME representation at grades 8A, 8B and 8C over the last 12 months.

Pay band	BAME	12-month change	White	Not known
Domestic staff	79.2%	1.2%	13.9%	6.9%
Band 2	51.9%	0.9%	42.6%	5.5%
Band 3	52.0%	0.0%	46.5%	1.6%
Band 4	46.3%	0.3%	52.3%	1.4%
Band 5	36.7%	3.7%	62.5%	0.8%
Band 6	26.8%	-0.2%	72.2%	1.0%
Band 7	20.0%	-1.0%	79.2%	0.8%
Band 8A	23.5%	2.5%	75.0%	1.5%
Band 8B	16.1%	1.1%	81.1%	2.8%
Band 8C	15.0%	4.0%	82.5%	2.5%
Band 8D	4.8%	-4.2%	90.5%	4.8%
Band 9	0.0%	0.0%	100.0%	0.0%
VSM & Ad hoc	32.8%	16.8%	55.2%	11.9%
M&D Career Grade	46.7%	-3.3%	53.3%	0.0%
M&D Consultant	29.1%	0.1%	70.9%	0.0%
<b>Grand Total</b>	<b>35%</b>	<b>0.2%</b>	<b>63.24%</b>	<b>1.59%</b>

## 2.11. Sexual orientation: Total Workforce

As NHS organisations do not monitor trans/non-binary status and gender identity, the below chart captures the data of colleagues who identify as bisexual, gay and lesbian. Currently the LGBT staff representation is 3.8% (a slight increase from 3.5%) and we have 22.1% of staff for whom sexual orientation data is recorded as null/unknown



## 2.12. Sexual orientation by staff group

Staff Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Other sexual orientation not listed	Undecided	Not disclosed
Add Prof Scientific and Technic	2.3%	1.4%	68.9%	0.0%	0.0%	27.4%
Additional Clinical Services	2.2%	1.7%	76.7%	0.0%	0.5%	19.0%
Administrative and Clerical	1.1%	2.6%	75.8%	0.1%	0.2%	20.2%
Allied Health Professionals	0.9%	2.9%	72.0%	0.3%	0.3%	23.7%
Estates and Ancillary	0.9%	1.1%	69.4%	0.0%	0.0%	28.6%
Healthcare Scientists	0.3%	4.3%	66.9%	0.0%	0.3%	28.2%
Medical and Dental	1.1%	2.5%	73.9%	0.0%	0.0%	22.5%
Nursing and Midwifery Registered	1.0%	2.2%	76.3%	0.3%	0.1%	20.1%
<b>Grand Total</b>	<b>1.2%</b>	<b>2.3%</b>	<b>74.1%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>22.1%</b>

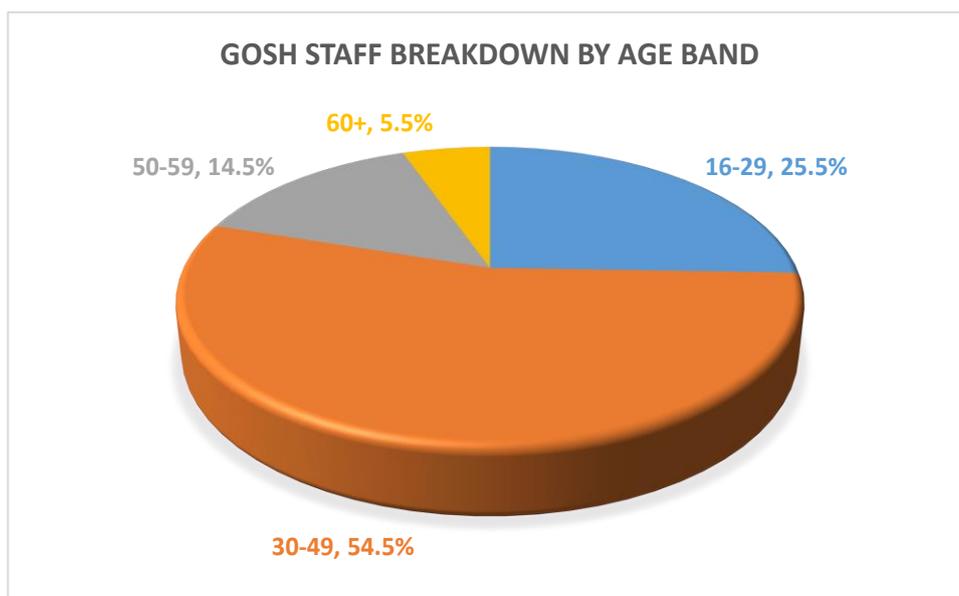
## 2.13. Sexual orientation by pay band

Pay Band	Bisexual	Gay or Lesbian	Heterosexual or Straight	Other sexual orientation not listed	Undecided	Not disclosed
Domestic staff	1.1%	0.7%	68.6%	0.0%	0.0%	29.6%
Band 2	1.6%	2.7%	68.3%	0.0%	0.5%	26.8%
Band 3	1.2%	1.4%	78.5%	0.0%	0.6%	18.3%
Band 4	1.0%	1.4%	75.6%	0.0%	0.2%	21.7%
Band 5	1.4%	2.0%	82.9%	0.3%	0.3%	13.1%
Band 6	1.5%	2.3%	76.4%	0.1%	0.0%	19.7%
Band 7	0.9%	3.1%	69.4%	0.1%	0.2%	26.2%
Band 8A	1.0%	3.4%	64.7%	0.5%	0.0%	30.4%
Band 8B	0.7%	4.2%	62.2%	0.0%	0.0%	32.9%
Band 8C	1.3%	1.3%	70.0%	0.0%	0.0%	27.5%
Band 8D	0.0%	4.8%	61.9%	0.0%	0.0%	33.3%
Band 9	0.0%	10.0%	50.0%	0.0%	0.0%	40.0%
VSM & Ad hoc	1.5%	1.5%	61.2%	0.0%	0.0%	35.8%
M&D Career Grade	0.0%	0.0%	66.7%	0.0%	0.0%	33.3%
M&D Consultant	0.0%	2.3%	59.4%	0.0%	0.0%	38.3%
<b>Grand Total</b>	<b>1.1%</b>	<b>2.3%</b>	<b>73.1%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>23.2%</b>

## 2.14. Age: Total Workforce

The data shows that the Trust continues to employ a relatively young workforce, with the majority of staff falling into 30-49 age bracket.

We are keen to support the retention of older workers and provides advice and policies to support this. However, we do know from exit surveys and leaving reasons data on ESR, that as staff become older and some decide to raise a family, they may move away from London and choose to work with locally based hospitals. The Trust offers a range of initiatives to try and retain such staff including a comprehensive flexible working policy, a staff hotel to support staff travelling long distances to work and on-site subsidised staff nursery, holiday play schemes and salary sacrifice childcare vouchers.



## 2.15. Age by staff group

Staff Group	16-29	30-49	50-59	60+
Add Prof Scientific and Technic	24.5%	57.1%	13.8%	4.6%
Additional Clinical Services	39.8%	45.1%	10.6%	4.5%
Administrative and Clerical	22.9%	52.7%	17.3%	7.1%
Allied Health Professionals	21.7%	61.4%	12.3%	4.6%
Estates and Ancillary	4.6%	46.1%	33.8%	15.5%
Healthcare Scientists	19.3%	58.9%	17.8%	4.0%
Medical and Dental	3.7%	72.3%	17.4%	6.7%
Nursing and Midwifery Registered	40.4%	50.1%	7.5%	2.0%
<b>Grand Total</b>	<b>25.5%</b>	<b>54.5%</b>	<b>14.5%</b>	<b>5.5%</b>

## 2.16. Age by pay band

Grade	16-29	30-49	50-59	60+
Domestic staff	3.6%	47.8%	35.4%	13.1%
Band 2	23.0%	37.7%	23.0%	16.4%
Band 3	35.4%	42.5%	15.4%	6.7%
Band 4	33.2%	44.7%	15.2%	7.0%
Band 5	59.3%	33.1%	5.2%	2.4%
Band 6	31.9%	56.8%	8.9%	2.4%
Band 7	15.3%	69.9%	12.2%	2.6%
Band 8A	4.2%	69.9%	19.9%	6.1%
Band 8B	0.0%	65.0%	24.5%	10.5%
Band 8C	0.0%	63.8%	30.0%	6.3%
Band 8D	0.0%	47.6%	38.1%	14.3%
Band 9	0.0%	40.0%	60.0%	0.0%
VSM & Ad hoc	4.5%	40.3%	34.3%	20.9%
M&D Career Grade	0.0%	73.3%	6.7%	20.0%
M&D Consultant	0.0%	53.9%	33.6%	12.5%
M&D Junior Doctor	7.5%	90.7%	1.5%	0.3%
<b>Grand Total</b>	<b>25.5%</b>	<b>54.5%</b>	<b>14.5%</b>	<b>5.5%</b>

**Highest % in age group by pay band**

## 3. OUR PROGRESS

The GOSH equality, diversity and inclusion framework, “*Seen and Heard: Our Diversity and Inclusion Framework 2020-2022*” was published in 2020 and sets out our ambitions and priorities at an organisation-wide level. It builds upon the work that was already in place and demonstrates our commitment to diversity and inclusion for our workforce, the way we deliver our service and best patient care and our influence with stakeholders. It sets out what our workforce can expect from the organisation, leaders and from each other to foster a culture of inclusion, belonging and work differently by embracing new ways of working in teams, across organisations and sectors, supported by technology. Promoting and supporting diversity in the workplace is an essential aspect of good people management. We recognise that we must give our colleagues a powerful reason to stay and grow within GOSH, and this comes from a sense of belonging. We will reap the benefits of a diverse workforce through creating an inclusive culture that embraces different perspectives and celebrates diversity.

We worked to ensure that the strategy is aligned to our existing priorities and NHS values as well as the key objectives set out in the NHS People Plan and NHS Constitution. *Seen and Heard: Our Diversity and Inclusion Framework 2020-2022* is a living document, which will be reviewed this year and refreshed in 2023 in line with a new people strategy, in collaboration with the staff networks and leadership teams to ensure that it remains current in response to new challenges in demand and services.

It was developed from a range of sources which included involvement and engagement with colleagues, staff networks, quantitative information collected through the NHS Workforce Race Equality Standard (WRES), NHS Workforce Disability Equality Standard (WDES) and analysis of staff survey data; a review of policies and procedures to explore how diversity and inclusion values are considered across the organisation and a review of national drivers of best practice and benchmarking.

To identify gaps and challenges, monitor progress and hold the organisation to account for its delivery against key objectives and goals relating to diversity and inclusion a Diversity and Inclusion Steering Group was established as a formal sub-committee reporting through appropriate governance to People Planet Programme Board. The current and future Framework has supported and driven efforts to work towards developing an inclusive culture and move beyond compliance with equalities legislation to make GOSH an employer of choice for everyone.

The Framework is structured around four key themes of:

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

Below presented are examples which illustrate how we have considered diversity and inclusion in our work within each section. We are committed to building on this existing good practice to celebrate success and identify gaps and challenges.

### 3.1. Theme 1: Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice

The Workforce Race Equality Standard (WRES) was introduced by NHS England and the NHS Equality and Diversity Council in 2015. The WRES was developed as a result of evidence that NHS staff from a Black, Asian and Minority Ethnic backgrounds (BAME) have a poorer experience at work and have less opportunities than their white colleagues. Implementation of the WRES is a requirement for both the NHS Trusts and provider organisations. The WRES is a key component in how organisations measure their work to deliver tangible and lasting interventions to race equality and inclusion, as well as supporting how, as a Trust, we deliver on our obligations under the Public Sector Equality Duty (PSED).

WRES Indicator 9 - Percentage Difference between the organisations Board Voting membership and overall workforce									
	2020			2021			2022		
	White	BAME	Unknown	White	BAME	Unknown	White	BAME	Unknown
Voting Board Member % by Ethnicity	71.4	21.4	7.1	75	18.8	6.3	71.4	28.6	0
Executive Board Member % by Ethnicity	75	25	0	75	25	0	71.4	28.6	0
Overall Workforce % by Ethnicity	64.9	29.4	5.7	63.5	31.2	5.3	58.8	35.4	5.8

WRES indicator 9 captures the percentage difference between the organisation's Board voting membership and its overall workforce.

The table above shows the percentage of BAME representation at executive and board level. There have been improvements at both board and executive level since 2020, 21.4% in 2020 compared to 28.6% in 2022 however this is still below the BAME representation of the trust which stands at 35.4%.

WRES Indicator 2 - Relative likelihood of staff being appointed from shortlisting across posts			
Relative Likelihood of white candidates being appointed from shortlisting compared to BAME	2020		2022
		2.25	2.09

We have seen an improvement in the relative likelihood of candidates being appointed from a BAME background since the last report in November 2021, but white staff are still more than twice as likely to be appointed from shortlisting.

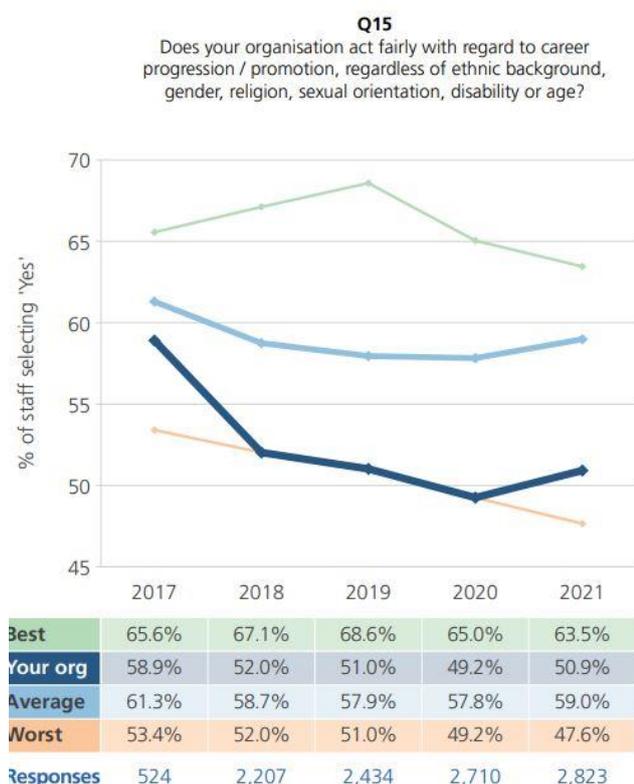
In 2018 the Workforce Disability Equality Standard (WDES) was launched to in the NHS to improve the experiences of disabled staff working in and seeking employment in the NHS. This work is a fundamental part of our diversity and inclusion work and understanding how it affects our staff is hugely important to us.

WDES Indicator 2			
Relative likelihood of non-disabled candidates being appointed from shortlisting compared to disabled candidates	2020	2021	2022
	1.33	1.12	1.12

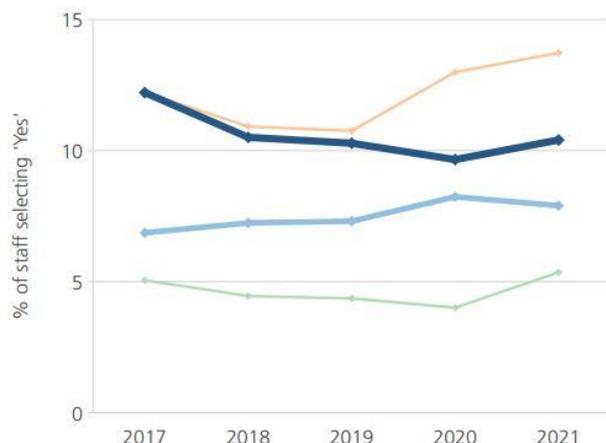
WDES indicator 2 shows that relative likelihood of non-disabled candidates compared to disabled candidates being appointed from shortlisting across all posts. The improvements made in 2021 were maintained for 2022, however non-disabled are still more likely to be appointed by a significant margin.

Staff Survey Equality, diversity & inclusion Theme		2019	2020	2021
	Trust Score	8.8	8.9	8.1
	National Average	9.2	9.2	7.0

The trust score of the NHS staff survey Equality, Diversity and Inclusion theme dropped to 8.8 in 2019 however increased to 8.9 in 2020 and a drop again to 8.1 in 2021. Results from the 2022 survey will be available in early 2023. However there have been some improvement in some of the key measures such as question 15, *Does the organisation act fairly in regard to career progression regarding of ethnic background* which saw an increase from 49.2% to 50.9%, question 18, *My organisation respects individual differences* which now stands at 70.2% and question 16b which saw a drop in discrimination from colleagues.

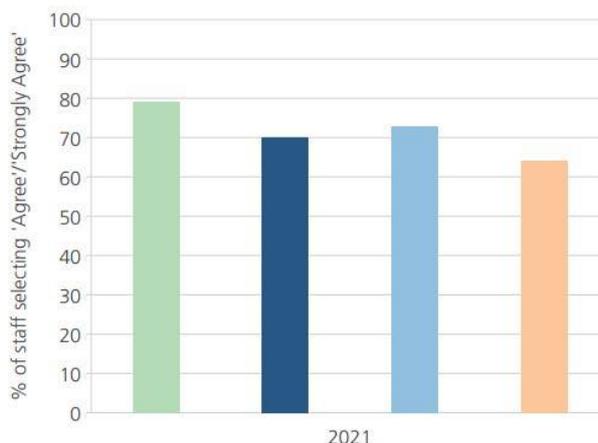


**Q16b**  
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



<b>Worst</b>	12.2%	10.9%	10.8%	13.0%	13.7%
<b>Your org</b>	12.2%	10.5%	10.3%	9.7%	10.4%
<b>Average</b>	6.9%	7.2%	7.3%	8.2%	7.9%
<b>Best</b>	5.1%	4.5%	4.4%	4.0%	5.4%
<b>Responses</b>	526	2,204	2,395	2,688	2,817

**Q18**  
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).  
No trend data are shown as this is a new question



<b>Best</b>	79.2%
<b>Your org</b>	70.2%
<b>Average</b>	73.0%
<b>Worst</b>	64.2%
<b>Responses</b>	2,833

## Apprenticeships

The Trust continues its commitment to provide apprenticeship programmes and to promote GOSH as a diverse and inclusive workplace. Working alongside our local Council partners Camden and Islington, we have increased our recruitment from the local area and have higher statistics than the national average, for recruiting 16-24's year olds and employee's from BAME backgrounds onto Apprenticeships at GOSH. They have also shown to increase retention and are now moving onto Career pathways via Apprenticeships now that we have more programs available.

The percentage of apprentices from a BAME background is currently 55.5% providing an additional diverse talent pipeline and an avenue to support GOSH's objective of creating a more inclusive culture.

Following on the back of our 2020 success of being awarded the 'Large Employer award' at the BAME Apprenticeship awards, also our Apprentices Amber, Ricardo and Zahra winning awards we have been awarded the below.

- London Region- Large Employer award winner for Apprenticeships (This means we will be in the shortlist for the National awards in December out of 9 Regions)
- London Region – Highly commended in Apprenticeship recruitment
- National Apprenticeship Awards 2022
- Winner Diversity Award and National Finalist in Large Employer category
- BAME Apprenticeship Awards 2021
- Highly Commended Apprentice
- National Apprenticeship Awards 2021
- Winner London Regional Large Employer
- National Apprenticeship Awards 2021
- National Finalist Large Employer and Winner of Highly Commended Large Employer
- BAME Apprenticeship Awards 2021
- Finalist in (1) H&SC Employer (2) Large Employer, plus two apprentices in final
- BAME Apprenticeship Awards 2020
- Winner Large Employer of the Year
- National Apprenticeship Awards 2020 - Apprentice Special Recognition Award

## **Debiasing Recruitment**

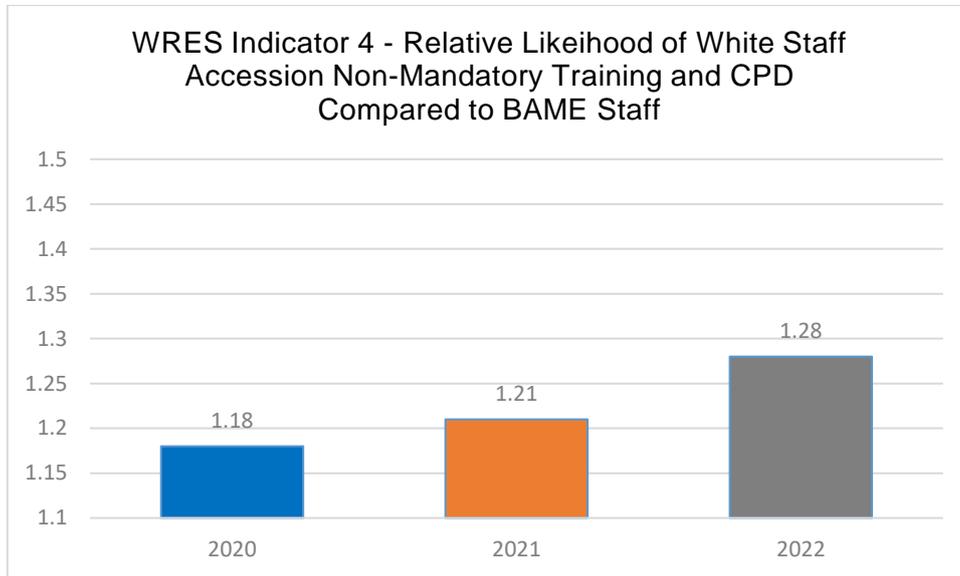
The work around debiasing the recruitment process continues, driven by the Debiasing Recruitment working Group with the following progress made since the last report:

New inclusive job description templates

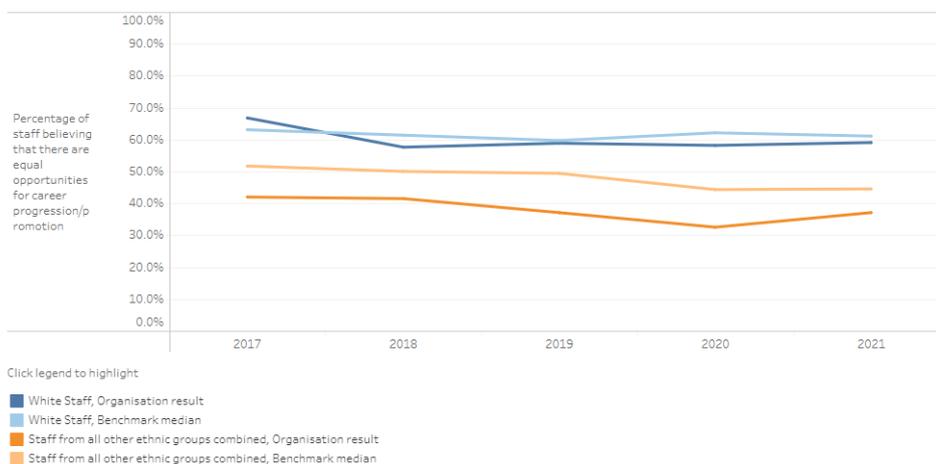
- Debiasing Recruitment: Glossary
- New hiring managers' guidance and other important resources
- pre-interview checklist
- Seen and Heard Champions recruitment and trained and contributing to recruitment panel discussions from November 2022

### 3.2. Theme 2: Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training

WRES indicator 4 shows that the relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 1.28% which is a slight increase on the relative likelihood of 1.21% recorded in 2021.



WRES Indicator 7 – Percentage of Staff Believing That There are Equal Opportunities for Career Progression/Promotion						
Percentage of Staff Believing That There are Equal Opportunities for Career Progression/Promotion	2019		2020		2021	
	White	BAME	White	BAME	White	BAME
		58.8%	37.1%	58.2%	32.5%	59.1%



The percentage of BAME staff believing that there are equal opportunities for career progression/promotion has increases from previous years by almost 5% to 37.1%, however still lags behind the experience of white staff (59.1%).

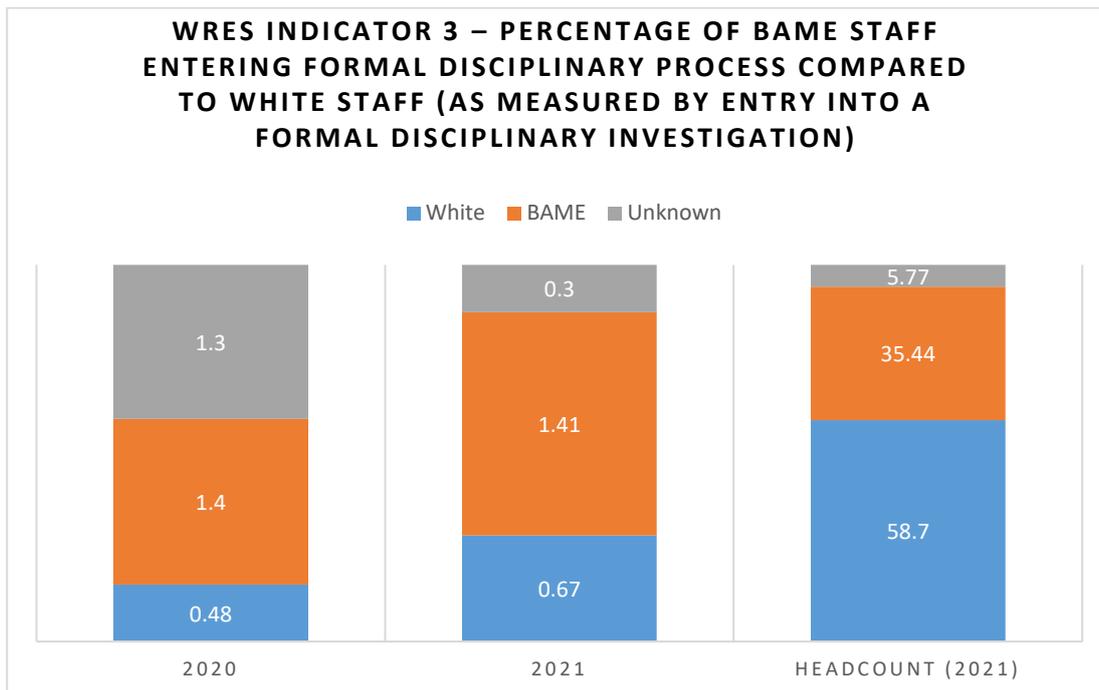
### 3.3. Theme 3: Create a more inclusive work culture for all to build understanding and connectivity and support value-based people management practice

The number of BAME staff entering the formal disciplinary process increased in 2021 from 29 to 34 however 2021 also saw a corresponding increase in the number of white staff who entered a formal disciplinary process. This follows an otherwise decreasing trend since 2019.

A *Stop and Think, Triage System* using a Disciplinary Decision Tree questionnaire for employee relations cases to work with the manager at the outset to agree whether formal action is required and allocate the right level of Managers Advisory support /resource continues support a reduction in formal processes.

WRES Indicator 3 – Relative likelihood of Staff Entering Formal Disciplinary Process (as Measured by Entry into a Formal Disciplinary Investigation)			
Relative likelihood of Staff Entering Formal Disciplinary Process	2019	2020	2021
	2.03	2.87	2.09

BAME staff continue to be significantly overrepresented in the formal disciplinary process however.



## Rebranding of the Staff Networks

This year each of the four Staff Networks underwent a significant re-brand. Formal civil servant and leading author of *The Incredible Power of Staff Networks*, Cherron Inko Tariah. Provided consultancy to the executive team and guided the next phase of GOSH's staff networks by advising that the following should be established:

1. Priority Matrix
2. stakeholder map
3. 'Network on a Page' template
4. Terms of Reference

These documents underpinned the Networks aims and objectives, and the Terms of Reference specifically can be found on each of the Network's Our Gosh intranet so that members can keep the Network accountable.

The rebrand was essentially a way for each of the Networks to be more accessible to colleagues at GOSH. They were forums at first, however

Originally, GOSH's staff networks were:

**BAME Network** - Black and Minority Ethnic. however, as BAME as it emphasises certain ethnic minority groups (Asian and black) and exclude others (mixed, other and white ethnic minority group, the network now rebranded as the *REACH Network*. This speaks to GOSH aims as a high performing organisation and that it is "reaching out" to ethnic minorities. REACH is also an acronym for 'Race, Ethnicity and Cultural Heritage' showing that the Network is a place for all nuances of ethnically diverse people and that culture and heritage is to be not only acknowledged but celebrated.

**The LGBT+ and Allies Network.** In recognition that there are multiple nuances and niches of the community that cannot all be addressed with an initialism. *The Pride Network* was created, to encapsulates the cultural notion of the Staff Network. The word 'pride' is an integral cultural concept within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQIA) movement. 'Pride' as a concept represents solidarity, collectivist, and identity as well as resistance to discrimination and violence. Hence why the network is now named the Pride Network.

**D&LTHC (Disability and Long-term Health Condition)** forum this was changed to *The ENABLED Network*. The former name did not capture the range of disabilities, neurodivergence, mental health disorder, developmental conditions. ENABLED however is an acronym of sorts meaning 'ENhancing ABilities and LEveraging Disabilities' putting more emphasis on the empowerment of those with disabilities.

The Women's Network retains the same title.

## Big Conversations

Several Big Conversations have taken place over the last 12 months aimed at highlining areas relevant to inclusivity. These have included:

- Allyship for Neurodiversity and Long-Term Health Conditions with Kerry Pace (15 Dec 2021)
- Allyship for Toxic Masculinity and Mental Health with Daniel Edmund (Wed 26 Jan 2022)

Daniel Edmund is a speaker, entrepreneur and TEDx Bristol alumnus. Born to a British father and American mother, Daniel is now living back in Bristol where he was born after growing up outside of Washington D.C. One of his biggest aims is to help combat the male suicide rate in the UK which continues to be the leading cause of death for men under 50.

- Allyship for Trans and Non-binary People with Rachel Reese and Emma Cusdin (Thu 17 Feb 2022)

Rachel Reese carried out a talk on allyship for trans and non-binary people, coinciding with LGBT History Month. Rachel Reese is an inclusion expert who specialises in helping organisations create a trans and non-binary inclusive workplace. She is the founder Global Butterflies, a trans and non-binary inclusion training company which donates a percentage of its profits to LGBT+ causes.

- Allyship and Gender Equality with Hira Ali (Thu 17 Mar 2022)

A talk on allyship and gender equality, coinciding with Women's History Month. Hira is an author, writer, speaker author of *Her Way to the Top: A Guide to Smashing the Glass Ceiling* and *Her Allies: A Practical Toolkit to Help Men Lead Through Advocacy*.

## Network Events

In addition to the events above, the staff networks held a series of events supported by the D&I team.

### The REACH Network:

- Wednesday 9th February - 'Exploring Race, Power and Privilege' a Race Equality Week Conversation with Dr Mena Fombo. Mena is the driving force behind the international campaign 'No. You Cannot Touch my Hair' which has attracted contributions from across the UK and around the world.
- Friday 22nd April - 'Stephen Lawrence Day: Nairobi Thompson - Poetry, Legacy & Reflection'. Described as a poet of our time, Nairobi is a published writer, academic editor and a passionate performance poet. This talk commemorated the life and legacy of a young man whose murder, and subsequent mishandling of the investigation and case left a significant and indelible mark on the United Kingdom.
- Wednesday 27th July - 'South Asian Heritage Month Keynote Speech - Jaspreet Kaur Author of 'Brown Girl Like Me: The Essential Guidebook and Manifesto for South Asian Girls and Women'. Jasmine is an award-winning spoken word artist, history teacher and writer from London. She is passionate about gender issues, taboo subjects and encouraging positive social change in both the Asian community and wider society.
- Tuesday 4th October - Afrikan Yoga
- Thursday 13th October - Black History Month: Black Members in Unison
- Thursday 20th October - Black Owned Business Marketplace in the Lagoon
- Wednesday 19th October - 'Child Q: For the Sake of a Smell' presented by Marcia Smikle, Head of Safeguarding Children at Homerton university Hospital Foundation trust. This talk focused on the Child Q incident, inappropriate strip searches, children's rights and how we can prevent this happening to children again.
- Friday 21st October - Live Steel Pan performance at the entrance of GOSH.
- Tuesday 25th October - 'Black History Month Event - Demystifying Psychology' with Jillian Jagessar- With rates of mental health higher in some ethnic groups, the session explores where mental health currently is in the UK in regard to its Black population. The session covered a background – mental health inequality in ethnic minority people, genetics, biological factors and mental health, social determinants and their impact on mental health, discrimination and its impacts on health and what will help to improve mental health
- Wednesday 26th October - Winter Lime at the Sky Garden - A Caribbean Social
- Monday 31st October - 'Black History Month Event - Shaun Wallace' - Shaun is an English barrister, lecturer and television personality. He is one of the six "chasers" on the ITV quiz

show *The Chase*. He delivered a talk at GOSH to discuss his personal experiences on TV for Black History Month.

- Wednesday 3rd August - The Self-Care Writing Workshop held by Andreena Leeanne. Andreena is a Black Lesbian Lived Experience Speaker, Writing Workshop Facilitator & Poet who helps organisations with their inclusion and wellbeing strategy by speaking about intersectionality, authenticity, allyship and facilitating writing workshops on self-care.
- Sunday 14th August - Black Pride - attended the Black Pride event at Queen Elizabeth Olympic Park in Stratford.

### **The Women's Network:**

- Thursday 31st March - 'Women's History Month and International Women's Day - A Comedy Event' with Francesca Martinez. Francesca is an English comedian, writer and actress. She has cerebral palsy and often incorporates her disability into her comedy material.
- Wednesday 1st March - Wellbeing Wednesday Webinar on Women at Work - Guest speakers, Helen Burkinshaw (Research and Policy Coordinator at the Women's Organisation in Liverpool) and Lisa Mennie (Chair of the GOSH Women's Forum). Reflections on how gender inequality still affects women's lives and wellbeing today, and will touch on a range of important topics that affect women in the workplace, including the gender pay gap, women's health, employment, and empowerment.
- 

### **The Pride Network:**

- Thursday 10th February - 'Burning my Roti: Breaking Barriers as a Queer Indian Woman' with Sharan Dhaliwal. A LGBT+ History Month and Race Equality Week event. Sharan Dhaliwal founded, developed and now runs the UK's leading South Asian magazine *Burnt Roti*.
- February 25th February - 'LGBT History Month: Inclusion in Sport' with Claire Harvey, an outspoken lesbian and GB Paralympian, delivered a session on the importance of inclusion in the sport.
- Saturday 2nd July - Pride in London - The Pride Network took to the streets as part of the huge float to commemorate Pride.
- Sunday 14th August - Black Pride - attended the Black Pride event at Queen Elizabeth Olympic Park in Stratford.

### **The ENABLED Network:**

- Monday 9th May - 'What is Disability?' a GOLD session by Jane Hatton - CEO of Evenbreak.
- Thursday 12th May - 'ENABLED Annual General Meeting' featured talks from each executive member of the network, a little about their role, history and why they joined the Network. The AGM also featured Diane Lightfoot who is responsible for leading and shaping all aspects of Business Disability Forum's strategy and Kev House from the Art of Brilliance, a motivational speaker who helps others develop self-awareness, grit and most importantly, self-love.
- Monday 6th June - 'Inclusive Workplace' a GOLD session by Jane Hatton - CEO of Evenbreak.
- Monday 4th July - 'Supporting Disabled Colleagues' a GOLD session by Jane Hatton - CEO of Evenbreak.
- Monday 8th August - 'Workplace Adjustments' a GOLD session by Jane Hatton - CEO of Evenbreak.

Attachment X

- Thursday 11th August - 'Disability: Everything You Want to Know But Are Too Afraid To Ask' by Toby Mildon. Toby Mildon was commissioned for Disability provide. His consultancy offers specialist insight on helping organisations have the best chance of driving success through meaningful diversity and inclusion actions.
- Monday 5th September - 'Disability Etiquette' a GOLD session by Jane Hatton - CEO of Evenbreak.

### **3.4. Theme 4: Creating channels and safe spaces which amplify the employee voice – ensuring that we listen, hear and act as a consequence**

The Seen and Heard Diversity and Inclusion Framework and developed an implementation plan was launched in 2019 as a 3-year plan. A new 3 framework will be developed in 2023 based on the refreshed People Plan

- The Diversity and Inclusion Steering Group which reports to the People Planet Programme Board, continues to drive the EDI agenda
- A Diversity and Inclusion Officer role was appointed to provide support to our staff networks and D&I Partner for the implementation of the Seen and Heard D&I Framework
- A Diversity and Inclusion Partner was appointed following the departure of the incumbent.
- We allocated £46,000 to support the four staff networks throughout the year (£11,500 per forum). Within each forum's budget, £2,500 is set aside to make "responsibility payments" to forum leads.
- New D&I pages have been established and populated on Our GOSH to pull together all D&I information
- Our OED team have focused new leadership and management development programmes to support our leaders and managers on issues such as diversity and inclusion, recruitment & selection and effective line management
- As part of the annual Staff Award, we launched GEMS (GOSH Exceptional Member of Staff) recognise and celebrate the contributions of our members of staff to our allyship journey
- GOSH also has introduced the "Ask Our Colleagues" Forums to replace Rungway. Rungway was introduced in response to the need to provide two-way communication during the COVID-19 pandemic. Colleague engagement with Rungway reduced in recent months and feedback from staff that having another platform to check and contribute to has been inconvenient. #AskYourColleagues allows members of staff to ask questions and seek support – and do so anonymously, but with the benefit of accessing via Our GOSH – to access your intranet.

## 4. OUR NEXT STEPS

- Four key themes of the Seen and Heard Diversity and Inclusion Framework will continue to be our focus for the next year. Diversity and Inclusion Steering Group will take this work forward and the oversight of this work will be through a new People Planet Programme Board.
- The new three-year People Strategy will be developed and launched in 2023. The D&I aspects of this strategy will be developed into an updated new three year Seen and Heard framework.
- “Big Conversations” on allyship and network events will continue with speaker series for all staff to raise awareness on different forms of allyship and normalise difficult conversations.
- To empower staff across the Trust community to challenge poor behaviours which has become normalised and bring about change through the reinforcement of messages defining the boundaries of unacceptable behaviour we will roll out NHS Civility Framework to all staff
- A number of Seen and Heard Champions have been trained and will be operationalised during November and December 2022 to support all recruitment panels, ensuring inclusivity and fairness

## 5. SUMMARY

From this review of our data, we can see that we have seen areas of improvement. Areas which haven't seen an improvement such as the number of BAME staff entering the formal disciplinary process has been mirrored by an increase in white staff also and further measures, such as the Stop and Think process have also been introduced. However, we have more work to do to improve the experience and opportunities of BAME colleagues and colleagues with disabilities regarding access to career progression, and we need to attend to every step of the internal and external recruitment process to reduce bias.

This period of recovery following the Covid pandemic also presents challenges system wide. Increasing levels of fatigue and the cost-of-living crisis all represent challenges for many of our staff but will be more keenly felt by in lower pay bands where disabled and BAME staff are overrepresented. GOSH maintains and introduced a number of initiatives to support staff during this period including:

- Employee Assistance Programme (EAP) who provide among a large range of services, counselling services, debt and budgeting advice
- On-site Citizens Advice Bureau service
- Hardship Fund

We recognise that we have significant non-disclosure about disability and LGBT+ information which, whilst we are similar to the NHS in this respect, will be a priority in the next 12 months to enable us to fully understand the diversity of our people. We will also take particular interest in the annual staff survey results which will start to be available from January 2023, earlier than in previous years, increasing our window for analysis and action, with full benchmarking with other Trusts later.

We are pleased with the start of the work on debiasing recruitment which will provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. This initial work will take several key steps with the introduction of the De-Biasing Recruitment eLearning module which will be mandated for all recruiting managers to complete and the Seen and Heard Champions providing guidance and an alternative voice at recruitment panels



**Trust Board**  
**23 November 2022**

**Update on the Board Assurance Framework**

**Paper No: Attachment Y**

**Submitted by:** Anna Ferrant, Company Secretary

The purpose of this paper is to provide an update on the Board Assurance Framework (BAF) and to remind Board members of the status of the Trust’s strategic risks. A summary of all risks is presented at **Appendix 1**.

The Risk Assurance and Compliance Group (RACG), chaired by the Chief Executive, monitors the BAF on a monthly basis, reporting to the Audit Committee, Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee.

The RACG met in October 2022 and reviewed each BAF risk, the controls, assurance, and delivery of stated actions. The Audit Committee considered recommendations from the RACG at its meeting in November 2022. A summary of the key matters discussed is attached at **Appendix 2** including recommendations from the Audit Committee for the Board to consider:

**BAF Risk 1: Financial Sustainability**

**FOR APPROVAL:** The Trust Board is asked is asked to approve the revised risk statement for BAF Risk 1 Financial Sustainability.

**BAF Risk 2: Workforce Sustainability**

**FOR APPROVAL:** The Trust Board is asked to consider and approve the proposed scores (Gross: 4L x 4C; and Net: 2L x 4C) and risk appetite statement (risk appetite of ‘cautious’) for this revised BAF risk.

**BAF Risk 6: Research Infrastructure**

**FOR APPROVAL:** The Trust Board is asked to consider and approve the proposed reduction in net score from 3L x 4C to 2L x 4C.

**Action required from the meeting**

Board members are asked to note the update to the BAF and approve the recommended changes to the BAF risks.

**Financial implications**

None

**Legal issues**

None

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

Risk Owners

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

N/A

BAF Risk Statement	Summary of discussions at the September and October 2022 RACG meetings, including actions for the Audit Committee
<p><b>BAF Risk 1: Financial Sustainability: Failure to continue to be financially sustainable</b></p> <p><b>Gross: 5L x 5C</b> <b>Net: 4L x 5C</b></p> <p><b>Risk Appetite: Cautious</b></p>	<p>The Audit Committee received an update on the various controls in place to mitigate this risk. It welcomed the controls in place at GOSH but based on the fast-moving external environment, (the awaited mini budget, rising inflation and changes within the NHS around establishment of ICSs etc.) it was agreed that the net risk score remain 4L x 5C. The Audit Committee agreed to conduct a deep dive into this risk in 6 months' time and reassess the scores.</p> <p>The Audit Committee recommend the updated BAF risk statement for approval: <b>Financial Sustainability: Failure to continue to be financially sustainable</b></p> <ul style="list-style-type: none"> <li>• <i>NHSE continuing with block payment in 22/23; variability in drug costs for new high-cost treatments.</i></li> <li>• <i>Impact of inflationary costs; cost of living pressures for staff; impact of offset of pension contribution with salary increase</i></li> <li>• <i>Failure to resolve technical issue means Trust continues to be underfunded.</i></li> <li>• <i>Continued under-delivery of Better Value Programme.</i></li> <li>• <i>Reconfiguration of the trust estate and service as pre-planning for the CCC, leading to reduced productivity and increased costs</i></li> <li>• <i>Inadequate capital funding in the NHS limits major capital projects to those that can be supported by the charity</i></li> <li>• <i>Focus on CCC by the charity limits charity's ability to raise funds and support the Trust for several years</i></li> <li>• <i>Failure to resolve technical issue means Trust continues to be underfunded.</i></li> <li>• <i>Impact of deficit on cash balance.</i></li> </ul> <p><b>ACTION:</b> The Trust Board is asked is asked to approve the revised risk statement.</p>
<p><b>BAF Risk 2: Workforce Sustainability - Failure to attract, support and develop a sustainable and highly skilled workforce.</b></p> <p><b>Gross: 4L x 4C</b> <b>Net: 2L x 4C</b></p> <p><b>Risk Appetite: Cautious</b></p>	<p>This is a new risk statement. Based on the work underway to deliver against the People Strategy and associated frameworks and a healthy pipeline of staff seeking to join GOSH, the Audit Committee agreed to recommend the following risk scores for this risk against a risk appetite of 'cautious': Gross: 4L x 4C Net: 2L x 4C</p> <p>The People Education Assurance Committee (PEAC) has reviewed the proposed scores and risk appetite and will continue to monitor the risk at future committee meetings. The Audit Committee has asked the PEAC to review the gross and net risk scores at its next dep dive review.</p> <p><b>ACTION:</b> The Trust Board is asked to consider and approve the proposed scores (Gross: 4L x 4C; and Net: 2L x 4C) and risk appetite statement (risk appetite of 'cautious')</p>
<p><b>6. Research infrastructure: The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure.</b></p> <p><b>Gross: 3L x 5C</b> <b>Net: 3L x 4C</b> <b>Risk Appetite: Minimal</b></p>	<p>Based on the successful five-year BRC award, the Audit Committee agreed that a recommendation be made to the Trust Board to reduce the net score from a 3L x 4C to 2L x 4C.</p> <p><b>ACTION:</b> The Trust Board is asked to consider and approve the proposed reduction in net score from 3L x 4C to 2L x 4C.</p>

### Great Ormond Street Hospital for Children NHS Foundation Trust: Board Assurance Framework (November 2022)

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Assurance Committee
					L x C	T	L x C	T				
1	Financial Sustainability	<b>Principle 4: Financial Strength</b>		Failure to continue to be financially sustainable	5 x 5	25	4 x 5	20	Cautious	1-2 years	Chief Finance Officer	Audit Committee
2	Workforce Sustainability	<b>Principle 3: Safety and quality</b>	<b>Priority 1: Make GOSH a great place to work</b>	Failure to attract, support and develop a sustainable and highly skilled workforce.	4 x 4	16	2 x 4	8	Cautious	1-2 years	Director of HR and OD	People and Education Assurance Committee
3	Operational Performance	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme / Priority 3: Improve and speed up access to urgent care and virtual services</b>	Failure of our systems and processes to deliver efficient and effective care that meets patient/carer expectations and supports retention of NHS statutory requirements and the FT licence.	4 x 5	20	3 x 5	15	Minimal	1 year	Chief Operating Officer	Audit Committee/ QSEAC
4	GOSH Strategic Position	<b>All Strategy Principles</b>	<b>All priorities</b>	Failure to optimise the Trust strategy under current and future NHS, financial, political and social frameworks.	4 x 4	16	3 x 4	12	Cautious	5-10 years	Chief Executive	Audit Committee
5	Unreliable Data	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	Failure to establish an effective data management framework:	4 x 4	16	4 x 3	12	Minimal	1-2 years	Chief Operating Officer	Audit Committee
6	Research infrastructure	<b>Principle 3: Safety and quality/ Principle 4: Financial Strength</b>	<b>Priority 5: Accelerate translational research and innovation to save an improve lives</b>	The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure.	3 x 5	15	3 x 4 2 x 4	12 8	Minimal	1-2 years	Director, Research & Innovation	Audit Committee
7	Cyber Security	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	The risk that the technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means.	5 x 5	25	3 x 5	15	Averse	1-2 years	Chief Operating Officer	Audit Committee
8	Business Continuity	<b>Principle 3: Safety and quality/ Principle 5: Protecting the Environment</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	Business continuity management plans are insufficiently robust and understood to support delivery of services and critical functions.	4 x 5	20	4 x 3	12	Averse	1 year	Chief Operating Officer	Audit Committee
9	Estates Compliance	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	Inadequate maintenance of the estate affects the safety of the environment in which care is delivered by staff to patients and carers.	5 x 4	20	5 x 4	20	Averse	1 year	Director of Space and Place	Audit Committee/ QSEAC
10	Information Governance	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements.	4 x 5	20	3 x 5	15	Averse	1 year	Chief Operating Officer	Audit Committee
11	Medicines Management	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	5 x 5	25	4 x 5	20	Averse	1-2 years	Chief Operating Officer	Quality, Safety and Experience Assurance Committee
12	Inconsistent delivery of safe care	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	BAF Risk 12: Risk of (severe/serious) patient harm arising from a failure to follow safety standards, foster a culture of openness and transparency, and use data to support improvement	4 x 4	16	3 x 4	12	Averse	1-2 years	Medical Director	Quality, Safety and Experience Assurance Committee

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Assurance Committee
					L x C	T	L x C	T				
				<ul style="list-style-type: none"> <li>Patients are not consistently cared for within a comprehensive safety system which ensures they are protected from avoidable harm through compliance with regulatory standard</li> <li>The organisation does not consistently focus on openness, transparency and learning when things go wrong, or use the opportunity to learn from when things go well.</li> <li>The organisation does not use its own safety performance data as a tool to guide improvement, interventions or actions, training and learning</li> </ul>								
13	Service Transformation	<b>Principle 1: Children and young people first and always</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	Failure to embrace service transformation and deliver innovative, patient centred and efficient services.	4 x 4	16	3 x 4	12	Open	1-5 years	Chief Operating Officer	People and Education Assurance Committee
14	Culture	<b>Principle 2: Values led culture</b>	<b>Priority 1: Make GOSH a great place to work</b>	There is a risk that GOSH fails to develop its culture and levels of staff engagement and motivation in alignment with its strategy and values.	4 x 4	16	3 x 4	12	Averse	1-5 years	Chief Executive	Trust Board/ People and Education Assurance Committee
15	Cancer Centre	<b>All Strategy Principles</b>	<b>Priority 6: Create a Children's Cancer Centre to offer holistic, personalised and coordinated care</b>	<p>Failure to build a new cancer centre and failure to deliver holistic, personalised and coordinated care.</p> <p>This risk incorporates risks currently reflected on the CCC risk register as follows:</p> <ul style="list-style-type: none"> <li>Transformational programme does not deliver holistic, personalised and coordinated care</li> <li>Delay in Full Business Case approval from NHSE/I</li> <li>The project not achieving Planning Permission</li> <li>Fundraising target not achieved</li> <li>Changes in clinical brief required to maintain Works Cost Limit or additional funds required to fund an increase over and above budget (including inflation pressures)</li> <li>Risk of time elapsing and the building remaining relevant and fit for purpose</li> </ul>	4x4	16	3x4	12	Averse	1-5 years	Director of Space and Place	Audit Committee
16	GOSH Learning Academy	<b>Principle 2: Values led culture / Principle 3: Safety and quality</b>	<b>Priority 1: Make GOSH a great place to work/ Priority 3: Develop the GOSH Learning Academy</b>	Risk of the GOSH Learning Academy not establishing a financially sustainable framework, impacting on its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and drive improvements in paediatric healthcare.	4 x 3	12	3 x 3	9	Minimal	1-2 years	Chief Nurse	People and Education Assurance Committee

**GOSH BAF Risks – Gross Scores November 2022**

		Consequences				
Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	5 Almost Certain					9. Estates Compliance
4 Likely			16. GOSH Learning Academy	5. Unreliable data, 4. GOSH Strategic Position, 13. Service Transformation, 12. Inconsistent delivery of safe, 15. Cancer Centre, 14: Culture, 2. Workforce Sustainability TBC	3. Operational Performance, 8. Business Continuity, 10. Information Governance	
3. Possible					6. Research Infrastructure and resourcing	
2. Unlikely						
1.Rare						

**GOSH BAF Risks – Net Scores November 2022**

		Consequences				
Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	5 Almost Certain					9. Estates Compliance
4 Likely			5. Unreliable data, 8. Business Continuity			12. Medicines Management, 1. Financial Sustainability
3. Possible			16. GOSH Learning Academy	14: Culture, 4. GOSH Strategic Position, 13. Service Transformation, 12. Inconsistent delivery of safe, 15. Cancer Centre	3. Operational Performance, 10. Information Governance, 7. Cyber Security	
2. Unlikely				2. Workforce Sustainability TBC, 6. Research Infrastructure and resourcing TBC		
1.Rare						





## Summary of the meeting of the Quality, Safety and Experience Assurance Committee held on 3<sup>rd</sup> November 2022

### **Quality and Safety at GOSH – Chief Medical Officer Report**

The Committee noted the context setting update and welcomed the progress with taking forward external reviews in services, particularly in areas with a small number of consultants where there may be differences in practice. Discussion took place about the review of high dependency care and four potential options were being worked up. It was likely that the project would take six months to ensure that the appropriate levels of engagement were in place and that colleagues would be invested in the required change.

### **Q1 and Q2 2022/23 Safeguarding Update**

The team was currently short of establishment of nurses and mitigations were being implemented to cover this gap through close working with other teams. No material issues were being caused and cover arrangements would be in place until January 2023 when it was anticipated that additional staff would be in post. Discussion took place about a likely change in patient cohort which had the potential to increase the number of patients requiring Deprivation of Liberty Assessments and Mental Capacity Act support which would place additional pressure on the safeguarding team, learning disability team and legal team. The Committee noted that a peer review of the learning disability service would be taking place and a deep dive would take place at the next meeting.

### **Q1 and Q2 2022/23 Infection and Prevention Control Update**

Discussion took place around surgical site surveillance and the complexities as a result of the Epic implementation. The Committee expressed concern that surveillance was only taking place in some specialties. Sepsis training compliance was lower than the target as a result of training being set to zero at the publication of the new GOSH sepsis training module. Focus was being placed in this area.

### **Health and Safety Update**

Good progress was being made on the safer sharps project. The Committee requested that work took place to ensure that the report was reflective of the health and safety situation on wards and the findings of the health and safety walkrounds.

### **Q1 and Q2 2022/23 Patient and Family Experience Overview Report**

The number of complaints received continued to be high and benchmarking would be taking place with other paediatric hospitals. Themes were around communication and transport however it was noted that the transport improvement plan had reduced the number of complaints about delivery of this service. Negative feedback had been received from Friends and Family Test responses about privacy and dignity and the Committee requested further information at the next meeting.

### **Update on Healthcare Transition at GOSH**

Leads for transition were now in place for all services which was an important step forward and a transition steering group had been established which was becoming more action focused to understand the barriers to a good transition experience. A new transition improvement manager would be joining the Trust in December 2022. Work was taking place to review the way in which judgements were made about patients aged 16-18 or older in different specialties. The Committee requested that consideration was given to tracking progress in the area.

### **Update Medicines Management at GOSH**

There had been a substantial improvement in stock management through Epic and this would now be moved into business as usual. The annual medicines management audit was taking place with the nursing team which would highlight any issues in advance of a possible CQC inspection. The Committee noted that a multiyear journey was

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being documented to move the pharmacy service to modern practice in all areas. The estate continued to be a challenge and it was important to ensure that the next phase of the masterplan refresh included provision for pharmacy.

### **'On the Horizon' – Horizon Scanning Report and Impact for GOSH (October 2022)**

The report was focused on mental health services and the Committee noted the national challenges around capacity and demand for services in this area. The Committee agreed that mental and physical health services should have the same focus. Work was taking place with external organisations to consider innovative roles for children's mental health nurses.

### **Freedom to Speak Up Guardian Update (Quality focused cases)**

Discussion took place about recruitment, handover, and communication plans for the Freedom to Speak Up Guardian. Focus going forward would also be placed on the process implemented after concerns were raised. Feedback showed that 90% of staff who had spoken up would do so again and this was higher than the national average. The Guardian said they worked with the small number of staff who felt they had experienced detriment as a result of speaking up.

### **Update on quality impact of Better Value Schemes**

The Equality and Quality Impact Assessment (EQIA) panel chaired by the Chief Nurse and Chief Medical Officer had approved 115 EQIAs which constituted 92% of the programme. There were 10 EQIAs remaining, of which 5 were with the panel for approval. This meant that schemes valued at £15.5 had been signed off and the Trust was confident of delivery. The Committee asked for indicators to be presented as part of future reports which would highlight any ongoing impact on quality and safety and to consider a quantitative representation of impact on health inequalities which could be presented. The Committee noted that the potential impact on staff of being required to save money would be discussed at PEAC.

### **Internal Audit - quality focused reports since last QSEAC meeting**

One report within QSEAC's remit had been finalised since the last meeting on Patient Safety Alerts which had been given a rating of 'significant assurance with minor improvement opportunities'. A follow up audit would be undertaken by the Clinical Audit team and would be considered by the Risk Assurance and Compliance Group.

### **DEEP DIVE: Update on Hospital at Night - Medical Workforce Overview**

The hospital at night rota had been reconfigured to ensure it was equitable and further changes had been made as a result of the COVID19 pandemic to create a team approach supported by five consultants and the Guardian of Safe Working. The Committee noted that a large proportion of doctors in training worked less than full time hour contracts. The Committee asked that a further update was received around hospital as a whole across the whole workforce.

### **Update from the Risk Assurance and Compliance Group on the Board Assurance Framework**

Deep dives on all risks had taken place at RACG in recent months and the changes in controls and assurance around the mitigations were also being reviewed.

### **Feedback from Governors**

The Governor observer welcomed the discussion and particularly around healthcare transition which was an important issue for patients and families. The importance of managing expectations about moving into adult services was emphasised.



## Summary of the Audit Committee Meeting held on 4<sup>th</sup> November 2022

### Action checklist

There had been a substantial improvement in stock management through Epic and this issue would now be moved into business as usual.

### Minutes of subcommittees

Summary reports from the following Board Assurance Committees were noted:

- Finance and Investment Committee (June 2022, September 2022)
- Summary of Quality, Safety and Experience Assurance Committee (June 2022)
- Summary of People and Education Assurance Committee (September 2022)

### Update on the Board Assurance Framework from the Risk Assurance and Compliance Group

All risks had been reviewed by RACG between September and October. The Committee discussed the following risks:

- BAF risk 1: Financial Sustainability

The Committee considered the proposal to reduce to likelihood score from 4 to 3 given the work that had been conducted internally to mitigate the risks. It was agreed that given the complexities and risks associated with the external environment the likelihood score would remain the same and the risk reviewed again in the next few months. The revised risk statement was approved.

- BAF Risk 2: Workforce Sustainability

The Committee approved the proposed risk scores and risk appetite statement for the risk noting that the gap between the gross and net risk score was as a result of the considerable work which had taken place in this area.

- BAF Risk 6: Research Infrastructure

The Committee approved the reduction in the net risk score as a result of the successful BRC bid and funding which had been secured for the Clinical Research Facility.

### Deep dive of BAF Risk 1: Financial Sustainability

Focus was being placed on activity with the aim of reaching 104% of 2019/20 activity and productivity had increased. Achievement of cancer targets remained excellent. Indicators showed that services remained safe but there had been an increase in cancellations and negative patient experience comments in the Friends and Family Test and to PALS. The Committee emphasised the importance of ensuring quality of care and that any impact on patient experience and on staff was understood and managed. The Committee said that it was important that staff felt able to speak up in this context.

### Update on Data Quality Scoring of Trust Metrics (BAF Risk 5)

The Committee welcomed the framework of metrics that had been developed and discussed the key driver of improving data quality which was an increase in training around the discipline of data entry. The Committee requested that work took place to identify areas of good practice and highlight the real-life consequences and benefits of entering data correctly and in a timely manner.

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### **Update on Information Governance and GDPR (BAF risk 10)**

There had been a small backlog of staff Subject Access Requests, and this had been cleared and an improved process implemented. The Data Security and Protection Toolkit was in the process of being completed and the committee welcomed this. Discussion took place around the increasing number of ways in which data from GOSH was shared with other organisations and the tension around being open with data for patient benefit whilst ensuring that information governance was robust for data security purposes.

### **Risk Management Policy update**

The policy had been updated with a focus on bringing oversight arrangements to high risks and increased rigour to processes. The Committee requested graphical representation of the risk trend against the risk target over time. Work was taking place to upgrade the risk management platform.

### **External Audit Planning Report**

The scope of the audit was in line with the previous year and materiality would also remain at the same level notwithstanding the change to the Trust's risk profile. There continued to be an assumed risk around capital expenditure, management override of controls and revenue and IFRS16 would be an area of focus.

### **Internal Audit Progress Report and Internal audit recommendations – update on progress**

The Committee agreed that an audit of the Data Security and Protection Toolkit would be included in the 2022/23 audit plan. Discussion took place around the recommendations arising from the review of sustainability and the work to complete these actions in the context of a financially constrained position and the focus on turnaround in the Space and Place Directorate. It was agreed that a timeline would be developed for the next Audit Committee meeting showing how these actions would be achieved. The Committee emphasised the importance of being realistic about the timeframe and potential for completion in the current context. Two final reports were received: Above and Beyond: People Planet and Patient Safety Alerts which had both received an assurance rating of 'significant assurance with minor improvement opportunities'.

### **Local Counter Fraud progress report**

Discussion took place around one ongoing case and the failures in control which had allowed it to occur and it was noted that a number of actions had been implemented to reduce the risk of a future occurrence.

### **Whistle blowing Update – October 2022**

The Committee agreed that a future update would include concerns which had been raised about GOSH to external organisations, although it was noted that some concerns raised did not fit the legal definition of whistleblowing. A new national Speak Up Policy had been published and work was taking place with the Freedom to Speak Up Guardian to implement it and implications for the whistle-blowing process.

### **Freedom to Speak Up Update (July – September 2022)**

Discussion took place around the different ways in which speaking up was highlighted to staff. It was noted that as well as the Freedom to Speak Up Guardian presenting to teams and other types of communication throughout the Trust word of mouth had been key to increasing the number of cases received.

### **Update on Procurement Waivers (1 April 2022- 30 September 2022)**

An improvement had been made in the management of single tender waivers and the procurement team had been proactive in providing training and workshops to staff which had been welcomed. The Committee welcomed the proactive approach.

### **Write Offs**

The Committee approved the proposed write offs.

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### **Feedback from Governors**

Governors provided feedback about the importance of moving forward with sustainability notwithstanding the competing pressures in the Trust. Feedback was also received about the importance of providing staff with information about the use of data which was input into Epic to highlight the importance of its accurate and timely completion.

## **Finance and Investment Committee Update**

The Finance and Investment Committee (FIC) held a regular scheduled meeting on 30 September 2022.

### **Key issues.**

#### Children's Cancer Centre update

The Committee was informed that the FBC would not be submitted in full to the November 2022 Trust Board. The Financial and Economic cases would be expected in February 2023.

The Committee discussed the risks of the delay and with the CCC Programme Director agreed to:

- maintain momentum on the FBC and have FIC and Trust Board receive elements of the business case for review as and when they are ready.
- Redesign the CCC engagement dates and stakeholder touch points (including when the Council of Governors will be asked to approve the significant transaction) and share with the Trust Board and charity.

#### The Commissioning environment and ICS

The Committee discussed the ICS's integrated commissioning plans for the short, medium and long term and the Trust's collaborative working opportunities.

#### Finance report Month 5

At month 5, NHS & other clinical income was £5.6m favourable to plan due to increased passthrough drugs income (offset by expenditure) along with higher than planned overseas income.

International and Private patients' income was £1.6m adverse to plan due to reduced levels of activity in prior months; private patient income saw an in-month improvement linked to increased activity from the referral pipeline with it overperforming against plan by £0.3m.

The Trust had identified £13.4m of the £22.8m target Better Value target and delivered £5.7m YTD of the £7.2m YTD target. The focus remained on Directorate performance reviews and improving I&PC activity.

#### Integrated Performance Report Month 5

The Committee received the month 5 report and requested further information on the increase in 'Clinic Letters not sent' and more detail on the directorates with challenging RTT performance.

#### Capital works and estates compliance at GOSH

The Committee noted that the Trust estate required significant capital investment to improve the critical backlog maintenance. The Committee scheduled a report on the funding of the Trust estate review remedial works in 2023.

#### Major projects

The Committee noted progress on all major projects at the Trust.

#### Feedback from Governors

The Governors reported it was a well organised meeting and requested that a financial glossary for non-finance professionals be provided. A glossary was uploaded to the Governor Portal.

2022/23 forward plan

The Finance and Investment Committee's workplan for the remained of the financial year would be updated once the meeting dates for 2023 were set.

Picture archiving and communication system (PACS)

Additionally, on 10 August 2022 the Non-Executive Director and Associate Non-Executive Director members of FIC held a meeting to approve a business case for the replacement of the Picture archiving and communication system.

Thanks to James

Members and attendees thanked the Chair James Hatchley for all his work for the Trust.

Chris Kennedy, NED added that James Hatchley had been a brilliant chair and as governors observed, brought unique focus to the patient, even when looking at finances.

Suzanne Ellis, Non-Executive Director is now the Chair of the Finance and Investment Committee.

**End of report**

## Summary of the People and Education Assurance Committee held on 13 September 2022

The Committee noted the summary from the Quality, Safety and Experience Assurance Committee held in July 2022.

### **Focus of Meeting**

People and Education Assurance Committee meetings now focus on a specific theme. The focus of this meeting was the **Health and Wellbeing** as part of the People Strategy.

### **GOSH Learning Academy**

The Committee heard the GLA programme remains on track having successfully overachieved and delivered across all priority areas, including the financial sustainability target. The Committee congratulated their success and discussed how this could open up possibilities and potential for the future.

### **People Strategy Update**

The Committee were provided with an update on all areas of the People Strategy. They noted the progress on the debiasing recruitment programme, in particular the D&I recruitment champions and the Allyship toolkit both of which support corporate change. They heard the work undertaken to promote the new OurGOSH platform, a fundamental engagement tool for the hospital, which is now gaining traction. The Committee discussed the downward trend in the pulse survey results but noted that overall engagement benchmarks well.

### **Health and Wellbeing Annual Report**

The Committee received a presentation on the progress made towards the Health and Wellbeing framework that was first introduced in 2019. The response to the support available to staff has been very positive; over the last year, the Occupational Health Service saw over 6,000 people, the Wellbeing Hub responded to 350 contacts and the Employee Assistance Programme had 64 contacts and 30 new cases.

Compared to the London benchmarking the Trust are higher than average for wellbeing and the annual staff survey results reported that 64% of staff felt the organisation took positive action on health and wellbeing and 72% felt their immediate line manager took a positive interest in their health and wellbeing.

Going forward, the Committee heard the challenge will be to maintain activity levels to manage patient backlogs whilst responding to the system changes including the financial and workforce impact as well as managing new and different ways of working, including hybrid working and decanting offices and services. The consequence of these will make for a challenging employee relations context.

### **Supporting Staff Financial Wellbeing**

The Committee were updated on how the Trust has accelerated making financial support readily accessible for staff. Funded by the GOSH Charity, the Trust has introduced a hardship fund that aims to support staff with immediate and one-off financial concerns. For a more longer-term solution leaders are considering how they are able to influence the wider system to support help NHS staff.

### **Recognition and Celebration**

The Committee were advised that the recognition and celebration programme had been postponed in light of the National period of mourning. It is hoped the programme will be rescheduled to take place in a few weeks' time.

### **Staff Voice: Women's Network**

The Committee welcomed Lisa Mennie, a Senior Specialist Biomedical Scientist and Chair of the Women's Network. Lisa explained she had been part of the network since its inception and talked about how it has grown and gained direction, particularly over the last year. The Committee were updated on the progress made against the networks three workstreams, women's health, personal safety and career development.

Lisa explained the work she does for the network is in addition to her day job and whilst she felt supported by her managers and the wider trust due to her personal dedication to the cause the time given to the network doesn't feel enough, but she recognised there needs to be a balance on what is achievable. Going forward, Lisa was keen to involve the network in events or training sessions that are already taking place within the Trust rather than to hold their own which would be more manageable for the network. Lisa felt the network received good support from the Trust and all four networks work together positively.

### **Freedom to Speak Up Service Update: June–August 2022**

The report was taken as read and the Committee noted the impactful quotes and discussed whether the Trust is making sufficient progress particularly in relation to diversity and inclusion. The Committee considered the progress that had been made and the areas it felt the Trust needed to challenge itself even further. The staff survey has shown a steady improvement over the years and feedback over the past three months suggests a positive experience of staff accessing the service and of speaking up. The Committee felt it is important for the Trust Board to undertake unconscious bias training.

### **Your Voice Counts – staff feedback**

The Committee noted the steady deterioration across all nine core questions in the pulse survey and discussed other forums such as the 'Virtual Big Brief' and 'Sharing with Colleagues' on OurGOSH as a way to further understand how external factors may be impacting staff. All providers run the pulse survey at the same time and once the benchmarking data is available the Trust will be able to use this as a comparator across the wider system.

### **Whistleblowing Update**

Following the recently published NHSE Freedom to Speak Up policy template the Committee heard how the Trust is reviewing its policy and using this as an opportunity to assess some of the gaps in the current process

### **Update on the Board Assurance Framework (BAF)**

All risks were updated at the end of July/ beginning of August and the Committee received an update on the four BAF risks PEAC has oversight including workforce sustainability, service transformation, culture and GOSH learning academy. The Committee agreed to recommend lowering the score of the workforce sustainability risk to the Audit Committee on the basis of the work underway to deliver against the People Strategy and associated frameworks and that there is good stability in the workforce.

### **Deep Dive of BAF Risk 14: Culture**

Discussion took place on current state of culture within the organisations and how this is measured through core metrics and the impact through frameworks and trackers. The Committee were assured that instances of poor behaviour at a senior level are dealt with through mediations, facilitated discussions and where necessary disciplinary processes.

The Trust continues to work towards a culture of no blame; this is supported by the approach, systems and processes applied when things go wrong, or when patients and families are aggrieved. Whilst it is not something that can change overnight, good progress has been made and there is a sense within the Trust that a fair and equity application of judgement allows staff to access their own feelings when learning and supporting culture change. Whilst the overall themes to cultural change are the same the methods by which the Trust achieves these will be very different and specific to area and team.

### **Workforce Metrics Update**

The Trust has six key workforce metrics, and in July achieved and exceeded target against 4 of them (vacancy, turnover, agency spend and statutory & mandatory training). PDR has continued to decline and been below target for 14 months and sickness absenteeism remains above target at 3.3% but is the lowest rate in over a year. Statutory mandatory training and appraisals are being discussed at Executive Management Team for a plan to increase their compliance.

### **Nursing Workforce Assurance Report**

The Committee received and noted the report.

### **Safe Nursing Establishment Review**

The Committee sought assurance and were advised there is a successful recruitment campaign underway in the operations and imaging directorate with a number of staff in the pipeline. Whilst the Trust has a fully compliant safe nursing establishment four areas will be undertaking a deep dive and Kola ward is closed to do a review looking at patient acuity and staffing ratios. The Committee heard that cardiology has seen an increase in patients and discussions are underway with teams about what additional support can be provided.

### **Domestic Services Insourcing Workforce Update**

The Committee were updated on the good progress being made against the harmonisation since its commencement in April 2022. A positive step is the approximately 40 workers on zero hours/ad-hoc contracts who have moved from OCS to GOSH alongside the formal transfer of employees. The Committee heard that while there was an anticipated spike in sickness this has started to level off and HR are working hard with the management team.

## **Summary of the Council of Governors' meeting held on 9 November 2022**

### Council of Governors Declaration of Interests

The Council received Governors declaration of interests register and those outstanding were reminded to complete them as soon as possible.

### Update on staff welfare, satisfaction and retention (governor requested item)

The Council received a presentation on recent activities and initiatives that have been put in place to make GOSH a great place to work, these include health and wellbeing support, financial support, counselling and information services and celebration and recognition schemes. As a result of these the Trust are seeing some positive changes but recognised there is still more to do, especially in the current challenging climate.

### CQC and the new Single Assessment Framework

The Council were updated on the CQC's new single assessment framework being launched next year to regulate health and social care in England. They received a presentation explaining what will be different and the work underway at support staff understand and familiarise themselves with the new regime. The Safety Surveillance Team are striving to achieve 'being a good hospital every day' rather than the emphasis on preparation before an inspection. The Council were pleased to see sustainability including in the new framework and felt this set a good expectation.

### Children's Cancer Centre (CCC) Update

Following a seminar held for Governors and Non-Executive Directors, the Council received a paper that responded to some queries made during the session in relation to Sustainability, planning, financing and fundraising. The building plans to use air source heat pumps which will enable it to be one of the best performing hospital buildings and the Trust is expecting it to be scored as outstanding from BREAM. The Trust continues to work with local residents on planning with submission to London Borough of Camden in December. The full business case for the CCC is on plan to go to the Trust Board in February and then to the Council as a significant transaction.

### Chief Executive Report

The hospital was operationally performing well and although activity was overall below the Trust's internal plan, it remained above the national guidance. Bed utilisation is higher than normal which adds pressure to staff and impacts on their wellbeing. Going into the Winter, the Trust is facing a number of challenges including the potential nursing strike which has show a clear strength of feeling from staff who have voted.

Finances continued to be a challenge and the Trust is expecting to receive misallocated funds for both this year and next. The Trust continues to deliver a deficit but is pleased to see International and Private Patient activity increasing, and our better value programmes are working well and have seen staff come up with some excellent schemes.

The Chief Executive formally welcomed John Beswick who commences his role as Chief Finance Officer next week and thanked Margaret Ashworth, Interim Chief Finance Officer for all her hard work.

### Update from Young Peoples Forum (YPF)

The YPF were pleased to hold their first in person meeting during September. Since their last update to the Council in July they have heard from the Head of Education for Patient Safety to explain what patient safety means in the hospital and get involved in future quality improvement projects. The YPF also worked on several projects including festival planning with Reverend Jim, event planning for the London Marathon and

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charity engagement. They had a Q&A session with the Chief Nurse where they were able to discuss everything from favourite hobbies to the patient experience strategy. Plans are underway for a YPF Podcast with the support of the Learning Academy and the group decided on some future themes for the podcast.

Grace Shaw-Hamilton, Appointed Governor advised she would shortly be leaving the YPF and thanked everyone for the opportunity. The Chair gave special thanks to Grace on behalf of the Trust Board and Council of Governors and noted that everyone recognises the importance and excellence of the YPF and that is all thanks to its members for their dedication to GOSH.

#### Reports from Board Assurance Committees

The Council noted the following updates from Assurance Committees:

- Quality, Safety and Experience Assurance Committee (November 2022)
- Audit Committee (November 2022)
- Finance and Investment Committee (June and September 2022)
- People and Education Assurance Committee (September 2022)

#### GOSH Chair Recruitment Process

The Council approved the proposed recruitment process for the GOSH Chair in preparation for the current Chairs' tenure coming to an end on 23<sup>rd</sup> October 2023.

#### Review of the Constitution and Trust Board Standing Orders

The Council were presented with three minor amendments to the Constitution which were recommended by the Trust Board and Constitution and Governance Working Group. The Council reviewed and approved the changes which were to formally adopt electronic communication for the Trust Board, ensuring gender neutral pronouns throughout the Constitution and removing the Standing Order for the Practice and Procedure of the Trust Board from the Constitution.

#### Governance Update

The Council noted the activities of governors since their last meeting and noted the actions taken to close the recommendations of the council effectiveness survey.

#### Update from the Membership Engagement Recruitment and Retention Committee

There had been a slight increase in members and the Committee had identified underrepresented groups to focus recruitment and engagement. Progress continued towards the objectives of the membership strategy and the Trust held a successful Annual General Meeting in September. The governor election commences this month for seven seats on the Council. Nominations open on the 30 November 2022 and all existing governors who form part of the election have been contacted. The Council agreed to reduce the membership and quorum of the Committee.

#### Non-Executive Director Appraisals

The Council were provided with an update on delivery of the annual appraisal process for Non-Executive Directors, whose appraisals had taken place with the Chair during September and October. The appraisals had been recommended by the Council Nomination and Remuneration Committee and the Chair gave an overview summary of performance for each Non-Executive Director.



<b>Trust Board</b> <b>23<sup>rd</sup> November 2022</b>		
<b>Register of Seals</b>	<b>Paper No: Attachment 5</b>	
<b>Submitted by:</b> Anna Ferrant, Company Secretary		
<b>Aims / summary</b> Under paragraph 39 of the NHS Foundation Trust Standing Orders, the Trust is required to keep a register of the sealing of documents. The attached table details the seal affixed and authorised.		
<b>Date</b>	<b>Description</b>	<b>Signed by</b>
24/10/2022	Power of Attorney signed and sealed to appoint JAH Intellectual Property in UAE to act as our Agents for the registration or renewal of Trademarks, Patents, Designs, Copyrights, Customs protection and recording license agreements and domain names belonging to GOSH in UAE.	MS, JQ
<b>Action required from the meeting</b> To endorse the application of the common seal and executive signatures.		
<b>Contribution to the delivery of NHS / Trust strategies and plans</b> Compliance with Standing Orders and the Constitution		
<b>Financial implications</b> N/A		
<b>Legal issues</b> Compliance with Standing Orders and the Constitution		
<b>Who is responsible for implementing the proposals / project and anticipated timescales</b> N/A		
<b>Who is accountable for the implementation of the proposal / project</b> Anna Ferrant, Company Secretary oversees the register of seals		